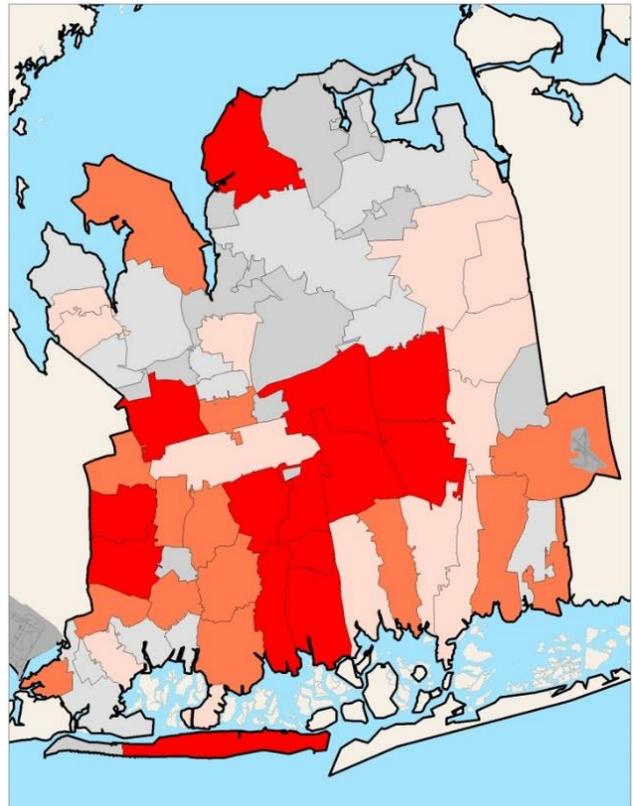
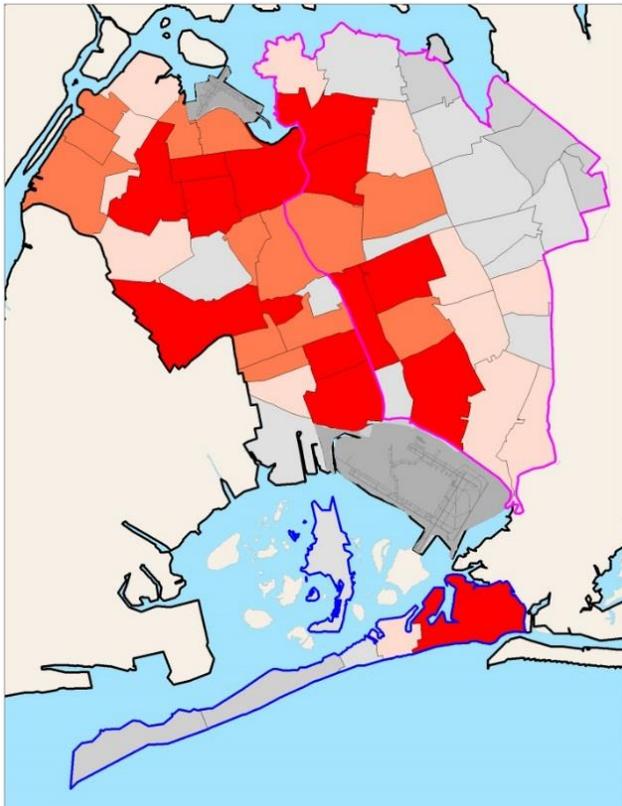


Nassau Queens PPS

Community Needs Assessment



December 2014

Introduction

The Nassau Queens Performing Provider System (NQP) is proud to present to the residents, government agencies, healthcare providers, community based organizations of Nassau County and the Borough of Queens a comprehensive examination of the healthcare issues faced by the most vulnerable populations that live in the community – Medicaid, Medicare-Medicaid Dual Eligible and the Uninsured. The Affordable Care Act of 2010 recognizes that healthcare insurance is necessary for all residents of the United States of America by expanding Medicaid eligibility and establishing standards for coverage. In addition, and maybe most notably, is the ability of the uninsured to obtain coverage on the Health Insurance Exchange. The Empire State, has a long history of providing for its most at-risk populations through a more robust package of benefits and programs. In 2014, these benefits and programs, with the intention to improve the health of these populations, have been partially successful in that the health status indicators of NYS Medicaid beneficiaries ranks higher nationally. Unfortunately, the current delivery system is fragmented and the value (i.e., quality and access) is uneven. Through the work of the Medicaid Redesign Taskforce, the NYS Delivery System Redesign Incentive Payment (DSRIP) program has been created. The stated goals of DSRIP are:

DSRIP's purpose is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to \$6.42 billion dollars are allocated to this program with payouts based upon achieving predefined results in system transformation, clinical management and population health.

The Nassau Queens Performing Provider System is applying to New York State Department of Health (DOH) and the Department of Health and Human Services Centers for Medicare and Medicaid (CMS) to become the agent of healthcare delivery system transformation for Nassau and Queens residents who are Medicaid or Dual Eligible or uninsured (M-DE-U). Through collaboration with every PPS partner of the care continuum, social service agencies, insurers and local government agencies, NQP will lead to a more efficient and effective delivery system.

The journey begins with understanding the healthcare status and clinical needs of the M-DE-U, and the healthcare and social service resources available to meet those needs. Together the gaps in the delivery system can be identified. Working with the NQP Project Advisory Committee (PAC) and other community stakeholders a strategy, plan and priorities for healthcare system transformation can be developed. The DSRIP program will then be used to actualize that plan.

NYS DOH guidance to Performing Provider Systems (PPS) provided the framework for the Community Needs Assessment (CNA). The guidance can be found by going to:

http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/community_needs_assessment.htm.

North Shore LIJ Health System Office of Strategic Planning, and Office of Community and Public Health collaborated to collect and analyze the secondary data made available by the NYS DOH and other sources. The sources of data are footnoted in the figures, tables and maps in the CNA. Primary data collection of Medicaid member surveys was led by the NSLIJ Office of Community and Public Health and analyzed by the North Shore

LIJ Krasnoff Quality Management Institute (<http://www.thekqmi.org/>); provider stakeholder forums (focus groups) were administered and analyzed by Health Management Associates (<http://www.healthmanagement.com/>) and Visiting Nurse Service of New York Research (<http://www.vnsny.org/vnsny-research/>). Special thanks to Gwen O'Shea, President and CEO of the Health & Welfare Council of Long Island for hosting meetings of the CNA Steering Committee with the safety net providers to seek their participation in the CNA survey process and stakeholder forums (<http://www.hwcli.com/>).

Executive Summary

The CNA is a key component of the DSRIP application because it informs the PPS's choice of projects and serves as an accounting of the capacity of the PPS and other providers in the area to successfully implement the PPS's chosen projects. The Following is a summary of key CNA findings:

- Nassau County and Queens County have diverse populations. Nassau has approximately 1,339,532 residents of which 223,494 (16.7%) are unique Medicaid enrollees. Of these Medicaid enrollees, 38% are Hispanic; 26% are white; 20% are black; and 9% are Asian/Pacific Islanders. The Hispanic population comprises the largest group of Medicaid enrollees in Nassau County, specifically females between the ages of 0-17 and 18-44. Eastern Queens has 445,274 unique Medicaid enrollees with Asian/Pacific Islanders comprising the largest group of individuals (33%), followed by blacks (25%), Hispanics (18%), and whites (11%). The Asian/Pacific Islander population makes up the largest group of Medicaid enrollees in Eastern Queens, specifically males and females between the ages of 18-44. There are 49,511 uninsured in Nassau County, and 102,702 uninsured in Eastern Queens, including the Rockaways.
- Cardiovascular Disease, mental health, and diabetes are the conditions most associated with avoidable inpatient and ED utilization.
- Nearly 71% of Nassau and 75% of Queens ED T&Rs are avoidable. This is largely driven by 1) ill-defined diagnoses (e.g., *cough*, *headache*), and 2) respiratory illness (e.g., *viral infections*).
- Almost one-third of PQIs (*adult ambulatory sensitive admissions*) are due to acute conditions, such as urinary tract infections or dehydration.
- When considered together, psychiatric disorders and substance abuse are the top drivers of 30 day readmissions.
- Fifty percent of Medicaid recipients visited the ED in the last year. Reasons for ED usage that are potentially preventable included: emergency room is the closest provider, doctor's office closed, most care is in the emergency room and no other place to go.
- The extraordinary diversity in the PPS brings about unique challenges for providers and residents alike, such as language and cultural competency issues, trust issues (particularly among the uninsured), and misalignment between the demographic characteristics of providers and those of the patients they serve. Some providers are more affected by this than others, particularly those that do not have the resources to train staff in cultural competency and offer wide-ranging translation services; this is particularly true in Queens.
- The PPS leads and their healthcare partners provide wide-ranging services across the continuum of care in the region, from primary care to rehabilitation services. North Shore-LIJ alone is the largest clinically integrated healthcare network in New York State. NuHealth is the region's safety net hospital, and Catholic Health Services of Long Island serves hundreds of thousands Long Islanders each year and operates St. Francis Hospital, New York's only specially designated cardiac center.

- There are no consistent funding streams for non-traditional care providers (such as peer navigators and health coaches) as well as a variety of providers who help patients with what are often called social determinants of health (such as access to healthy food and transportation). Some providers provide such services but pay for them through foundation grants, which is not the best strategy for sustainability.
- Nassau County and Queens have a rich array of other healthcare providers, such as FQHCs, primary care providers, specialty medical providers, dental providers, skilled nursing facilities, and home care agencies, among others. Depending on the type of provider, the number of providers per 100,000 population in the region sometimes exceeds the state average and is sometimes below the state average. There is also a rich array of community based resources for both Nassau and Queens, although Queens tends to lag behind Nassau in both the availability of healthcare and community based resources. Unfortunately these resources are not always located where the need is greatest and/or are stretched thin due to high demand. Medicaid patients often have to wait months for an appointment with a primary care provider, giving patients no choice but to visit the ED for care, and there are many wait lists for services provided by community-based organizations. Other reasons for potentially preventable ED visits include: ED is the closest provider; the patient has no other place to go; or the doctor's office was not open.
- Despite the breadth of services available in the region, there is significant lack of communication between providers and little, if any, integration or coordination of care. These issues become most pronounced when transitioning a patient from one setting to another and seem to be most problematic when the patient has mental health and/or substance abuse problems. Lack of timely communication was the top problem mentioned in virtually every stakeholder forum and may be the most difficult problem to solve. Some participants in stakeholder forums insisted that "warm hand-offs" (telephone or in-person communication, depending on the situation) are still necessary, despite the greater use of EMRs.
- Readmissions in the region are most often caused by inadequate clinical coverage in SNFs. LPNs are not permitted to perform assessments and must, instead, rely on ED care in the absence of consultation resources. This is exacerbated by a lack of provider continuity to support patients during care transitions and poor discharge planning. SNF providers in the stakeholder forums noted that readmissions could be avoided with improved responsiveness, more timely discharge reports from the region's ED/hospitals, shared medical records, improved patient and family education, and standardized evidence-based protocols.

The qualitative and quantitative data findings from the CNA were presented to PPS partner representatives and community stakeholders in a multi-stage process to achieve consensus on the NQP DSRIP projects. The objective of the selected projects is primarily to address the needs of the community, leverage existing community and healthcare resources, reduce preventable medical utilization, and improve population health. Over the course of the next five years, these projects will seek to transform the healthcare delivery system for Nassau and Queens residents who are uninsured, dual eligible, and Medicaid or Dual Eligible or uninsured.

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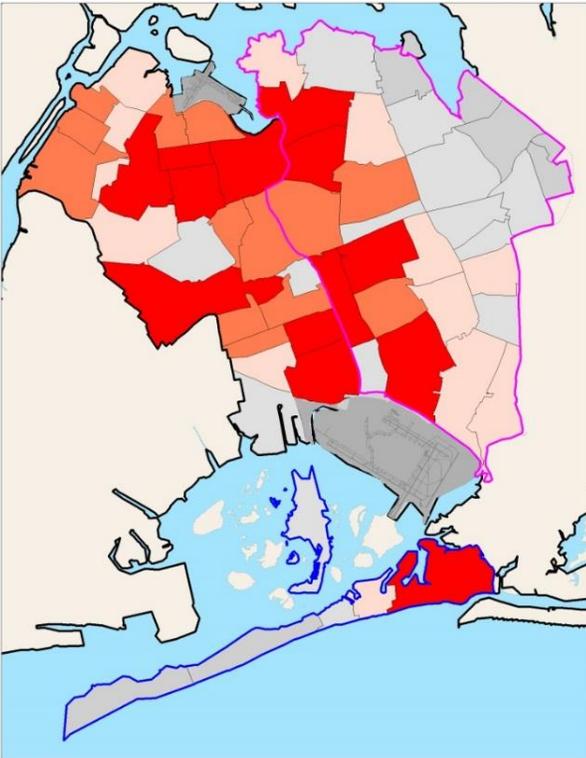
Nassau Queens DSRIP Community Needs Assessment

A. Description of the Health Care Resources (Including Medical and Behavioral Health) and Community Resources

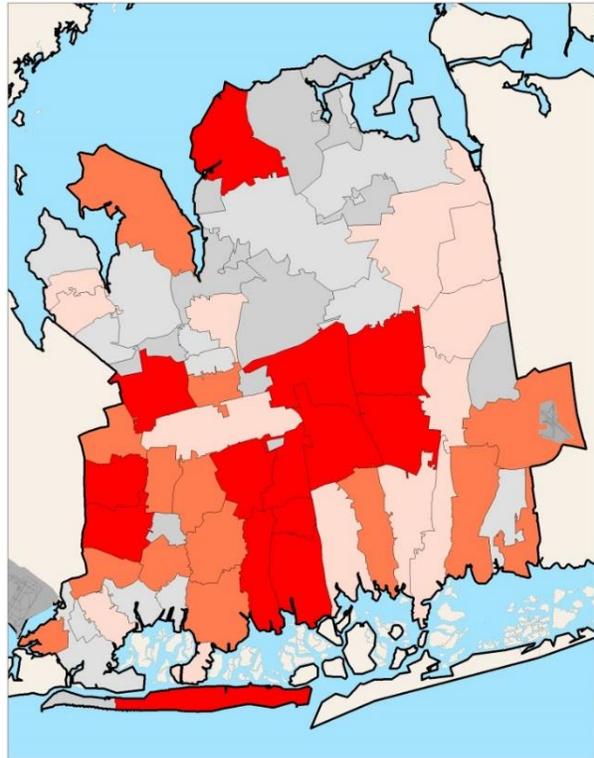
Overview

Catholic Health Services of Long Island, the North Shore-LIJ Health System, and NuHealth Corporation joined together to complete a comprehensive community needs assessment and form the Nassau Queens PPS (NQP). The NQP PPS region is defined as the entirety of Nassau County and the Eastern Queens. Eastern Queens is the geographic area in Queens County that is bordered on the east by the Nassau County line and on the west by the Van Wyck Expressway extending to the north and southern regions as outlined in purple on the map below. The NQP has a rich supply of health care resources, although some gaps exist in terms of availability and access to specific healthcare providers, services and community resources. A description of various sectors of the NQP health care delivery system and social support networks are discussed in the following sections.

Nassau Queens PPS Region



Eastern Queens



Nassau County

I. Health Care Resources: The Nassau Queens PPS

Catholic Health Services of Long Island

Catholic Health Services of Long Island (CHS) is an integrated health care delivery system including six hospitals with a total of 1,928 certified hospital beds, three skilled nursing facilities with a total of 790 nursing home beds, a regional home nursing service, hospice and a multiservice, community-based agency for persons with special needs. Under the sponsorship of the Diocese of Rockville Centre, CHS serves hundreds of thousands of Long Islanders each year.

Three of the CHS hospitals are located in Nassau County.

- Mercy Medical Center (Rockville Center) - 375 beds
- St. Francis Hospital, The Heart Center® (Roslyn) - the 364-bed St. Francis Hospital is New York's only specialty designated cardiac center
- St. Joseph Hospital (Bethpage) - is a 203-bed community hospital offering a nationally accredited sleep center, wound healing center and other specialized services.

Under its Continuing Care Initiatives, CHS provides these services in Nassau County.

- Catholic Home Care (Farmingdale)
- Good Shepherd Hospice (Farmingdale)

CHS operates two primary care centers under the auspice of the Bishop McHugh Health Center, one of which is located in Hicksville, in Nassau County. The facility is affiliated with St. Francis Hospital, and provides immunizations, woman's wellness, and a low-fee, comprehensive diabetes education program which is available at nearby St. Joseph Hospital. The center has bilingual staff members and offers full histories and physicals, lab work-ups and X-rays. Physicians work with each patient to obtain nominal- cost prescriptions at local retailers, and free, low-cost specialty referrals are made as indicated.

North Shore – LIJ Health System

The North Shore-Long Island Jewish Health System (NSLIJ) is the largest clinically-integrated healthcare network in New York State, with 19 hospitals, the Feinstein Institute for Medical Research, the Hofstra North Shore-LIJ School of Medicine; home health, skilled nursing, hospice, and rehabilitation networks; North Shore-LIJ Laboratories; the CareConnect Insurance Company, and 2,800 employed physicians, the nation's seventh-largest physician group, and more than 400 ambulatory physician practices.

North Shore-LIJ serves a patient base of more than seven million people residing in urban and suburban communities throughout Long Island, New York City and Westchester, representative of a broad spectrum of racial and socio-economic diversity.

Within the Nassau Queens PPS region, NSLIJ provides the following resources.

1. Nassau and Queens Counties Hospitals

Tertiary hospitals:

- Long Island Jewish Medical Center, New Hyde Park - 888 beds
- North Shore University Hospital, Manhasset - 804 bed specialty care hospital
- Cohen Children's Medical Center of New York, New Hyde Park - 164 beds
- The Zucker Hillside Hospital, Glen Oaks - 236 beds

Community hospitals:

- Forest Hills Hospital -312 beds
- Franklin Hospital, Valley Stream - 305 beds
- Glen Cove Hospital – 247 beds
- Plainview Hospital - 204 beds
- Syosset Hospital -103 beds

2. Nassau and Queens Counties Centers of Care

North Shore-LIJ operates numerous centers of care within its system. Some of the centers of excellence included within the Nassau Queens PPS include an Ambulatory Surgery Center; a Women's Comprehensive Health Center; Centers for AIDS Research and Treatment, Colon and Rectal Disease, Cleft Palate and Craniofacial Disorders, and several centers of reproductive health; a Neuroscience Institute; the Hearing and Speech Center; a Dialysis Center; a Cancer Institute; an Orthopaedic Institute and a Sleep Disorders Center.

3. Nassau and Queens Counties Rehabilitation Network

- Glen Cove Hospital – acute inpatient and outpatient rehabilitation
- North Shore-LIJ Orzac Center for Rehabilitation, Valley Stream – sub-acute rehabilitation
- North Shore-LIJ Stern Family Center for Rehabilitation, Manhasset – sub-acute rehabilitation
- Transitions of Long Island®, Manhasset – outpatient rehabilitation

4. Nassau and Queens Counties Skilled Nursing/Senior Living Facilities

- North Shore-LIJ Orzac Center for Rehabilitation, Valley Stream (120 beds)
- North Shore-LIJ Stern Family Center for Rehabilitation, Manhasset (240 beds)

NuHealth Corporation

NuHealth includes four centers of care:

1. Nassau University Medical Center

Nassau University Medical Center (NUMC) is a 530-bed tertiary care teaching hospital. In addition to its own extensive medical and surgical capabilities, NUMC is affiliated with the North Shore-LIJ Health System. This relationship allows NUMC to transfer or refer patients requiring highly specialized medicine. They are creating on-site partnerships with some of the region's top specialists, including the North Shore-LIJ cardiology team, expanding their ability to bring highly specialized medicine to patients.

NUMC is a Level I trauma center, treating many of the County's most critically injured patients. As a public hospital it also has the responsibility of being the region's "safety net" hospital.

Some special services include:

- Nassau County Firefighters Burn Center
- Designated Stroke Center
- Zaki Hossain Center for Hypertension, Diabetes and Vascular Disease
- Extensive laboratory, imaging and research facilities

2. A. Holly Patterson Extended Care Facility

An Affiliate of the North Shore- LIJ Health System, the A. Holly Patterson Extended Care Facility offers innovative care in an environment that treats the 'whole' person. Extensive medical care is provided by the Facility's physician staff in such diverse areas as rehabilitation services, diagnostic and radiology services, psychiatric and psychological care, dental and ophthalmology care, podiatry services, cardiology evaluations and treatment, and neurological testing. On-site ambulatory clinics provide residents the convenience of accessible specialty medical care.

For post-hospital care, A. Holly Patterson offers a continuum of services, including the following specialty units:

- Sub-Acute Rehabilitation for post-stroke, post-fracture, neuro-muscular disease, accident recovery, generalized debility and more
- Long-Term Rehabilitation
- Wound Care
- I.V. Therapy
- Dementia Services
- Ventilator and Respiratory Care
- HIV / AIDS
- Hospice Care
- Korean Long Term Care
- On-Site Hemodialysis

3. NuHealth Family Health Centers

Centrally located to offer primary and select specialty care, the Family Health Centers are organized to provide a patient-centered medical home to all their patients. NuHealth operates six sites as part of its Family Health Center network: Elmont, Hempstead, Roosevelt, Roosevelt High School, South Ocean Care and Westbury. A deepening relationship with the North Shore-LIJ Health System allows their patients to tap into specialty diagnostic services on the cutting edge of medical advancement and provide high-quality care.

Working in partnership with Long Island Federally Qualified Health Centers (LIFQHC), NuHealth's Family Health Centers provide enhanced services, expanded hours and reduced prescription pricing, raising the level of care throughout the community.

4. Nassau Medical Associates

Established in 2010, Nassau Medical Associates (NMA) has interest in primary care and selected specialty practices in key geographic regions, centralizing physician services in central to southern Nassau County. This expanding medical network increases the availability of primary and specialty services for all patients at locations closer to their homes. Once assimilated, new practices become part of the NMA group, utilizing an integrated electronic medical record system, and function as one unified practice.

Other Nassau Queens PPS Service Area Hospital Resources include:

St. John's Episcopal Hospital (257 beds) part of the Episcopal Health Services is a full service hospital serving the Rockaways and the Five Towns communities. Since the closing of Peninsula Hospital, St. John's is the primary source of hospital care for the community. Its services include internal medicine, pediatrics, obstetrics, surgery and psychiatric services. St. John's has ambulatory surgery services, a wound care and a dialysis center. The Family Practice Program is affiliated with several independent offices and clinics in the community. The Department of Medicine offers subspecialty care in 13 areas including palliative care. Community health education and support groups include a Diabetes Wellness Program and a Family to Family Program for Caregivers of the Mentally Ill.

St. John's Community Mental Health Center located in Far Rockaway provides outpatient services including evaluation, psychopharmacologic, psychotherapeutic, social rehabilitative, substance abuse, case management, and support services to children, teens and adults. The clinic is staffed by psychiatrists, social workers, psychologists and a nurse. Treatment services are available in English, Spanish and Russian.

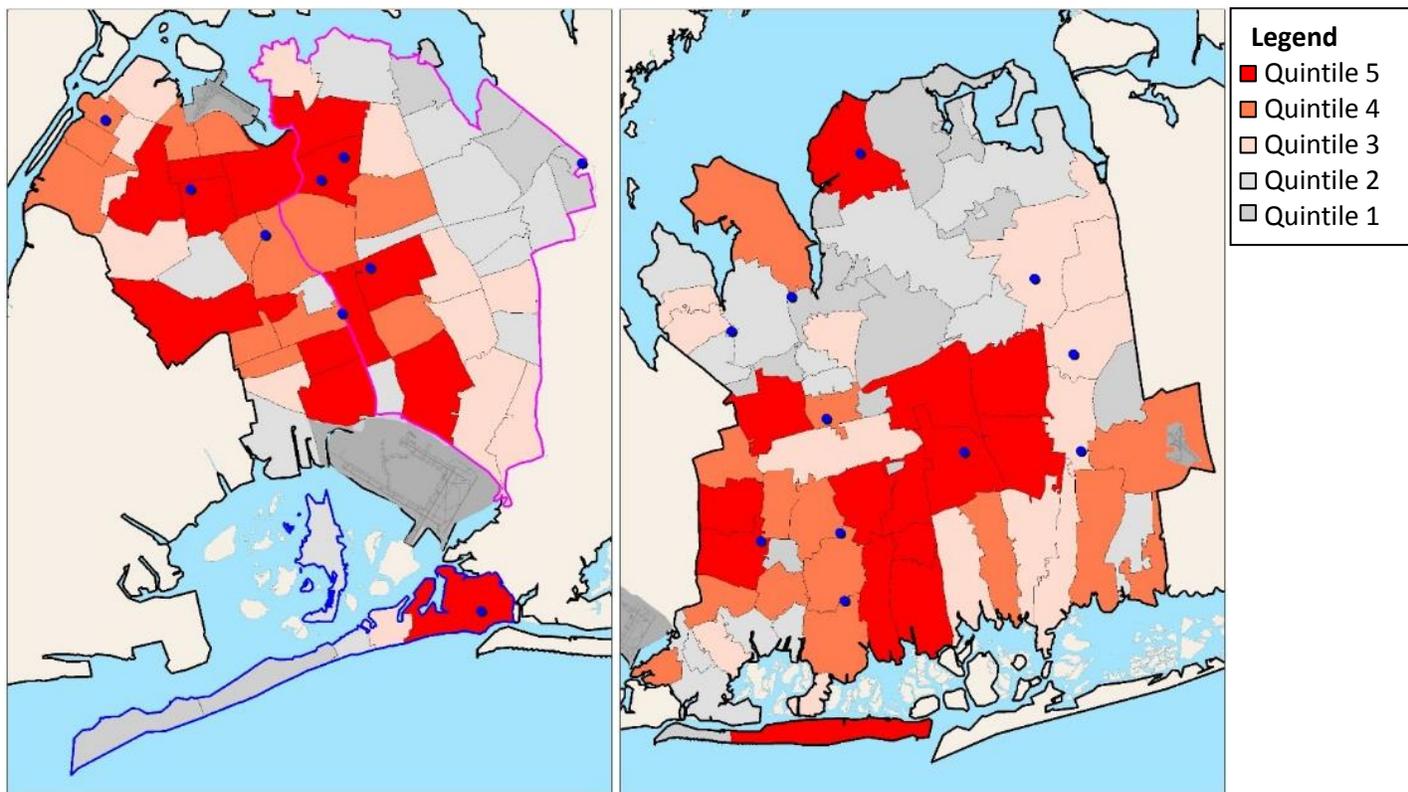
St. John's, together with Bishop Henry B. Hucles Nursing Home, Inc., Bishop Waldo MacLean Nursing Home, St. John's Emergency Medical Services, PC and St. John's Medical Services, PC form the patient care services of Episcopal Health Services Inc., which is sponsored by the Episcopal Diocese of Long Island.

Two other hospitals, both members of the Nassau Queen PPS, operate in Queens. South Nassau Communities Hospital (435 beds), located in Oceanside, has a well-appointed maternity center, and a Center for Cardiovascular Health and a Center for Advanced Orthopedics. Winthrop-University Hospital is a 591-bed university-affiliated medical center and designated Regional Trauma Center which offers a full complement of inpatient and outpatient services. The hospital operates The Institute for Heart Care; The Institute for Cancer Care, a Category 1 Cancer Center; a Diabetes Education Center; The Winthrop Dialysis Center; The Institute for Lung Care; the Institute for Digestive Disorders; the Institute for Family Care; a New York State-designated Regional Perinatal Center; The Institute for Neurosciences (Winthrop is a New York State Department of Health-designated Stroke Center); and the Institute for Specialty Care, which offers a host of highly specialized programs including Orthopaedics, Sports Medicine, a Bariatric Surgery Center of Excellence, and a Wound Healing Center and Hyperbaric Medicine Program.

Long Beach Medical Center, a 162-bed hospital located in Long Beach, NY, was forced to close as a result of damage caused by Hurricane Sandy. It filed for bankruptcy in February 2014.

In addition to the two Queens hospitals operated as part of the North Shore-LIJ Health System, seven other hospitals operate in Queens, none of which are participating in the Nassau Queens PPS. There are 5 Safety Net designated hospitals in the NQP region: St. John’s Episcopal, Long Island Jewish Medical Center, Nassau University Medical Center, Mercy and Franklin¹.

Queens Hospitals	Bed Capacity
Elmhurst Hospital Center	576
Flushing Hospital Medical Center	325
Jamaica Hospital Medical Center	424
Mount Sinai Hospital of Queens	235
New York Hospital Queens	519
Queens Hospital Center	293



Nassau and Eastern Queens Hospital Locations in Relation to Medicaid Enrollment

When assessing hospital beds, Nassau County’s bed-to-population ratio, at 321.7 per 100,000, is 11 percent higher than the state average, while Queens County, at 168.3 per 100,000, is significantly lower than the state average. The overall occupancy rate for the hospitals in the PPS is 71%; occupancy rates range from 44% at St. Joseph to a high of 86% at North Shore University Hospital.

¹ https://www.health.ny.gov/health_care/medicaid/redesign/docs/safety_net_hospital.pdf

When looking at the payor mix for hospitals participating in the PPS it is clear that some institutions play a larger role in care for Medicaid and uninsured patients. NuHealth operates the only public hospital in the PPS, and its payor mix reflects that role. Other hospitals that serve a largely Medicaid population include Forest Hills Hospital and St. John’s. Because of their size, both LIJMC and North Shore provide significant volumes of care to Medicaid patients, although they represent a smaller e of their overall patient population.

NQP Hospital Payor Mix

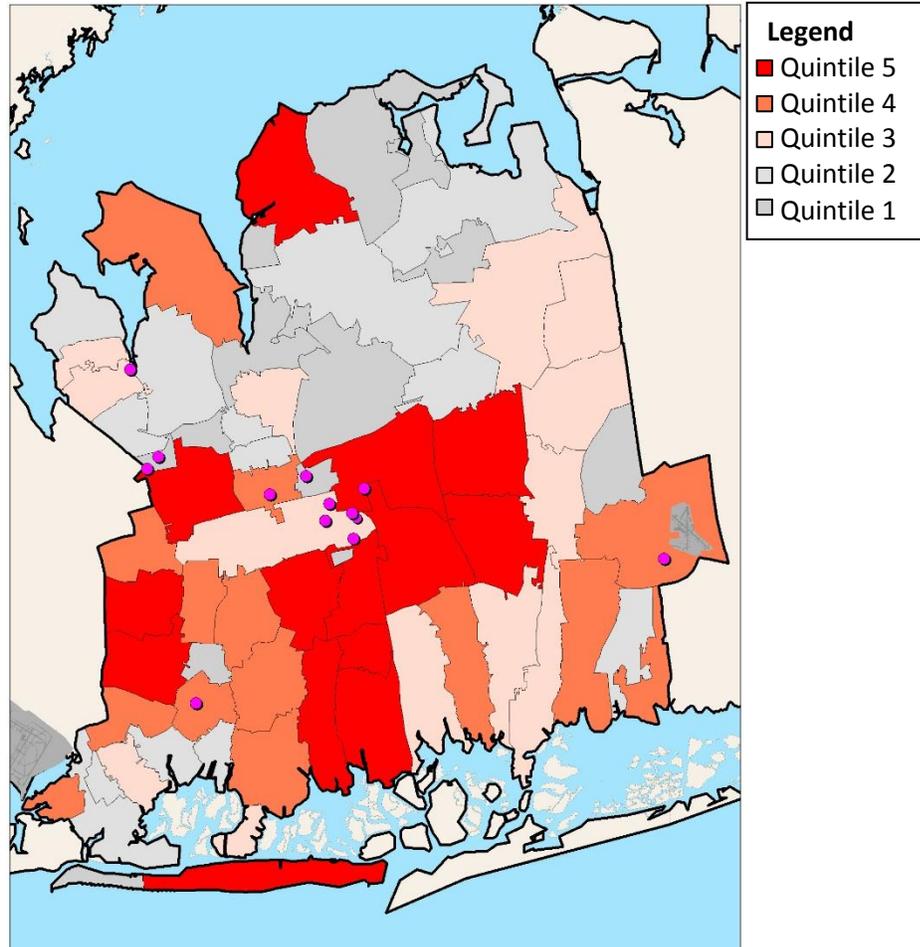
Hospital	Commercial	Medicaid	Medicare	Self-Pay/Other	Total
Saint John’s Episcopal Hospital	8.8%	41.5%	48.7%	1.0%	100.0%
Franklin Hospital	22.0%	15.7%	53.8%	8.5%	100.0%
Glen Cove Hospital	25.7%	7.2%	61.5%	5.6%	100.0%
Long Island Jewish Medical Center	34.6%	23.1%	40.2%	2.1%	100.0%
Mercy Medical Center	26.5%	22.1%	48.1%	3.2%	100.0%
Nassau University Medical Center	16.4%	48.8%	26.5%	8.3%	100.0%
North Shore University Hospital	44.1%	11.0%	39.0%	5.9%	100.0%
Plainview Hospital	34.8%	7.5%	55.3%	2.4%	100.0%
St. Francis Hospital	27.6%	2.8%	68.4%	1.2%	100.0%
Syosset Hospital	31.3%	8.1%	55.7%	4.9%	100.0%
Winthrop University Hospital	44.9%	16.9%	34.5%	3.7%	100.0%
Grand Total	32.0%	24.6%	38.8%	4.7%	100.0%

Ambulatory Surgery Centers

Nassau County has 13 freestanding ambulatory surgery centers as indicated below:

- 1 Day-Op Center Of North Nassau
- 2 Pro Health Ambulatory Surgery Center
- 3 LIJ Center For Advanced Medicine
- 4 Day-Op Center Of Long Island
- 5 Long Island Center For Digestive Health
- 6 Garden City Surgi-Center
- 7 Endoscopy Center Of Long Island
- 8 Winthrop-University Hospital Association
- 9 Hospital For Special Surgery - Extension Clinic
- 10 South Shore Ambulatory Surgery Center
- 11 Island Eye Surgicenter
- 12 Meadowbrook Endoscopy Center
- 13 Progressive Surgery Center

These centers offer a variety of services with various office schedules including day-time, early evening and weekend hours with the majority of services offered during weekday hours. For languages other than English a Language Line, a live telephone translation service, is available. As shown on the map below, the centers are clustered in Central West Nassau with few services in areas with high Medicaid beneficiary enrollment in the Eastern and Southern sections of the county.



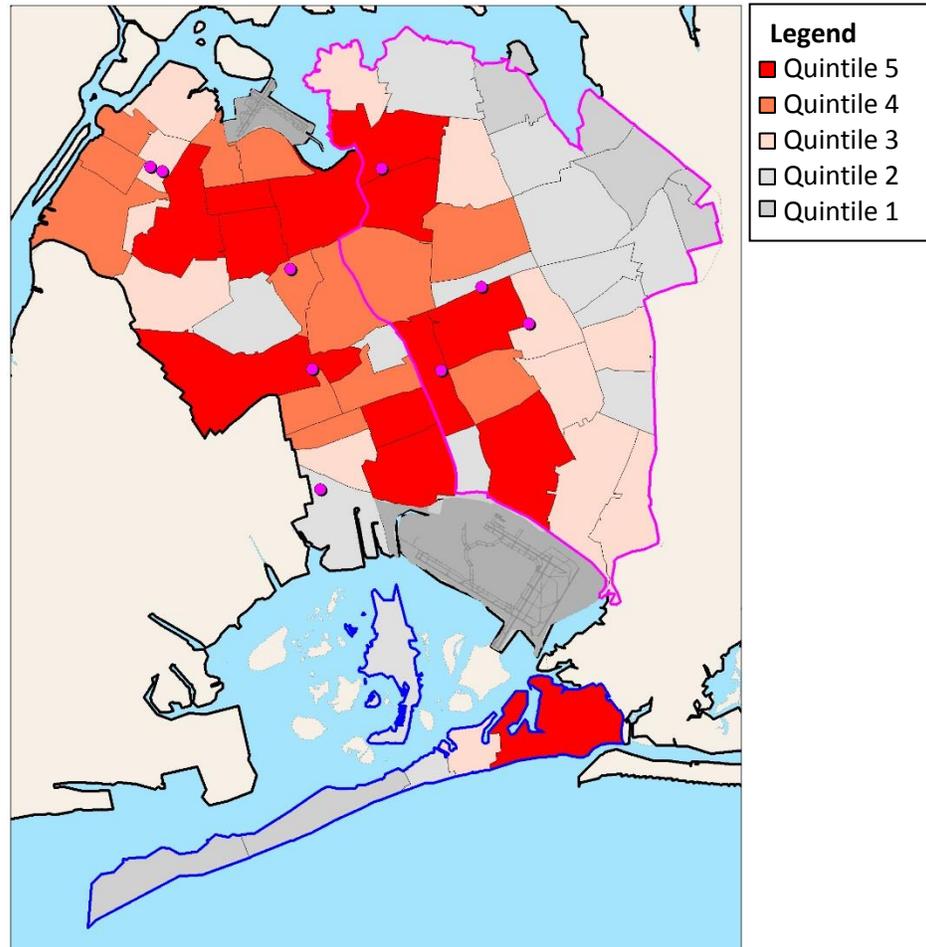
Nassau Ambulatory Surgery Locations in Relation to Medicaid Enrollment

The Queens ambulatory surgery centers total 10 and are represented below with 5 Eastern Queens:

1. Mackool Eye Institute LLC
2. New York Surgery Center Queens LLC
3. Boulevard Surgical Center Inc
4. Flushing Endoscopy Center LLC
5. Queens Endoscopy ASC, LLC
6. Queens Boulevard ASC, LLC
7. Queens Surgicenter-Glendale
8. Physicians Choice Surgicenter

9. Hillside Diagnostic And Treatment Center LLC

10. Choices Womens Medical Center Inc



Queens Ambulatory Surgery Locations in Relation to Medicaid Enrollment

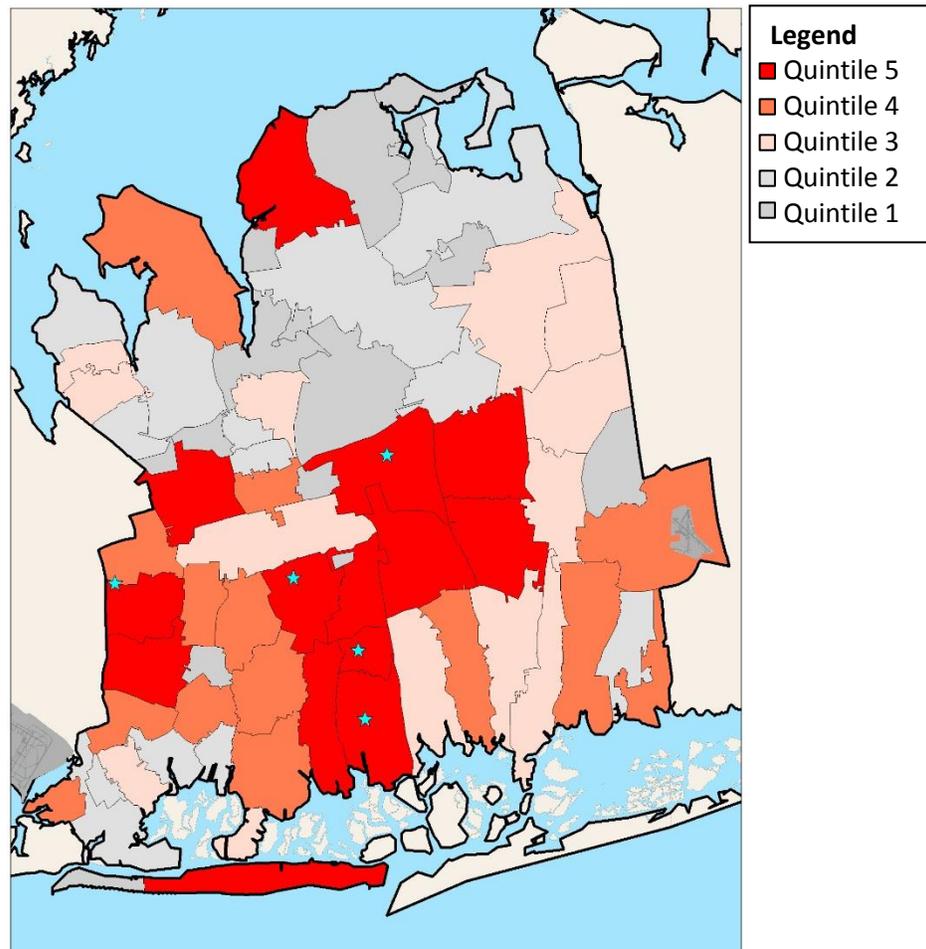
Federally Qualified Health Centers or FQHCs

Nassau County has five FQHCs, all affiliated with NuHealth. The Long Island Federally Qualified Health Center (LIFQHC) is co-operated with NuHealth and is one of a handful of public hospital/FQHC partnerships in the country. It is a not-for-profit organization with oversight and governance by a volunteer Board of Directors. As discussed in the NuHealth summary above and demonstrated by the map below, the sites are located in areas of high need with increased Medicaid beneficiaries including Hempstead, Elmont, and Roosevelt, based on the list of neediest communities in Nassau². In 2014, all LIFQHC sites earned their designation as Patient Centered Medical Homes (PCMH).

² Nassau County Department of Health developed an index based on five socioeconomic factors to determine the nine neediest communities in Nassau. NCDoh, Community Health Assessment, 2014-2017.

Services at the LIFQHC sites include comprehensive ambulatory care services. Services include adult services (Internal Medicine, Complete Physicals, Flu and Pneumonia Vaccines, Chest Screening for Tuberculosis, Cancer Screening, Podiatry, and Vision Screening); pediatric services (Pediatrics, School Physicals, Children's Vaccines, Well-Baby Check-ups, and Sick Child Visits); women's health services (Obstetrics, Office Gynecology, Mammography, Pap Smears, Prenatal Care Assistance Program, Medical Care, Nutritional Counseling, Baby Health Education, Birth Preparation Classes, Family Planning, Pregnancy Testing, Sexually Transmitted Infections, Birth Control, Emergency Contraceptives) and specialty services including Behavioral Health and Radiology.

All the LIFQHC sites offer evening hours several nights/week; the sites in Roosevelt and Westbury are also open Saturday morning. All sites provide services in English and Spanish.



Nassau LIFQHC Locations in Relation to Medicaid Enrollment

The Eastern half of Queens has 20s FQHCs offering services primary care and other health services. Most of the sites operate extended hours; all offer sliding fee scales. Some of the high volume sites are listed below.

Charles B. Wang Health Center– Offers adult medicine, pediatrics, and women’s health. It is a Level 3 PCMH offering evening and weekend hours. Services are provided in Mandarin, Cantonese, Taishanese, Shanghainese, Fujianese, Vietnamese, and Korean. A sliding fee scale is available.

Plaza del Sol Family Health Center – Operated by Urban Health Plan. Services offered include internal medicine, pediatrics, nutrition and radiology. The center is open Monday – Saturday, with evening hours 4 days/week and employs bilingual staff.

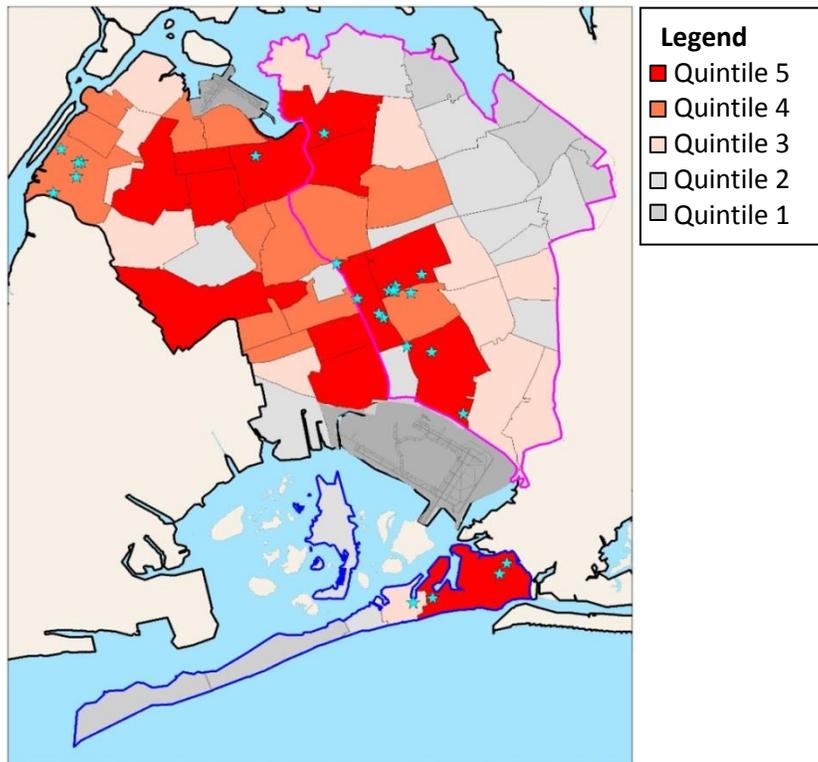
HELP/PSI –The center offers primary medical care, laboratory services, routine gynecological care, pain management, chronic disease management and medical case management, podiatry, infectious disease treatment (HIV, STDs, hepatitis C), opiate replacement therapy and transgender care. HELP/PSI also offers a sliding fee scale.

Queens Health Center - Operated by Community Healthcare Network. Its services that include prenatal and post-partum Care, gynecology and sexual health services, pediatrics, adolescent medicine, adult medicine, geriatric care, dental care, family planning services, nutrition counseling, podiatry, social services and health education. It is open 6 days/week. Due to the diverse population it serves, the center offers bilingual services, *a Language Line and a live telephone translation service.*

Jamaica Family Health Center – Operated by Community Healthcare Network. Services offered include prenatal and post-partum care, gynecology and sexual health services, pediatrics, adolescent medicine, adult medicine, geriatric care, family planning services, nutrition counseling, podiatry, social services and health education and transgender services. The health center is open 6 days/week. For languages other than English *a Language Line, a live telephone translation service, is available.*

Damian Family Care Centers, Inc. – A not-for-profit primary medical health clinic and dental care services provider with two sites in Queens. The center’s services include pediatric medicine, adult medicine, gynecology, pediatric & adult dentistry, hepatology, gastroenterology, HIV counseling, mental health and podiatry. The Damian Family Care Center offers evening and weekend hours; the Firehouse Health Center operates weekday hours.

The Joseph P. Addabbo Family Health Center, Inc. is a NCQA Level 3 - Medical Home. It operates four sites in Queens: Arverne (with evening and Saturday hours). Jamaica (with Saturday hours), Far Rockaway (with evening and weekend hours), and Ozone Park. Health center services include: allergy/asthma clinic; dental services; ear, nose and throat; endocrinology services/diabetes clinic; infectious disease; on-site pharmacy; on-site social workers; Women, Infants and Children (WIC) Services; comprehensive chronic disease management; hepatitis clinic; ophthalmology, physical therapy/physiatrist; podiatry; obstetrics/gynecology and no cost HIV testing and counseling. A sliding fee scale is available.



Queens FQHC Locations in Relation to Medicaid Enrollment

Care for the Homeless (CFTH) - Care for the Homeless provides comprehensive care at soup kitchens, Single Room Occupancy's, shelters, drop-in centers and street outreach programs in the Bronx, Brooklyn, Queens and Manhattan. Their service delivery model is to provide care where homeless individuals and families congregate, and by partnering with host locations such as shelters and soup kitchens, Care for the Homeless operates an open access system to meet the needs of its clients. Clients do not need advance appointments to be seen and are able to walk into the clinics for same day appointments. Services are provided regardless of patients' age or ability to pay.

CFTH operates six sites in Queens.

- Briarwood Family Residence
- Hillside House
- Jamaica Family Assessment Center
- Jamaica Women's Assessment Shelter
- Salvation Army Jamaica Citadel
- Springfield Gardens Family Inn

Other FQHC and ambulatory resources include:

1. Fire House Health Center
2. Queensbridge Clinic
3. ICL HCC Queens
4. Newcomers High School School-Based Dental Clinic

5. Long Island City Health Center
6. LIC Community And Public Housing Services
7. The Floating Hospital
8. Mobile Medical Van (1)
9. Caribbean Women's Health Association, Site 3
10. Rockaway Children's Day Treatment Program

FQHCs are located in areas of increased Medicaid enrollees. The offer multidisciplinary health care services focusing on engaging community members in primary care and chronic disease management. Many of the staff represents the ethnic diversity of their communities and language access services for patients are a priority. Evening and weekend hours also increase access to health care. One of the reasons cited for ED utilization by community member survey participants was that their doctor's office was closed.

Nassau-Queens Bed & Healthcare Provider Rates Per 100,000

	<u>Rate per 100,000</u>			
	Nassau	Queens	New York City	New York State
Bed Count				
Hospital Beds	321.7	168.3	305.0	289.0
Nursing Home Beds	553.3	551.9	537.0	597.0
Provider Count				
Physicians	475.0	211.4	405.0	348.0
PCPs (Includes Peds and OB/GYN)	145.5	98.4	134.0	120.0
Specialists (Includes Psychiatrists)	329.5	112.9	271.0	228.0
General Psychiatrists	59.7	20.2	49.0	36.0
Dentists	151.8	68.3	74.0	78.0
Dental Hygienists	57.9	23.0	21.0	47.0
Physician Assistants	87.0	43.6	36.0	61.0
Nurse Practitioners	99.2	36.2	47.0	76.0
Midwives	3.9	2.2	Combined with NPs	Combined with NPs
Registered Nurses	1,566.8	837.0	717.0	1,093.0
Licensed Practical Nurses	258.2	222.3	176.0	332.0
Mental Health Counselors	27.7	15.3	15.0	21.0
Social Workers	338.8	181.5	231.0	234.0
Psychologists	86.4	23.2	55.0	52.0
Physical Therapist	137.6	105.3	58.0	80.0
Physical Therapist Assistants	32.8	11.8	13.0	22.0
Respiratory Therapist	42.1	23.2	17.0	25.0
Audiologists	14.5	3.1	3.0	6.0
Occupational Therapists	82.0	42.3	35.0	47.0
Occupational Therapist Assistant	11.6	7.0	12.0	19.0
Optometrists	23.6	10.2	10.0	13.0
Speech Language Pathologists	144.1	78.9	48.0	71.0
Pharmacists	190.6	122.2	69.0	91.0
Dieticians/Nutritionists	43.4	19.1	18.0	23.0

Source: Center for Health Workforce Studies' New York State Health Workforce Planning Data Guide 201

The table above compares health provider workforce resources by county and state. Consistently, the Queens workforce for all categories of workers is below the rate, in some cases less than 50%, of Nassau County's workforce despite Queens County increased population density.

Primary Care Providers

Utilizing the data from the Center for Health Workforce Studies' Health Workforce Planning Data Guide indicates that 1,963 primary care physicians are practicing in Nassau County; 2,241 practice in Queens. This translates into a rate of 145.5 primary care physicians per 100,000 population in Nassau, 98.4 primary care physicians per 100,000 population in Queens. Compared to a statewide rate of 120.0 primary care physicians to 100,000 population, Nassau has a slight over-supply while Queens has an under-supply.³ In spite of the higher ratio for Nassau, shortages of primary care resources are noted by the U.S. Department of Health and Human Services Health Resources and Services Administration which has designated 4 Health Profession Shortage Areas (HPSAs) for primary care in Nassau County. Queens has 246 designated HPSAs, with 11 percent of the population living in a HPSA. The Nassau Queens PPS Stakeholder Forums supported the conclusion that access to primary care was a problem, especially for those without insurance. It was noted that it can take many weeks to obtain an appointment at a site with a sliding scale fee policy. It was also noted that the uninsured, particularly in the immigrant community, rely on stand-alone physician storefront offices that are unaffiliated and work on a sliding scale for care. While these sites may be convenient, and offer a degree of anonymity that is sought by undocumented immigrants, these are not primary care providers linked to other services or a medical home, and are not designed to offer continuity of care.

Physician assistants and nurse practitioners

When looking at non-physician primary care providers, Queens fall significantly below state-wide averages; Nassau falls above. Nassau County has 99.2 nurse practitioners per 100,000 population and 87.0 physician assistants per 100,000 population; Queens (data could not be broken out for Eastern Queens), has 36.2 nurse practitioners per 100,000 population and 43.6 physician assistants per 100,000 population. These data compare to the statewide numbers of 76 nurse practitioners per 100,000 population and 61 physician assistants per 100,000 population.⁴ Queens is lacking in a primary care workforce that will be necessary to enact system transformation, particularly for mid-level practitioners.

Specialty medical providers

Specialty medical provider data from the Center for Health Workforce Studies indicates there is a rate of 329.5 specialist physicians per 100,000, compared with a state-wide rate of 228 per 100,000. For all of Queens, the Center for Health Workforce Studies indicates a rate of 112.9 per 100,000. When assessing the surgical resources, the statewide rate per 100,000 is 8 for general surgeons and 38 for surgical subspecialists. In Nassau the rates are 10.6 per 100,000 for general surgeons and 59.7 for surgical subspecialists. Queens is less well-resourced with 5.8 general surgeons per 100,000 and 16.1 surgical subspecialists per 100,000. The

³ The Center for Workforce Studies, New York Workforce Data System, "New York State Health Workforce Planning Data Guide."

⁴ The Center for Health Workforce Studies, New York State Health Workforce Planning Data Guide.

availability of psychiatrists is low in both counties: compared to a statewide average of 36 per 100,000 population, in Nassau the rate is 29.9 and in Queens it is 20.2.⁵

Dental providers

Nassau has almost twice the statewide average of dentists, at 151.8 per 100,000 population compared with a statewide average of 78; Queens has 68.3 per 100,000. The availability of dentists does not necessarily translate into access to care for the Medicaid and uninsured populations. Medicaid rates for dental care remain low, and while dentists may accept Medicaid, they limit the numbers they will see. While over 300 private dentists in Nassau accept Medicaid, over half of them have fewer than 500 Medicaid patients. Similarly, Queens Medicaid beneficiaries received care from almost 1,000 private dentists, but fewer than 200 saw more than 500 Medicaid patients.⁶ Difficulty accessing dental care was cited more frequently than any other health care service among respondents to the consumer survey.

Dental clinics and hospital-based outpatient facilities that provide dental care in Nassau County include:

- Advantage Care D And T Center
- Catholic Charities Health Aadc
- Long Island Jewish Medical Center
- Elmont Health Center
- Hempstead Community Health Center
- Nassau County Health Dept- New Cassel Community Health Center
- Nassau University Medical Center
- United Cerebral Palsy Treatment And Rehab Center

18 Dental clinics and hospital-based outpatient facilities that provide Medicaid dental care in Queens County include⁷:

- Joseph P. Addabo Family Health Center
- Phoenix House Foundation Inc.
- Premier Healthcare D & T Center
- New York Hospital Queens
- New York Hospital Queens
- New York Hospital Queens
- Long Island Jewish Medical Center
- Jamaica Hospital Center
- Medisys Family Care

⁵ The Center for Health Workforce Studies. Health.data.ny.gov

⁶ DSRIP Data Dashboards

⁷ <https://health.data.ny.gov/dataset/Health-Facility-General-Information/vn5v-hh5r#expand>

- Queens Hospital
- Flushing Hospital Medical Center
- Smile New York Outreach LLC
- Floating Hospital
- Elmhurst Hospital Center
- Charles B. Wang Medical Health Center I
- Project Samaritan Health Services (2 clinic sites)
- Daytop Village
- Hillside Polymedic D and T Center

Rehabilitation Services

All three leads of the Nassau Queens PPS provide extensive rehabilitation services, both inpatient and outpatient, as described earlier. When looking at the workforce, Nassau County has 67 occupational therapists per 100,000 population and 118 physical therapists per 100,000 population; in Queens, there are 41.1 occupational therapists per 100,000 population and 76.2 physical therapists per 100,000 population. This compares to the statewide average of 47 occupational therapists per 100,000 population statewide and 80 physical therapists per 100,000 statewide.⁸

Behavioral Health

Nassau University Medical Center was noted in one focus group as providing one-stop shopping for primary care, mental health, chemical dependency, all at one location – but for the most part, stakeholders felt that continuity among provider types was lacking and that behavioral health integration with physical health is a problem in Nassau County. “Linkages are not working well...and communication has deteriorated in recent years.” There is poor communication when a known outpatient ends up in the hospital – the outpatient program is not notified and social workers do not reach out. In addition, alternatives to admission (residential and respite programs) do not exist in the community. Also important is the need for diversity. “Most mental health professionals on Long Island do not look like their patients, they are not of the same race, gender, or culture.” A potential solution is an emergency observation unit that could meet this need. In Suffolk County, there is an EOB unit that has led to reduced admissions. Peer supports and health coaches can help with communication problems, but limited access to peer support was identified as a regional challenge by stakeholders in our focus group.

Both mental health stakeholders and stakeholders for persons with intellectual and developmental disabilities (IDD) noted that EDs were the worst place for someone who is agitated to end up. Stakeholders for individuals with IDD noted that an intermediate level of care is needed for people with behavioral problems. Residential programs tend to send residents to the ED often when unnecessary.

According to one stakeholder, in the chemical dependency focus group, there are few peer services in Nassau County for people in recovery, but agencies have informal associations. It was noted that the veteran community is good with peer support services.

⁸ The Center for Health Workforce Studies.

Psychiatric Inpatient Utilization and Readmissions

The following chart, taken from the NYS Office of Mental Health⁹ display of average daily inpatient census for Nassau County as reported by licensed general hospital, private hospital and State Psychiatric facilities. Inpatient census rates are based on the calculation: (Daily census divided by total persons in the county) times 10,000.

Daily Psychiatric Inpatient Census for Nassau County:

	Provider Name	Nassau County			New York State		
		Discharges	Readmitted Within 30 Days		Discharges	Readmitted Within 30 Days	
			# Readmissions	Percent		# Readmissions	Percent
Adults (age 18 +)							
General Hospitals	Franklin Hospital Medical Center	232	35	15.1%	59014	11484	19.5%
	Mercy Medical Center	264	43	16.3%	59014	11484	19.5%
	Nassau Univ Med Ctr	829	111	13.4%	59014	11484	19.5%
	North Shore University Hospital	338	67	19.8%	59014	11484	19.5%
	North Shore University Hospital at Glen Cove	114	11	9.6%	59014	11484	19.5%
	South Nassau Communities Hospital	440	109	24.8%	59014	11484	19.5%
Children (age 0 - 17)							
<i>Daily Psychiatric Inpatient Census for Nassau County (continued):</i>							

⁹ NYSOMH Dashboard, retrieved 12.5.14

	Nassau Univ Med Ctr	185	26	14.1%	5413	693	12.8%
		Queens County			New York State		
Adults (age 18 +)							
	Episcopal Health Services Inc.	830	291	35.1%	59014	11484	19.5%
	Jamaica Hospital Medical Center	1076	239	22.2%	59014	11484	19.5%
	Long Island Jewish Medical Center	1693	369	21.8%	59014	11484	19.5%
	NYC-HHC Elmhurst Hospital Center	1503	346	23.0%	59014	11484	19.5%
	NYC-HHC Queens Hospital Center	1071	262	24.5%	59014	11484	19.5%
	New York Flushing Hospital and Medical Center	282	72	25.5%	59014	11484	19.5%
	QPH, Inc. dba Holliswood Hospital	323	70	21.7%	2290	394	17.2%
	Creedmoor Psychiatric Center	304	44	14.5%	4116	472	11.5%
Children (age 0 - 17)							
	Long Island Jewish Medical Center	242	29	12.0%	5413	693	12.8%
	NYC-HHC Elmhurst Hospital Center	234	37	15.8%	5413	693	12.8%
Private	QPH, Inc. dba Holliswood Hospital	731	116	15.9%	3830	525	13.7%
State	NYC Children's Center	176	11	6.3%	1989	128	6.4%

In comparing rates in the table above, children’s private hospitalizations in Queens exceed state standards, though the other rates are below state averages. In contrast to the statewide readmission rate of 19.6%, several hospitals had higher averages, including Episcopal Health (35.1%), South Nassau Communities Hospital (28%), NY Flushing (25.5%), Queens Hospital Center (24.5%), and North Shore University Hospital (23.5%). Some of these hospitals are partners in the Nassau Queens PPS.

Behavioral Health Providers and Services

The SAMHSA Locator Database indicates that Nassau County has 36 mental health programs accepting Medicaid, 16 serve adults and 28 serve children. Nassau County has 22 outpatient mental health centers, operates 6 crisis intervention teams and has 12 psychiatric walk-in centers. According to SAMHSA, Nassau County has 35 substance abuse treatment providers who accept Medicaid and 22 providers who offer services in Spanish. There are 2 hospital-based detox programs and 2 outpatient detox resources. Nassau County is also home to 166 physicians certified for Buprenorphine treatment of addiction, and the borough has 21 treatment programs certified for Buprenorphine.

The following provider list, for Nassau County plus Eastern Queens, is based on data from the NYS Office of Mental Health and the NYS Office of Alcohol and Substance Abuse Services.^{10,11} Both Nassau and Queens have lower levels of psychiatrists per 100,000 population than New York State.

Nassau County Mental Health Resources

Psychiatric Emergency Room

1. North Shore-LIJ – Zucker Hillside Hospital
2. CPEP under construction at NuHealth

Mobile Crisis Intervention

1. Nassau Health Care Corp/NUMC
2. North Shore Child & Family Guidance Association
3. North Shore-Long Island Jewish Health System
4. South Shore Child Guidance Center
5. Pilgrim Psychiatric Center

Home Based Crisis Intervention

1. South Shore Child Guidance Center

¹⁰ Queens and Nassau BH data. http://bi.omh.ny.gov/bridges/directory?region=Queens&prog_selection=
http://bi.omh.ny.gov/bridges/directory?region=Nassau&prog_selection=

¹¹ Queens & Nassau Alcohol/Substance Abuse resources OASAS.
http://www.oasas.ny.gov/providerDirectory/index.cfm?search_type=1

Inpatient of General Hospital

1. Franklin Hospital Medical Center (21 beds)
2. Mercy Medical Center (39 beds)
3. NUMC (128 beds)
4. Syosset Hospital (20 beds)
5. North Shore University Hospital (26 beds)
6. South Nassau Communities Hospital (36 beds)

Outpatient Services

ACT

The ACT slots in Nassau County are at 100% capacity and 65% of those served by ACT meet high utilization criteria, 42% have a co-occurring substance use disorder, and 5% are homeless¹².

1. Angelo J. Melillo Center for Mental Health (Capacity 68)
2. Central Nassau Guidance and Counseling Services (Capacity 68)
3. South Shore Association (Capacity 68)

Clinic Treatment

1. Angelo J. Melillo Center for Mental Health
2. Catholic Charities of Rockville Centre
3. Central Nassau guidance and Counseling Services
4. EPIC Long Island, Inc.
5. Federation Employment & Guidance Service
6. Family and Children's Association
7. Hispanic Counseling Center, Inc
8. Long Beach Medical Center
9. Mercy Medical Center
10. NUMC
11. North Shore Child & Family Guidance Association
12. Peninsula Counseling Center, Inc
13. South Nassau Communities Hospital

¹² NYS Dashboard, retrieved 12.7.14

14. South Shore Child Guidance Center
15. Southeast Nassau Guidance Center, Inc

Day Treatment

1. Wantagh Day Treatment Program Wantagh Day Treatment Program (Capacity 30)

Partial Hospitalization

1. Mercy Medical Center (capacity 10)
2. South Nassau Communities Hospital (capacity 25)

Personalized Recovery-Oriented Services

1. Central Nassau Guidance and Counseling Services (Roads to Recovery) (capacity 100)
2. Family Residential & Essential Enterprises (Terry's Place PROS) (capacity 150)
3. Maryhaven Center of Hope (Horizons PROS) (capacity 200)
4. Mental Health Association of Nassau County (The Gathering Place PROS) (capacity 100)
5. PSCH, Inc (Northern Lights PROS) (capacity 90)

Apartment Treatment Programs

Nassau County has a total of 363 congregate beds, 165 apartment treatment beds, 50 support program beds, and 929 supportive housing beds.

1. CNGCS Apartment treatment program
2. Federation of Organizations Apartment Program
3. The Dales
4. REAL –Treatment Apt Program
5. So. Shore Association – Apartment Treatment Program

Congregate/Treatment

1. Melillo East Hills Community Residence (Angelo J. Melillo Center for Mental Health)
2. Melillo Glen Cove Community Residence
3. Melillo Glen Head Community Residence
4. CNGCS Brentwood Community Residence
5. CNGCS MICA Recovery Residential Program
6. CNGCS Jerusalem Ave Residence
7. West John Street (CNGCS)

8. Cartwright Community Residence (Family Residences &Essential Enterprises)
9. Syosset Community Residence (Family Residences &Essential Enterprises)
10. Uniondale Residence (Family Residences &Essential Enterprises)
11. West Nassau Residence (Family and Children’s Association)
12. Burns Avenue Residence (Maryhaven Center of Hope)
13. Corona Avenue Residence (Maryhaven Center of Hope)
14. Elmont Community Residence (Maryhaven Center of Hope)
15. Garvey House (Maryhaven Center of Hope)
16. Haypath House (Maryhaven Center of Hope)
17. Walden Corners (Maryhaven Center of Hope)
18. Mercy Haven – Aster Place Residence
19. Phoenix Houses – Brentwood Residence
20. Pilgrim – Crooked Hill Community Residence
21. Pilgrim – Garden Place Community Residence

Nassau Alcohol/Drug Addiction Resources

Prevention Providers

1. Baldwin Council against Drug Abuse
2. COPAY, Inc
3. Diocese of Rockville Centre
4. Family and Children’s Association
5. Freeport Pride, Inc
6. Hispanic Counseling Center, Inc
7. North Shore Child Family Guidance
8. Substance Abuse Free Environment
9. Tempo Group, Inc
10. The Safe Center LI, Inc
11. Youth Environmental Services, Inc

Outpatient Treatment

1. Angelo J Melillo Ctr for Mental Health

2. Backstretch Employee Service Team
3. Bridge Back to Life Center Inc
4. Center for Rapid Recovery, Inc.
5. Central Nassau Guidance CD OPD
6. Community Counseling Srvs of W. Nassau
7. STAR Program – CD OP
8. COPAY, Inc
9. Counseling Service of EDNY, Inc
10. Education Assistance Center, INC
11. Family and Children’s Association
12. Hempstead Chem Dep Treatment Center
13. Five Towns Community Center, Inc
14. Freeport Pride, Inc
15. Friends of Bridge, Inc
16. From the Ashes Inc /Kenneth Peters Center
17. Hispanic Counseling Center, Inc
18. Long Beach Reach, Inc
19. Mineola Community Treatment Center
20. Project Outreach
21. Maryhaven Center of Hope
22. Nassau Alternative Advocacy
23. North Shore Child/Family Guidance – The Place
24. Oceanside Counseling Center
25. Peninsula Counseling Center
26. Rockville Center Drug and Alcohol Abuse
27. Roosevelt Educ Alc Counseling Treatment Center
28. Seafield Services, Inc
29. C.A.R.E
30. Southeast Nassau Guidance Center, Inc

31. Woodmere Clinic
32. Youth and Family Counseling Agency
33. Youth Environmental Services

Inpatient Treatment Center

1. Charles K. Post Addiction Treatment Center (serving Nassau country but located in Suffolk)
2. NUMC

Personalized Recovery Oriented Services

1. The Gathering Place PROS (12,495 days of service to 152 members -2012)

Methadone Clinic

1. Nassau County Dept of Mental Health and Developmental Disabilities

Crisis

1. NUMC
2. Maryhaven Center of Hope

Community Residential

1. Maryhaven Center of Hope
2. Mental Health Association of Nassau County (Cushman House, Garvey House, Walden House, The Dales)

Eastern Queens

Behavioral health services in Queens are concentrated in the Western rather than the Eastern region. As a whole, the borough of Queens has 60 mental health treatment providers, 56 of which accept Medicaid. It has 11 psychiatric crisis walk-in centers and 14 crisis intervention teams. The borough has 43 substance abuse providers, 38 of whom accept Medicaid and 27 offer a sliding scale. There are 29 outpatient and 13 residential substance abuse treatment centers in the borough, plus 3 outpatient detox center and one inpatient detox. Throughout the borough, 20 providers are certified for Buprenorphine treatment.

Eastern Queens Mental Health

CPEP

1. Jamaica Hospital Medical Center
2. NYC-HHC Queens Hospital Center

Day Treatment

1. Addabbo Day Treatment Program
2. Queens Children's Psychiatric Center

Mobile Crisis

1. Addabbo Day Treatment Program
2. Queens Children's Psychiatric Center
3. Visiting Nurse Service of NY

Home Based Crisis Intervention

1. Episcopal Health Services

Inpatient Psychiatric Unit

1. Episcopal Health Services
2. Jamaica Hospital Medical Center
3. LIJ Medical Center Zucker Hillside Div
4. NYC-HHC Queens Hospital Center
5. NY Flushing Hospital Medical Center
6. Creedmoor Psychiatric Center
7. NYC Children's Center

Outpatient

ACT

1. Creedmoor Psychiatric Center
2. NYC-HHC Queens Hospital Center (3 Programs)
3. PSCH, Inc
4. Pathways to Housing, Inc
5. Visiting Nurse Service of NY

Outpatient Clinic Treatment

1. AIDS Center of Queens County
2. Advanced Center for Psychotherapy Jamaica
3. CCNS Jamaica Behavioral Health Clinic

4. CCNS Rockaway Mental Health Services
5. Jamaica Community Services
6. Queens Village Clinic
7. St. John's Episcopal South Shore Division CMHC
8. Surfside Manor Adult Home Clinic
9. Jamaica Hospital Medical Center
10. JBFCs – Pride of Judea Mental Health Center
11. Lifespire SPAN Clinic Treatment Program
12. Queens Hospital Center Adult Mental Health Clinic
13. New Horizon Counseling Center
14. Howard Beach Clinic
15. New Haven Manor Clinic
16. Far Rockaway Clinic
17. New Horizon Counseling Center West Rockaway
18. Wavecrest Clinic
19. New York City Children's center
20. NY Flushing Hospital and Medical Center
21. Safe Space NYC
22. Samuel Field YM & YWHA, Inc
23. The Child Center of NY – Flushing Clinic
24. The Child Center of NY – Jamaica Clinic
25. Transitional Service for NY, Inc

Continuing Day Treatment

1. St. John's Continuing Day Treatment Program
2. New Horizon Counseling Center Continuing Day Treatment
3. NYPCC Queens Village Continuing Day Treatment
4. NYPCC Adult Home CDTP

Day Treatment

1. Lifeling Center for Child Development

2. NYCCC Queens Day Treatment
3. Queens Intensive Day Treatment
4. Queens Upper School Day Treatment

Intensive Psychiatric Rehabilitation

1. LIJ Zucker Hillside Hospital IPRT
2. PSCH, Inc

Partial Hospitalization

1. NYC-HHC Queens Hospital Center

PROS

1. Rockaway PROS (Catholic Charities)
2. Hands Across Long Island
3. Lifespire, Inc
4. Transitional Services for NY, Inc

Residential Apartment Treatment

1. ACHM, Inc
2. Catholic Charities Queens Community Living Program
3. FEGS Queens Apartment Program
4. Institute for Community Living
5. JBGCS Far Rockaway Treatment Apartment Program
6. PSCH, Inc
7. TSNY Apartment Program

Eastern Queens Substance Abuse Providers and Services

Preventive Services

1. Springfield Gardens Methodist CSA
2. Varied Internship Program

Treatment Providers in Queens

1. The Child Center of New York (Flushing & Jamaica)
2. Flushing Hospital/Reflections

3. Long Island Jewish Medical Center (Far Rockaway)
4. NY Therapeutic OP
5. LIJ Med Ctr- New Hyde Park OP
6. Far Rockaway Treatment Center
7. Daytop Village, Inc
8. Counseling Service of EDNY
9. Saratoga Family Inn OP (Camelot of Staten Island)
10. 820 River Street, Inc
11. New Spirit II
12. The Outreach Project
13. Queens Hospital Center
14. Samaritan Village
15. St. Vincent's Services

Inpatient Treatment Center

1. Creedmoor ATC (Queens Village)
2. Medical Arts Center
3. Queens Village Committee for MH (J-CAP)
4. Samaritan Village

Methadone Clinic

1. LI Jewish Medical Center OTP
2. St. Vincent's Queens OTP

Medically Monitored Withdrawal

1. Flushing Medical Center
2. Medical Arts Center Hospital

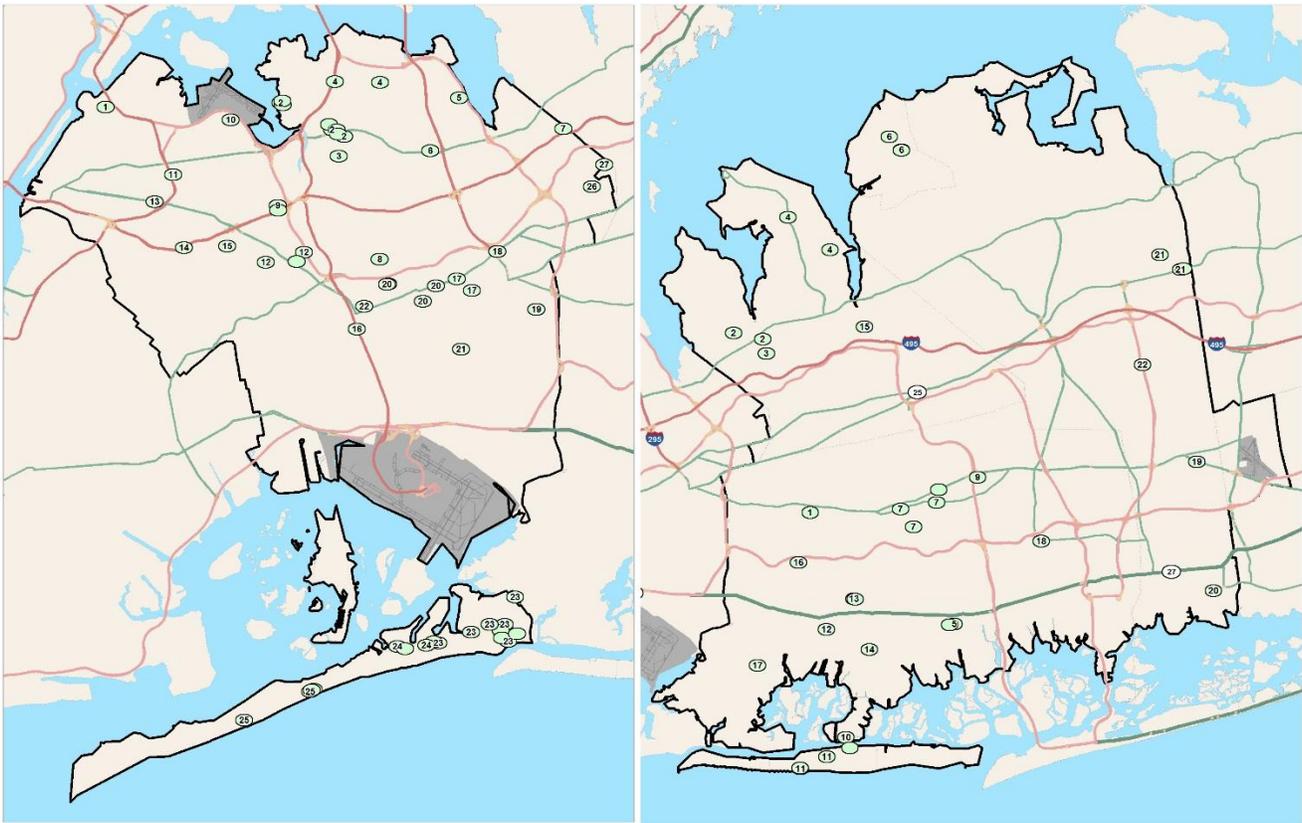
Supportive Living

1. 820 River Street, Inc

Skilled Nursing Facilities

There are 35 skilled nursing facilities in Nassau County with 7,559 beds, ranging in size from Cold Spring Hills Center, with 606 beds, to the Amsterdam, with 56 beds.¹³ A. Holly Patterson is the only public facility in the county. In 2013, 9,525 Nassau County Medicaid beneficiaries received nursing home care. Care was divided among a very extensive list of providers, with no single facility providing care to more than eight percent of the Medicaid population. The five facilities providing the most care to Nassau Medicaid beneficiaries include Winthrop, North Shore, NUMC and the A. Holly Patterson facility, Cold Spring Hills Center, and Nassau Extended Care Facility. At 553.3 nursing home beds per 100,000 population, Nassau falls below the state-wide average of 597 per 100,000.

Regional Skilled Nursing Facilities



Queens County

Nassau County

¹³ <https://health.data.ny.gov/dataset/Health-Facility-General-Information/vn5v-hh5r>

Nassau County Skilled Nursing Facilities

Facility Name	Beds
Cold Spring Hills Center for Nursing and Rehabilitation	606
Woodmere Rehab & Health Care Center, Inc	336
Townhouse Center for Rehabilitation & Nursing	280
Nassau Extended Care Facility	280
Meadowbrook Care Center, Inc	280
Fulton Commons Care Center Inc	280
Grandell Rehabilitation and Nursing Center	278
Sunharbor Manor	266
Glengariff Health Care Center	262
North Shore-LIJ Stern Family Center for Rehabilitation	256
Hempstead Park Nursing Home	251
Park Avenue Extended Care Facility	240
Grace Plaza Nursing and Rehabilitation Center	214
Central Island Healthcare	202
Highfield Gardens Care Center of Great Neck	200
Mayfair Care Center	200
White Oaks Rehabilitation and Nursing Center	200
South Point Plaza Nursing and Rehabilitation Center	185
Beach Terrace Care Center	182
Sands Point Center for Health and Rehabilitation	180
The Grand Pavilion for Rehab & Nursing at Rockville Centre	158
Glen Cove Center for Nursing and Rehabilitation	154
Garden Care Center	150
Komanoff Center for Geriatric & Rehab Medicine	150
Daleview Care Center	142
Excel at Woodbury for Rehabilitation and Nursing, LLC	123
Orzac Center for Extended Care & Rehabilitation	120
Belair Care Center Inc	102
Marquis Rehabilitation & Nursing Center	102
Lynbrook Restorative Therapy and Nursing	100
Oceanside Care Center Inc	100
South Shore Healthcare	100
Rockville Skilled Nursing & Rehabilitation Center, LLC	66
The Amsterdam at Harborside	56

In Queens, there are 59 nursing homes with a total of 12,287 beds and 44 nursing homes in Eastern Queens.¹⁴ They range in size from Parker Jewish Institute, with 527 beds, to the Queen of Peace Residence, with 53 beds. When looking at where they received care, five nursing homes captured more than 50 percent of all Medicaid residents. These include North Shore-LIJ Stern Family Center for Rehabilitation University Hospital, Forest View Center, Hospice Care of Long Island, Highfield Gardens, and Parker Jewish Institute. At 551.9 nursing home beds per 100,000 population, Queens falls below the state-wide average of 597 per 100,000.

¹⁴ New York State Department of Health Nursing Home Profiles.

Queens County Skilled Nursing Facilities

Facility Name	Beds
Hillside Manor Rehab & Extended Care Center	800
Ozanam Hall of Queens Nursing Home Inc	432
Silvercrest	320
Franklin Center for Rehabilitation and Nursing	320
Highland Care Center	320
Holliswood Center for Rehabilitation and Healthcare	314
Dr William O Benenson Rehab Pavilion	302
Brookhaven Rehabilitation & Health Care Center LLC	298
Horizon Care Center	280
Resort Nursing Home	280
Union Plaza Care Center	280
Flushing Manor Care Center	278
Neponsit Health Care Center	269
NYS Veterans Home In NYC	250
Haven Manor Health Care Center,LLC	240
Promenade Rehabilitation and Health Care Center	240
Rockaway Care Center	228
Flushing Manor Nursing Home	227
Chapin Home for the Aging	220
West Lawrence Care Center, LLC	215
Waterview Nursing Care Center	200
Queens Nassau Rehabilitation and Nursing Center	200
Peninsula Nursing and Rehabilitation Center	200
Woodcrest Rehabilitation & Residential Health Care Center., LLC	200
Long Island Care Center Inc	200
Lawrence Nursing Care Center, Inc	200
Bridge View Nursing Home	200
Margaret Tietz Center for Nursing Care Inc	200
Park Nursing Home	196
New Surfside Nursing Home, LLC	183
Queens Center for Rehabilitation & Residential Health Care	179
Bishop Charles Waldo Maclean Episcopal Nursing Home	163
Meadow Park Rehabilitation and Health Care Center LLC	143
Beacon Rehabilitation and Nursing Center	120
Little Neck Care Center	120
Bezalel Rehabilitation and Nursing Center	120
Oceanview Nursing & Rehabilitation Center, LLC	102
Far Rockaway Nursing Home	100
St Marys Hospital for Children Inc	95
Hollis Park Manor Nursing Home	80
Windsor Park Nursing Home	70
New Glen Oaks Nursing Home, Inc	60
Queen of Peace Residence	53

Home care services

There are 447 home health care providers in Nassau County, 32 of which are certified home health agencies. In Queens, there are 650 home care providers, of which 41 are certified home health agencies.¹⁵

Laboratory and radiology services

There are 186 laboratory providers and 57 radiology providers in Nassau County. In Eastern Queens, there are 72 laboratory providers and 8 radiology providers.¹⁶¹⁷

Specialty service providers (Vision and DME)

In Nassau County, there are over 389 providers of durable medical equipment. In Eastern Queens, there are 200 providers of vision and durable medical equipment.¹⁸

Pharmacies

Nassau County has 179 pharmacies; Eastern Queens has 123 pharmacies.¹⁹ Our survey of Medicaid members found that 6 percent indicated that they did not fill their prescription because medications cost too much. Lack of health insurance was the next highest reason at 5 percent. Among the uninsured, 19 percent said that lack of health insurance was the reason for not filling prescriptions; 15 percent indicated that the cost of the prescriptions was the reason for not filling them.

Local Health Departments

The Nassau County Department of Health promotes and protects the health of all who live, work, and play in Nassau County through a combination of direct services and community partnerships in the following areas:

- Development and maintenance of individual and community preparedness for public health hazards and events.
- Investigation, prevention, and control of communicable diseases.
- Prevention of environmental health hazards through assessment, regulation, and remediation.
- Promotion of healthy lifestyles through outreach and education.
- Provision for evaluation and services to individuals, children, and families that have developmental delays and concerns.

The Nassau County Department of Health is a Nassau Queens PPS partner and has worked closely with Nassau Queens PPS. The Nassau Department of Health prepared a County-wide health needs assessment in 2013 (which helped inform this health needs assessment) that described a “tale of two counties” with nine

¹⁵ <http://homecare.nyhealth.gov/index.php?PHPSESSID=874cb536f77f4acb6ebc0ec4123f3f1a>

¹⁶ <https://health.data.ny.gov/dataset/Health-Facility-General-Information/vn5v-hh5r>

¹⁷ Health Market Science Lab Data received in July 2014

¹⁸ <https://data.medicare.gov/Supplier-Directory/Supplier-Directory-Data/ppq8-xrjv>

¹⁹ https://www.health.ny.gov/diseases/aids/consumers/prevention/needles_syringes/esap/provdirect.htm

communities of high need that differed from the rest of the County based on income or health status. These communities included Freeport, Hempstead, Inwood, Long Beach, Westbury, Roosevelt, Uniondale, Elmont, and Glen Cove.²⁰

The Long Island Health Collaborative (LIHC) was formed to bring together hospitals, the local health department, representatives from social service organizations, public health specialists from colleges and others with the goal of helping promote prevention and primary care. The LIHC helps activate patients to play a more active role in their health and keeps them informed about what resources are available and how to access them. LIHC is focused on obesity, chronic disease and mental health/substance abuse, three areas in the NYS Prevention Agenda (the state's agenda for statewide public health goals).

The New York City Department of Health and Mental Hygiene (DOHMH) is the local health department responsible for the public health and mental health needs in Queens County which is addressed through its Take Care New York population health strategy. The DOHMH develops and implements community-based programs and initiatives, often with local partners. The DOHMH lead targeted health and communication strategies in these communities that experience an excess burden of disease. Each office advances community health through home visiting programs, free exercise programs, efforts to increase access to healthy food, meetings with area doctors and coordination with local coalitions. DOHMH is also charged with working to reduce health disparities and promote health equity by targeting resources to high-need communities. Queens County is one of two New York City counties that does not have a District Public Health Office. The absence of this resource can affect the impact of Take Care New York strategies and existing health partnerships in Queens County.

Managed Care Organizations

Six Medicaid managed care plans operate in Nassau County, covering 169,000 Medicaid beneficiaries. The three plans with the largest market share are United Healthcare (23.5%), FidelisCare (20.3%), and HealthFirst (18.8%). In Queens, 8 Medicaid managed care plans operate. HealthFirst, MetroPlus, FidelisCare and Healthplus Amerigroup are the biggest Medicaid managed care plans in NYC. These data are consistent with our community member surveys, which indicated that United, Fidelis and HealthFirst were the most common Medicaid plans among Nassau County respondents, and HealthFirst, United and Healthplus Amerigroup were the most common among Queens respondents.

Nassau County has 14 Medicaid (partial capitation) managed long-term care plans covering 4,597 enrollees. All but one, Extended, will be participating in the Fully Integrated Dual Advantage program (FIDA), New York's duals demonstration program, which will begin enrollment in April 2015. The three largest plans are Guildnet (34.8%), FidelisCare (12.7%) and North Shore-LIJ Health Plan (9.4%). In NYC 107,743 Medicaid beneficiaries are enrolled in 25 MLTC plans. (All but Montefiore HMO MLTC operate in Queens, although enrollment data by borough are not available). Three plans have elected not to participate in FIDA (Extended, HHH Choices and United Healthcare). The plans with the greatest share of enrollment include VNS Choice (14.6%), Senior Health Partners, Inc. (10.6%), and Guildnet (10.4%).

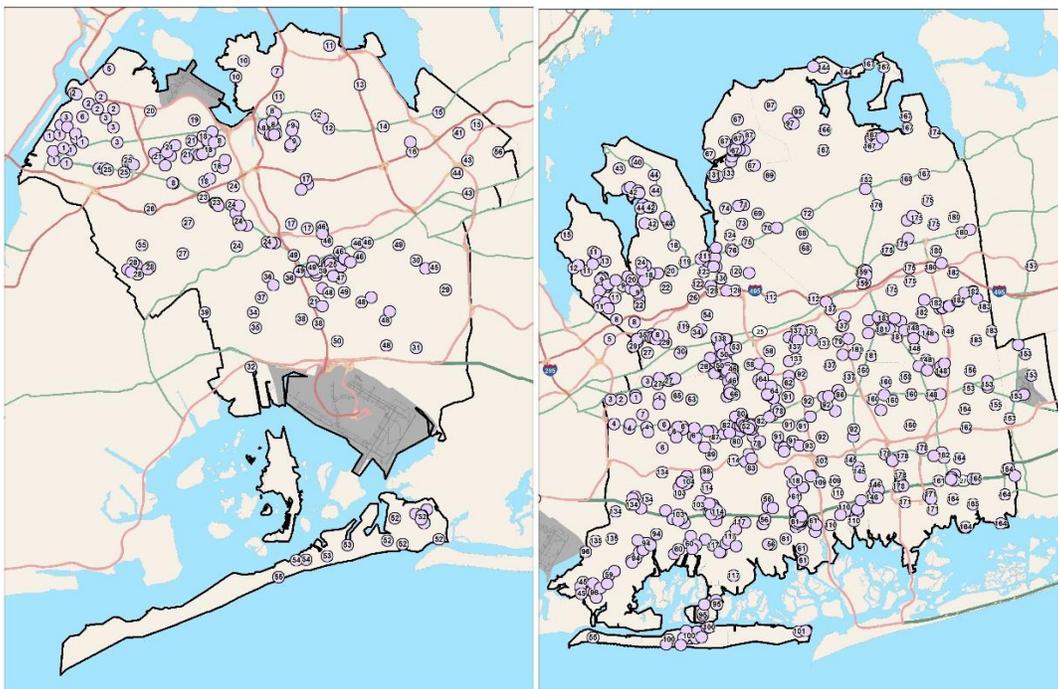
²⁰ Nassau County Department of Health, p. 43.

ii. Description of Community Based Resources²¹

Much of the information in this section comes from two databases. For Nassau County we relied on the United Way 211 Long Island database, which is a searchable directory of local health and human service agencies and programs. A similar database is available for New York City. Developed by the Greater New York Hospital Foundations, HITE – the Health Information Tool for Empowerment – is an online resource for social workers, discharge planners, and other information and referral providers. HITE’s comprehensive customizable directory helps the health and social services workforce provide fast, accurate linkages for uninsured and low-income individuals in the community. All information in the HITE resource database is verified and updated annually.

Community-Based and Local Government Organizations

Regional Community-Based and Local Government Organizations



Queens County

Nassau County

Not for profit organizations and agencies provide a safety net of social support and resources for the community especially immigrant, low income and other vulnerable populations. Many of these organizations wear many hats and provide a wide variety of services. These entities are an integral part of the healthcare infrastructure of the NQP. By partnering with community-based organizations and leveraging their resources and community trust, the NQP can achieve its goal to be an integrated delivery system that meets the goals of the Triple Aim for the Medicaid and uninsured populations.

²¹ See Appendix: Section A for Community Based Resources Maps

Community Service Organizations

Nassau has 1409 organizations that provide a variety of community services; Queens has 487. These include a wide array of organizations. Among these organizations are senior centers, town village services throughout the county, chambers of commerce, publicly operated clinics, YMCAs and JCCs. Services may include adult ESL classes; access to health insurance and other benefits assistance; afterschool programs; programs targeted to ethnic groups – Chinese and Korean, e.g., -- for social and recreational purposes, assistance with benefits, family counseling; day programs; immigration centers; early childhood services, senior services, and volunteer services and opportunities.

In the focus group for providers to individuals with chronic disease, it was noted that there was a need for more “boots on the ground social services” – assisting with Medicaid recertification, applications for food stamps, housing, navigating the health care system, reinforcing patient education/self-management and service coordination. The reimbursement stream for these services doesn’t exist. Also, stakeholders in focus groups noted that single site services that offer one-stop shopping would really help the community.

Religious Services Organizations

There are 389 and 858 religious services organizations in Nassau and Queens Counties. They reflect the ethnic diversity of the community, and include many Christian denominations, Greek Orthodox, churches serving the Latino, Korean and Haitian communities, Islamic centers, and Jewish centers and synagogues. In the focus groups, churches and community based organizations were cited as an important community resource for frontline emergency assistance and for responding to health care needs. Religious organizations and CBOs promote health insurance enrollment and connection to care. These organizations have the community’s trust, particularly among immigrants.

Community Outreach Agencies

In Nassau County, there are 103 community outreach agencies, ranging from emergency assistance programs, to emergency heating funds, to crisis counseling. The HITE database identifies 259 community service organizations in Queens, all of which do community outreach. Many are religiously based. The immigrant community, as described in one of the focus groups, relies on community organizations and churches for services because they trust those organizations more than they do government agencies. CBOs have a reputation in the community for helping people. In addition, these CBOs are more likely to speak the community’s language and look like the community. In the focus groups, the lack of cultural and racial diversity of the health care providers was seen as a barrier to care. For health providers to partner with CBOs in their PPSs is one strategy for addressing this barrier.

Local Government Social Service Organization

Local government social service programs refer to those programs that influence overall health status/socioeconomic factors and individual and community quality of life. Examples may include: organizations that offer financial assistance/professional financial counselling; housing services (including those that provide assistance to special populations e.g. Veterans); food banks and soup kitchens; food stamp

programs; Medicaid offices; job centers; outreach mobiles; youth specific programming and employment. Nassau and Queens counties have 218 and 477 programs respectively.

Not for Profit Health and Welfare Agencies

Virtually all organizations included in both the 211 and the HITE databases can be categorized as not-for-profit health and welfare agencies; the only exclusions are government-operated services which total 1966 with 487 from Queens and 1409 from Nassau.

Community Based Health Education

There are 170 community based health programs in Nassau County, ranging from diabetes education to first aid safety and substance abuse training. Queens offers 196 different programs focused on health education. This includes disease information and support, harm reduction, exercise and fitness, senior health education, and nutrition.

Local Public Health Programs

Based on the NYSDOH's glossary, a local public health services is defined as the local provision/delivery of services to fulfill mission of public health in communities. These services or programs include governmental public health agencies, social service providers, community based organizations and private institutions with an interest in population health. Examples include: immunization clinics; center for disease control and prevention (local); Indian health services; and substance abuse/mental health organizations. There are 3717 such programs in Nassau and 1917 in Queens.

Education

Nassau has 740 education organizations ranging from adult education to early learning centers, to continuing education, to ESL, to schools, and certification programs. The HITE database identifies 148 education organizations in Queens. The organizations include education for specific populations – Korean, Chinese, Asian; services for those receiving services for autism and developmental disability, those with special needs; ESL; continuing education, GED and academic enrichment; and vocational training and job placement. Schools are also an important community resource – among the immigrant community they are a trusted resource for families.

Youth Development Programs

In Nassau, there are 126 youth development programs. In Queens, there are 86 youth development programs. These organizations provide an array of services including tutoring and mentoring programs, after-school programs and summer youth programs. In addition are programs specifically directed at LGBTQ youth.

Libraries

The Nassau Library System (NSL) is a cooperative library consortium comprised of 54 member libraries and a Service Center for the libraries. Each member library is independent, autonomous, supported by local taxes,

and governed by its own board of trustees. All public libraries in Nassau County are members of NLS. All libraries in Nassau County include public access computers.

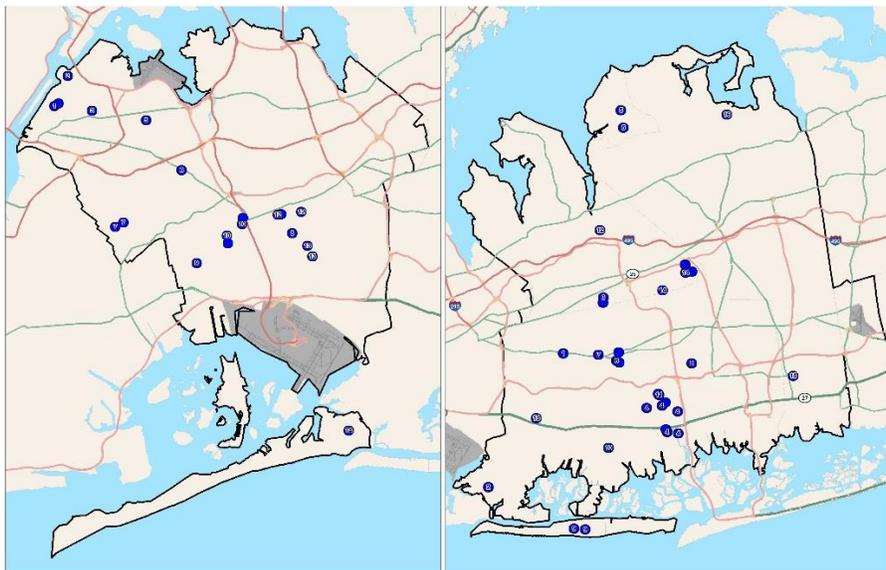
The Queens Public Library includes a network of sixty-one community libraries featuring collections, programs, resources and services that are relevant to the individual community needs and interests, and provide easy access to library service across Queens – virtually no one in Queens is more than a mile from a public library. All community libraries offer free PC use with Internet access, wireless Internet access, and an extensive selection of online reference databases.

Area Health Education Center

The Brooklyn-Queens-Long Island Area Health Education Center (BQLI-AHEC) is a non-profit 501(c)(3) organization established in August 2003. The BQLI-AHEC is one of three New York Metropolitan Region AHECs that were developed to address the health workforce issues in underserved communities. By providing services to four counties (Kings, Queens, Nassau and Suffolk) BQLI-AHEC target area is one of the largest regions in the New York State. Nine communities within this catchment area have been designated as Health Professional Shortage Areas (HPSA) by the United States Department of Health and Human Services. These areas include: Bedford-Stuyvesant, Crown Heights, Coney Island, East New York, Bushwick and Williamsburg in Brooklyn; South Jamaica and Far Rockaway in Queens; North Valley Stream, Elmont, Hempstead, Roosevelt and Freeport in Long Island.²²

Basic Needs Resources

Regional Food Pantries and Food Banks



Queens County

Nassau County

²² E. <http://www.bqliahec.org/index.html>

Stable affordable housing, adequate transportation services, employment, access to food and clothing are all social determinants of health that support chronic disease prevention and management. In assessing these resources available to the NQP, it is clear that given the number of Medicaid beneficiaries the inventory of programs and services is lacking. Community member survey participants and Stakeholder Forum participants indicated inadequate transportation, lack of access to fresh affordable food and affordable smoke free housing were present in the NQP region and impacted their or their clients health.

Housing

Housing services include organizations providing housing and rent assistance, housing, homeless services, shelters, immigrant housing, senior housing, resettlement services, and utility services.

Nassau County has 39 housing organizations. Some of these are shelters and senior housing. In Queens, there are 61 housing organizations. The lack of stable, affordable housing was mentioned in every focus group. The ability to manage chronic illness and avoid hospital care is much more difficult when housing is sub-standard. The focus groups noted that housing vouchers are inadequate to meet the cost of housing, and all emergency housing programs have wait lists. Being able to maintain care coordination is difficult when the population is transient. Patients change address and phone frequently, contributing to high no-show rates. In addition, when housing is substandard – not smoke free, e.g., individuals with respiratory or cardiovascular disease face options that exacerbate their illnesses.

Food Pantries, Community Gardens, Farmers Markets

In Nassau County, there are 45 food banks, gardens and farmer's markets. By far, most organizations are food pantries. In Queens, 37 organizations are food pantries, community gardens or farmer's markets. Another source indicated 21 farmer's markets in Nassau County.²³ In Queens County, there are 17 farmer's markets. For individuals residing in low-income neighborhoods, accessing fresh fruits and vegetables can be a challenge due to the absence of full-service grocery stores, so the availability of farmer's markets is an important source of fruits and vegetables.

There are 11 low income census tracts where a significant number or share of residents is more than ½ mile from the nearest supermarket. In Nassau these 9 areas are in the communities of Freeport, Roosevelt, Hempstead, East Meadow, Glen Cove, and Westbury. In Eastern Queens, these 2 areas are in Jamaica and Far Rockaway. There are also 5 low income census tracts where a significant number or share of residents have low vehicle access and significant share of residents are more than 20 miles from the nearest supermarket. In Nassau these areas are around the community of Hempstead. In Eastern Queens, these areas are near Far Rockaway, Queens Village and Flushing.²⁴

Stakeholders in the chronic conditions focus group noted that lack of fresh food, home environmental exposure to asthma triggers, and consumption of low salt food for Congestive Heart Failure can be challenge for treatment recommendations.

²³ New York State Department of Agriculture and Markets, New York State Farmers' Markets, accessed on November 3.

²⁴ <http://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas.aspx>

Clothing and Furniture Banks

There are 5 clothing and furniture banks in Nassau County, and 10 in Queens. These include thrift shops as well as non-profit and religious groups that offer material goods at no charge for the community.

Transportation Services

Nassau County has 7 transportation services, Queens has 19. Some of these are Medicaid medical transport services; others are specific to a senior center or day treatment program. In the focus groups, transportation was identified as a problem. Existing services were considered not extensive enough and not timely enough. One example described that a Medicaid taxi must be scheduled 72 hours in advance, which doesn't work if your health status has deteriorated, leading to ED usage. Other non-health programs are inaccessible because there isn't transportation for non-medical/treatment-related services. Another stakeholder noted that the 8 mile limit for Medicaid medical transportation was a problem in Nassau County. Transportation issues contribute to an inability to regularly access care.

Individual Employment Support Services

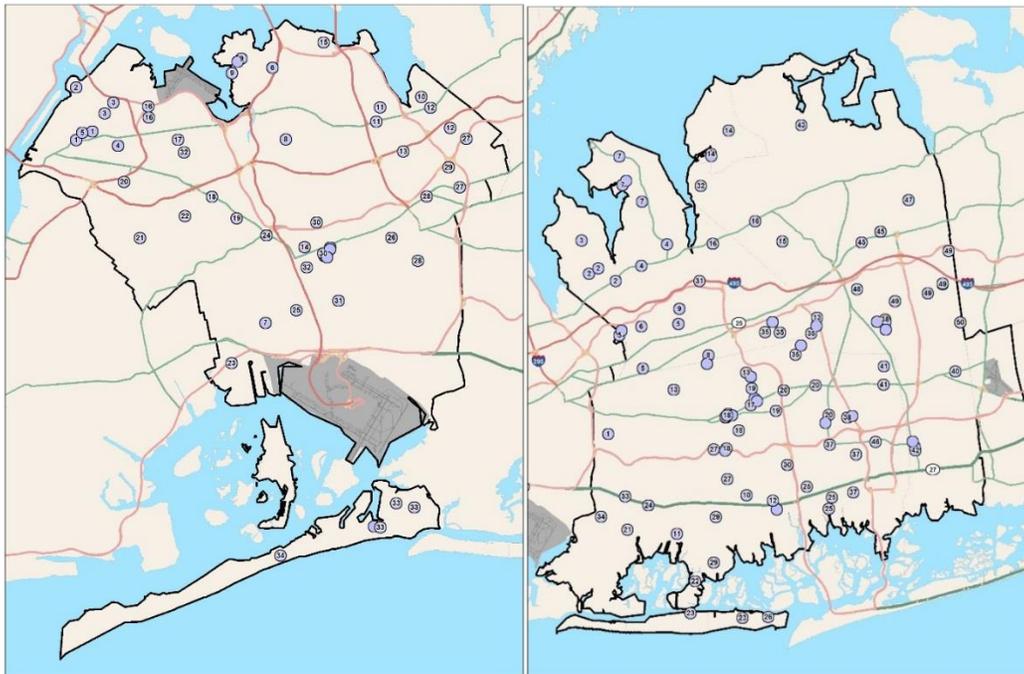
There are 17 employment support services listed for Nassau County, and 82 in Queens.

Employment Support Services

Employment support services include employment services, vocational services and training, as well as small business assistance. In Nassau 17 organizations provide employment support; Queens has 82 programs that offer one or more component of employment support.

Specialty Education, Community-Based Clinical Services and Advocacy Organizations

Regional Specialty Community-Based Clinical Services



Queens County

Nassau County

These organizations support community members with developmental disabilities and chronic disease, and their families through services such as case management, entitlement enrollment, support groups and advocacy. They provide these community-based services to all age groups and coordinate care with medical and behavioral health providers including home care agencies. These organizations are health care extenders that interact with patients and their families on a continual basis and are vital to quality care and population health management.

Specialty Community-Based/Clinical Services for Individuals with Developmental Disabilities

There are 116 organizations for individuals with cognitive or developmental disabilities. In Queens, there are 48 and Nassau 68 organizations that provide specialty community based services for individuals with developmental disabilities and their families. This includes Medicaid Service Coordination, habilitation services, and rehabilitation services, respite, day treatment and other home and community support services.

Specialty Education for Special Needs Children

Nassau County has 32 specialty education programs for special needs children; Queens has 63 organizations providing specialty education and services to children with special needs. This includes day care and overnight care, as well as parent education (including bilingual services) and health resources. There are 72 Early Intervention Programs in Queens and 37 in Nassau.

Ryan White Programs

On Long Island the Nassau County Department of Health has been designated as the grantee to receive funding on behalf of the two-county region. To assist in the administration of Ryan White Part A, the Nassau County Department of Health has contracted with United Way of Long Island to serve as the technical support agency to distribute funds and monitor programs. Twelve organizations in Long Island receive funding through the Ryan White program, six of which have sites in Nassau County. Circulo de la Hispanidad provides medical transportation; Hispanic Counseling Center provides mental health; NUMC provides medical case management as well as operating a food bank, and North Shore University Hospital provides ambulatory care, medical case management and medical nutrition therapy. In addition, the Nassau –Suffolk Law Center, providing legal services and health insurance counseling, and FECS, providing mental health , medical case management, substance abuse services, food bank, and early intervention services, both have sites in Nassau County. In Queens, a total of 21 organizations have been awarded Ryan White funds. This includes 10 organizations providing treatment adherence, five organizations providing supportive counseling and family stabilization, and six organizations providing legal services.

HIV Prevention/Outreach and Social Services

Nassau County has 17 HIV prevention and social service programs. Queens has 31 HIV prevention, outreach, and social service programs. These programs provide preventive programs for youth and adults including high risk populations such as GLBT as well a medical and behavioral health services, case management, health education, support groups and referrals to local social services.

Peer/Family Mental Health Advocacy Organizations

In Nassau County, there are 72 organizations that provide family support and training programs. In Queens, 131 programs are operating. Some of these are mental health providers that also offer peer programs and family support programs; some are community-based social services organizations. Many offer bilingual and multi-cultural programs.

Self-Advocacy and Family Support

Many of the peer and family mental health advocacy organizations also have programs directed at self-advocacy. In addition, there are organizations for people with physical, visual and developmental disabilities that include a self-advocacy component, such as the independent living centers and programs for families of children with autism. In Queens and Nassau respectively, there are 131 and 273.

Foster Care Agencies

In the PPS region, there are 2 agencies in Queens and 3 in Nassau that provide foster care services. The New York State Adoption Service - New York City Regional Office services the Queens region. Nassau County is supported by the Spring Valley Regional Office. The foster care agencies also provide foster/adoptive family support groups, Several community service organizations such as Families Building Community – Elmhurst Partnership, Far Rockaway Family Service Center and the Forestdale Foster Boarding Home and Adoption

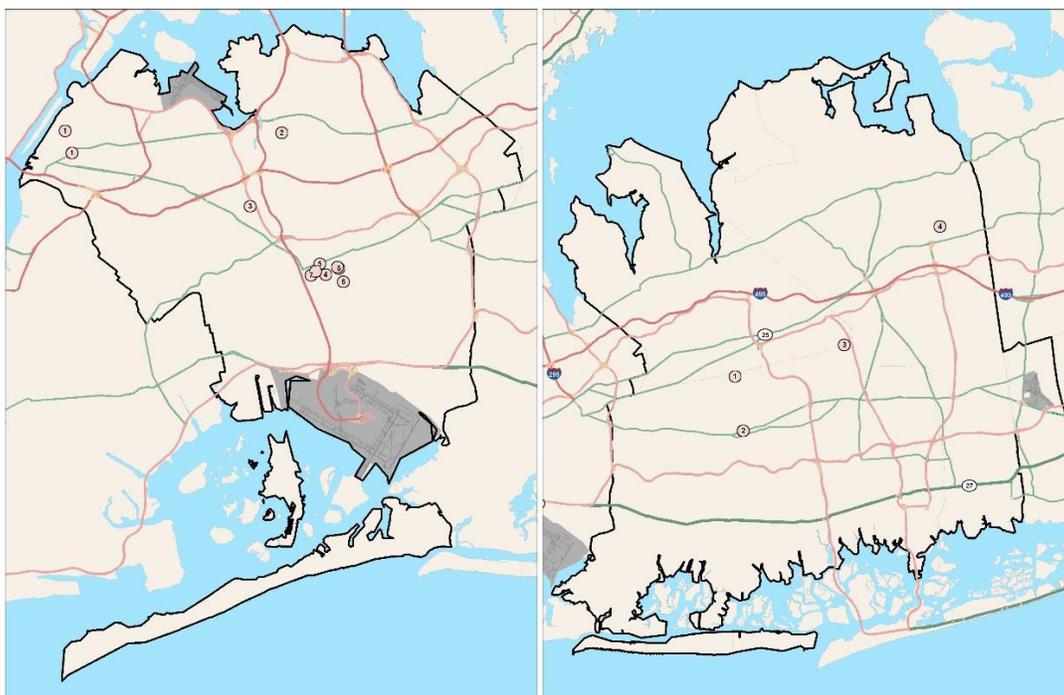
Program are non-profit programs providing youth and families with a support network, child advocacy, service referrals, linkages for prospective foster parents, family team conferences, a foster parent support group, and counseling.²⁵

Family Support/Training

Family Support and Training includes after-school programs and youth groups, childcare and day care, counseling for children, domestic abuse/victim’s services, family financial and welfare services, maternal and child health and family planning, home-based family support, parenting support, LGBTQ services. 228 programs in Nassau and 202 programs in Queens offer some component of family support and training.

Community-Based Behavioral Health and Substance Abuse Treatment Support Services

Regional Specialty Alternatives to Incarceration Programs



Queens County

Nassau County

High risk populations with mental health issues and drug and alcohol addictions frequently arrive in the ED in crisis. Community-based support services for people with mental health and substance abuse conditions and their families help strengthen the mental health infrastructure of the NQP by providing supportive treatment and advocacy.

²⁵<https://www.childwelfare.gov/nfcad/index.cfm?event=searchFormAction&state=NY&atypeID=publicAdoption,domestic,intercountry&sort=state&page=6>

National Alliance on Mental Illness (NAMI)

NAMI has a chapter representing Queens and Nassau. Located in Lake Success, it provides activities that offer support, education, and advocacy for all those affected by severe mental illnesses such as schizophrenia, bipolar disorder, major depression, and anxiety disorders. This includes professionally led support groups that meet a variety of needs. These include ongoing groups that can be entered at any time for caregivers of a mentally ill loved one including specialized groups for parents of transition age youth in their late teens through mid-twenties; South Asian caregivers; and Korean families. They also have two disorder specific groups for consumers: bipolar disorder and an anxiety and depression support group. In addition, they provide a variety of education programs.

Peer Supports (Recovery)

According to the focus group, peer services in chemical dependency are rare in Nassau County. There is an informal recovery network on Long Island and agencies have informal associations, but access in general is poor with 17 organizations offering groups. The veteran community is good with peer support services. Community supports (peer supports) are important for allowing patients to go back home after detox. In Queens there are 35 organizations that offer various addiction treatment and support services.

Alternatives to Incarceration

In Nassau County, there are 7 programs that provide alternatives to incarceration, including several TASC programs and an intensive supervision program operated by Nassau County. Queens has 12 organizations that provide programs that are alternatives to incarceration. These programs provide services such as counseling and medical services for mentally ill adults recently released from prison, housing, employment, childcare and educational services for adults and their families.

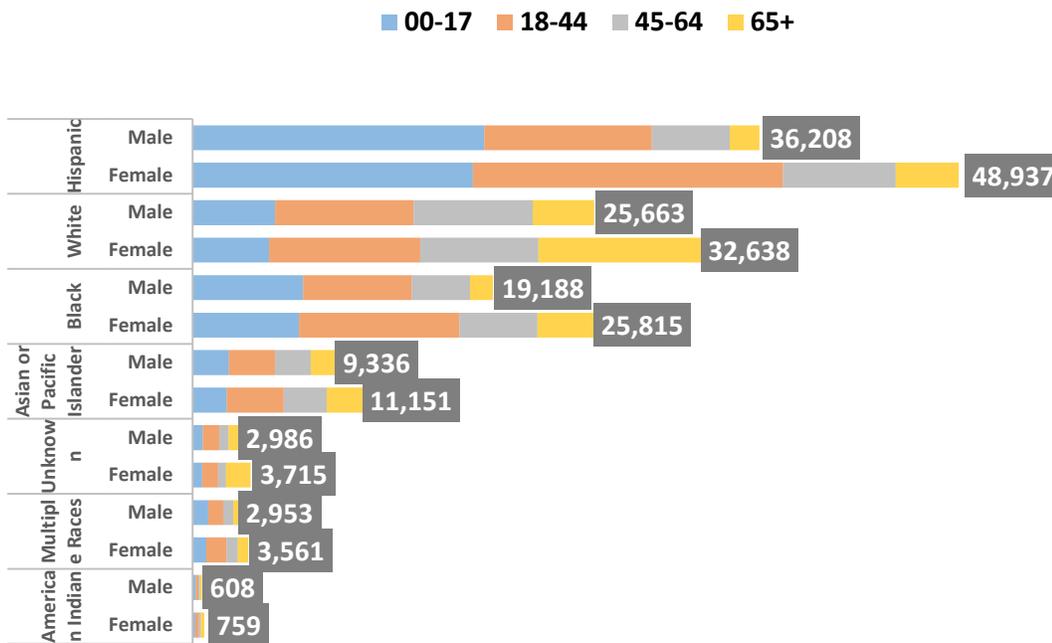
Section B. Description of the Community to be Served

I. Demographics of Medicaid and Uninsured Residents in the NQP

Age, Gender & Diversity

Nassau County is comprised of approximately 1,339,532 residents of which 223,494 or 16.7% are unique Medicaid enrollees.²⁶ Of all the unique Medicaid enrollees in Nassau County, the gender distribution is 56.3% female and 43.7% male. It is a diverse Medicaid county with 38% Hispanic, 26% White, 20% Black, 9% Asian/Pacific Islander, 1% American Indian, and 3% identifying as multiple races.

UNIQUE MEDICAID ENROLLEES - 2013 - NASSAU

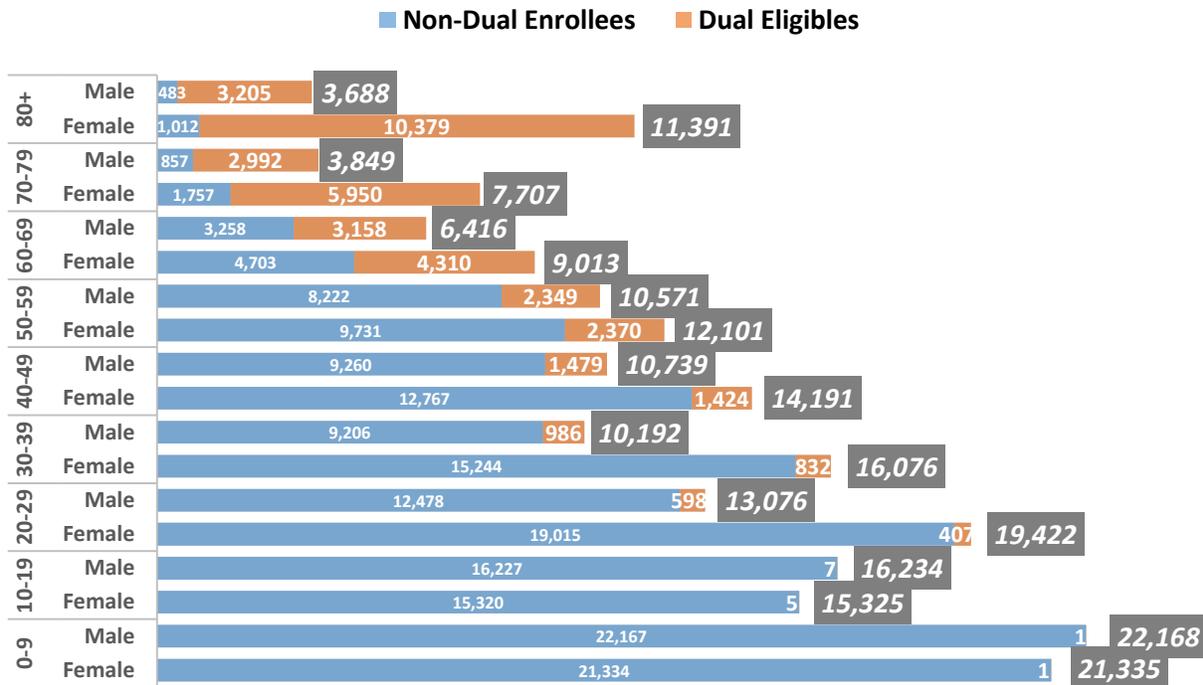


Source: Salient NYS Medicaid Claims Data

The Hispanic population comprises the largest group of Medicaid enrollees in Nassau County, specifically Hispanic females between the ages of 00-17 and 18-44. Hispanic males between the ages of 00-17 are also one of the largest sub-populations of Medicaid enrollees in Nassau County. Males and females between the ages of 0-9 make up the largest percentage of overall unique Medicaid enrollees at 9.9% and 9.5% respectively.

²⁶ Salient NYS Medicaid Data

UNIQUE MEDICAID ENROLLEES - 2013 - NASSAU

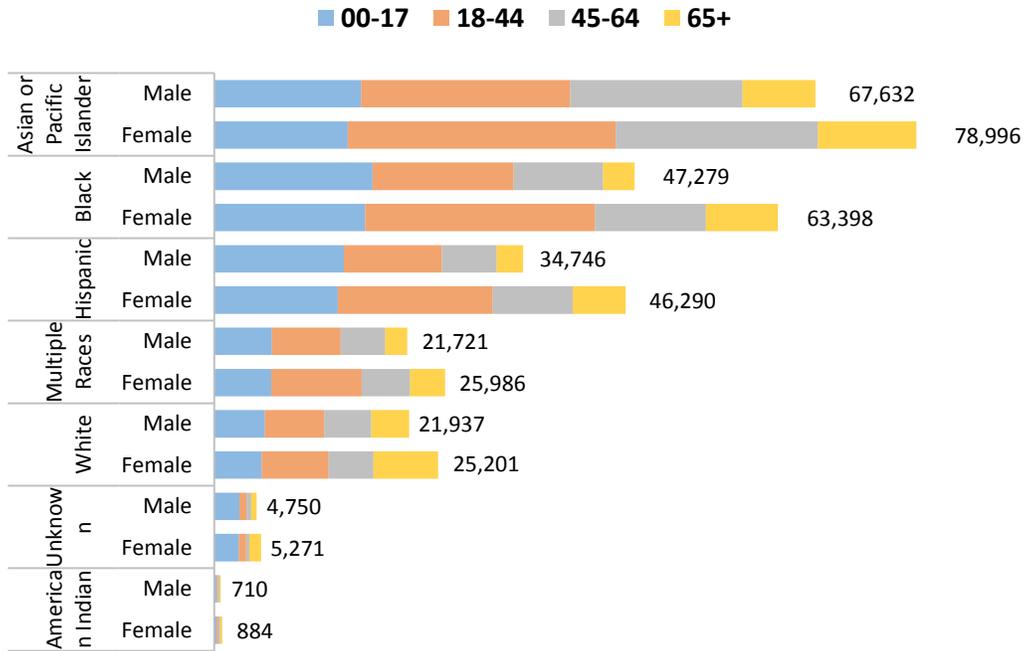


Source: Salient NYS Medicaid Claims Data

Eastern Queens is comprised of 445,274 unique Medicaid Enrollees of which 55.25% are female and 44.75% are male.²⁷ Eastern Queens is extremely diverse with Asians/Pacific Islanders comprising the largest group of individuals at 33%, followed by Blacks at 25%, Hispanics at 18%, multiple races and whites at 11%, and American Indians at less than 1%.

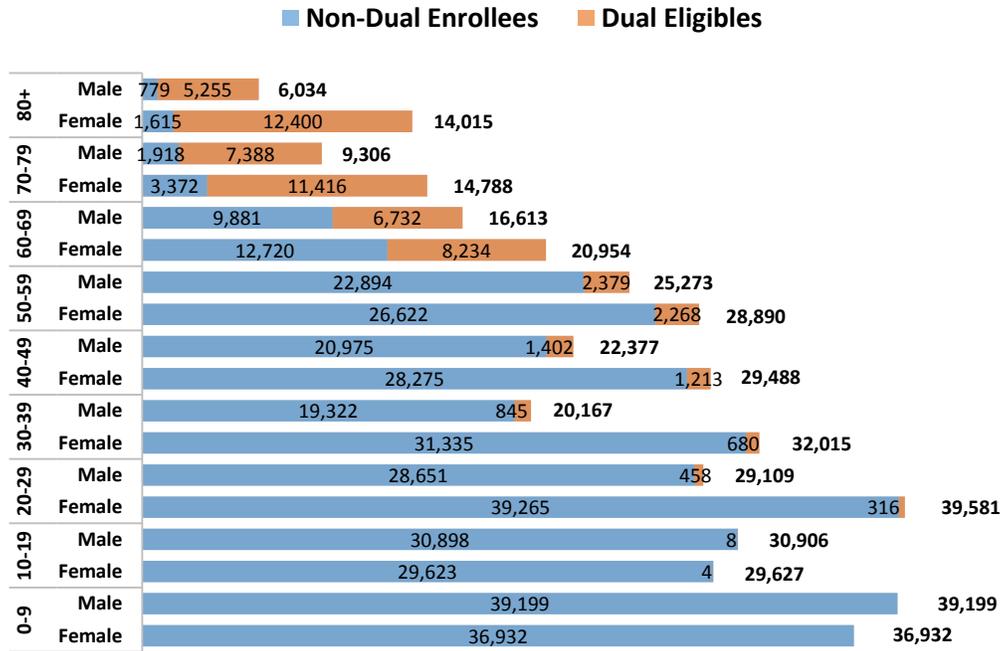
²⁷ Salient NYS Medicaid Data

Unique Medicaid Enrollees - 2013 Eastern Queens



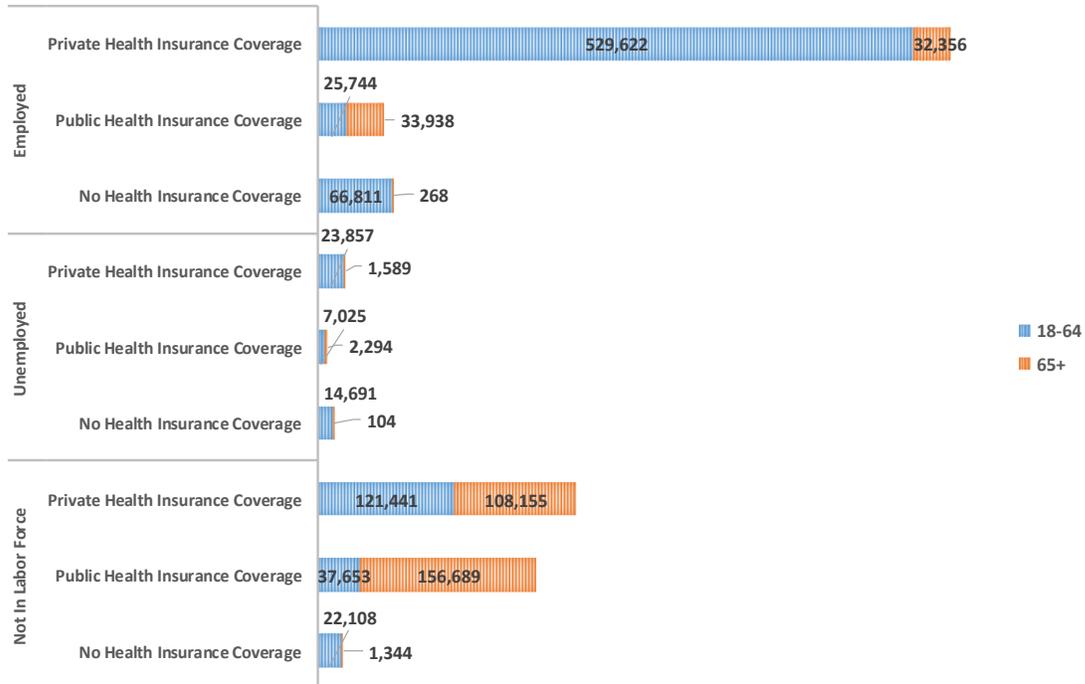
The Asian/Pacific Islander population makes up the largest group of Medicaid enrollees in Eastern Queens specifically males and females between the ages of 18-44. Black females between the ages of 18-44 also encompass a large percentage of Medicaid enrollees in Eastern Queens. The two largest age subsets of Medicaid enrollees in Eastern Queens are individuals between 0-9, and 20-29, each comprising of 17% and 15% of the Medicaid population respectively. Notably, males between the ages of 0-9 make up 8.8% of the Medicaid population, and females between the ages of 20-29 make up 8.8%.

Unique Medicaid Enrollees - 2013 Eastern Queens



Source: Salient NYS Medicaid Claims Data

INSURANCE COVERAGE STATUS BASED ON EMPLOYMENT STATUS 2012 - NASSAU COUNTY

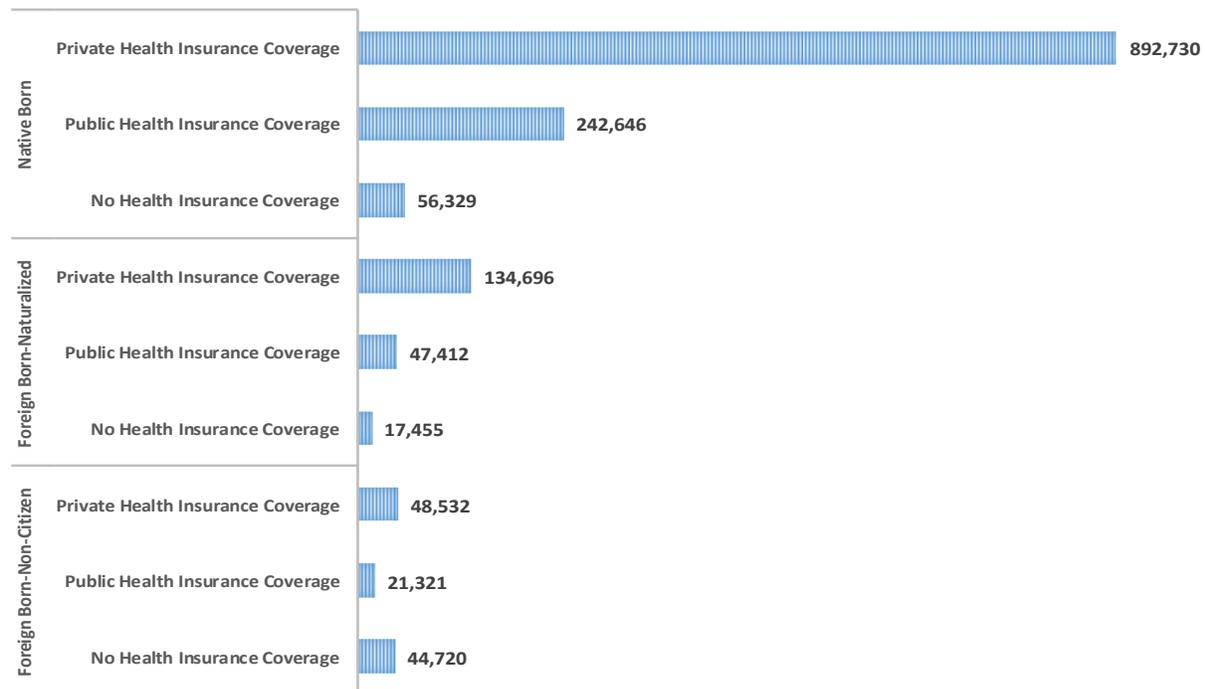


Source: American Community Survey 2012 5 Year Estimates

Insurance, Employment, Citizenship Educational, and Disability Status

Of those individuals who are unemployed in Nassau County, 14% of residents between 18-64 are on public health insurance compared to 30% who have no insurance. Of those residents who are employed between the ages of 18-64, 3.7% are on public insurance compared to 9.7% who are uninsured. Of residents in Nassau County who are not in the labor force between the ages of 18-64, 8.4% are on public health insurance, and 4.9% are not insured. The communities of Hempstead and Freeport have significantly higher unemployment among residents with public insurance compared to all other communities in Nassau County.

**INSURANCE COVERAGE STATUS BASED ON CITIZENSHIP
2012 - NASSAU COUNTY**

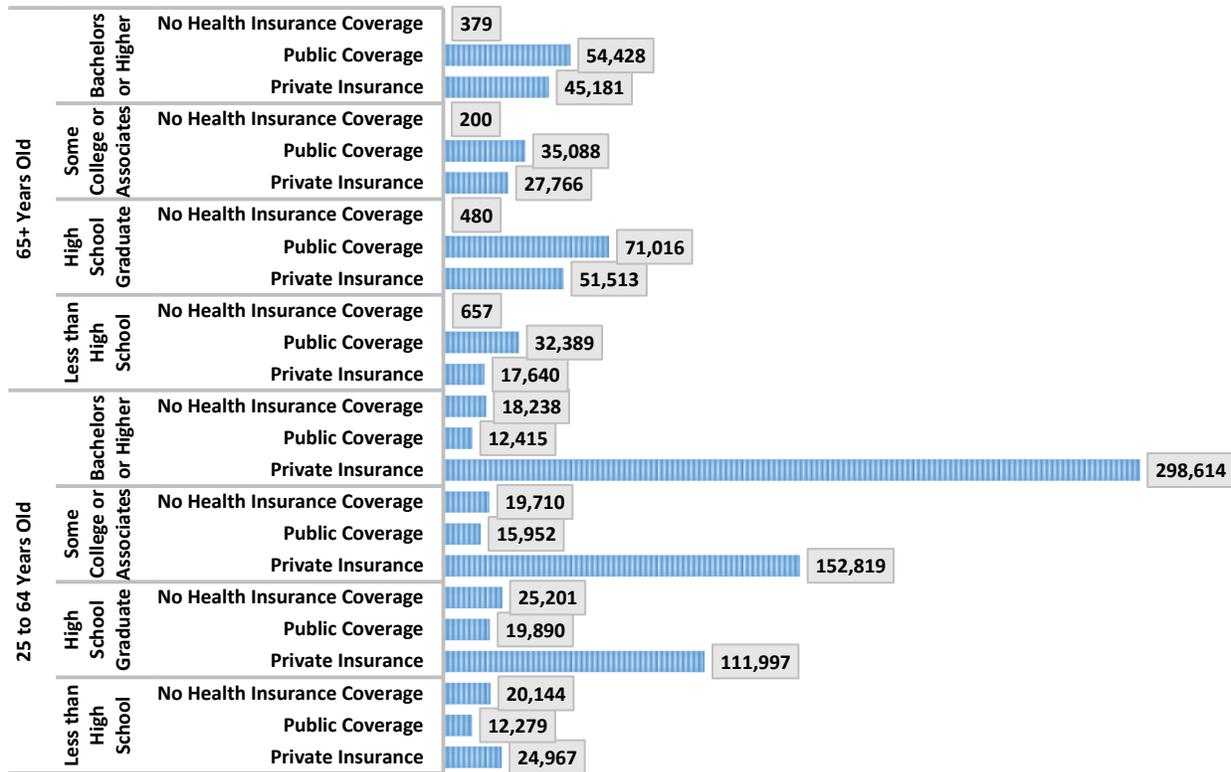


Source: American Community Survey 2012 5 Year Estimates

Insurance coverage status in Nassau County greatly differs between residents based on citizenship. Those who are native born, foreign born-naturalized, and foreign born-non-citizen have uninsured rates of 4.7%, 8.7% and 39% respectively. There is a massive disparity among those uninsured foreign born-non-citizen residents, the great majority who are from Central and Southern America.

There also is a disparity in Nassau County that exists between level of educational attainment and the uninsured. 5.5% of residents between the ages of 25-64 with a bachelor degree or higher are uninsured compared to 10% and 16% of those residents with a High School degree and some college respectively. The biggest discrepancy is within the population of residents who have less than a high school degree who are uninsured at 35.1%.

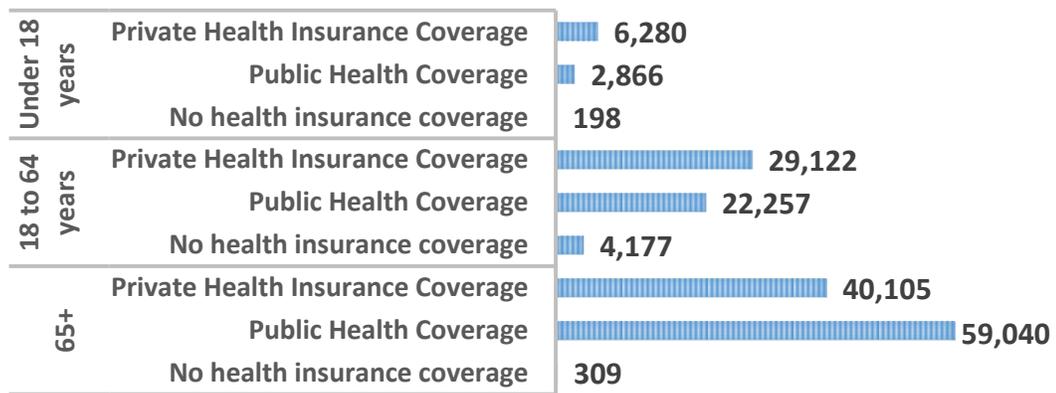
**Education Attainment by Age by Insured Status - 2012
Nassau County**



Source: American Community Survey 2012 5 Year Estimates

In Nassau County, 38.7% of disabled persons between the ages of 0-64 are on some form of public insurance, and 6.7% of individuals in the same cohort are uninsured. Of the disabled persons between the ages of 0-64 on public insurance, only 4.4% are under the age of 18, while those uninsured less than 18 years old drops to well below 1%.

**INSURANCE COVERAGE STATUS FOR DISABLED PERSONS
2012 - NASSAU COUNTY**

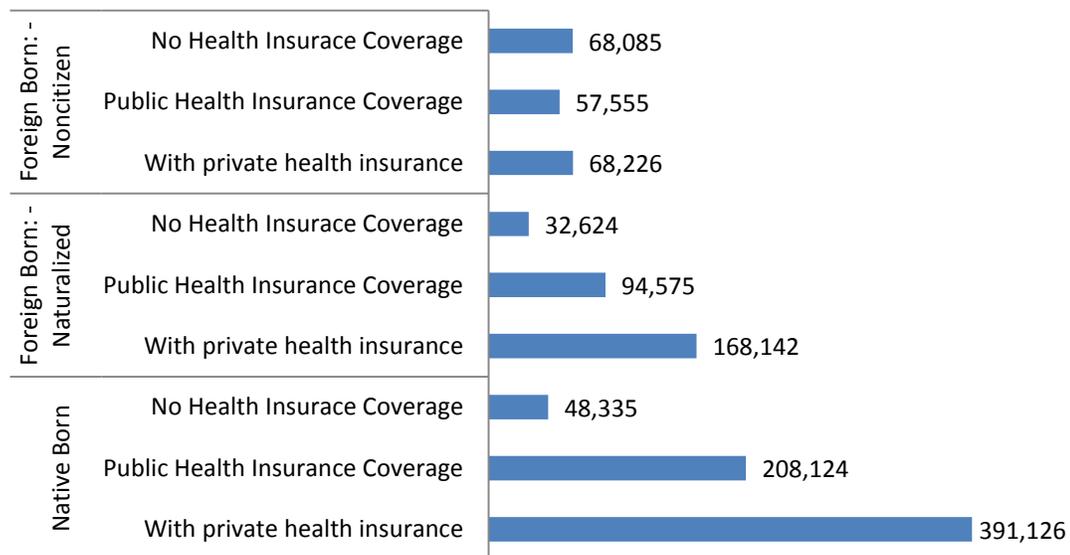


Source: American Community Survey 2012 5 Year Estimates

Of those individuals who are unemployed in Eastern Queens, 30.6% of residents between 18-64 are on public health insurance compared to 36.1% who have no insurance. Of those residents who are employed, between the ages of 18-64, 12% are on public insurance compared to 17.2% who are uninsured. Of Eastern Queens residents who are not in the labor force between the ages of 18-64, 37.4% are on public health insurance, and 19.6% are not insured.

Insurance coverage status in Eastern Queens greatly differs between residents based on citizenship. Those who are native born, foreign born-naturalized, and foreign born-non-citizen have uninsured rates of 7.4%, 11.0%, and 35.1% respectively. As for public health insurance, rates for those who are native born, foreign born-naturalized and foreign born-non-citizen are 32.4%, 32.02% and 29.6% respectively.

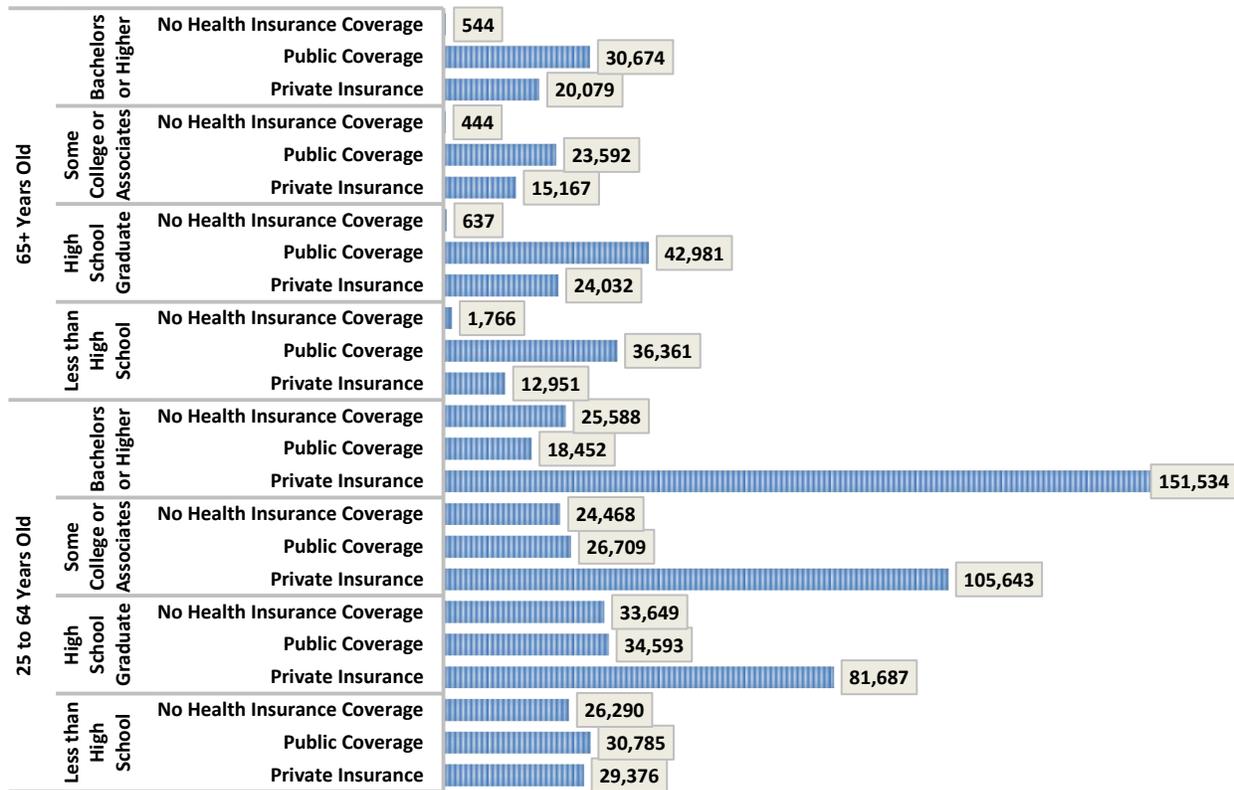
**INSURANCE COVERAGE STATUS BASED ON CITIZENSHIP
2012-EASTERN QUEENS**



Source: American Community Survey 2012 5 Year Estimates

There is a disparity in Eastern Queens that exists between the level of educational attainment and insurance status. For those residents with less than a High School degree, 30% of them between the ages of 25-64 are uninsured, compared to 35% who are on public insurance. Of the residents who are High School graduates between the ages of 25-64, 22% are uninsured compared to 23% who are on public insurance. For those with some college or an associate's degree, between the ages of 25-64 years old, 15% are uninsured versus 17% who are on public insurance. Individuals with at least a bachelor's degree have the lowest percentage of residents who are uninsured or on public insurance. 13% and 9% of those residents between 25-64 are uninsured and on public insurance respectively.

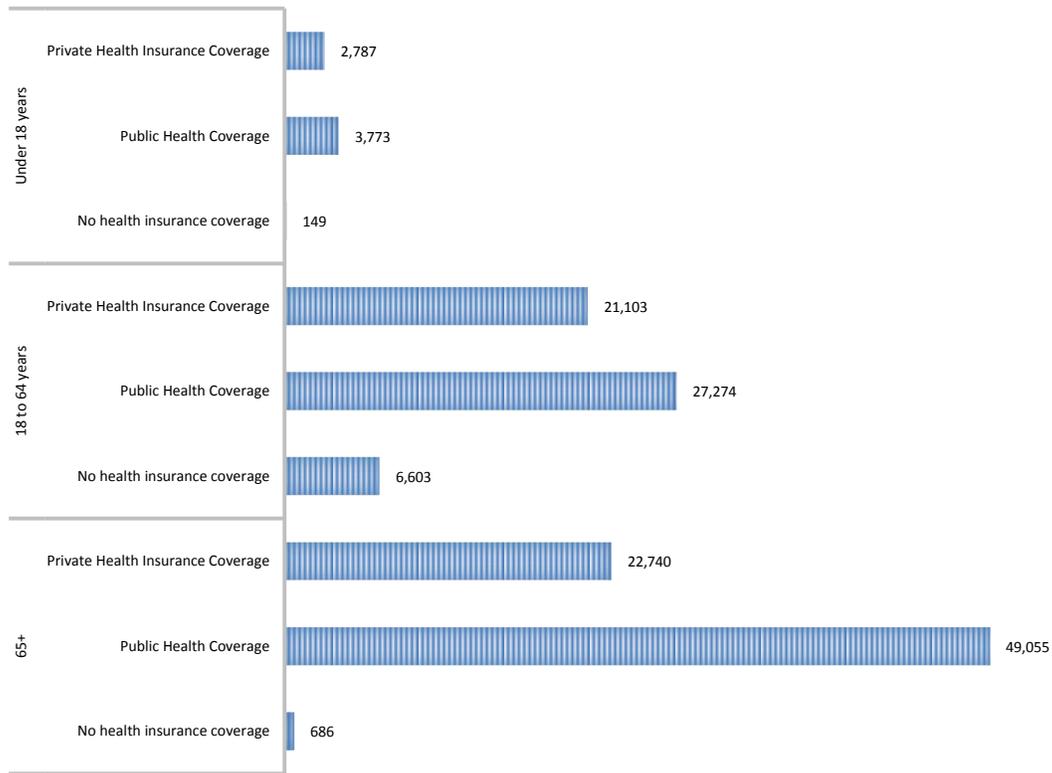
Education Attainment by Age by Insured Status - 2012 - EASTERN QUEENS



Source: American Community Survey 2012 5 Year Estimates

In Eastern Queens, 50.3% of disabled persons between the ages of 0-64 are on some form of public insurance, and 10.7% of individuals in the same cohort are uninsured. Of the disabled persons between the ages of 0-64 on public insurance, only 5.5% are under the age of 18, while those uninsured less than 18 years old drops to well below 1%.

**Insurance Coverage Status for Disabled Persons
2012 - Eastern Queens**



Source: American Community Survey 2012 5 Year Estimates

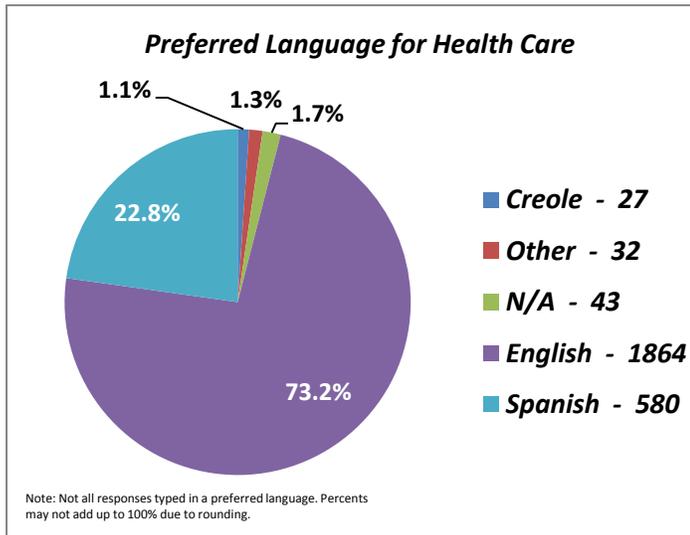
Employment, educational attainment and citizen status impact a person’s insurance coverage status which is related to increased preventable health care utilization. Community members with disabilities are much more likely to have health insurance than those who have lower levels of education, unemployment or are foreign-born-non-citizens. In the NQP Community Member Survey, uninsured Nassau County respondents were two times more likely not to visit a health care provider than the overall population. Almost half of the uninsured visited the ED in the past year. The top reasons that would cause avoidable ED visits were the ED was the closest provider, doctor’s office was not open, most care is at the emergency room, no other place to go and could not get an appointment with a health care provider²⁸. Understanding the health access issues of the uninsured and their reasons for avoidable ED utilization, increasing the availability of primary care alternatives in proximity of the ED may lead to a decrease in preventable ED visits and more importantly establishment of routine visits for primary care.

²⁸ NQP Community Survey

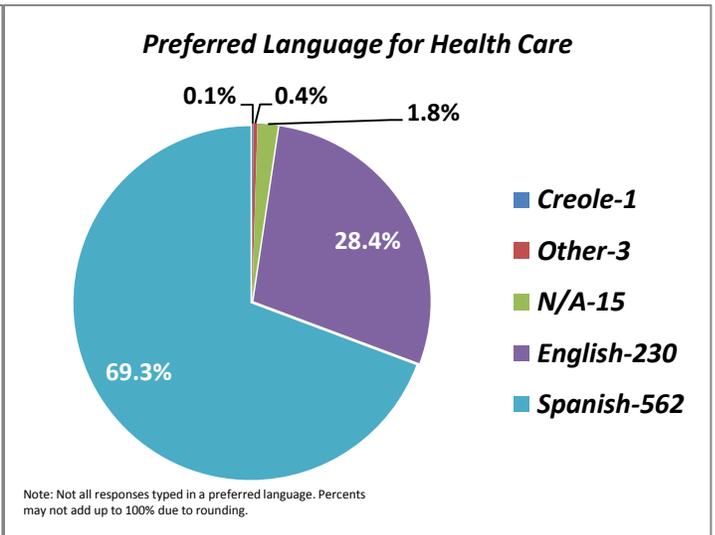
Language and Health Literacy

NQP Community Member Survey Results for Preferred Language for Health Care

Nassau County



Queens County



Source: NQP Community Member Survey

Of a total of 2,546 surveys received by uninsured and Medicaid patients in the Nassau County and Eastern Queens region, 73.2% responded by saying that English is their preferred language for healthcare. This is followed by 22.8% of respondents preferring Spanish as their language for healthcare. The pie chart to the top right reflects the preferred language for health care among 811 surveyed individuals who identified as Hispanic. Within the Hispanic community, 69.3% of the respondents preferred their healthcare in Spanish, followed by 28.4% who preferred their healthcare in English. The demographics of the 1056 Queens Survey respondents reflected the diversity of the County with 39% born outside the US. Their top native countries were Guyana, Jamaica, India, Dominican Republic, Ecuador, Haiti, Trinidad, Puerto Rico and El Salvador. Non-Native born Nassau County respondents immigrated primarily from Central and South America, Jamaica and Haiti²⁹. NQP Stakeholder Forums identified a lack of health services especially behavioral health services provided in languages other than English³⁰. Access to culturally competent translation services, including the need to staff a culturally diverse workforce, was recognized as important by forum participants³¹. These language and cultural factors need to be addressed in patient engagement, behavioral health and chronic disease management initiatives. Resources must be devoted to increasing provider cultural competency as well as recruiting a workforce that communicates with the population in their native languages.

Individuals, greatly Medicaid and uninsured, in Nassau and Eastern Queens were surveyed on where they receive the majority of their care. Of 960 responses, 46% received care in a healthcare provider's office, 25% in a hospital clinic, 10% in an ED, and 7% in a community clinic. The survey also indicated that 52.23% of the

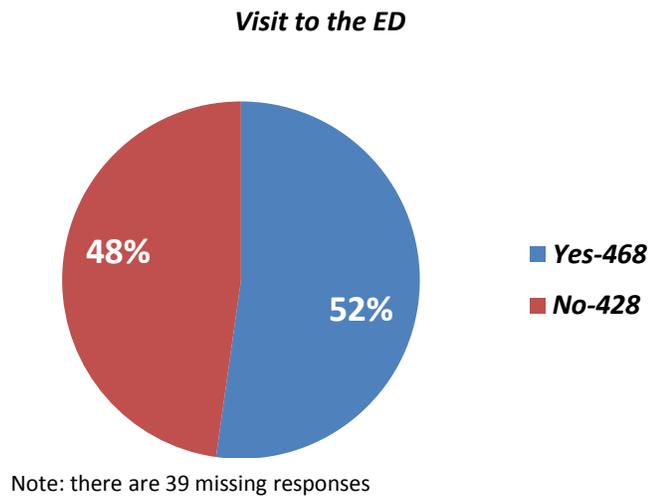
²⁹ NQP Community Member Survey

³⁰ NQP Community Member Survey

³¹ NQP Stakeholder Forum

survey population had visited the ED at least once for care in the past year. Medicaid beneficiaries and the uninsured access care at multiple settings in the NQP region with the majority of respondents receiving care a provider’s offices as well as the ED. There is a need to expand evidence-based chronic disease management programs into provider offices and co-locate primary care in proximity to the ED.

NQP Community Member Survey Results for Visits to the ED in the Past Year



Source: Nassau Queens PPs Community Member Survey

The transportation infrastructure in East Queens and the Rockaways is inefficient. While problematic for the community in general, this was especially evident with providers of mental health services who recognized that a patient’s inability to attend outpatient appointments due to transportation costs and time lead to a decline in mental health and contribute to unnecessary ED utilization.³²

There is a deficiency of access to safe and affordable housing in the East Queens and Rockaway communities. Unsanitary and conditions in apartment complexes or units with prevalent smoking may contribute to unnecessary ED utilization, particularly for children with asthma. Additionally, there is an inadequate number of supportive housing available for residents transitioning from correctional facilities, mental health facilities and skilled nursing facilities. Forum members recognized the need for an increase in affordable low- and no-income smoke free housing.³³

Housing Status, Transportation & Accessing Care

The ability to manage chronic illness and avoid hospital care is much more difficult when housing is sub-standard. This, as one may imagine, is even far more difficult for the homeless who are challenged to maintain connections to providers as a result of their transience. Even for those who can manage some kind of housing, the ability to maintain care coordination is difficult. Those who are economically challenged have a tougher time finding safe, affordable and ultimately stable housing. These families and individuals moving and

³² Report on the Eastern Queens & Rockaways Stakeholder Forum

³³ Report on the Eastern Queens & Rockaways Stakeholder Forum

changing addresses and phones frequently contribute to high no-show rates further challenging the process of successful care coordination. Surveys of the Medicaid communities have indicated that stable housing is one of the greatest challenges they face especially for persons with behavioral health conditions and substance abuse.³⁴

Further adding to the challenge of accessing care is transportation for the Medicaid population in Nassau County.³⁵ Public transportation in Nassau County is provided by the Long Island Rail Road (LIRR) along an east and west route. The Nassau Inter County Express Bus (NICE Bus) provides a public transportation system including an ABLE- Ride Service, a paratransit bus service for people with disabilities who are unable to use a route bus service. Queens is serviced by the MTA bus, subway and LIRR and Access-A-Ride (a paratransit bus service similar to the Nassau County Able-Ride service). However, stakeholder forum participants cited the large geographic boundaries of the NQP, compounded by the limitations of the public transportation system including multiple transfers and prolong transit times in addition to the limitations of available transportation programs such as scheduling and mileage limits as barriers that prevent patients from accessing specialty care outside of their neighborhood. As a result of this, adherence to disease management treatments becomes more difficult and emergency services (911) are over utilized.³⁶

Analysis of Health Status, Nassau County

Broad Population Health

In January 2013, preliminary community health assessment data was presented by the NCDOH⁴ comparing Nassau County, NYS, and selected communities within Nassau County in order to further identify and compare rates of age/ethnicity/race distribution, diseases of the cardiovascular system (including stroke), diseases of the respiratory system, diabetes and liver disease, injuries, unintentional injury, intentional injury, cancer, communicable diseases, mortality, and pregnancy/perinatal outcomes. These select communities are Freeport, Glen Cove, Elmont, Hempstead, Inwood, Long Beach, Roosevelt, Uniondale, and Westbury. Sources of information included SPARCS data (2008-2010), NYSDOH Vital Statistics, NYS Cancer Registry and the NYSDOH Surveillance System. Data were age-adjusted (direct standardization of rates) based on 2000 U.S. standard population.

A mapping of Prevention Quality Indicators (PQIs) quintiles was used as part of the health data analysis. PQIs are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These are conditions for which quality community health and outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. The PQIs are population based and adjusted for covariates. Even though these indicators are based on hospital inpatient data, they provide insight into the community health care system or services outside the hospital setting. With high-quality, population health and community-based primary care, hospitalization for these illnesses often can be avoided. Although other

³⁴ Stakeholder Forum

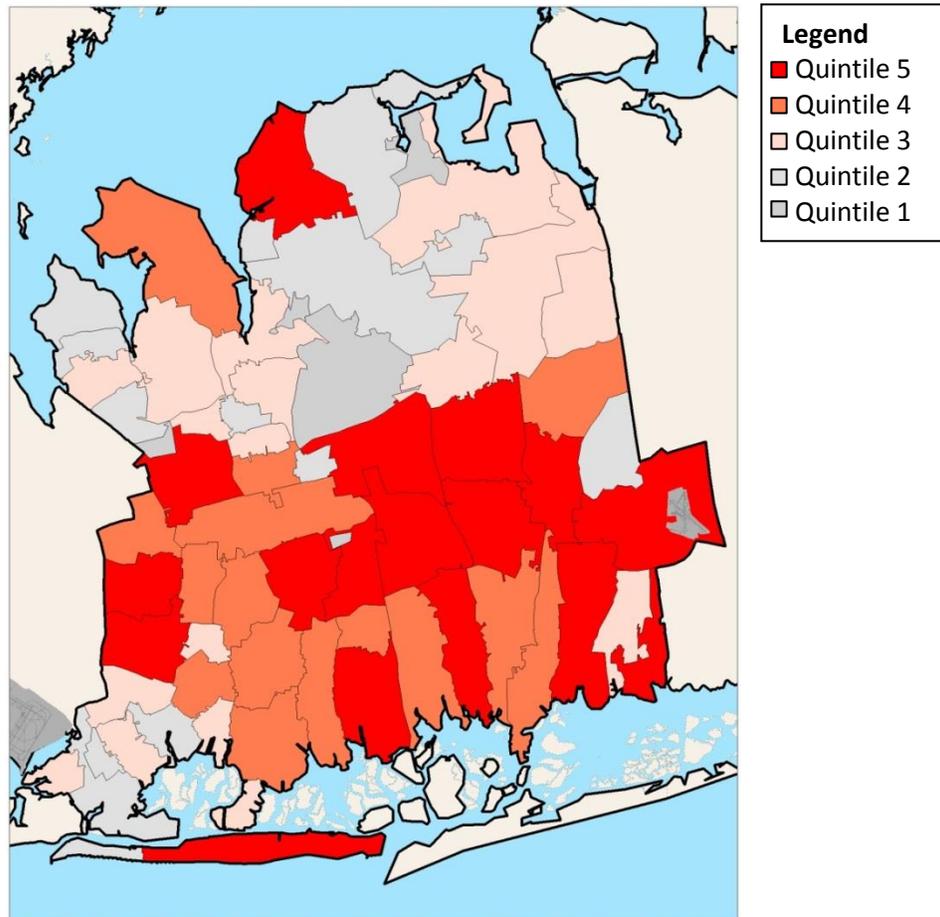
³⁵ Stakeholder Forum

³⁶ Health Management Associates Nassau County Stakeholder Forum

⁴ Nassau County Department of Health, Division of Quality Improvement, Epidemiology, and Research. Community Health Assessment, 2014—2017. <http://www.nassaucountyny.gov/DocumentCenter/View/8226>

factors outside the direct control of the health care system, such as poor environmental conditions or lack of patient adherence to treatment recommendations, can result in hospitalization, the PQIs provide a good starting point for assessing quality of health services in the community.

Nassau County All Payer PQI



Source: SPARCS ver14.0.26

Chronic Disease

To assess chronic disease prevalence in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). In addition, communities within the county that have higher prevalence rates than the county average have been identified.

Coronary heart disease and congestive heart failure hospitalizations were worse than the NYS average but slightly below the NYSPAO. Cerebrovascular (Stroke) disease mortality was significantly better than the state and national averages and achieved the NYSPAO. Circulatory PQIs had the highest rates in select communities

and Bethpage, Bayville, and East Norwich. The highest hypertension PQIs were found in the select communities.³⁷

Diabetes prevalence rates in Nassau County were 5.9% significantly lower than the NYS average of 10.4% but still above the NYSPAO of 5.7%. Diabetes short term complication rate was also better than the NYS average and achieved the NYSPAO for people age 18+ years. Obesity rates for adults (BMI>30) were 19.8% below the NYS average of 27% and the NYSPAO of 23.2%. Elementary, middle school and high school students had a 16% obesity rate. However, Nassau children 2-4 years enrolled in the WIC program had obesity rates of 22% above the NYS average of 14% and the NYSPAO of 11%. Diabetes PQIs had the highest rates in select communities and Bayville and Manhasset.³⁸

Breast (68.1%) and cervical cancer (52.2%) early stage diagnosis rates were higher than the US and NYS average but below the NYSPAO. With the highest female breast cancer rates located in the communities of Bayville, East Norwich, Mill Neck, Old Bethpage and Great Neck. Prostate cancer rates were highest in Albertson, Cedarhurst, East Rockaway, Long Beach Mill Neck, Valley Stream and Woodmere. Lung Cancer incidence for men and women per 100,000 respectively were 63.7 and 56.3. Male incidence was below NYS (75.8) but above the NYSPAO of 62%. Female incidence was above NYS (53.9) and above the NYSPAO of 41%. Cigarette smoking rates for adults in Nassau County were 12.7% below the NYS average of 17.3% and the NYSPAO of 15%. Chronic Obstructive Pulmonary Disease adult hospitalizations per 10,000 in Nassau County were 36.5 below the NYS average of 41.3 but above NYSPAO of 31. The select communities had a higher rate of COPD. Nassau County adult asthma hospitalization rates were below the NYS average but the asthma rates in the select communities were double the rates of the rest of the county.³⁹

Lifestyle data including nutrition and physical activity are major factors in the prevention and management of chronic disease. Approximately 77% of Nassau County adults report that they are engaged in some type of leisure time physical activity which is above the NYS rate (73%) but below the NYSPAO target of 80%. Although the Nassau County rate is approaching the NYSPAO target, 1 out of 4 residents are inactive. Twenty-eight percent of county residents report that they eat 5 or more fruits and vegetables per day. This is above the NYS average (26.8) but below the NYSPAO target (33%).⁴⁰

Healthy, Safe Environment

To assess preventable injury prevalence in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). In addition, communities within the county that have higher prevalence rates than the county average have been identified. Fall related hospitalizations for Nassau residents age 65+ years (per 10,000) were 224.1, higher than the NYS rate of 202.4 and well above the NYSPAO target of 204.6b. The highest rates were present in Glen Cove, Locust Valley, Oyster Bay, Woodbury, Plainview, Jericho, Hicksville, Lynbrook, Atlantic Beach and Great Neck. Sixty-eight percent of the patients were female. Traumatic brain Injury

³⁷ NYS Prevention Agenda Dashboard

³⁸ NYS Prevention Agenda Dashboard

³⁹ NYS Prevention Agenda Dashboard

⁴⁰ NYS Prevention Agenda Dashboard

admission rates including those resulting from alcohol related motor vehicle injuries were above the NYS rate.⁴¹

Healthy Women, Infants and Children

To assess the prevalence conditions related to the health of women, infants and children in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). In reviewing Nassau County health birth-related statistics, several data points were above the NYS rate and below the NYSPAO. These were the percent of women enrolled in WIC with first trimester prenatal care (81.7% versus NYS rate of 73.2%), and Cesarean sections (41% versus NYS 34%). Women receiving late or no prenatal care were 3% for the county but the following communities had increased rates: Woodbury, Westbury, Hempstead, Freeport, Uniondale, Roosevelt, Lynbrook, Valley Stream and Inwood. Low birth weight rates were also elevated in many of the above communities. Pregnant women enrolled in WIC had a pre-pregnancy weight identified as overweight rate of 31% versus a NYS rate of 26%. In addition, the pre-pregnancy obese rate of pregnant women enrolled in WIC was 22% greater than 1 in 5. The percent of obese children (ages 2-4years) enrolled in WIC was 22.1% versus a NYS rate of 38.8%. Anemia and underweight in the pediatric WIC population was also above the NYS rate. Breastfeeding rates of mothers in the WIC program were above the state average (38.8%) at 42.8%.⁴²

Mental Health and Substance Abuse

To assess the prevalence of mental health disorders and substance abuse in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). Although the suicide rate (per 100,000) for Nassau County was 6.3 and lower than the NYS rate (7.8), it was still above the NYSPAO of 5.9. The percent of Nassau County adults reporting 14 or more days with poor health in the last month was 8% compared to NYS (11.8%) and above the NYSPAO of 10.1%. PQI data for mental health emergency department visits showed increased rates in the following communities: Glen Cove, Locust Valley, Syosset, Hempstead, Uniondale, Roosevelt, Freeport, East Rockaway, Oceanside, Long Beach and Inwood. Nassau County's rate of binge drinking is 13.4% below NYS (17.4%) and the NYSPAO of 18.4%. Drug related Nassau County hospitalizations were 19.6 % below both NYS (25.7%) and NYSPAO (26%). PQI data for substance abuse emergency department visits showed increased rates in the following communities: Glen Cove, Locust Valley, Bayville, Mineola, Hempstead, West Hempstead, Roosevelt, East Rockaway, Oceanside, Long Beach, Island Park and Inwood.⁴³

HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections

To assess the prevalence of HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections in Nassau County, the county prevalence is compared to New York State (NYS) and national prevalence and in relation to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). Nassau County newly diagnosed HIV case rate (per 100,000) was 7.8 significantly above the NYS rate (6.7) and NYSPAO (14.7). The Nassau County

⁴¹ NYS Prevention Agenda Dashboard

⁴² NYS Prevention Agenda Dashboard

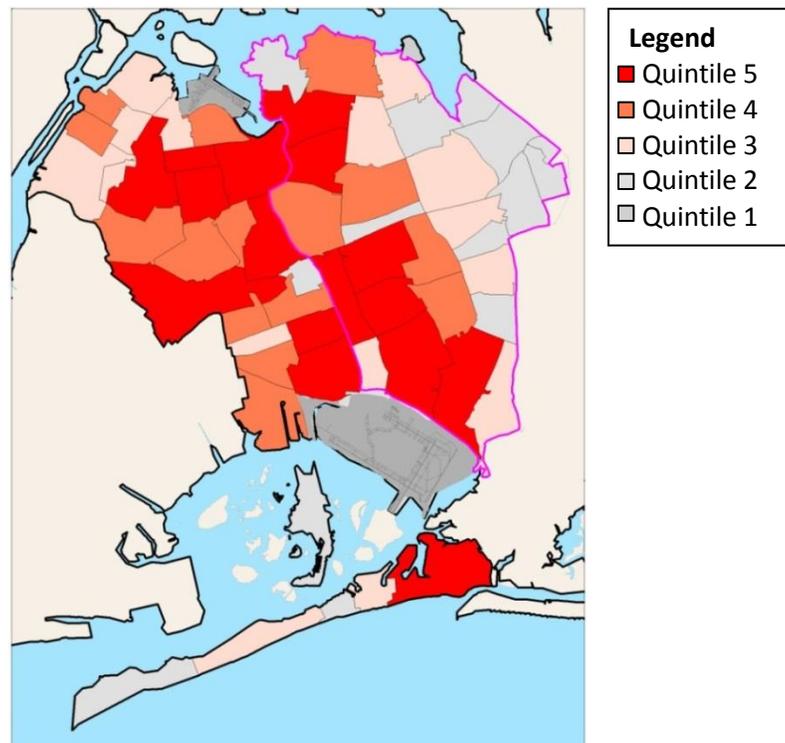
⁴³ NYS Prevention Agenda Dashboard

Gonorrhea case rate (per 100,000) for men was 101.4, lower than NYS (148.7) and NYSPAO (199.5). Similarly, The Nassau County Gonorrhea case rate (per 100,000) for women was 106.4, lower than NYS (192.8) and NYSPAO (183.4). The tuberculosis case rate (per 100,000) for Nassau County was 3.2 below NYS (4.9) but above NYSPAO (1). Nassau County case rates for Chlamydia and pelvic inflammatory disease hospitalizations were also below the NYS rate. Communicable disease rates for Tuberculosis, syphilis, gonorrhea and Chlamydia are all higher in selected communities compared to all of Nassau County.⁴⁴

Analysis of Health Status, Queens County

Broad Population Health

Community health data was analyzed comparing Queens County, NYS, and selected communities within Queens County in order to further identify gaps in the care as well as discern disparities in health and healthcare access for Medicaid beneficiaries. Analyses included rates in utilization by age/ethnicity/race distribution, diseases of the cardiovascular system (including stroke), diseases of the respiratory system, diabetes and liver disease, injuries, unintentional injury, intentional injury, cancer, communicable diseases, mortality, and pregnancy/perinatal outcomes. South Eastern Queens communities with increased rates are Far Rockaway, Inwood, Jamaica, Springfield Gardens, Ozone Park, Rochdale Village and Flushing. Secondary data Sources included: SPARCS data (2008-2010), NYSDOH Vital Statistics, the NYS Cancer Registry, and the NYSDOH Surveillance System. Prevention Quality Indicators (PQIs) quintiles are mapped by zip code to visually display community PQI variations similarly to the methodology used to analyze the Nassau County population health as described previously.



Queens County All Payer PQI Map

Source: SPARCS

⁴⁴ NYS Prevention Agenda Dashboard

Chronic Disease

To assess chronic disease prevalence in Queens County, the county prevalence is compared to New York State (NYS) and national prevalence, and to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). In addition, communities within the county that have higher prevalence rates than the county average have been identified.

Coronary heart disease hospitalizations in Queens County (50.9 per 10,000) were higher than the NYS average (43.8), while hospitalizations for congestive heart failure (34.9) were lower than the NYS average (40.1). Both rates were only slightly greater than the NYSPAO (33.0). Cerebrovascular (stroke) disease mortality for Queens County was significantly lower than the state and national averages (respectively, 17.6, 27.5, and 39.0 per 10,000), and achieved the NYSPAO (24.0). Circulatory PQIs had the highest rates in the select communities, Springfield Gardens, and Richmond Hills. The highest hypertension PQIs were found in the select communities, Springfield Gardens, Rosedale, Hollis, and Queens Village. County Health Indicators showed that Blacks had elevated rates of hospitalization for cerebrovascular disease and congestive heart failure.⁴⁵

Diabetes prevalence rates in Queens County were 11%, only slightly higher than the NYS average of 10.4% but well beyond the NYSPAO of 5.7%. The diabetes short term complication rates for both 6-17 years and 18+ years of age (2.3 and 5.1 per 10,000 respectively) were better than the NYS averages (3.1 and 6.1), and close to the NYSPAOs (3.06 and 4.86). Obesity rates for adults (BMI>30) were 2.5% below the NYS average of 24.9%, but still above the NYSPAO of 23.2%. Children 2-4 years of age enrolled in the WIC program had obesity rates of 2.4% above the NYS average of 13.1%, and 3.9% above the NYSPAO of 11.6%. Diabetes PQIs had the highest rates in select communities, Queens Village, Springfield Gardens, and Astoria. When analyzed by race and ethnicity, Blacks had the highest CHI rates of diabetes hospitalizations.⁴⁶

Breast cancer early stage diagnosis rates (60.9%) were lower than the NYS average and only slightly higher than the US average; the rates were significantly lower than the NYSPAO. Cervical cancer early stage diagnosis rates (50%) were higher than the US and NYS average, but below the NYSPAO. The highest female breast cancer rates were found in Central Queens and Rockaway. Prostate cancer rates were highest in Southeast Queens, Rockaway, and Jamaica. Lung Cancer incidence for men and women respectively were 60.9 and 39.0 per 100,000. Male incidence was below NYS (75.8) and the NYSPAO (62). Female incidence was also below NYS (53.9) and the NYSPAO (41). Cigarette smoking rates for adults in Queens County were 2.6% below the NYS average of 18.1%, but above the NYSPAO of 12%. Chronic Obstructive Pulmonary Disease adult hospitalizations per 10,000 in Queens County were 31.4 below the NYS average of 41.3, and only slightly above the NYSPAO of 31. The select communities had a higher rate of COPD, as well as Astoria and East Elmhurst. Queens County adult asthma hospitalization rates were similar to the NYS average, but the asthma rates in the select communities were in the third and fourth quartile compared to the county-wide rate. CHI showed that Blacks had elevated rates of hospitalizations for asthma and chronic lower respiratory disease.⁴⁷

⁴⁵ NYS Prevention Agenda Dashboard

⁴⁶ NYS Prevention Agenda Dashboard

⁴⁷ NYS Prevention Agenda Dashboard

Lifestyle data including nutrition and physical activity are major factors in the prevention and management of chronic disease. Approximately 71.9% of Queens County adults report that they are engaged in some type of leisure time physical activity, which is below the NYS rate (73.7%) and the NYSPAO target of 80%. Although the Queens County rate is approaching the NYSPAO target, nearly 30% of residents are inactive. 6.8% of county residents report that they eat 5 or more fruits and vegetables per day. This is well below the NYS average (26.8%) and the NYSPAO target (33%).⁴⁸

Healthy Safe Environment

To assess preventable injury prevalence in Queens County, the county prevalence is compared to New York State (NYS) and national prevalence, and to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). In addition, communities within the county that have higher prevalence rates than the county average have been identified. Fall related hospitalizations for Queens residents age 65+ years were 177.3 (per 10,000), lower than the NYS rate of 193.4 but above the NYSPAO target of 204.6. Traumatic brain injury admission rates within the county were approximately the same as NYS rates, and brain injuries resulting from alcohol related motor vehicle injuries were well below the NYS rate.⁴⁹

Healthy Women, Infants and Children

To assess the prevalence of conditions related to the health of women, infants and children in Queens County, the county prevalence is compared to New York State (NYS) and national prevalence, and to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). In Queens County, the percent of women receiving first trimester prenatal care was lower than both NYS and the NYSPAO (70.2% versus NYS rate of 73.2% and NYSPAO of 90%). The rate of low-birthweight births was identical to those for NYS and US (8.2%), but higher than the 5% NYSPAO. Overall infant mortality was 4.3 (per 1,000 live births), lower than NYS and achieving the NYSPAO. Women receiving late or no prenatal care were 11% for the county, but the following communities had increased rates: Astoria, Jamaica, Long Island City, Elmhurst, Corona, Woodside, Jackson Heights, and East Elmhurst. When analyzed by race and ethnicity, Blacks and Hispanics had lower CHI rates of receiving first trimester prenatal care, with only 56.8% and 64.6% respectively receiving adequate prenatal care. The percent of obese children (ages 2-4years) enrolled in WIC was 15.5% versus a NYS rate of 13.1% and NYSPAO of 11.6%. Breastfeeding rates of mothers in the WIC program at 6 months were above the state average (38.8%) at 47.9%.⁵⁰

Mental Health and Substance Abuse

To assess the prevalence of mental health disorders and substance abuse in Queens County, the county prevalence is compared to New York State (NYS) and national prevalence, and to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). Although the suicide rate for Queens County was 6.1 (per 100,000), lower than the NYS rate (7.8), it was still above the NYSPAO of 5.9. The percent of Queens County adults reporting 14 or more days with poor mental health in the last month was 7.2% compared to 11.2% for NYS,

⁴⁸ NYS Prevention Agenda Dashboard

⁴⁹ NYS Prevention Agenda Dashboard

⁵⁰ NYS Prevention Agenda Dashboard

and met the NYSPAO of 7.8%. PQI data for mental health emergency department visits showed increased rates in the select communities, as well as Glen Oaks, Long Island City, and Rockaway Park. Queens County's rate of binge drinking is 18.0%, greater than NYS (17.8%), compared to the NYSPAO of 18.4%. Drug related Queens County hospitalizations were 14.5 (per 10,000), below both NYS (25.7) and NYSPAO (26.0). PQI data for substance abuse emergency department visits showed increased rates in the following communities: North Shore Towers, Jamaica, Richmond Hill, Far Rockaway, Rockaway Park, and Rockaway Beach. CHI data indicated that Blacks and whites had drug-related hospitalization rates of about two times those for Hispanics. Whites had a higher suicide mortality rate than Blacks or Hispanics.⁵¹

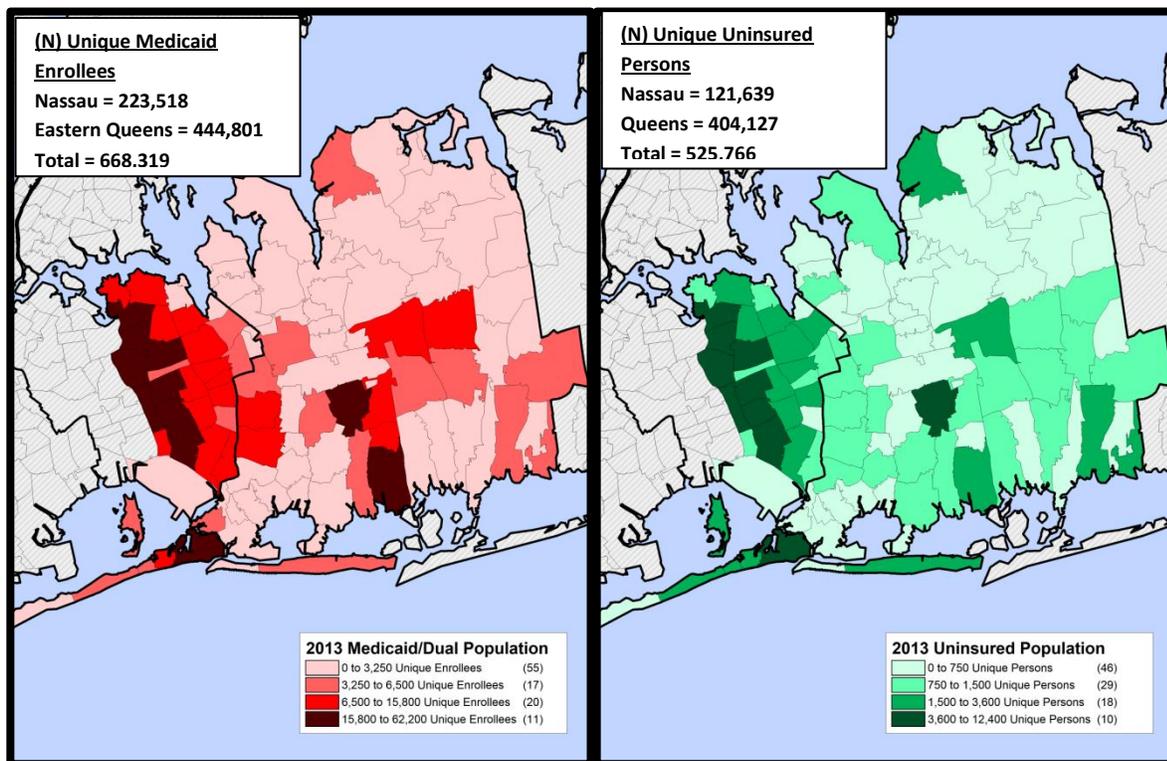
HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections

To assess the prevalence of HIV, STDs, Vaccine-Preventable Diseases & Health Care-Associated Infections in Queens County, the county prevalence is compared to New York State (NYS) and national prevalence, and to the 2013-2017 NYS Prevention Agenda Objectives (NYSPAO). The Queens County newly diagnosed HIV case rate (per 100,000) was 22.6, higher than the NYS rate (18.3) and NYSPAO (14.7). The Queens County gonorrhea case rate (per 100,000) for women is 174, lower than NYS (235.8) and slightly below NYSPAO (183.4). The Queens County gonorrhea case rate (per 100,000) for men is 266.9, lower than NYS (284.1) and greater than NYSPAO (199.5). The tuberculosis case rate (per 100,000) for Queens County was 12.0, above NYS (4.9) and NYSPAO (1.0).⁵²

⁵¹ NYS Prevention Agenda Dashboard

⁵² NYS Prevention Agenda Dashboard

Medicaid and Uninsured Status of Nassau & Eastern Queens



Source: Salient NYS Medicaid Data, accessed 9/26/2014 & Truven 2013 Insurance Estimates (Uninsured)

Nassau County has 223,518 unique Medicaid enrollees while Eastern Queens has nearly double that with 444,801. The total number of unique Medicaid enrollees in this region is 668,319 with the greatest number of Medicaid lives located along the Van Wyck Expressway in Eastern Queens, the Rockaways, and in Southern Nassau.

Nassau County has 121,639 unique uninsured persons while Eastern Queens has more than double that number with 404,127 unique uninsured persons. This region has a total of 525,766 unique uninsured persons. Areas with increased concentrations of uninsured align with areas of Medicaid recipient density.

According to US Census Bureau, Nassau County has a median household income of \$97,690 per year, with 6% of its total population living below the poverty level. This is compared to Queens County that has a median household income of \$57,001 with 15.0% of persons living below the poverty level. Within Nassau County, the two areas with the highest concentration of Medicaid enrollees had a significantly lower median household income, and much greater percent of persons living below the poverty level. These two towns are Hempstead and Freeport with 20.5% and 13.7% of the population living below the poverty level respectively.

The median household income for Hempstead was \$52,214 while Freeport was higher at \$67,874⁵³. In Eastern

1) www.health.data.ny.gov - AHRQ PQIs – 2012

2) www.health.data.ny.gov - AHRQ PDIs – 2012

3) www.health.data.ny.gov - 3M PPVs (ED T&R) – 2012

4) SPARCS, 9/1/2014 – Readmission Index Admissions – 2012

Overlapping PQI/PDIs removed, average of total/MDC related

⁵³ <http://quickfacts.census.gov/qfd/states/36/26081.html>

Queens, Jamaica, Flushing, Fresh Meadows, and Far Rockaway had the highest concentrations of Medicaid beneficiaries. Within Eastern Queens poverty data from the NYCDOH reveals that the Rockaways have the highest poverty rate at 42.9% followed by Jamaica at 33.7%. Flushing–Clearview is slightly below Jamaica at a 30.1% poverty rate followed by Fresh Meadows which has a 24.3% poverty rate⁵⁴.

DSRIP Reduction Summary - Eastern Queens and Nassau - 2012				
Reduction Bucket	Nassau	Eastern Queens	Total Number	25% of Total
PQIs¹	2,284	3,818	6,102	1,526
PDIs²	285	456	741	185
Avoidable ED³	55,087	107,477	162,564	40,641
Readmissions⁴	3,575	6,751	10,325	2,581
Total	61,231	118,502	179,732	44,933

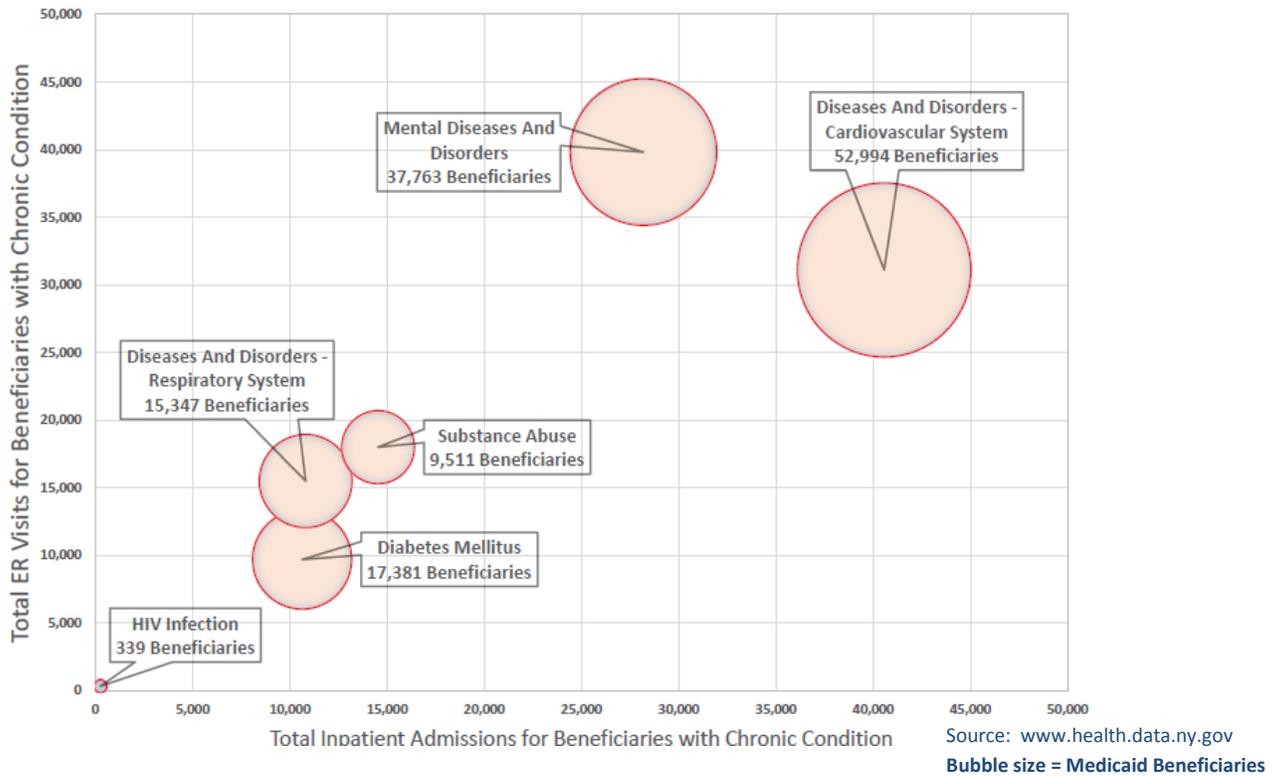
In 2012 there were 6,102 total PQI’s for the Nassau and Eastern Queens Medicaid population, 2,284 and 3,818 respectively. To reach a 25% reduction in Eastern Queens and Nassau PQI’s, there would have to be a decrease of 1,526 admits. Nassau had 285 PDI’s in 2012 while Eastern Queens had 456 for a total of 741 PQI’s. To reduce the number of PDI’s by 25%, the PPS would have to reduce 185 PDI admits. There were 55,087 avoidable ED visits in Nassau County compared to 107,477 in Eastern Queens. Of a total of 162,564 avoidable ED visits between the two areas, 40,641 visits would have to be reduced to achieve a 25% total reduction. Nassau County and Eastern Queens had 10,325 “30-day readmissions” in 2012, 3,475 and 6,751 respectively. A 25% reduction would equate to 2,581 fewer 30-day readmissions between the two areas. Overall, compared to Nassau County, Eastern Queens had significantly more PQIs, PDIs, Avoidable ED, and Readmissions.

Medicaid Beneficiaries Chronic Conditions Associated with ED and Hospital Admissions

In the NQP, the top three conditions associated with ED and hospital admissions are cardiovascular disease, mental diseases and disorders and diabetes followed by respiratory diseases and disorders. Cardiovascular disease and mental diseases and disorders are associated with greater total inpatient admissions and ED visits per beneficiary. Geo-coding of NQP beneficiaries’ Admissions & ED Visits (Observed – Expected) demonstrates repeated overlapping of chronic conditions in select communities within the NQP.

⁵⁴ <http://a816-dohbesp.nyc.gov/IndicatorPublic/NewsQuickView.aspx>

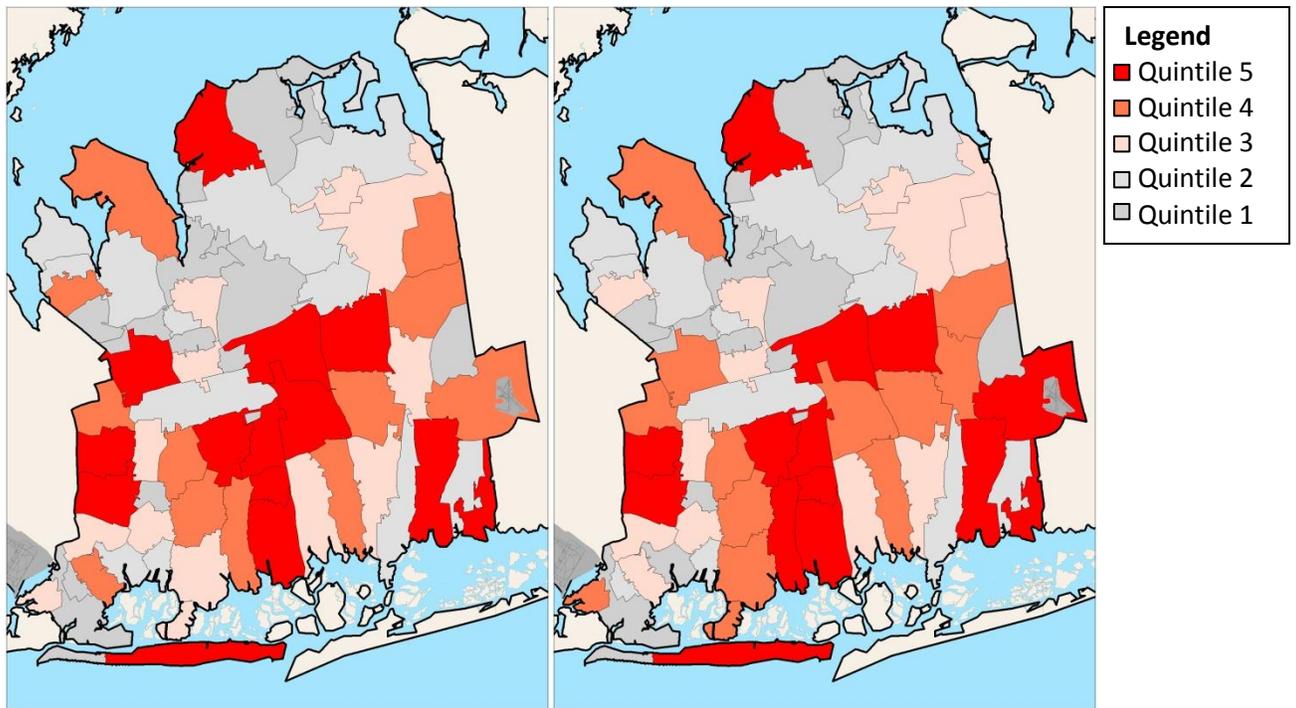
2012 NASSAU BENEFICIARIES WITH CONDITION (ALL MEDICAID)



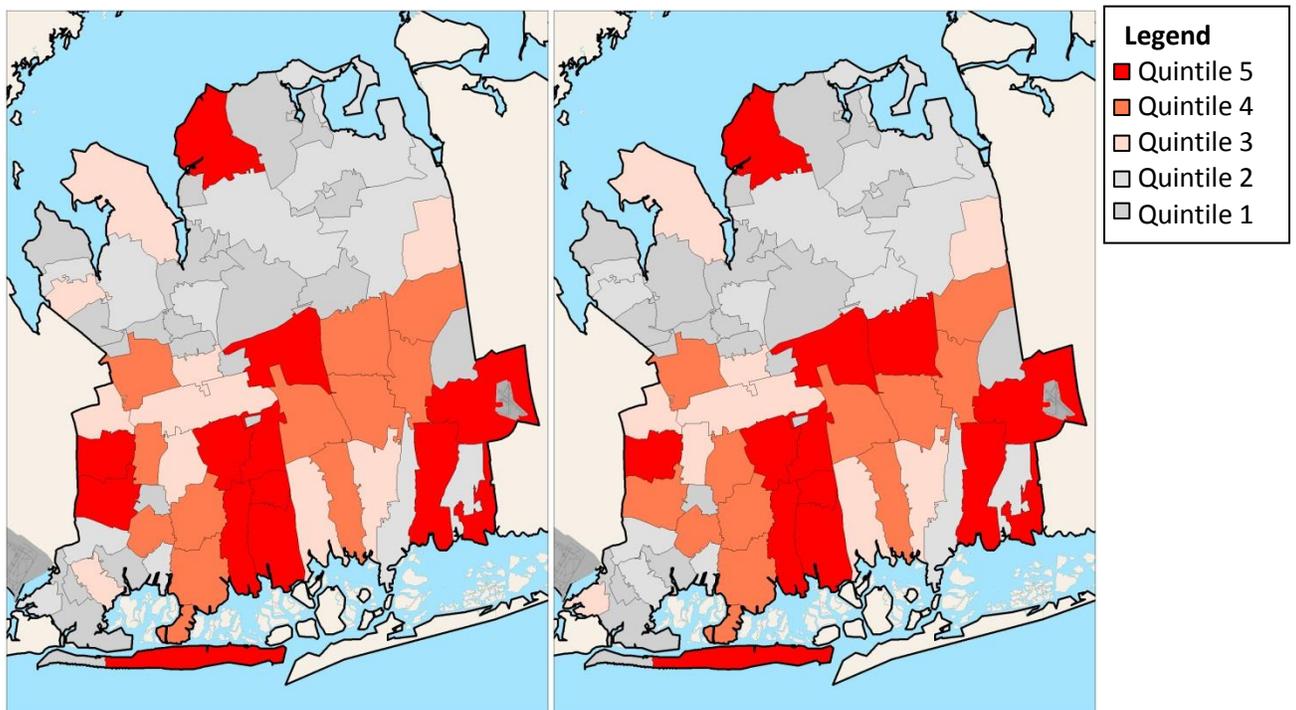
In Nassau County, cardiovascular disease is the number one chronic condition, accounting for 52,994 Medicaid members hospital admissions, followed by mental diseases and disorders with 37,763, and diabetes mellitus with 17,381. Compared to the other chronic conditions, cardiovascular disease and mental diseases and disorders are associated with greater total inpatient admissions and ED visits per beneficiary. This is also true in aggregate: cardiovascular disease is related to approximately 40,000 inpatient admissions and 30,000 total ED visits followed by mental disorders with fewer than 30,000 inpatient admissions and 40,000 ED visits. By comparison, only 339 Medicaid beneficiaries in Nassau are infected with HIV: they have extremely low inpatient admissions or ED visits.

The following maps illustrate the above chronic conditions, by quartiles, for the observed minus expected value. The observed value is the incidence of either inpatient or ED visits for persons afflicted with a given chronic condition. The expected value is what 3M risk adjustment methodology estimate of what a ZIP code's incidence should be, based upon race, ethnicity, and age.

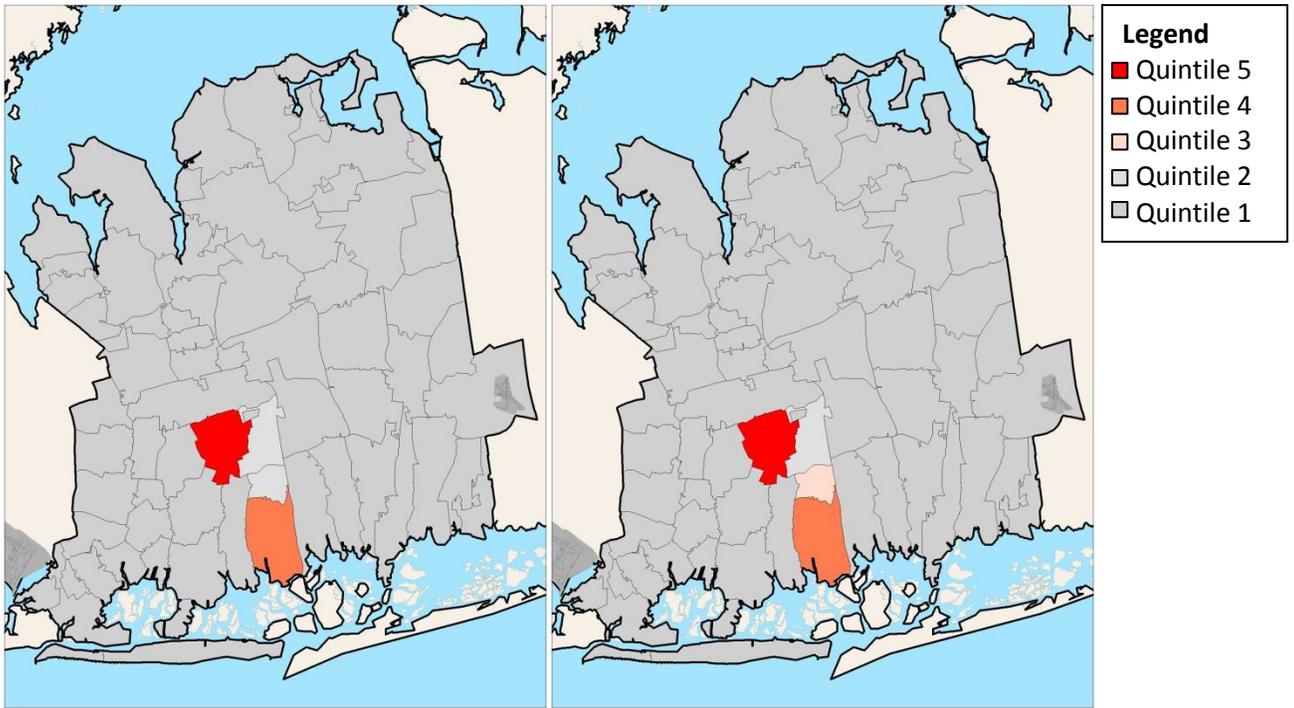
Nassau Admissions & ED Visits (Observed – Expected) for Beneficiaries with Cardiovascular Disease by Zip Code



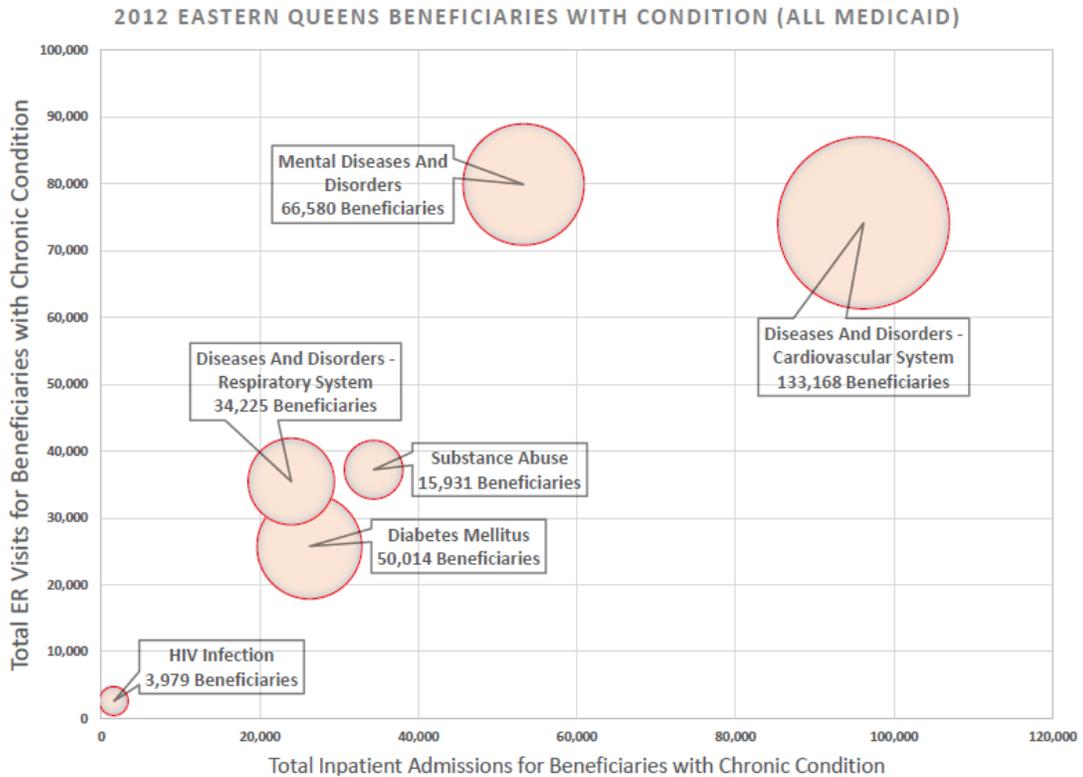
Nassau Admissions & ED Visits (Observed – Expected) for Beneficiaries with Mental Disease by Zip Code



Nassau Admissions & ED Visit (Observed – Expected) for Beneficiaries with HIV Infection by Zip Code



For more maps for Nassau IP admissions and ED visits for Medicaid beneficiaries with chronic conditions please reference Appendix: Section B

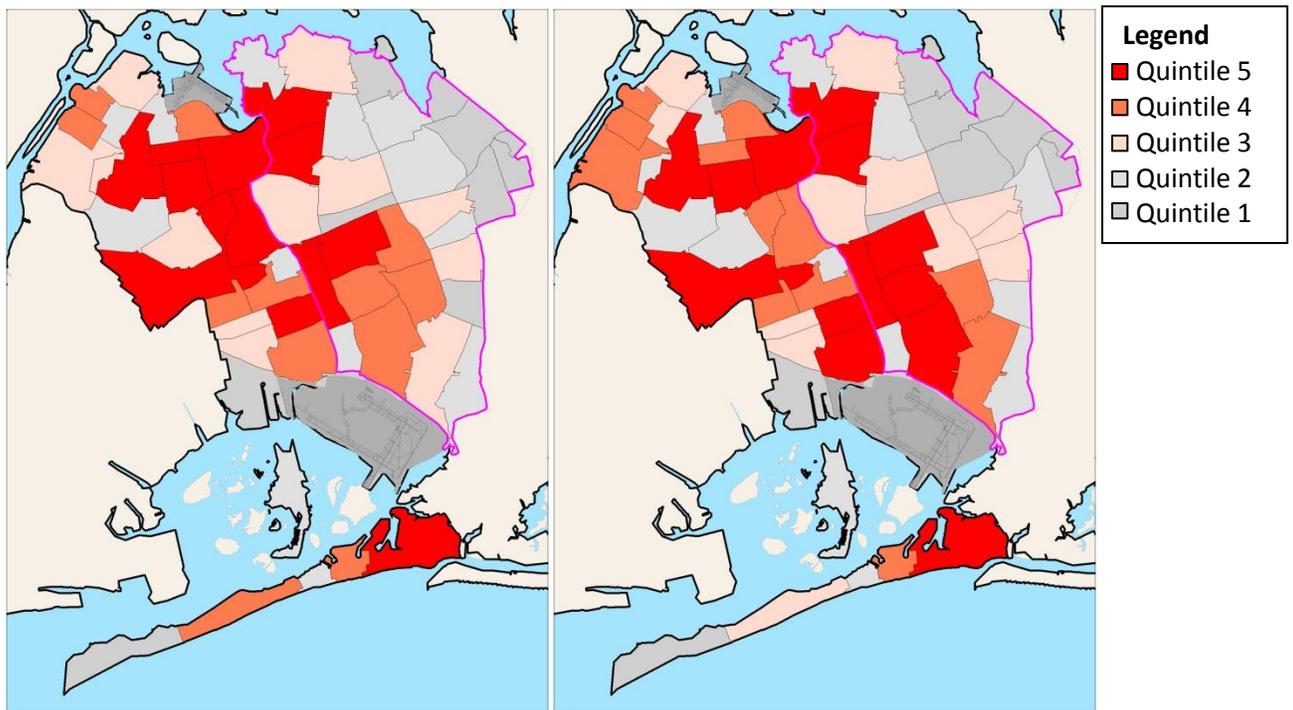


Source: www.health.data.ny.gov
Bubble size = Medicaid Beneficiaries

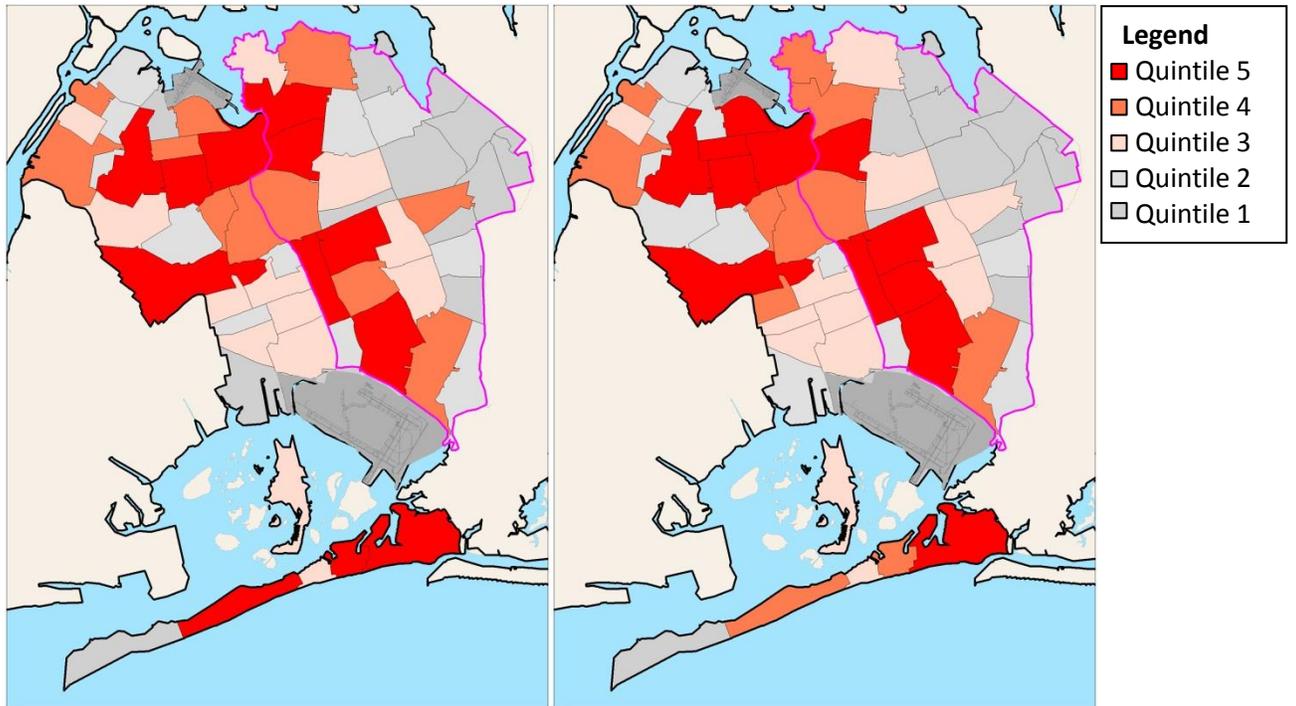
In Eastern Queens, admissions for cardiovascular disease are the number one chronic condition, effecting 133,168 Medicaid members, followed by mental diseases with 66,580, and diabetes mellitus with 50,014. Compared to the other chronic conditions, cardiovascular disease and mental disorders are associated with greater total inpatient admissions and ED visits per beneficiary. This is also true in aggregate: cardiovascular disease sees approximately 95,000 inpatient admissions and 75,000 ED visits while mental disorders are associated with fewer than 60,000 inpatient admissions and 80,000 ED visits. By comparison, only 3,979 Medicaid beneficiaries in Eastern Queens are infected with HIV: they have very few inpatient admissions or ER visits.

The following maps illustrate the above chronic conditions, by quartiles, for the observed minus expected value. The observed value is the incidence of either inpatient or ED visits for persons afflicted with a given chronic condition. The expected value is what 3M risk adjustment methodology estimate of what a ZIP code's incidence should be, based upon race, ethnicity, and age.

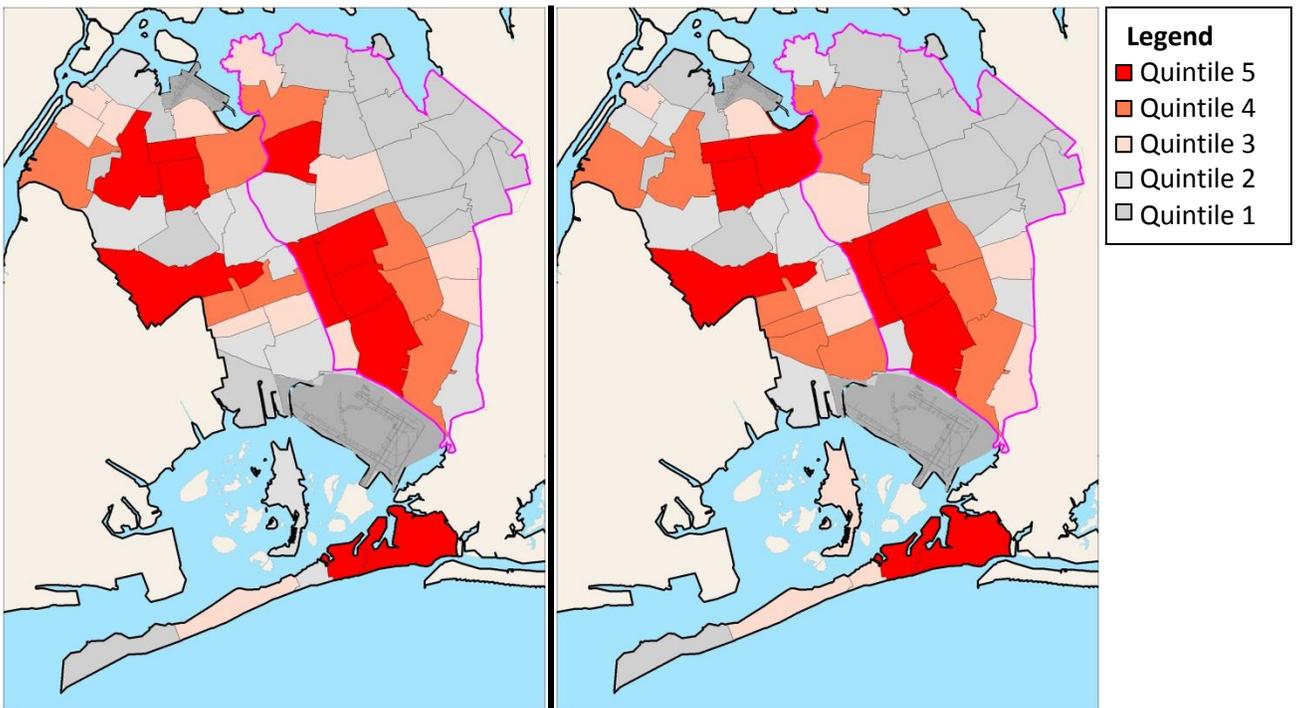
Queens Admissions & ED Visits (Observed – Expected) for Beneficiaries with Cardiovascular Disease by Zip Code



Queens Admissions & ED Visits (Observed – Expected) for Beneficiaries with Mental Disease by Zip Code



Queens Admissions & ED Visits (Observed – Expected) for Beneficiaries with HIV Infection by Zip Code



The previous data showed there are a high number of inpatient admissions and ED treat and release visits associated with beneficiaries with a chronic condition. Compared to all other chronic conditions, cardiovascular disease, mental disorders and diabetes are associated with greater total NQP inpatient

admissions and ED visits per beneficiary. The geocoding of the NQP IP admissions & ED visits above show significant overlap with the chronic conditions such as mental disease, cardiovascular disease, and diabetes.

Cardiovascular disease, as stated earlier, is the number one chronic condition in the NQP. Nassau's Medicaid avoidable hospitalization rate for adult hypertension is 121/100,000 recipients compared to the NYS rate of 104. The Rockaways has one of the highest hypertension rates in Queens. Queens Medicaid rates of avoidable hospitalizations for adult angina without procedure are above the state average. Geocoding of Eastern Queens IP admissions & ED Visits (Observed – Expected) for Medicaid beneficiaries with cardiovascular disease shows significant community hotspots of disease prevalence in minority communities such as Jamaica, Far Rockaway, Long Beach, Freeport, Roosevelt, Hempstead, South Ozone Park, South Richmond Hill, Ridgewood, Flushing, Corona, Elmhurst, Woodside, Glen Cove, Massapequa, Hicksville, Westbury, East Meadow, Uniondale, Elmont, Valley Stream, and New Hyde Park.

In the NQP, mental diseases are the number two chronic condition, affecting 104,343 Medicaid members. Findings from the NQP Community Survey show that mental health issues were the most prevalent of 14 different health conditions asked about in the survey.⁵⁵ In virtually every stakeholder forum, behavioral issues were discussed, mostly to communicate how complicated care becomes when patients have behavioral problems. The main causes seem to be the lack of or insufficient reimbursements for the care of people with behavioral health issues; few resources in the community that can accommodate them; and poor communication between mental health providers and hospitals, primary care physicians, nursing homes, and home care agencies. These community needs can be met with the integration of primary care and a strengthened behavioral health service.⁵⁶ Reference Appendix: Section B for the Domain 3 clinical metric chart books pertaining to behavioral health and crisis stabilization services.

The findings for diabetes mellitus, the third most prevalent chronic condition in Nassau, will also demonstrate opportunities to redesign care for these patients. Medicaid avoidable hospitalization for adult uncontrolled diabetes in Nassau, at 63 admissions per 100,000, is above the state average of 46. The Queens rate of 36/100,000 belies rates of illness in specific areas. The comprehensive diabetes screening statewide rate is 76.6, above the Nassau rate of 73.6, but below the Queens rate of 84.1. The comprehensive diabetes care, hemoglobin Alc, statewide rate is 80.2, once again above the Nassau rate of 74.4, and below the Queens rate of 86. The communities of Bellerose, Jamaica, Far Rockaway, Long Beach, Freeport, Roosevelt, Hempstead, South Ozone Park, South Richmond Hill, Ridgewood, Flushing, Corona, Elmhurst, Woodside, Glen Cove, Massapequa, Hicksville, Westbury, East Meadow, Uniondale, Elmont, Valley Stream, and New Hyde Park are “hot spots” for adult diabetes. The rates of avoidable hospitalizations for adult diabetes short term complications follows a similar pattern with areas in Eastern Queens exhibiting high rates compared to the rest of the county. Nine low-income communities (Elmont, Freeport, Glen Cove, Hempstead, Inwood, Long Beach, Roosevelt, Uniondale, Westbury) identified by Nassau County Department of Health⁵⁷ as high-risk for health disparities evidence twice the hospitalization rate for type 2 diabetes when compared with the rest of the county. Over half of NQP adults are either overweight or obese.

⁵⁵ NQP Stakeholder Forum

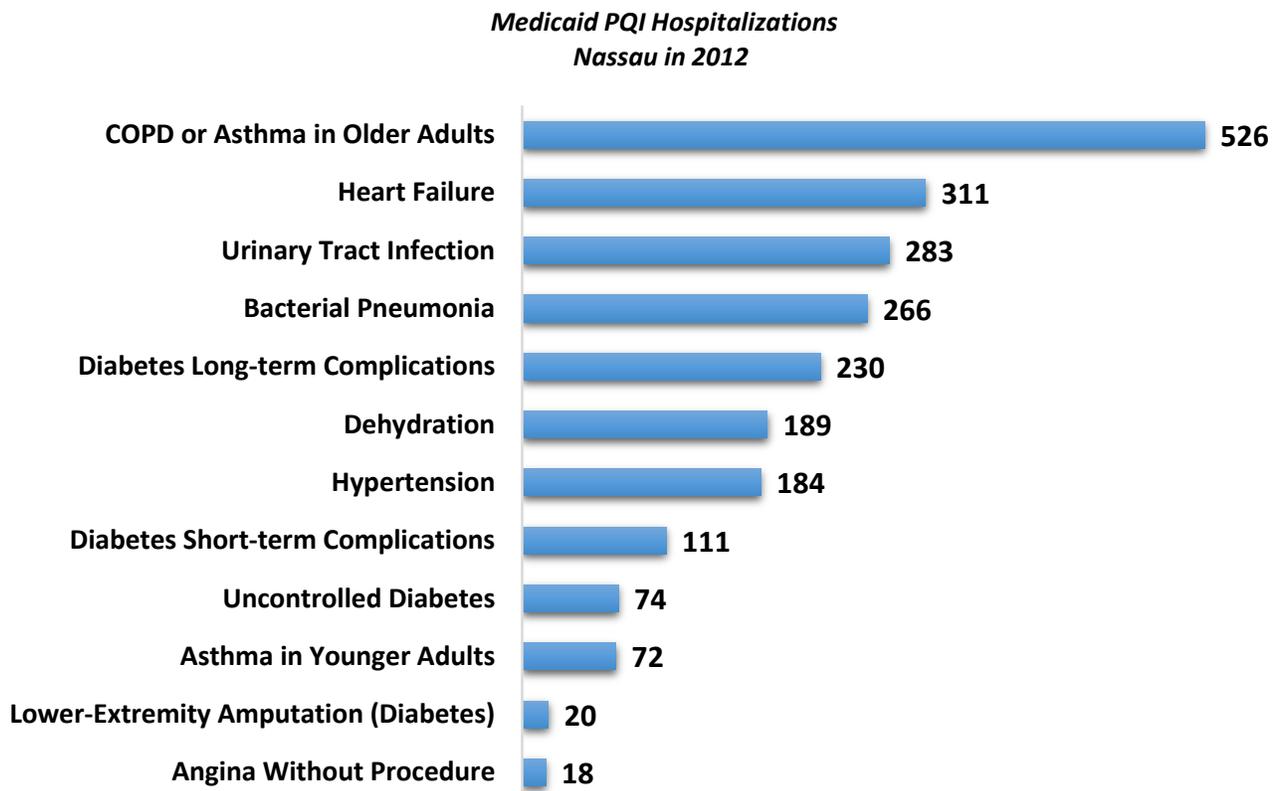
⁵⁶ NQP Stakeholder Forum

⁵⁷ NCDoh, Community Health Assessment, 2014-2017.

Lifestyle factors, nutrition, physical activity and smoking, impact chronic disease management. Smoking rates are highest in the mentally ill especially those with substance abuse and low income populations.⁵⁸ NQP community member’s survey participants answered questions related to disease self-management. Twenty-eight percent of Nassau uninsured participants did not know what to do if their condition worsened and 38% did not have someone to call at their doctor’s office if their or a household members condition worsened⁵⁹. Stakeholders identified a lack of culturally sensitive effective care coordination, evidence-based chronic disease treatment protocols and self-management programs. There is a great community need for effective chronic disease management protocols focusing on cardiovascular disease, diabetes and behavioral health including evidence-based tobacco cessation counseling, chronic self- disease management and population health strategies especially in those communities with multiple conditions and behavioral risk factors.

Medicaid PQI Hospitalizations

DSRIP is focused on identifying and choosing among diseases that directly cause avoidable hospital usage. Nassau and Eastern Queens’ top PQIs and PDIs are show in in the figure below. PQIs, defined earlier are nationally recognized measures for avoidable hospital use in adults. PDIs are almost identical to PQIs but they focus on quantifying problems that pediatric patients experience as a result of inadequate access to the healthcare system.



Source: www.health.data.ny.gov

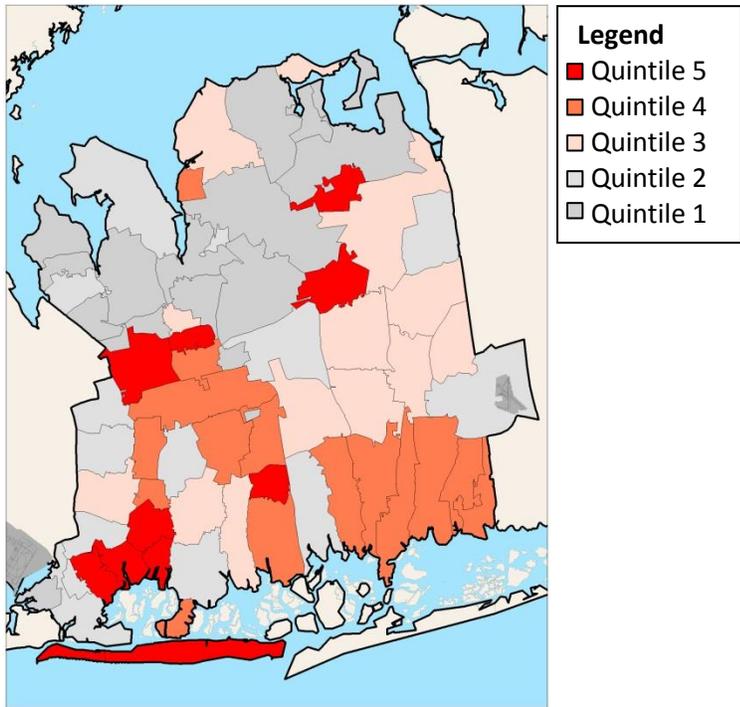
⁵⁸ New York City Coalition for a Smoke-Free City, <http://www.nyctsmokefree.org/>

⁵⁹ NQP Community Member Survey

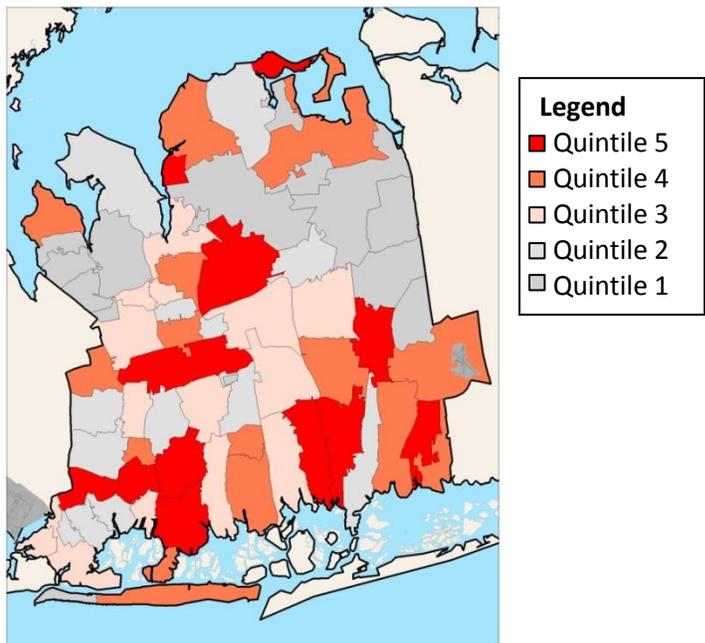
In Nassau County, COPD or asthma in older adults is the top Medicaid PQI hospitalization with 526. This is followed by heart failure and urinary tract infection with 311 and 283 PQI hospitalizations respectively. While the chart above portrays Nassau County Medicaid PQI hospitalizations as a whole, a depiction of Nassau County PQIs broken down by zip code reveals a more compelling story.

Urinary tract infection, dehydration, hypertension and uncontrolled diabetes all have PQI rates per 100,000 recipients greater than the statewide average, and with the exception of UTI, all are outside the top three Medicaid PQI Hospitalizations listed above.

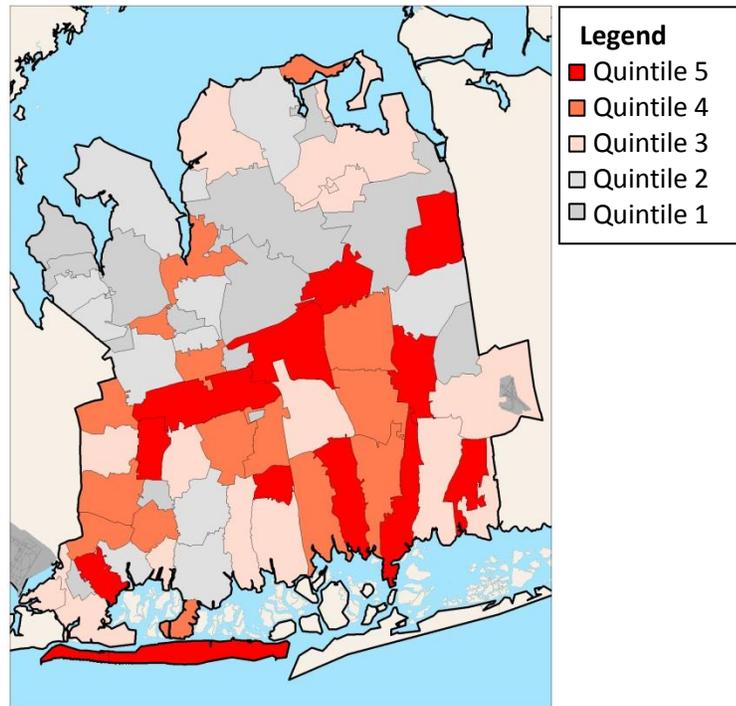
Nassau Medicaid PQI Hospitalizations (Observed – Expected), COPD or Asthma in Older Adults by Zip Code



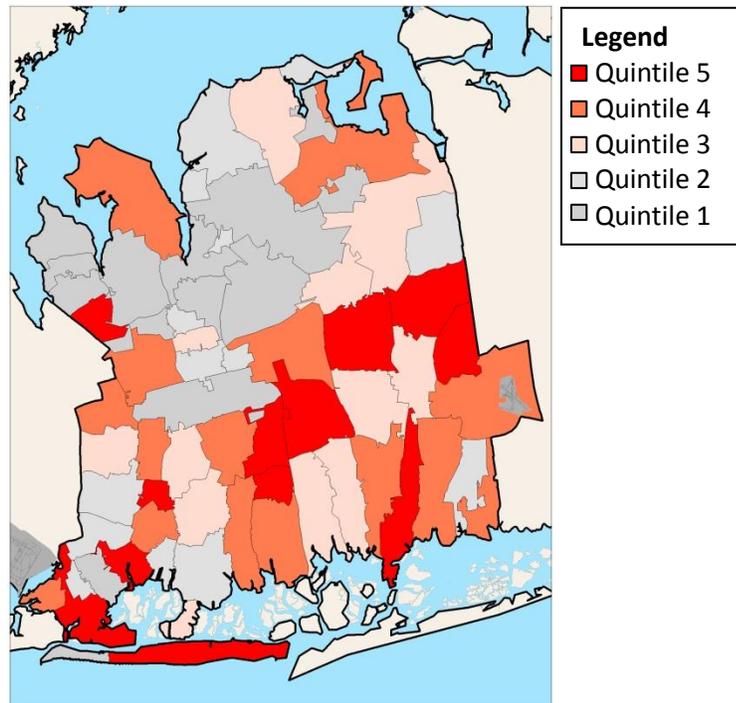
Nassau Medicaid PQI Hospitalizations (Observed – Expected), Heart Failure by Zip Code



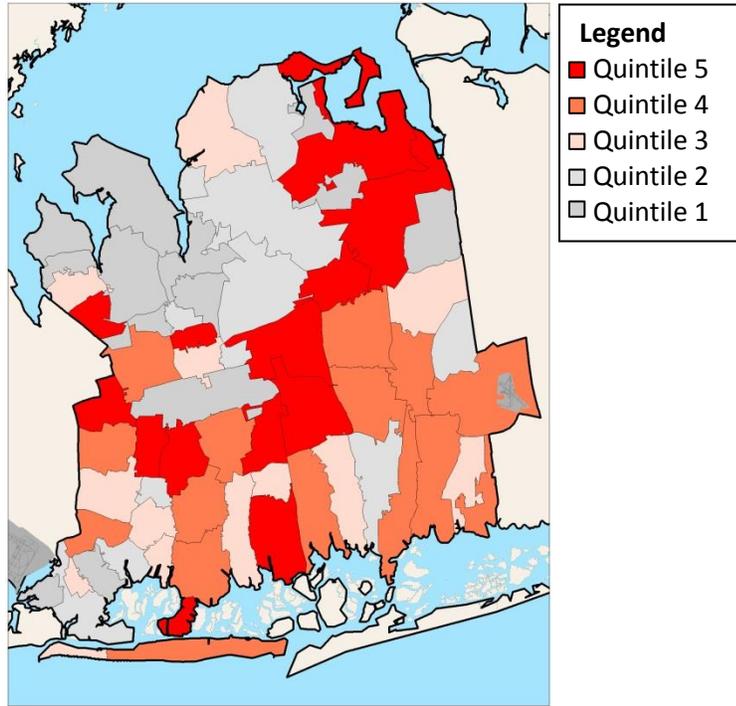
Nassau Medicaid PQI Hospitalizations (Observed – Expected), Urinary Tract Infection by Zip Code



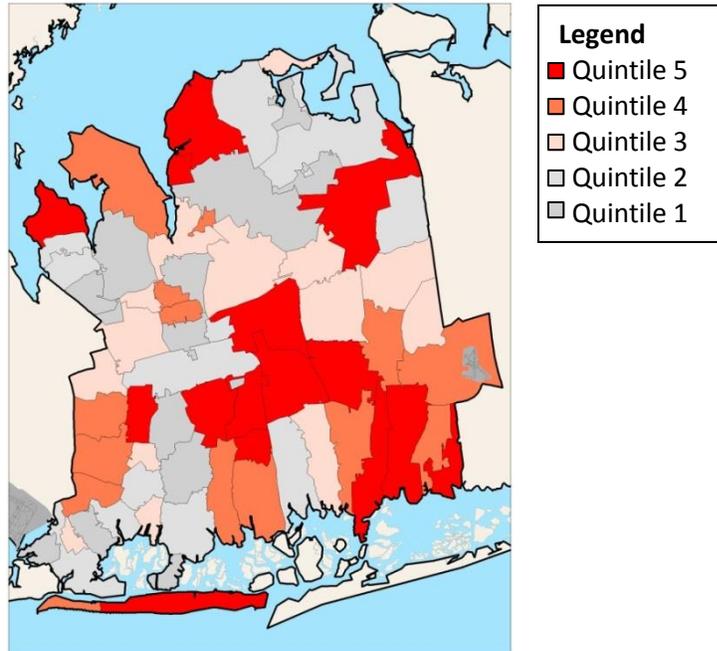
Nassau Medicaid PQI Hospitalizations (Observed – Expected), Dehydration by Zip Code



Nassau Medicaid PQI Hospitalizations (Observed – Expected), Hypertension by Zip Code



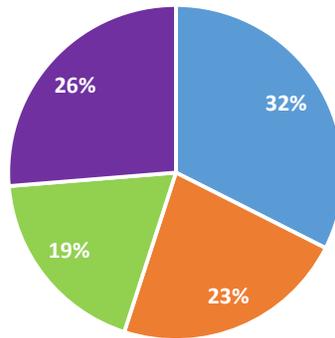
Nassau Medicaid PQI Hospitalizations (Observed – Expected), Uncontrolled Diabetes by Zip Code



For more maps of Nassau PQI Hospitalizations for Medicaid beneficiaries please reference Appendix: Section B.

Medicaid PQI Hospitalizations - Nassau in 2012

- *PQI Acute Composite*
- *PQI All Circulatory Composite*
- *PQI All Diabetes Composite*
- *PQI All Respiratory Composite*



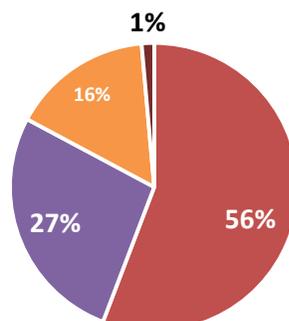
Source: www.health.data.ny.gov

Of the 2,284 total PQI hospitalizations in Nassau County, acute composite is the greatest contributor at 32%. Respiratory composite contributed the second largest number of PQIs, forming 26%. Twenty-three percent of all PQI’s came from circulatory composite followed by all diabetes composite at 19%. The PQI composites are used as general categories where individual PQI conditions are grouped into. For example, the PQI acute composite is comprised of three conditions: UTI, bacterial pneumonia, and dehydration. Two of these, UTI and dehydration, are conditions that exceed New York statewide benchmarks. Even though all respiratory composite forms 26% of all PQIs, the majority of that percentage comes from COPD (23% of all PQIs). For a detailed map of PQI classifications by zip code, please reference Appendix: Section B.

Of the 285 total PDI hospitalizations in Nassau County, over half are from asthma, at 56%. Distantly followed by gastroenteritis at 27%, UTI at 16% and diabetes short-term complications at 1%. Both UTI and gastroenteritis in the county are above statewide levels. For a detailed map of PDI classifications by zip code, please reference Appendix: Section B.

Medicaid PDI Hospitalizations - Nassau in 2012

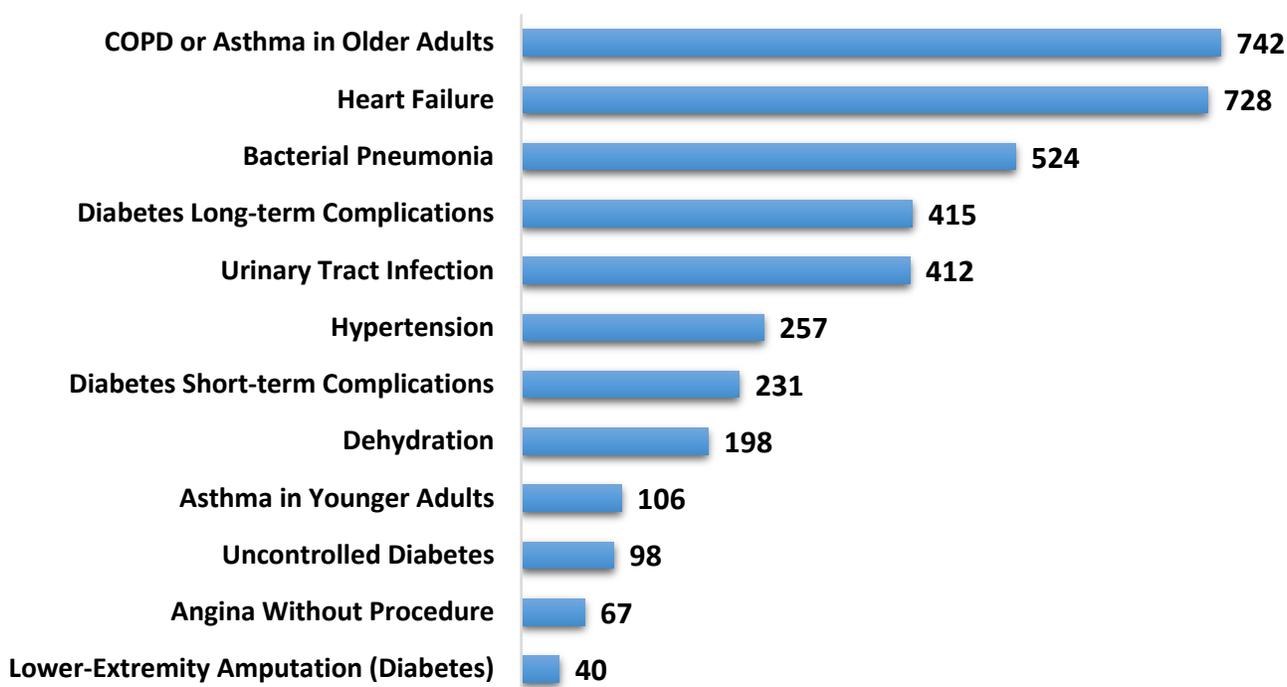
- *Asthma*
- *Gastroenteritis*
- *Urinary Tract Infection*
- *Diabetes Short-term Complications*



(N) PDI Hospitalizations = 285

Source: www.health.data.ny.gov

Medicaid PQI Hospitalizations - Eastern Queens in 2012

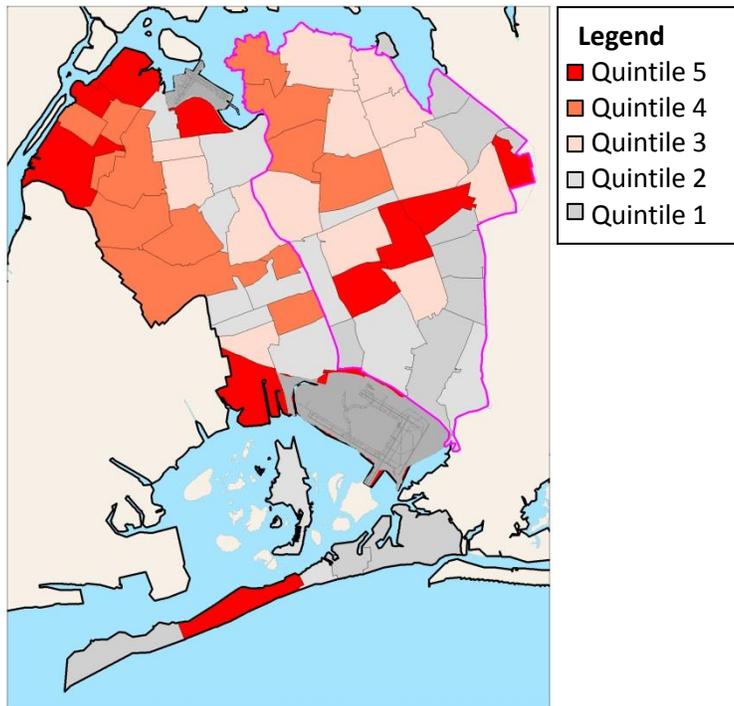


Source: www.health.data.ny.gov

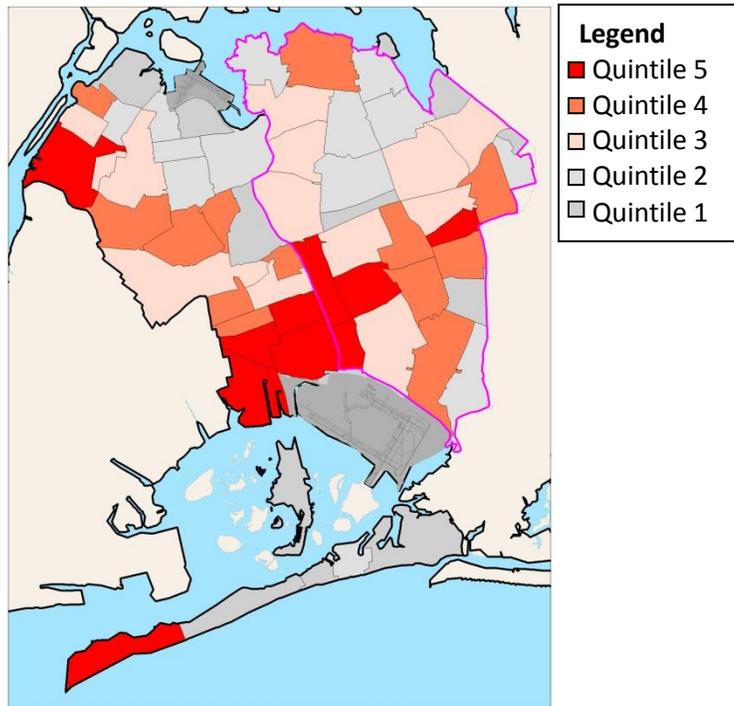
In Eastern Queens, COPD or asthma in older adults is the top Medicaid PQI with 742 hospitalizations. This is followed by heart failure and bacterial pneumonia with 728 and 524 PQI hospitalizations respectively. While the chart above portrays Eastern Queens Medicaid PQI hospitalizations as a whole, a depiction of Eastern Queens PQIs broken down by zip code reveals a more compelling story, one that shows the concentration of hot spots in this region.

The Medicaid PQI hospitalizations between Eastern Queens (above) and Nassau (see *Medicaid PQI Hospitalizations Nassau in 2012* chart) are conditions commonly seen in residents of Skilled Nursing Facilities (SNF) and related to hospital admissions. Readmissions in the region are most often caused by inadequate clinical coverage in SNFs. LPN staff are not permitted to perform assessments and must, instead, rely on ED care in the absence of consultation resources. This gap is exacerbated by a lack of provider continuity to support patients during care transitions which results in inadequate discharge planning⁶⁰. SNF providers participating in focus groups noted that readmissions could be avoided with improved responsiveness, more thorough and timely discharge reports from the region's ED/hospitals, shared medical records, improved patient and family education, and standardized evidence-based protocols. Implementation of the INTERACT model addresses these needs and provides a foundation for ensuring the rapid reduction of the area hospitals' readmissions.

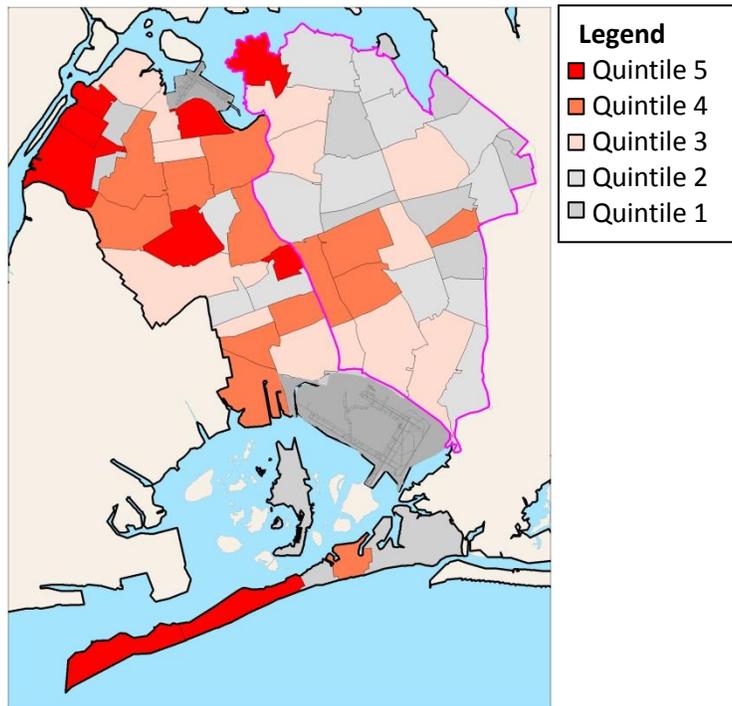
⁶⁰ NQP Community Stakeholder Forum



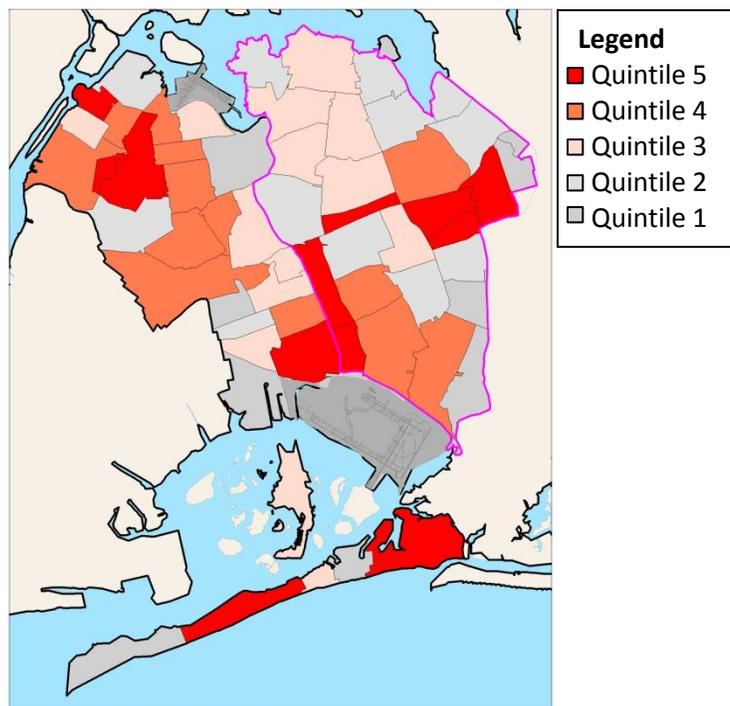
Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), COPD or Asthma by Zip Code



Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Heart Failure by Zip Code



Eastern Queens Medicaid PJI Hospitalizations (Observed – Expected), Bacterial Pneumonia by Zip Code

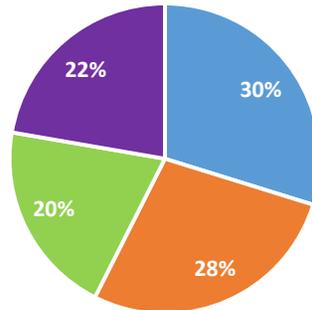


Eastern Queens Medicaid PJI Hospitalizations (Observed – Expected), Uncontrolled Diabetes by Zip Code

For more maps of Eastern Queens PJI Hospitalizations for Medicaid beneficiaries please reference Appendix: Section B.

**Medicaid PQI Hospitalizations - Eastern Queens
in 2012**

- *PQI Acute Composite*
- *PQI All Circulatory Composite*
- *PQI All Diabetes Composite*
- *PQI All Respiratory Composite*



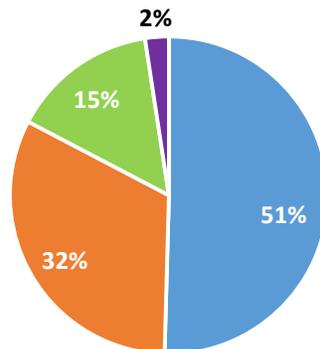
Eastern Queens (N) PQI Hospitalizations = 3,818

Source: www.health.data.ny.gov

Of the 3,818 total PQI hospitalizations in Eastern Queens, acute composite is the greatest contributor at 30%. Circulatory composite contributed the second largest number of PQIs, forming 28% of the PQI hospitalizations. 22% of all PQI's came from respiratory composite followed by all diabetes composite at 20%. The PQI composites are used as general categories where individual PQI conditions are grouped into. For a detailed map of PQI classifications by zip code, please reference Appendix: Section B.

**Medicaid PDI Hospitalizations - Eastern Queens in
2012**

- *Asthma*
- *Gastroenteritis*
- *Urinary Tract Infection*
- *Diabetes Short-term Complications*

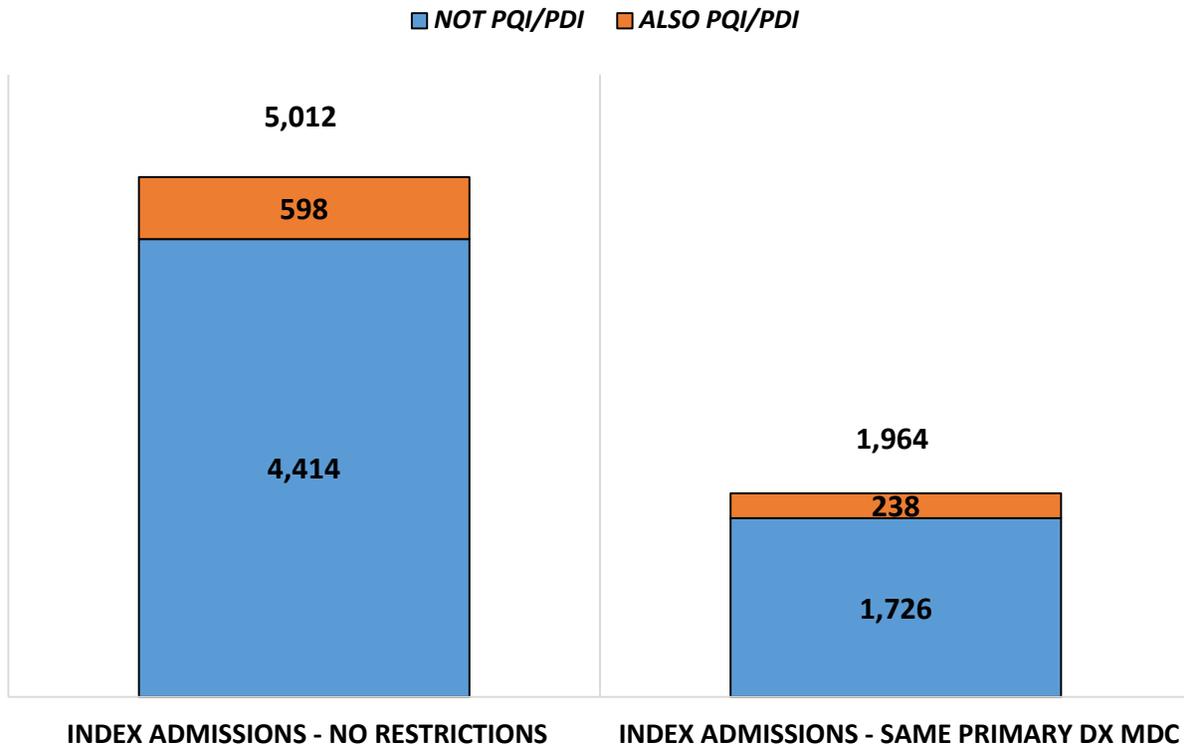


Eastern Queens (N) PDI Hospitalizations = 456

Source: www.health.data.ny.gov

Of the 456 total PDI hospitalizations in Eastern Queens, over half are from asthma, at 51%. Gastroenteritis is the second largest contributor to PDI hospitalizations and 32%, followed by UTI at 15%. Both the UTI and gastroenteritis PDI rates per 100,000 recipients are higher than the statewide rates. For a detailed map of PQI classifications by zip code, please reference Appendix: Section B.

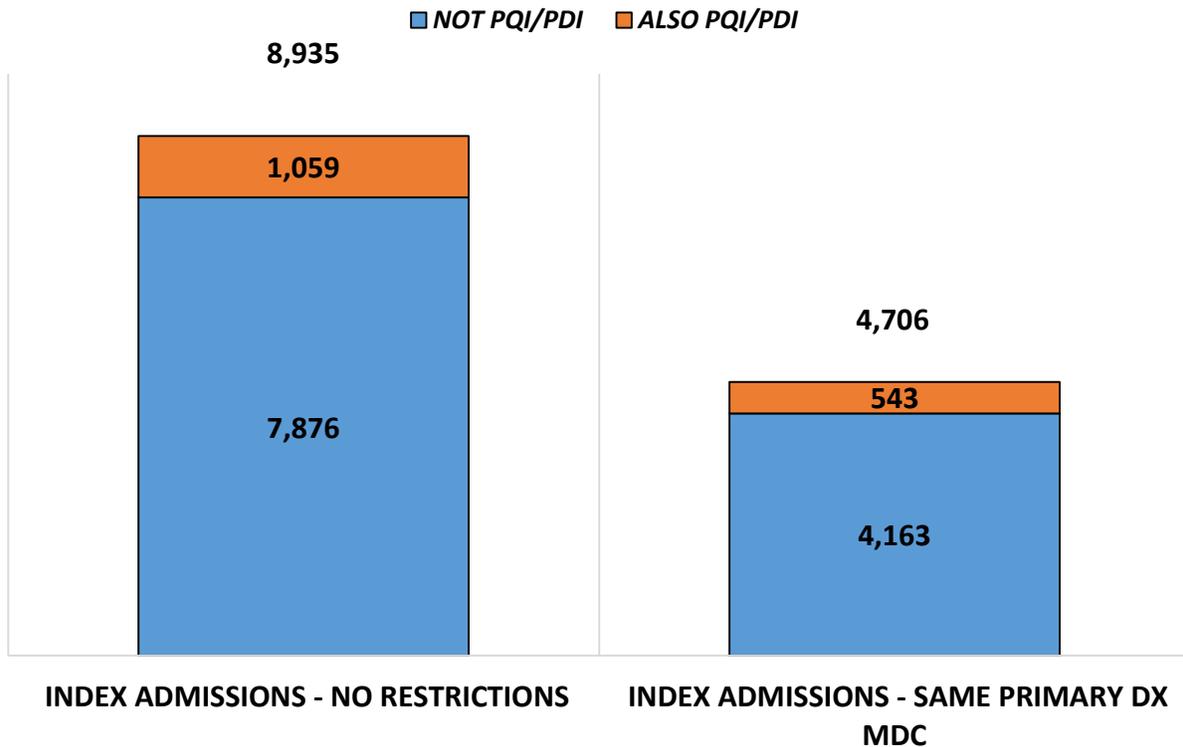
**30-day Readmissions BY PQI/PDI Status
Nassau County - 2013**



Source: 1) www.health.data.ny.gov, 2) SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm

In 2013, there were 5,012 30-day readmissions, regardless of primary diagnosis, in Nassau County. 4,414 readmissions, or 88% were not a PQI or PDI, and the remaining 12%, or 598, were a PQI or PDI. When the 30-day readmissions are filtered down to those with the same primary diagnosis, the total readmission number is reduced to 1,964. Similar to non-restricted 30-day readmissions, 88% or 1726 of same primary DX Major Diagnostic Category are not a PQI or PDI. 12% or 238 readmissions were also a PQI or PDI.

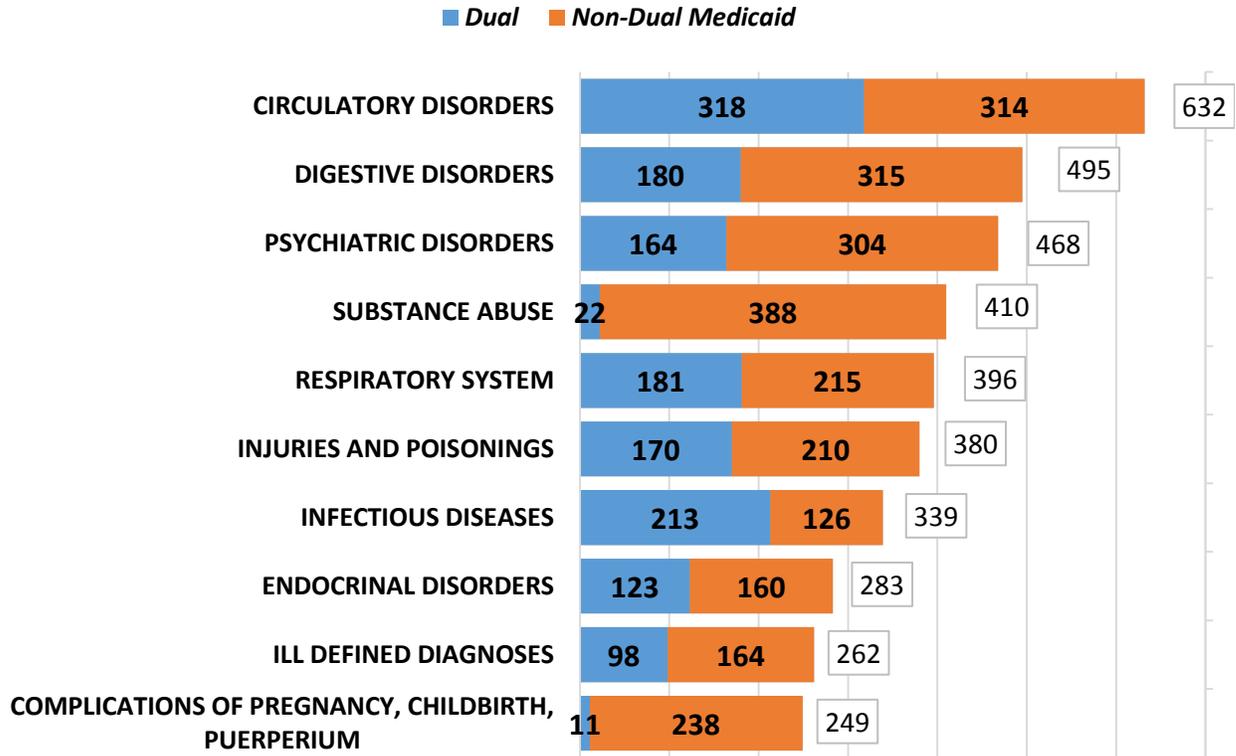
**30-day Readmissions BY PQI/PDI Status
Eastern Queens - 2013**



Source: 1) www.health.data.ny.gov, 2) SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm

In 2013, there were 8,935 30-day readmissions, regardless of primary diagnosis, in Eastern Queens. 7,876 readmissions, or 88% were not a PQI or PDI, and the remaining 12%, or 1,059, were also a PQI or PDI. When the 30-day readmissions are filtered down to those with the same primary diagnosis, the total readmission number drops down to 4,706. Similar to non-restricted 30-day readmissions, 88% or 4163 of same primary DX MDC are not a PQI or PDI. 12% or 543 readmissions were also a PQI or PDI.

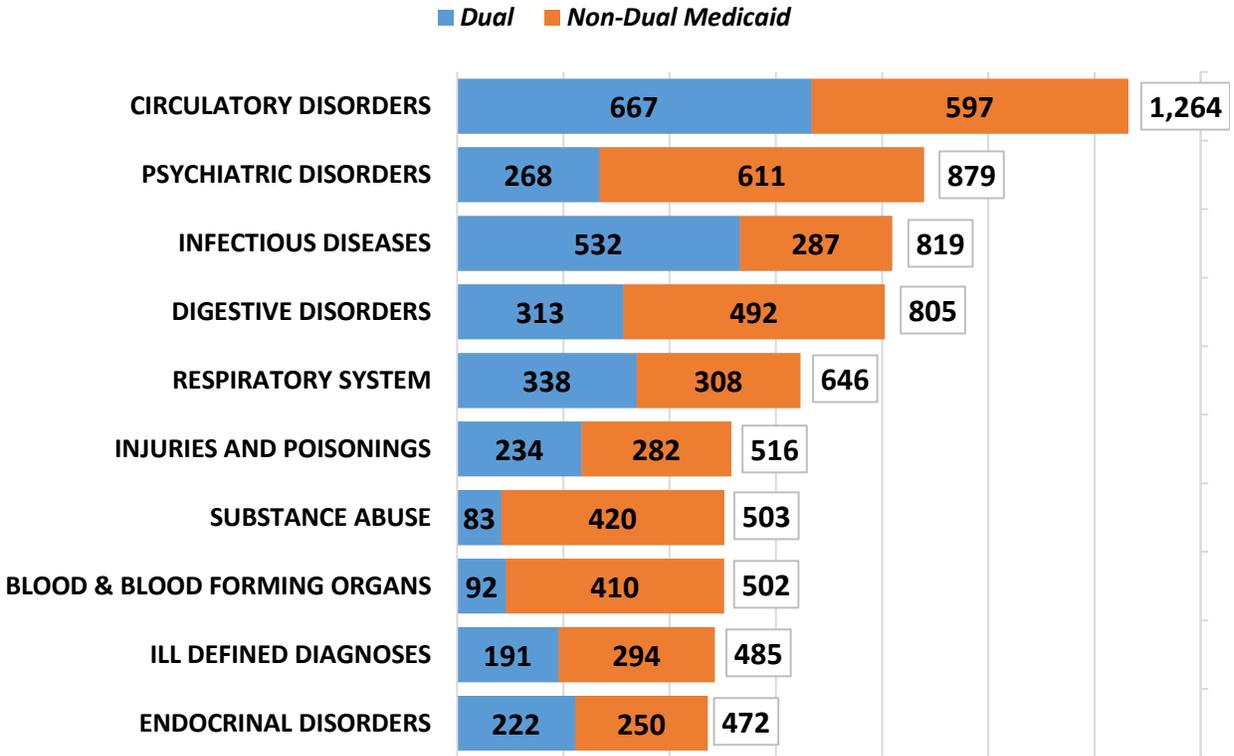
**30-Day Readmissions - No restrictions - 2013 - Nassau
Top 10 Diagnosis Classes for Readmission (index admit)**



Source: SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm

Circulatory disorders represent the largest diagnosis class for 30 day readmissions in Nassau County. This is followed by digestive disorders, psychiatric disorders and substance abuse. These top four diagnosis classes, with the exception of digestive disorders, represent 39% of all 30 day readmissions among the top 10 diagnosis classes. There is a need for the integration of behavioral health into primary care along with the implementation of evidence-based chronic disease management protocols to reduce the 30 day readmissions especially for circulatory disorders.

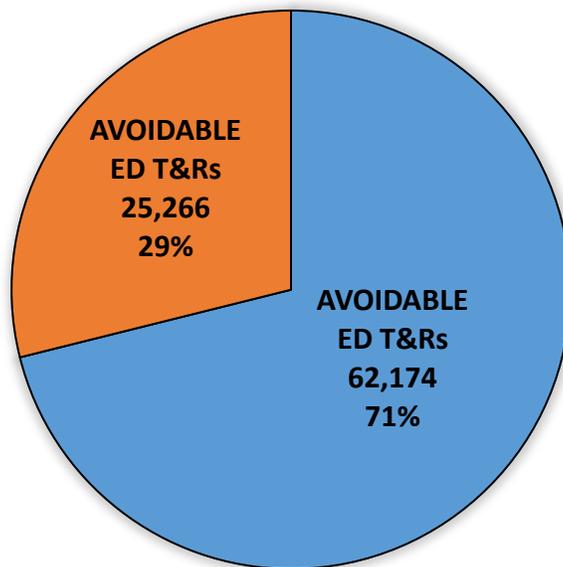
**30-Day Readmissions - No restrictions - 2013 - Eastern Queens
Top 10 Diagnosis Classes for Readmission (index admit)**



Source: SPARCS 9.1.2014; NSLIJ Planning Readmission Algorithm

Medicaid Avoidable ED USE

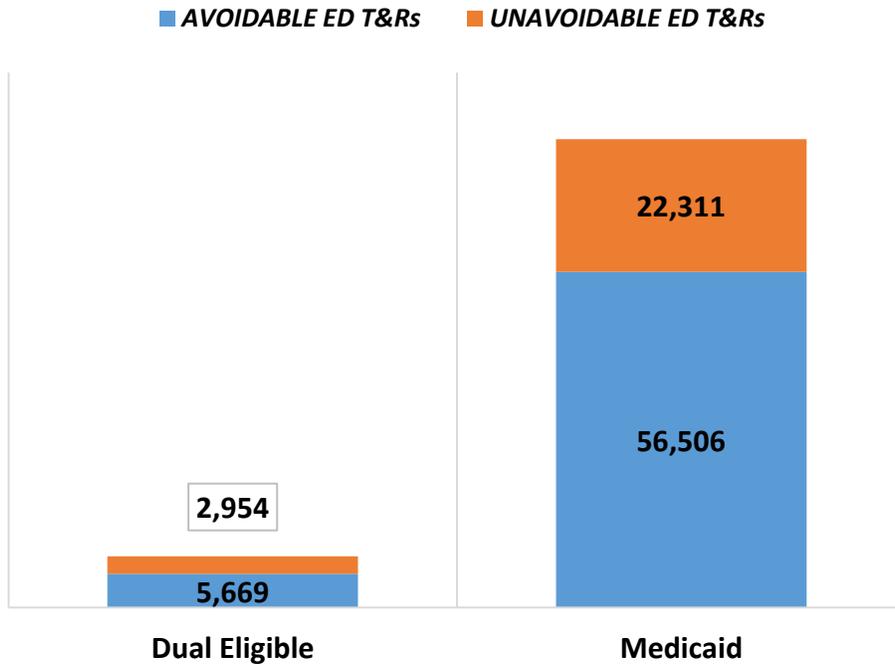
Medicaid Avoidable ED USE in Nassau 2013 (NYU Algorithm)



Source: SPARCS 9.1.2014; NYU Algorithm

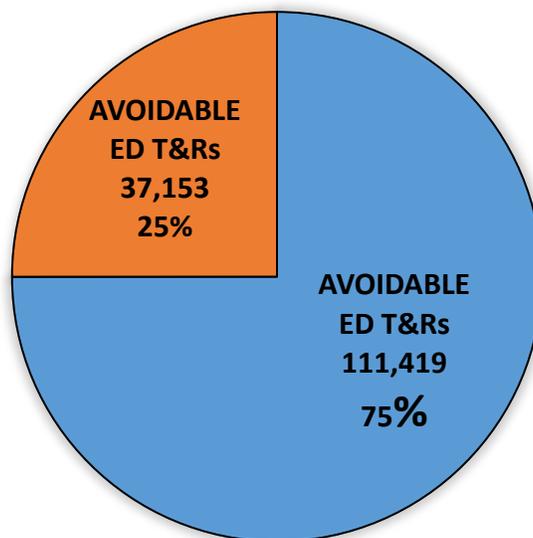
In Nassau County, 29% or 25,266 ED treat and release visits were unavoidable compared to 71% or 62,174 ED visits which were avoidable. Among the dual eligible population, 66% or 5,669 ED treat and release visits were avoidable contrasting the 37% or 2,954 ED visits were unavoidable.

Medicaid Avoidable ED in Nassau 2013 (NYU Algorithm)



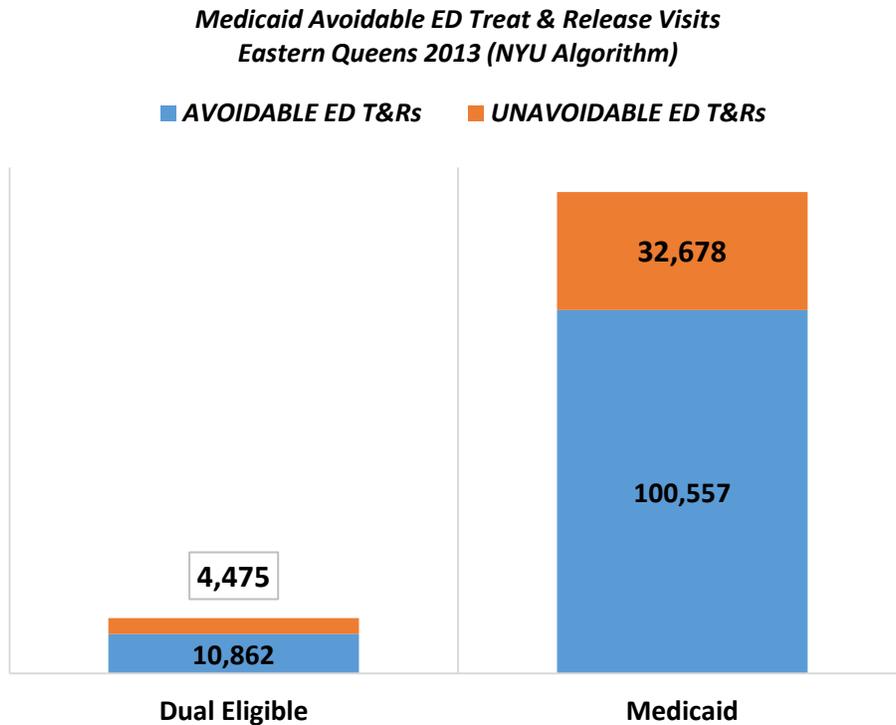
Source: SPARCS 9.1.2014; NYU Algorithm

Medicaid Avoidable ED Visits in Eastern Queens 2013 (NYU Algorithm)



Source: SPARCS 9.1.2014; NYU Algorithm

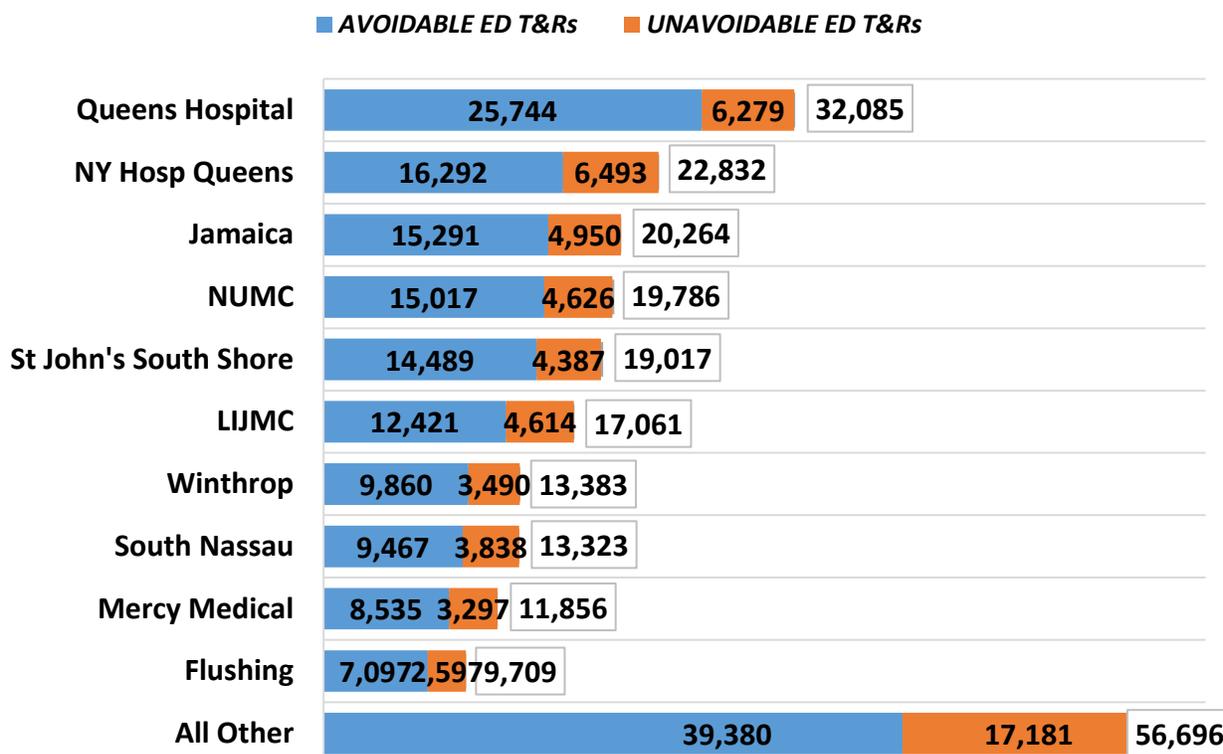
In Eastern Queens, 25% or 37,153 ED treat and release visits were unavoidable compared to 75% or 111,419 avoidable ED treat and release visits. Among the dual eligible population, 71% or 10,862 ED visits were avoidable contrasting the 29% or 4,475 ED visits that were unavoidable.



The glaringly high rates of potentially avoidable Medicaid ED visits between Nassau and Eastern Queens (71% and 75% respectively) offers the NQP an opportunity to impact a major community issue. Drawing from the results of the NQP community survey, nearly half of the member respondents indicated that they or a family member went to the ED in the past year. Many patients, approximately 45% in Eastern Queens and 40% in Nassau are using the ED unnecessarily, indicating that the ED is the closest provider, they have no other place to go, could not get an appointment with a provider, or the doctor’s office was not open. All of these factors undeniably contribute to the high percentage of potentially avoidable Medicaid ED visits in the NQP.⁶¹ The development of co-located primary care services in the ED would be able to address the needs of those community members unnecessarily utilizing the ED. There are 324,510 ED visits combined in both counties. The EDs that would have co-located primary care practices established in the NQP account for 53,644 members with 84,329 visits, or 26% of the total ED visits in these counties.

⁶¹ NQP Community Stakeholder Survey

*Medicaid Avoidable ED Treat & Release Visits
Eastern Queens & Nassau Hospitals - 2013*

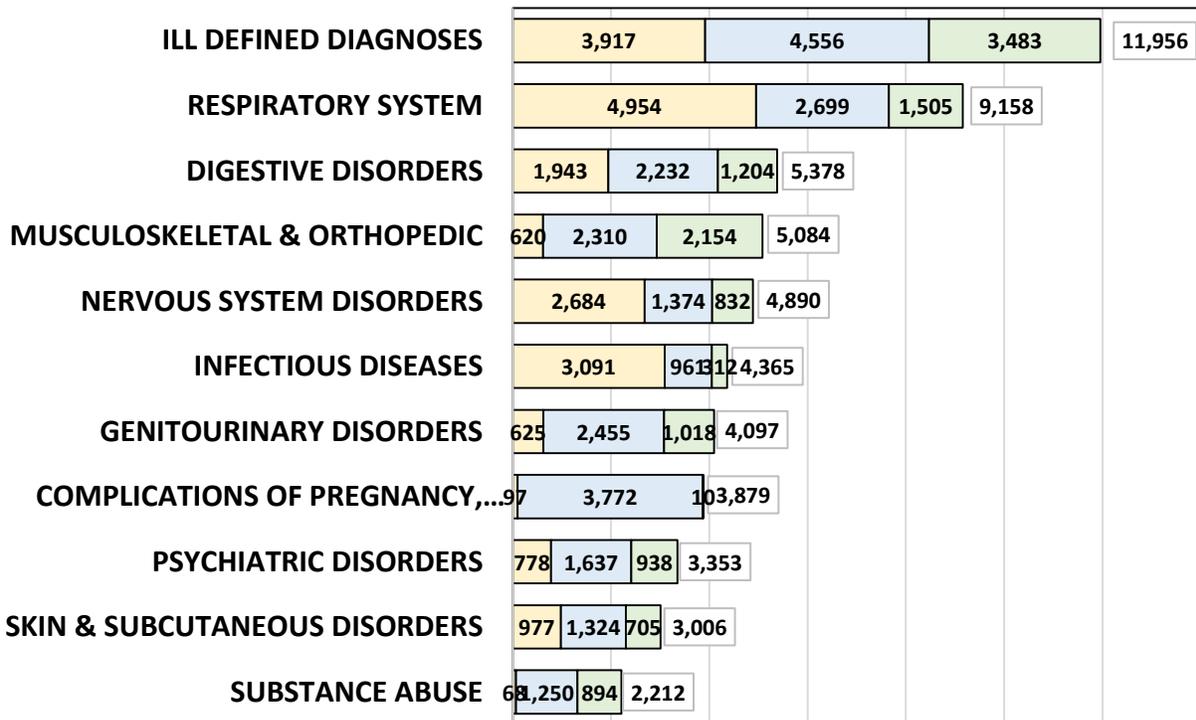


Source: SPARCS 9.1.2014; NYU Algorithm

The top three hospitals in Nassau and Eastern Queens with the highest number of Medicaid avoidable ED visits are: Queens Hospital, NY Hospital Queens, and Jamaica Hospital Medical Center. The next five hospitals are participating in the Nassau Queens PPS. Among the Nassau Queens PPS hospitals, approximately 75% of all Medicaid ED treat and release visits are considered avoidable.

Medicaid Avoidable Treat & Release ED visits - Nassau - 2013 (NYU algorithm)

□ ACUTE PERINATAL/PEDIATRIC (0-17) □ ACUTE ILLNESS (18-44) □ CHRONICALLY ILL (45+)

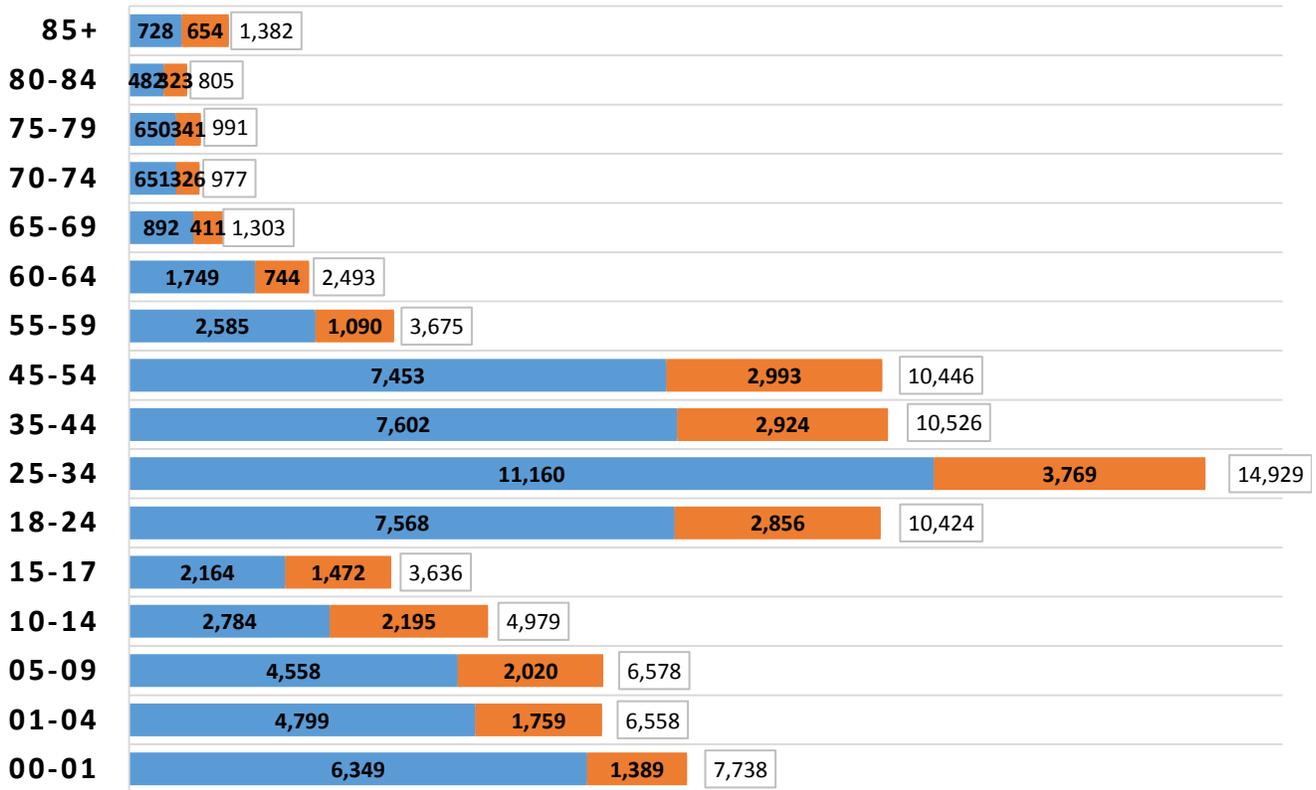


Source: SPARCS 9.1.2014; NYU Algorithm

The Medicaid avoidable ED treat & release visits by age distribution can be synthesized into three groups: Ages 0-17 representing pediatric acute illnesses, ages 18-44 representing adult acute illnesses and 45+ representing chronic disease. The above chart displays these groupings into eleven different diagnosis classes. The chart below has 16 different age groupings broken down by avoidable v. Unavoidable ED Treat & Release visits.

MEDICAID AVOIDABLE ED VISITS - NASSAU - 2013 (NYU ALGORITHM)

■ **AVOIDABLE ED T&Rs** ■ **UNAVOIDABLE ED T&Rs**

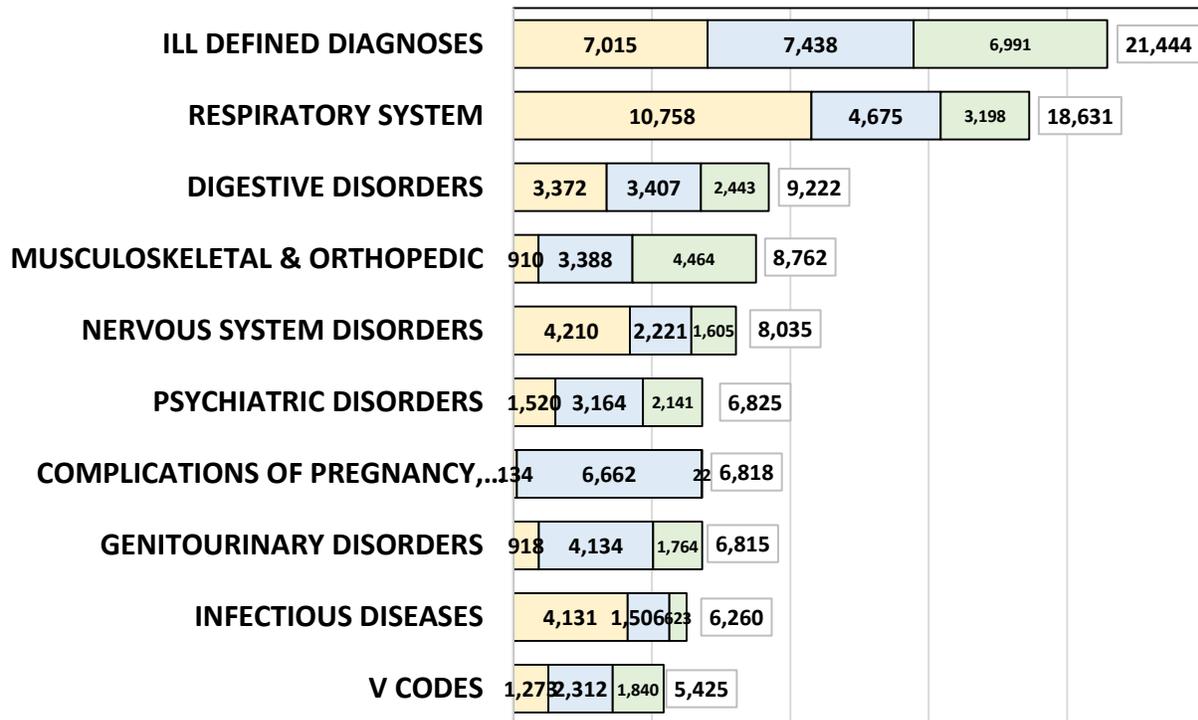


Source: SPARCS 9.1.2014; NYU Algorithm

Pediatric acute illnesses represented 33.2% of all avoidable ED visits and 33.7% of all ED visits in Nassau County. Adult acute illnesses comprised 42.3% of all avoidable ED visits and 41% of all ED visits in the county. Chronic disease made up 24.4% of all avoidable ED visits and 25% of all ED visits in Nassau County. The age group 25-34 had highest percentage of avoidable ED visits of all other age groups at nearly 18%. The next two age groups with the highest percentage of avoidable ED visits are 35-44, and 18-24 at 12.2% and 12.1% respectively.

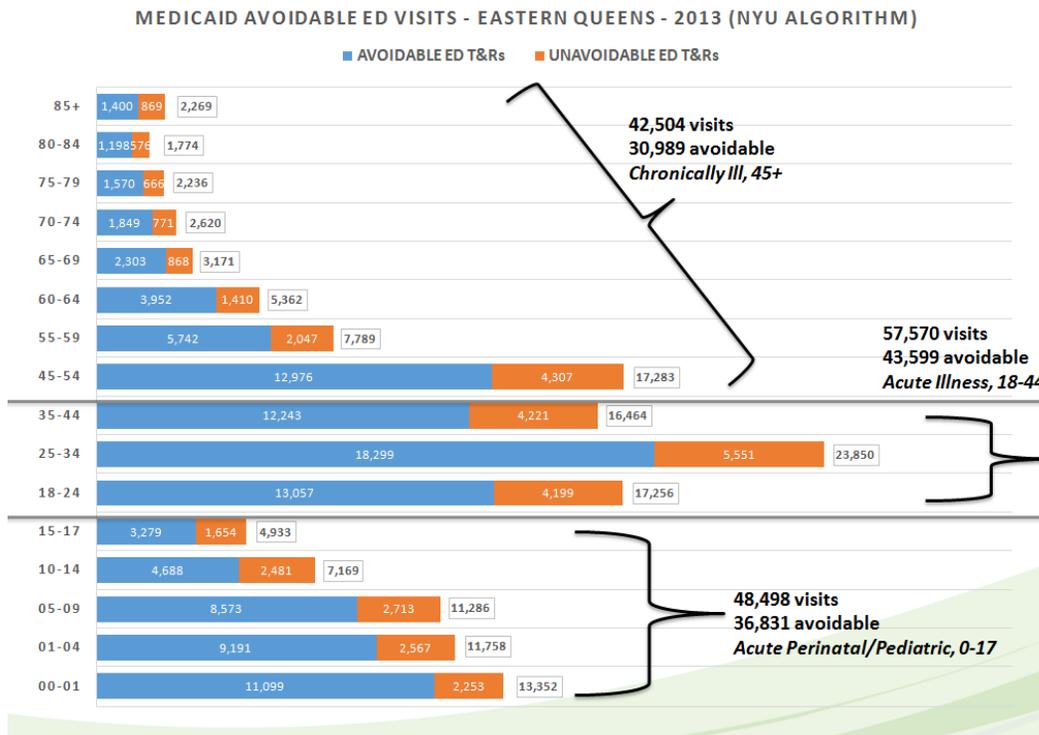
Medicaid Avoidable ED Visits - Eastern Queens - 2013 (NYU algorithm)

□ ACUTE PERINATAL/PEDIATRIC (0-17) □ ACUTE ILLNESS (18-44) □ CHRONICALLY ILL (45+)



Source: SPARCS 9.1.2014; NYU Algorithm

The Medicaid avoidable ED visits by age distribution can be synthesized into three groups as well: Ages 0-17 representing pediatric acute illnesses, ages 18-44 representing adult acute illnesses and 45+ representing chronic disease. The above chart displays these groupings into eleven different diagnosis classes. The chart below has 16 different age groupings broken down by avoidable compared to Unavoidable ED treat and release visits.



Source: SPARCS 9.1.2014; NYU Algorithm

The Medicaid avoidable ED visits by age distribution can be synthesized into three groups: Ages 0-17 representing pediatric acute illnesses, ages 18-44 representing adult acute illnesses, and 45-85+ representing chronic disease. Pediatric acute illnesses represented 33% of all avoidable ED treat and release visits and 25% of all ED visits in Eastern Queens. Adult acute illnesses comprised 39% of all avoidable ED treat and release visits and 29% of all ED visits in the region. Chronic disease made up 28% of all avoidable ED treat and release visits and 21% of all ED visits in Eastern Queens. The age group 25-34 had highest percentage of avoidable ED treat and release visits of all other age groups at nearly 21.4%. The next two age groups with the highest percentage of avoidable ED treat and release visits are 45-54, and 18-24 at 15.5% and 15.4% respectively.

The high rates of potentially avoidable Medicaid ED visits in the NQP related to the diagnosis of adult and pediatric acute illness and chronic disease affect beneficiaries from infants to seniors. NQP hospitals EDs with high rates of these avoidable Medicaid ED visits have been identified. Nassau County EDs which serve the highest number of unique Medicaid lives are NUMC/NuHealth, Winthrop and South Nassau followed by Mercy Hospital. In the NQP in Queens, the EDs at St. John’s Episcopal Hospital and Long island Jewish Medical Center have high populations of unique Medicaid lives. As described previously, almost half of the NQP Medicaid beneficiaries have visited the ED in the past year for reasons that could be treated by primary care providers. Creating co-located primary care services in proximity to these EDs would significantly impact preventable ED utilization and improve continuity of care.

C. Identification of the main health and health service challenges facing the community.⁶²

As mentioned earlier in this report, in addition to the findings from the secondary data collection summarized in the preceding pages, the Nassau-Queens PPS conducted primary data collection through a survey of 2,783 residents in Nassau and 1,056 residents in Eastern Queens and the Rockaways, and had access to the results of a survey of 234 members of the Rockaway Wellness Partnership (RWP). The survey respondents were predominately Medicaid beneficiaries and people dually eligible for Medicare and Medicaid; people without insurance were also well represented. Seventeen stakeholder forums attended by a variety of medical, social services, and other community-based providers in Nassau, Eastern Queens, and the Rockaways were held, and a survey of providers was implemented in Nassau County.

These surveys and stakeholder forums allowed the PPS and partners to hear the voice of residents and professionals living and/or working in Nassau and Queens and brought to life many of the challenges they face. The participants provided valuable insight about access to care, delivery of care, and the key health challenges that residents and providers face, particularly in those geographic pockets where health disparities are most pronounced—such as the previously mentioned communities⁶³ in Nassau where there is a larger proportion of minorities, who have “a low social and economic status, a lack of access to care, who display riskier behaviors and suffer significantly more from disease morbidity and mortality,”⁶⁴ as well as in the Rockaway peninsula in Queens. (See Section F for a complete description of methods used to conduct the community needs assessment).

I. Communication and Cultural Competency

Communication barriers—between patients and medical and social services providers, as well as between the various health care system “silos”—were brought up in virtually every one of the stakeholder forums. Queens, for example, is often referred to as the most diverse community in the world, with nearly 140 languages spoken by the 2.2 million people who reside there. In the Queens stakeholder forums, participants often cited the number of languages spoken in the borough to illustrate how diverse it is, but also to demonstrate how challenging it can be to communicate with such a wide range of residents. One participant told the story of a patient who stayed in the hospital for a year because no one could communicate with him or even decipher what language he spoke. Eventually staff learned that the patient spoke a Native American dialect and could finally look for an interpreter. While this is an extreme example, it brings into relief the challenges providers can face in trying to communicate with patients, and vice versa. As mentioned earlier, in the Nassau consumer survey, 62% of Hispanics, who

“Language is particularly problematic for behavioral health services. It is difficult to do a behavioral health evaluation through an interpreter”

--Participant in Nassau County stakeholder forum

⁶² See Appendix: Section C for Community Member Survey & Stakeholder Forum Analysis.

⁶³ These communities include Elmont, Freeport, Glen Cove, Hempstead, Inwood, Long Beach, Roosevelt, Uniondale, and Westbury.

⁶⁴ Nassau County Department of Health, Division of Quality Improvement, Epidemiology, and Research. Community Health Assessment, 2014–2017. <http://www.nassaucountyny.gov/DocumentCenter/View/8226>

accounted for a third of the total number of survey respondents, said that their preferred language for health care is Spanish. While some providers have interpreters on staff, who speak the predominate language(s) in the community other than English—such as Spanish, Russian, or Chinese— and use a company such as LanguageLine for interpretation services, it’s clearly not possible to have a staff member for every language spoken in the community. Some forum participants also pointed out that smaller provider organizations often do not have the resources to hire even one bilingual staff member or pay for translation services.

Several stakeholders pointed out that in some cases the literacy level of non-English speaking patients is low even in their own languages, let alone in English, making it difficult for patients to fill out forms or read and follow instructions without a translator. In one of the forums, a participant said emphatically that a patient’s family members should not be called upon to translate for the patient because, as non-professionals, they often don’t understand the terms used and make translation errors.

But literacy goes well beyond the written word; forum participants also brought up issues relating to cultural competency. This includes not only knowing how to interact with people of different cultures but also knowing what people of different cultures tacitly feel is appropriate to say or do in interactions with their healthcare providers. Some participants said that providers need to explain to patients from different cultures which behaviors are acceptable in interactions with health care providers in the U.S., and these may be very different from what is acceptable in their home countries. For example, in some cultures it would be inappropriate for a patient to question his or her physician, even when the patient doesn’t understand something the physician has said and needs clarification, whereas in the U.S. this is much more acceptable.

Communication barriers exist not only between providers and patients, but also among providers themselves. For some participants, lack of timely communication within their own organizations and with other providers in the community is one of the top issues they face, leading to frustration, poor care, and possible bad outcomes for patients. Judging from comments made by forum participants, communication problems can pop up at any time—between physical and behavioral health providers, between inpatient and community-based providers, for instance— but they

“We need to improve communication between the different services, whether it be mental health or physical health or getting feedback from the hospitals.”

“Even when medical records are shared, they are difficult to interpret. Agencies don’t have medical staff available to interpret medical records for them.”

--Participants in Nassau Stakeholder Forum

“Sometimes the communication between, say, hospitals and nursing homes is not sufficient to reduce hospitalizations.”

--Participant in Queens Stakeholder Forum

seem to be most severe when transitioning a patient from one setting to another, such as from the hospital to a skilled nursing facility or into homecare.

Electronic medical records (EMRs), while widely in use, are not solutions to communication problems on their own. Participants reported a need for direct communication with providers (e.g. phone calls), including evening and weekend availability. Additionally, not all forum participants reported using EMRs, and many others reported the difficulty of cross-platform communication. Some participants reported not receiving enough information, while others reported receiving too much information from a referring provider's EMR. Forum participants reported that RHIOs may be part of a solution to communication, however in their current form they are technically challenging and expensive to join. A common theme among forum participants was the need to foster communication between medical and social services; clinical and social services must be able to coordinate patient needs for a safe and effective transition back to the community.

When providers from different parts of the healthcare system get together, such as they did at the stakeholder forums, it is frequently surprising—even to the providers themselves—that they do not know one another or what one another's organizations do, despite being located in the same communities. There is a yearning among providers for easier access to information and improved communication among medical, social services, and other community based providers, underscoring that more needs to be done to bridge silos and move toward integrated systems of care.

According to the forum participants, other issues that can compromise effective communication include patients' distrust of government and of the health care delivery system; patients' and providers' lack of knowledge about available services and those services that are provided on a sliding fee scale; and lack of patient education and self-management materials in multiple languages and appropriate literacy levels.

In addition to communication and cultural barriers that can lead to poor care and poor patient outcomes, there are also social and environmental determinants that can lead to poor health, particularly for low-income Medicaid and uninsured populations.

II. Behavioral risk factors

Behavioral risk factors are major contributors to poor health status. Smoking is a risk factor for many of the most common causes of death, including cardiovascular disease, stroke, cancer, and lung disease. In Nassau County overall, about 12% of adults are smokers,⁶⁵ and in Queens, the New York City Coalition for a Smoke-Free City reports that 15% of adults smoke.⁶⁶ Both are below the percentage of smokers in New York State (18.9%), but there are geographic pockets where a much greater percentage of adults smoke. Individuals with low SES continue to smoke at a rate of 28%. In fact, between 2003 and 2011, people with incomes below \$25,000 were the only group in NYS to see their smoking rate increase. The prevalence of tobacco use by NYS

⁶⁵ Nassau County Department of Health, Division of Quality Improvement, Epidemiology, and Research. Community Health Assessment, 2014–2017. <http://www.nassaucountyny.gov/DocumentCenter/View/8226>

⁶⁶ New York City Coalition for a Smoke-Free City, <http://www.nyctsmokefree.org/>

high school students is 21.8%. People with mental health disorders have a 33% smoking rate despite studies indicating that people with mental illness who receive comprehensive tobacco dependence treatment (TDT) are able to quit at a rate similar to people without mental illness. Additionally, 63% of people with substance use disorders smoke. In the Rockaways, for example, 50% of the 234 participants enrolled in the RWP smoke, and many of these joined the RWP for help in quitting smoking. Until recently, however, there were no tobacco cessation programs on the Rockaway peninsula. A smoking cessation program was introduced at the New York City Housing Authority (NYCHA) buildings in the Rockaways, but this program is open only to NYCHA residents. According to the New York City Department of Health and Mental Health (NYC DOHMH), New York State Medicaid covers counseling sessions and medication for smoking cessation, but knowledge about this benefit does not seem to be widespread.

Findings from the Nassau County consumer surveys show that mental health issues were the most prevalent of 14 different health conditions asked about in the survey. Of 2,783 respondents in Nassau, 1,182 (42.5%) said that they themselves or a member of their household had mental health issues/depression, nearly double the number that said they or a household member had diabetes (N=593), the second most prevalent condition. In Queens, mental health issues were also the top health condition (349 of 1,056 respondents, or 33%), but not as prevalent as in Nassau County, possibly because of the differences in respondents' demographic characteristics in the two areas.

Virtually in every stakeholder forum, whether there was a behavioral health provider at the table or not, behavioral issues were discussed, mostly to say how complicated care becomes when patients have behavioral problems. The main causes seem to be the lack of or insufficient reimbursements for the care of people with behavioral health issues; few resources in the community that can accommodate them; and poor communication between mental health providers and hospitals, primary care physicians, nursing homes, home care agencies, etc. The general impression is that no one wants these patients, and passes them on to other providers, hoping that some other organization will be able to take care of them.

In the stakeholder forums, substance abuse issues were also brought up frequently because there is also a serious lack of inpatient detox beds in both Nassau County and Queens, and agencies report long waiting lists for services as well as a high rate of recidivism. Providers complained that insurance companies are no longer paying for extended treatment and have dramatically reduced in-patient length of stay. In addition to alcohol

"The most referrals I received from the hospital [for smoking cessation] were always from the psych department, because the smoking rate is higher than the general population, and the smoking cessation program was least effective on this group."

--Participant in Queens Stakeholder Forum

"Nassau is receiving very large numbers of minors arriving from Latin America, and all are suffering from trauma. This exacerbates an already over-stressed mental health system"

--Report on Nassau County Stakeholder Forums

abuse, widespread use of heroin and synthetic marijuana is a top concern in Eastern Queens and the Rockaways. Drug and alcohol abuse was reported by relatively few respondents to the Nassau and Queens surveys—345 of 2,783 respondents in Nassau and 73 of 1,056 in Queens reported drugs and alcohol as a “health condition.” However, drug and alcohol abuse tends to be generally under-reported in health surveys.

Obesity is prevalent in children and adults in the NQP region. Thirty-one percent of Nassau youth are overweight or obese and 53% of adults are either overweight or obese. In Queens, 56% of adults are overweight or obese⁶⁷ and 21% of children are obese.⁶⁸ Lifestyle factors such as diet and physical activity. Another behavioral risk factor is a poor diet. The NYC DOHMH reports that 28% of NYC residents rate their diet as fair or poor. It is not clear whether this is simply due to the food choices people make or that they face barriers to following a healthier diet. In the Rockaways, for example, where 42% of participants in the RWP say that their diet is fair or poor, healthy food is hard to come by. Prices of fruits and vegetables are high and are usually of poor quality: “Veggies come old, overripe—we get the bad stuff,” said a focus group participant. The two supermarkets in the area are expensive and residents who can travel to Brooklyn for better and cheaper produce do so. In Nassau County, 25% of the population gets the recommended amount of fruits and vegetables, compared to 20% in Queens; as for the RWP participants, only 5% eat 5 or more servings of fruits and vegetables per day, and 16% rarely or never eat them. One in four Nassau and Queens residents are classified as inactive by self-report.⁶⁹ Physical activity can be impacted by access to safe recreation areas and community and school programs. Lower SES neighborhoods have higher crime rates. The Queens 100, 101, 103, 106 and 113 precincts located in southeastern Queens have crime rates above the higher SES areas.⁷⁰ In Nassau County, areas with high percentages of Medicaid recipients also have higher crime rates.⁷¹ A 2008 audit by the NYS Comptroller of NYS schools compliance with physical education requirements reported that 18 of the 20 districts audited did not meet minimum regulations for grades K through 3. On average students in these grades were offered only 48 percent of the required classes. Only one school district audited was found to be in full compliance with NYS Education Department regulations.⁷²

III. Environmental risk factors

Risk factors associated with the natural environment can include such things as air, water, food quality, and weather; those associated with the built environment can include such things as the quality of housing, mobility options, and public spaces. All of these things can impact physical and mental health status and quality of life.

⁶⁷ County Health Indicators –Obesity and Related Indicators. https://www.health.ny.gov/statistics/chac/chai/docs/obs_28.htm; https://www.health.ny.gov/statistics/chac/chai/docs/obs_61.htm.

⁶⁸ NYS Prevention Agenda Dashboard.

https://apps.health.ny.gov/doh2/applinks/ebi/SASStoredProcess/guest?_program=%2FEBI%2FPHIG%2Fapps%2Fdashboard%2Fpa_dashboard&p=ch&cos=61.

⁶⁹ Ibid

⁷⁰ <http://maps.nyc.gov/crime/>

⁷¹ <http://longisland.newsday.com/newsday/crime/>

⁷² NYS Comptroller School Physical Education Audit. <http://osc.state.ny.us/press/releases/dec08/121108b.htm>

A study published in 2008 found that residents living within five miles of LaGuardia airport in Queens have an increased relative risk of hospital admissions for respiratory conditions, compared to those living more than five miles away from the airport.⁷³

In the Rockaways, Superstorm Sandy ravaged the housing stock; people's homes were destroyed or became uninhabitable; local news reports were full of stories about the 40,000 public housing residents who had no heat, water, or electricity in their buildings for weeks. This left an emotional scar on many residents, whose mental health may not have been that good to begin with. Local providers spoke of the anxiety experienced by residents who survived the storm, leaving them with post-traumatic stress syndrome. Widespread mold has affected residents with respiratory conditions, such as asthma. In Nassau County, 15.3% of people rate their health as fair or poor, compared to 21.2% in New York City as a whole, and 17.1% in New York State.⁷⁴ In the Rockaways, 48% of participants in the RWP rate their health as fair or poor, and this disparity could partly be due to the struggles they faced during and after the storm.

"Smoke-free housing has a very big impact on individuals with chronic diseases."

--Participant in Queens Stakeholder Forum

Policies at all levels of government can help facilitate healthier living, and Nassau County and New York City have been at the forefront of trends to legislate policies aimed at changing people's health behaviors, particularly around smoking and food choices. These policies may, however, be controversial at times. Former New York City Mayor Michael Bloomberg, for example, unsuccessfully tried to limit the amount of sugary soda people drink by capping the capacity of cups used to serve the drinks. On the other hand, similar policies over the past decade or so, such as the smoking ban in bars and restaurants instituted in 2002 in New York City and Nassau County, were accepted by the population eventually and became the norm. The smoking ban was soon expanded to include parks, beaches, playgrounds, and other public spaces in New York City and Nassau. Menu labeling has been in effect in New York City since March, 2007. Just in the month of November, 2014 the federal Food and Drug Administration mandated chain restaurants, movie theaters, pizza parlors, and others to post calorie counts on their menus. Public health experts support such measures, but it is not yet clear how effective they are in reducing obesity and improving health.⁷⁵

Transportation systems are part of the built environment and can facilitate health or impede it. In areas of the country where mobility is defined by the automobile, the resulting smog is well known to cause or exacerbate

⁷³ Lin S, Munsie JP, Herdt-Losavio M, et al. Residential proximity to large airports and potential health impacts in New York State. *Int Arch Occup Environ Health* 2008; 81:797-804.

⁷⁴ New York State Department of Health (Dec., 2009) New York State Expanded Behavioral Risk Factor Surveillance System Final Report ; Nassau County, <http://www.nassaucountyny.gov/DocumentCenter/View/8235>); and New York City (<http://www.health.ny.gov/statistics/brfss/expanded/2009/county/docs/newyo>

⁷⁵ Tavernise, S. & Strom, S. (Nov. 24, 2014) FDA to require calorie count, even for popcorn at the movies. <http://www.nytimes.com/2014/11/25/us/fda-to-announce-sweeping-calorie-rules-for-restaurants.html?module=Search&mabReward=relbias%3Ar%2C%221%22%3A%22RI%3A5%22>

respiratory symptoms. Sitting in traffic for long periods of time can affect mental health negatively as well. But having little or no access to transportation is also distressing. In the stakeholder forums, lack of transportation in Nassau, Eastern Queens, and the Rockaways was a hot topic. Able-bodied people who have the resources and ability to drive, or can easily access public transportation, are usually able to get to where they want to go. But others—particularly the indigent and/or physically or mentally ill—have to rely on others to transport them. Participants in many of the stakeholder forums told stories about the difficulties their patients have in accessing special transportation services. These services, such as they are, are unreliable and wait times for rides are unreasonably long. One participant said that as soon as a special transportation patient arrives in her office, she calls the dispatcher to schedule a pick-up, because it takes hours for the car to arrive. People under 60 have even fewer options because they are ineligible for most of the transportation benefits available to older adults through federal, state, and local government programs. The consumer surveys conducted for the community needs assessment show that the vast majority of respondents do not have difficulty accessing care, but for those who do, lack of transportation was one of the top reasons given.

IV. Socioeconomic factors

While Nassau County is ranked the 12th wealthiest county in the country, with a median household income of \$95,823, pockets of poverty exist. Nassau County has had a significant increase in its Hispanic population over the past decade or so, from 10% in 2000 to 14.6% in 2010.⁷⁶ In Nassau, the poverty rate is 5.8%;⁷⁷ in Queens it is 14.4%;⁷⁸ and in the Rockaways it is 22%.⁷⁹ The percentage of owner-occupied housing units is much greater in Nassau County (78%) than in Queens (43%) and in the Rockaways (24%).⁸⁰

“Community members are delaying care due to out-of-pocket costs; in a model of need hierarchy, safe, affordable housing and availability of food come before healthcare: To hear ‘I couldn’t fill my prescription yet because I’m not getting paid till the end of the month’...it really puts it in a whole new perspective.”

--Report on Eastern Queens/Rockaways Stakeholder Forums

“...A Medicaid taxi is scheduled 72 hours in advance, but if you’re having an exacerbation and need to be seen right away, the only thing to do is call 911.”

“Transportation issues contribute to inability to regularly access care, resulting in ER visits as the place to go for reasons of accessibility and costs.”

--Report on Nassau County Stakeholder Forums

⁷⁶ Nassau County Department of Health, Division of Quality Improvement, Epidemiology, and Research. Community Health Assessment, 2014–2017. <http://www.nassaucountyny.gov/DocumentCenter/View/8226>

⁷⁷ http://factfinder2.census.gov/faces/nav/jsf/pages/community_facts.xhtml#none

⁷⁸ Ibid

⁷⁹ <http://www.nyc.gov/html/doh/downloads/pdf/data/2006chp-410.pdf>

⁸⁰ <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Several findings from the consumer surveys show the effects of lower incomes on people’s ability to pay for healthcare. For example, in Nassau a larger proportion of the Hispanic/Latino respondents (12.6%) and the no-insurance respondents (20.9%) than respondents overall (8.7%) said they could not get health care because they could not afford to pay for it. Similarly, Hispanic/Latino respondents (8.2%) and no-insurance respondents (13.5%) did not fill prescriptions due to cost, as opposed to only 6.3% of respondents overall. In Queens, seven percent of respondents said that they did not get care because they could not afford it, and 6% did not fill prescriptions because of cost.

In the survey of Rockaway residents, where nearly half of the respondents were Hispanic/Latino residents, 41% overall said that they had difficulty accessing care due to cost, and the problem was much worse for the uninsured, 87% of whom did not get care because they could not afford it. Nineteen percent of respondents overall—and 28% of the uninsured—also had problems paying for prescriptions.

V. Service gaps

Participants in the stakeholder forums spoke frequently about the lack of or inadequacy of services in the communities where they work.

Primary care

- While FQHCs in Nassau County were said to be well located in very busy areas where immigrant populations live and provide comprehensive care, they do not have the capacity to respond to all the needs of the community. In a focus group with residents of the Rockaways, participants complained about the wait times at the sole FQHC on the peninsula, which can stretch to three or four hours and discourage people from using the facility.
- Participants in the chemical dependency and mental health forums lamented the serious lack of connectivity and communication between primary care and behavioral health services. As one participant in a mental health services stakeholder forum commented: “We’re putting a lot on the behavioral health system, but there needs to be an education and responsibility put on the primary care [doctor] and specialist to interact with the behavioral health system.”
- Serving undocumented immigrants presents special difficulties as the undocumented are afraid to engage with the health care system because of their immigration status and, as a result, may end up using emergency rooms as their primary source of care.

Care coordination and care transitions

- Participants said that the goal of reducing 30-day readmissions can only be reached if there are better connections between the health care system and community supports, which are currently either inadequate or lacking. Referrals are made but follow-up is unusual. Community health workers could

“In cases where health services are co-located with other services, it facilitates collaborative work and provides entrée to other things.”

--Report on Nassau County Stakeholder Forums

help alleviate these challenges by helping patients with such tasks as Medicaid re-certification, applications for such necessities as food stamps and housing, navigating the healthcare system, and reinforcing patient education and self-management.

- For the uninsured, post-hospital care is a huge challenge. Hospitals can get emergency Medicaid for an inpatient stay, but it is very hard to find post-acute services (such as rehabilitative care, hospice, and home-based nursing care) for the uninsured.
- Providers of social services and other community-based organizations are stretched very thin. They often have long waiting lists for services and as one forum participant said, “The reimbursement stream for these social services really doesn’t exist. Many of the social service agencies around the table who do this kind of work are doing it with a grant or the organization is paying for it.”

“The use of care navigators...has been quite a boon. The advanced NP who shepherds the patient along the continuum, they are the care concierge[s], they will answer the phone at all times of day. The degree of confidence and trust among those patients and their families with those NPs is remarkable.”

--Participant in Queens Stakeholder Forum

Evidence-based medicine

- In stakeholder forums with representatives of skilled nursing facilities, the topic of evidence-based medicine came up. Participants said that there is a need for evidence-based clinical protocols across settings: “Treatment protocols would help with fear of liability for delays in treatment. [It would] be best if there were universally accepted protocols used among all nursing homes/hospitals. Many SNFs [skilled nursing facilities] need to adapt current protocols because patients are being released from hospitals sooner, e.g. [an] orthopedic patient coming to the SNF on day 2 or 3 post surgery instead of day 4 or 5. [This has] implications for pain management, therapy, assessment, [and] family involvement.”⁸¹
- In at least one Nassau County forum related to chronic disease, participants said that there is a lack of evidence-based chronic disease self-management programs in the county; only a limited number of care coordinators are trained in self-management support, goal-setting, and motivational interviewing.

VI. Health insurance

As mentioned earlier in this report, there are 223,518 Medicaid beneficiaries and 121,639 uninsured in Nassau County, and 444,801 Medicaid recipients and 404,127 uninsured in Eastern Queens, including the Rockaways. In our member surveys, the great majority of respondents said that they have not had difficulty getting access to healthcare. Still, approximately 8% of respondents in the Nassau County survey and 10% in the Queens survey said they had difficulty accessing a doctor or a nurse. Getting dental care seemed more difficult: 13% of Nassau respondents and 11% of those in Queens said they had difficulty accessing a dentist.

⁸¹ Report on Nassau County Stakeholders Forums

People without insurance in the Nassau sample had slightly more difficulty accessing medical care than those with insurance. Interestingly, however, survey respondents overall (48%) and those without insurance (48%) said they visited the ED one or more times in the past year for similar reasons listed on the survey questionnaire: the emergency room was the closest provider; only the hospital could help; the problem was too serious for a doctor's office; the doctor's office was not open, etc., suggesting that having health insurance alone does not prevent members from accessing care in ED's. Additional probing might help determine other causes underlying inappropriate use of the ED; for example, many patients simply may not believe that there is anything wrong with going to the ED for regular care or patients may have had difficulty in finding physicians who accept Medicaid. Knowing why patients use the ED can help healthcare providers better educate patients about different care options in the community and when to use them.

For people who have no insurance, a low level of education, and are poor, accessing health care is much more difficult. This is borne out in the Rockaways, where many of the uninsured are undocumented immigrants with little education. Among those without health insurance who have enrolled in the Rockaway Wellness Partnership, for example, 87% said that they had difficulty accessing health care due to cost, and 28% said they could not fill prescriptions because the medications cost too much. Many undocumented immigrants do not seek healthcare because they fear being exposed to authorities and often end up in the ED when they get sick because there is no other recourse available to them.

Managed care reimbursement for mental health is inadequate, especially FIDA: "The MLTCs are reducing hours [of care available to these patients]. It's just across the board."

*--Report on Eastern Queens
Stakeholder Forums*

Many of the providers who attended the stakeholder forums complained about insufficient reimbursement rates from managed care plans, particularly for mental health and substance abuse treatment. More than one told stories of conscientious medical directors keeping these patients in their facilities without payment because there was no safe place to discharge them to. The general impression was that providers were being asked to do more with even fewer resources.

D. Succinct summary of assets and resources that can be mobilized to address DSRIP projects and those that are needed to be developed.⁸²

There are several cross-cutting assets and resources exist that will contribute to the success of the proposed DSRIP projects. They include a rich health and social service infrastructure (as detailed in Section A) coupled with telephonic and electronic tools for both residents and professionals to help identify services available to meet the health and social service needs of the population.

Developed by the Greater New York Hospital Foundations, HITE – the Health Information Tool for Empowerment – is an online resource for Queens and Nassau County social workers, discharge planners, and other information and referral providers. HITE’s comprehensive customizable directory helps the health and social services workforce provide fast, accurate linkages for uninsured and low-income individuals in the community. All information in the HITE resource database is verified and updated annually. While HITE listings are included for Nassau County, they are more robust for Queens.

Sponsored by the United Way of Long Island, 2-1-1 Long Island is a free, easy-to-remember number for residents to call when they need help or access to a wide range of referrals or programs, for example: help for an aging parent, substance abuse assistance, disaster recovery, job training, and child care. Trained call center specialists help assess residents’ needs and assist in finding appropriate community resources. Call specialists can communicate with callers in more than 170 languages. 2-1-1 Long Island is also available online; the searchable database has more than 9,000 program listings and a “Popular Search” tab for frequent topics. For Queens and other NYC boroughs, a similar service is provided by calling 3-1-1. Further, the Nassau County Department of Social Services can link people to care and services as appropriate.

The NQP region has a robust acute care health care infrastructure with a total of 21 hospitals, providing 8,189 beds. The Nassau - Suffolk Hospital Council helps support Island-wide hospitals representing the interests of its member hospitals before lawmakers, regulatory agencies, the media, and the public. Facilitated by the Hospital Council, the Long Island Health Collaborative (LIHC) was formed to help residents understand why prevention and primary care are important, why each individual must play a more active role in their own health, what resources and services are available on Long Island, and how they can be accessed. LIHC provides an accessible online portal to the health and social service resources. The Nassau - Suffolk Hospital Council has just been selected as a contractor by the NYSDOH for the Population Health Improvement Program. These funds will help forward the population health-based activities such as training for evidence-based chronic disease self-management programs and outcome evaluations. Similarly, the Health and Welfare Council of Long Island (HWCLI) is a membership organization for health and human service providers in Nassau and Suffolk Counties. The Council is dedicated to improving the lives of Long Island’s most vulnerable residents by responding to their needs through advocacy, education, public policy and direct service. Catholic Charities of Brooklyn and Queens has a strong presence in Queens providing myriad health and social service programs including parish and community outreach, and direct services provision for persons with behavioral health

⁸² See Appendix: Section C for Community Member Survey & Stakeholder Forum Analysis.

needs and developmental disabilities, housing support, and programming for early childhood, families and older adults.

The New York City Department of Health and Mental Hygiene's initiative, Take Care New York (TCNY) is a great asset for Queens. TCNY is the City's strategic health agenda to help all New Yorkers live healthier and longer lives. It tackles the leading causes of preventable illness and premature death in New York City, focusing on ten priority areas in order to improve the health status; advance health promoting policies and activities; and create, sustain and strengthen community collaborations. TCNY focuses effort on several of the DSRIP projects selected, e.g., mental health promotion, tobacco-free living, and alcohol and substance abuse reduction.

The Nassau County Department of Health is a robust health department that can provide support to DSRIP projects. The Department's Division of Quality Improvement, Epidemiology and Research analyzes hospitalization data and vital statistics for the county, is responsible for the County's Community Health Assessment as well as the Community Health Improvement Plan.

Nassau and Queens County have a number of colleges and universities that support not only research, but outreach and capacity building. The Counties also have active faith-based efforts with a health agenda to reduce health disparity and help meet community needs. While not formal PPS members, we will plan to coordinate and synergize with these efforts.

Despite the wealth of resources and efforts to link people to them, key stakeholders from both Queens and Nassau Counties identified gaps in healthcare and social services, and others that are under-resourced. Some of these themes will be referenced below as they relate to the specific projects. Of particular note were a serious shortage of housing that is affordable, safe, stable and secure; a lack of services for people needing addiction treatment services; and limited language capacity in the provider community, especially in the behavioral health arena.

What follows is a description of assets, resources and resource needs specific to the selected projects. After several sessions reviewing quantitative and qualitative data presentations, key NQP partner representatives engaged in a multi-round voting exercise to come to agreement on project selection (for a more detailed description of the NQP DSRIP project selection process see Section F.) . There was clear consensus on several of the projects. Having buy-in and strong commitment to the selected projects from key NQP partners is a tremendous asset that will help set us up -- from the start -- for success.

I. Project 2.a.i - Create an integrated delivery system focused on evidence-based medicine and population health management

A requirement for this project includes medical, behavioral health, post-acute, long-term care, and community-based providers. The NQP includes several partners of each provider type and CBOs as detailed in Section A.

The use of Health Information Technology (HIT) for evidence-based clinical decision making and the sharing of clinical health information for care coordination is also a key requirement. Based on a recent NQP provider

survey, the majority of partners have an electronic medical record (72%) with just slightly fewer (70%) connected to the Regional Health Information Organization.

While there is limited interoperability of electronic medical records in the regions, Health Home providers are charged with using available HIT through the RHIO to achieve standards that include the requirements for the Integrated Delivery System. There are five Medicaid Health Homes in the region where efforts to meet these standards are underway three in Queens and two in Nassau: Queens Coordinated Care Partners and NYC Health and Hospitals Corporation in Queens, North Shore-LIJ Health System and FEGS Health and Human Services System and North Shore-LIJ Health System in Nassau. Examples of individual efforts of NQP partners were provided in the stakeholder forums including a representative from a Skilled Nursing Facility in Nassau County who described an interface with Huntington Hospital's EMR reporting that the interface has been "exceptional for supporting care coordination."

Primary care practices in the NQP will need to achieve National Commission for Quality Assurance (NCQA) level 3 recognition for Patient-Centered Medical Home (PCMH.) Level 3 is NCQA's highest level of recognition given to practices that meet all of the key elements and achieve a specific aggregate score on the certification process. According to an Issue Brief on the Status of PCMH in New York State conducted in September 2012, there were 5,312 PCMH providers in New York with 78 percent working in level 3 practices. Four hundred fifteen of these providers were located in Queens and 134 in Nassau County.⁸³ All LIFQHC sites have achieved Level 3 Certification. According to our recently conducted NQP provider survey, 48% of NQP partners indicated certification or recognition for PCMH, meaningful use or related certification. This is a high proportion of providers in the NQP which will help to promote diffusion of the PCMH throughout the network. We recognize that the transformation of traditional primary care practices to a PCMH model of care will require significant commitment of primary care leadership and investment of time and resources. Even for those sites that have achieved NCQA 2011 Level 3 Certification will require concerted effort to meet the 2014 Patient Centered Medical Home accreditation requirements.

Integrated delivery systems will also need to engage patients through outreach and navigation activities leveraging community health workers, peers, and culturally competent community-based organizations. These efforts exist currently to some extent. For example, NuHealth's related Federally Qualified Health Centers are located in targeted at-risk, low-income communities, making it easier for linkages to be made with this population. As indicated in Section A, there are over 100 peer support organizations in Nassau County alone, although their presence in chemical dependency services is more limited. There was consensus in the stakeholder forums that community health workers, peers and CBOs were needed to facilitate connections to the delivery system, but that an increase in capacity of current programs would be required. We understand that the Health Home initiative in the NQP region is planning to add a peer component for this type of outreach that will begin to address the need for increased capacity.

⁸³ Patient-Centered Medical Homes in New York State: Current Status and Trends as of September 2012. An Issue Brief. United Hospital Fund.

Another important asset of provider partners is experience with risk or value-based payment arrangements. According to the NQP partner survey, 74% of partners reported they have this experience. There are 6 Medicaid managed care plans in Nassau County and 13 in Queens. An example of a particularly well developed asset is North Shore-LIJ Care Solutions – the North Shore-LIJ Health System’s new care management organization. Care Solutions works to optimize alternative reimbursement contracts by supporting effective management of complex patients. This organization complements North Shore-LIJ’s new insurance company, North Shore-LIJ CareConnect, and the growing number of value-based insurance contracts that require the health system to coordinate care and control costs. Many community-based providers, especially in behavioral health, will need guidance and support.

II. Project 2.b.ii - Development of co-located primary care services in the emergency department

In a Medicaid coverage expansion environment where access may not be keeping up with increased demand for primary care, the emergency department’s one-stop shop -- where patients have 24/7 access to specialists and studies that would require separate visits and co-pays in the ambulatory setting -- is an attractive option. The NQP region overall requires an increase in primary care resources that accept Medicaid, and primary care needs to evolve into a viable alternative that matches the convenience of the emergency department.

The NQP Community Member Survey conducted in Nassau (2430 respondents) and Queens County (1056 respondents) explored reasons for emergency department use. About half of all respondents indicated that they or a family member went to the emergency department in the previous year. While many of the reasons seemed to align with need for emergency care, approximately 45% (Queens) and 40% (Nassau) of the responses included: emergency room is closest provider, no other place to go, could not get an appointment with health care provider, doctor’s office not open, most care is at emergency room.

A federal Emergency Room Diversion Grant Program was awarded 20 states a total of \$50M in grants to reduce the use of hospital emergency rooms by Medicaid beneficiaries for non-emergent care. In 2012, a state-by-state summary of strategies and results from this program were made available. The summaries, along with contact information will serve as a resource to support further definition and refinement of strategies and approaches to be used in the NQP.⁸⁴ All the hospitals involved in the NQP project recognizes that this project poses a significant challenge to hospitals due to its impact on admissions, and hospital revenue.

III. Project 2.b.iv - Care transitions intervention model to reduce 30-day readmissions for chronic health conditions

Evidence-based transition care models developed by researchers including Eric Coleman and Mary Naylor provide frameworks for transition care interventions for the NQP. Partners of the NQP have achieved some success in implementing transition care programs; for example, NuHealth Care Transition Team follows selected patients with chronic disease for at least 30 days which has resulted in significant reductions in readmissions for targeted conditions. Other partners can learn from NuHealth and other colleague’s experiences.

⁸⁴ Emergency Room Diversion Grant Program. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Grant-Programs/ER-Diversion-Grants.html>

Timely and high quality home health care and related social services are critical to successful transitions from hospital to home. Approximately 6% of the NQP partners indicate that they operate long-term home health care services. Catholic Health Services of Long Island and North Shore Long Island Jewish have particularly robust home care programs. For example, at NSLIJ, depending on the individual's condition, a registered nurse coordinates daily living assistance, nursing care, physical therapy, occupational therapy, speech-language therapy and social work in the home as needed.

In addition, 46% of the NQP have other programs and services for the frail elderly. A number of on-line resources and community-based organizations in the region can assist individuals discharged from the hospital identify and engage needed health and social services to support a stable return to home such as Meals on Wheels, transportation services for follow up medical care, etc.

IV. Project 2.b.vii - Implementing the INTERACT project (inpatient transfer avoidance program for SNF)

The Nassau Stakeholder Forum comprised of representatives from skilled nursing facilities (SNFs) identified a long list of improvements needed to avoid preventable admissions including but not limited to: "continuity of care from hospital to SNF; evidence-based clinical protocols across care settings; RN or NP liaisons between hospital, SNF and home." The INTERACT program (Interventions to Reduce Acute Care Transfers) strives to reduce preventable admissions of SNF residents. It is a quality improvement program that focuses on the management of acute change in resident condition.

While the level and training of staff in the SNFs is a current barrier, the INTERACT program will provide support in making system improvements to address many of the identified issues. The primary resource the PPS will use for this project is INTERACT's dissemination website that promotes a set of high yield strategies reducing preventable admissions as well as publicly available clinical and educational tools for implementation in skilled nursing facilities. Other current assets and resources include several readmission prevention pilot programs, which will be expanded or customized to address population and/or disease-specific needs identified as the INTERACT model is implemented. For example, hospice relationships are active within many SNFs and facilitate access to end-of life care. This resource and existing and expanded utilization of advance directives will also complement INTERACT's attention to end-of-life planning. NSLIJ has the Care Solutions Population Health model in place, a care management system that provides monitoring and medication management support via an easy-to-use touch screen interface and other simple tools.

Selected PPS partners have developed strong hospital-SNF working relationships which is an asset for the implementation of INTERACT. For example, NSLIJ has three SNFs: North Shore-LIJ Orzac Center for Rehabilitation, Valley Stream; North Shore-LIJ Stern Family Center for Rehabilitation, Manhasset; and Broadlawn Manor Nursing and Rehabilitation Center, Amityville. NSLIJ's Stern has the Nurse Practitioner model in place, which includes enhanced clinical care for high risk patients and coordinated case management with a focus on advanced directives and hospital avoidance. Several regional SNFs' geriatric and acute care palliative supports are reinforced by nurse practitioners deployed within the facilities to complement the palliative care models already in place. NSLIJ also operates a Mobile Integrated Paramedic Team, which can further reduce avoidable admissions and readmissions. This team provides home and community-based evaluations for the frail elderly and can provide hydration therapy and intravenous treatment, pain

medication, and diuretics. Mobile X-rays and EKGs, plus point of care laboratory testing, are also available to prevent unnecessary hospital transfers.

V. Project 2.d.i – Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care

The following is a key theme of the stakeholder forums: “In addition to lack of education about their chronic condition, many patients are disempowered and lack knowledge of the health care system.” Health Homes in the NQP region are using innovative strategies to identify individuals who may be inappropriately using the emergency department or who are unengaged in care, for example, they have located individuals on social media, criminal justice system websites, and other non-traditional networks. Successful strategies used by the Health Home for locating and engaging hard to find individuals will help inform strategies for this project.

A requirement of this project is partnering with CBOs to develop a group of community navigators who are prepared to support engagement, education and skill development of patients related to healthcare coverage, resources and self-care/self-management. Many of the NQP members are already working to engage, educate and link individuals to care. NYS has operated a facilitated enrollment program, where community-based organizations provide multilingual application assistance to children and adults applying for government sponsored health insurance programs (MA, FHP and CHPlus). By contracting with organizations that are culturally and linguistically appropriate to the populations they serve, facilitated enrollment organizations have been successful in reaching immigrant and rural communities who previously had minimal access to the public health insurance system. The facilitated enrollment program was designed to eliminate barriers in accessing the application process by providing assistance in community based locations frequented by the target population, at times that are convenient to working families, including evenings and weekends. Health and Welfare Council of Long Island (HWCLI) served as a facilitated enroller in Nassau County. Since the ACA, the facilitated enrollment program has evolved into a Navigator network that in addition to enrollment in public coverage also assist in enrollment in private health insurance through the Exchange. Navigators were selected based on their linguistic and cultural capacity, and ability to reach hard-to-reach populations. Six organizations in Queens, and three in Nassau, provide Navigator services.

Organization	Nassau	Queens
Center for Independence of Disabled in NY		X
Emerald Isle Immigration Center		X
Health and Welfare Council of LI	X	
Korean Community Services		X
LaGuardia Business Services	X	X
Make the Road NY		X
South Asian Council for Social Services	X	X

In addition, the NUMC Health Leads initiative has 16 advocates that reach out to families to provide information and navigation services; in the last year, the most frequent presenting concerns included housing, food, health and adult education. Sixty percent of the 350 Rockaway Wellness Partnership (RWP) participants are Medicaid beneficiaries and 30% are uninsured, many of them undocumented immigrants. RWP recruits

participants in pharmacies, supermarkets, food pantries, and other access points within identified community hot spots. In addition to referring participants to healthcare resources, the RWP has helped participants with housing, immigration, domestic abuse, basic needs, and more. Other points of engagement that will be built upon are community-based organizations that provide services related to basic needs – for example, Catholic Charities and many of the member organizations of the HWCLI. The HWCLI has broad experience in community outreach and engagement, having worked as a facilitated enroller in the Medicaid program for many years, and having done extensive recovery work post-Hurricane Sandy.

A particular asset in the target neighborhoods brought forth in the stakeholders' forum on new immigrants and the uninsured is the church. "Churches and other community-based organizations have a reputation in the community for helping patients; they have community trust." Another stakeholder concurred and added: "Through informal relationships, providers and CBOs work with churches to promote health insurance enrollment and connection to care."

The Patient Activation Measurement (PAM) screening tool and scoring methodology is a great resource to allow for a more standardized assessment of knowledge, skills and confidence in managing one's own health and healthcare. With the PAM score and insights, NQP partners will be better able to tailor support and target resources more effectively to move them to higher levels of activation. Implementing PAM will require an upfront investment in mobile devices for community outreach.

This project will include population health management supported by EHRs and patient registries. Based on a recent NQP Provider Survey, the majority of partners have an electronic medical record (72%) that can provide some level of reporting, and can interface to a patient registry to draw data from the EHR and other data sources as needed to provide more accessible and actionable data than the EHR alone can provide.

VI. Project 3.a.i - Integration of primary care and behavioral health services

Given the prevalence of Serious Mental Illness (SMI) in the Medicaid population, the high level of Medicaid spending on behavioral health care, and the adverse impact that uncoordinated care can have on the physical health of people with SMI and thus on total spending, the integration of primary care and behavioral health services is among the top priorities in Medicaid nationally.⁸⁵

Many Medicaid providers nationally are implementing primary care/behavioral health integration strategies along a continuum of integration identified in the SAMHSA-HRSA framework: universal screening; navigators; co-location; health homes; and system-level integration.⁸⁶ Mental health providers in the stakeholder forums in Nassau County identified a limited number of short-term, grant funded initiatives to co-locate primary care providers (PCP) in behavioral health settings and vice versa. The stakeholders endorsed this direction but recognized the need for a sustainable funding stream for staff and the financial investment in the technology infrastructure to facilitate electronic integration and coordination. An additional challenge is the need for providers who have the language and cultural competence to most effectively meet the needs of the community.

⁸⁵M. Nardone and S. Snyder. Integrating Physical and Behavioral Health Care: Promising Medicaid Models. Kaiser Family Foundation Issue Brief. February 12, 2014.

⁸⁶ IBID

Co-location of behavioral health in a primary care setting is a requirement under NCQA 2014 standards for recognition as a level 3 patient-centered medical home. The LIFQHC has attained PCHM level 3 standards under the 2011 criteria, and is actively recruiting behavioral health specialists. Winthrop has attained PCMH level 3 in its Pediatric Practice located in Hempstead and plans to co-locate behavioral health through the recruitment of a mental health team led by a psychiatrist. NSLIJ's Behavioral Health service line has begun embedding non-MD behavioral health extenders (social workers, psychologists) into Primary Care practices with the following model: universal brief screen for behavioral health disorders (e.g., PHQ-2); if positive, more robust screen (e.g., PHQ-9); if also positive, extender-facilitated diagnosis and treatment by the primary care provider (PCP) employing evidence-based psychopharmacological guidelines and extender-provided brief (2-4 sessions) counselling/psychotherapy and – where indicated – referral for longer-term psychotherapeutic services. PCPs may access curbside consultation with a psychiatrist “buddy” via email or telephone on an as-needed basis. This enables PCPs to cost-effectively manage mild to moderate mental illnesses within their practice, with a psychiatrist to serve as back-up. These efforts will need to be expanded. A priority is to recruit behavioral health providers who are bilingual and can meet the needs of our Latino and other immigrant populations. .

Further, in order to address disparities in health outcomes among people with SMI and SUD, and the volume of unnecessary hospital admissions involving this population, this project will also embed primary care clinicians and care managers in behavioral health settings. This strategy is intended to improve the physical health care received by people with SMI and SUD. Mercy's and Central Nassau Guidance Center's BH programs (recipients of a NYSOMH PC-Behavioral Health integration grant, and participants in the National Council's Learning Collaborative) are already embedding Primary Care services into Behavioral Health settings. NUMC outpatient psychiatry department offers patients Primary Care during Behavioral Health visits. The Mental Health Association of Nassau has an embedded PCP in their Mental Health program.

VII. Project 3.a.ii - Behavioral health community crisis stabilization services

In the NQP region 20.5% of all Medicaid readmissions, and 9.6% of avoidable ED visits, have a primary diagnosis of mental health or substance abuse. Stakeholders at the mental health stakeholder forum in Nassau County discussed the need for alternatives to ED visit for individuals with mental health crises that do not require an admission. Alternate crisis services would reduce the need for ED visits that typically increase agitation and increase the likelihood of an admission. Emergency observation units could meet this need. These services may include mobile crisis, clinic based crisis services, and short-term / intensive crisis respite.

The Queens Hospital Center Comprehensive Psychiatric Emergency Services Program (CPEP) offers such an extended observation unit for patients who need crisis stabilization without requiring inpatient admission. Lessons learned from CPEP could inform successful implementation of this strategy in other geographies in the Nassau/Queens PPS region.

The existing behavioral health crisis service system includes specialty psychiatric services in hospitals operated by all three hub providers and inpatient detoxification beds at NUMC.

24/7 Telephone Triage Centers are present in the NQP. Nassau County operates a crisis-line, known as 227-TALK (8255) serves individuals with a behavioral health crisis or urgent care need, county-wide, 24/7. NSLIJ

operates a 24/7 call center staffed by RNs, EMTs & Paramedics capable of call intake, care navigation & nurse advice via a system called ECNS (Emergency Communications Nurse System).

Pilgrim Psychiatric Center and South Shore Guidance Clinic operate a Mobile Crisis Team in Nassau County, from 10 AM to 11PM seven days per week, overseen by Nassau County MHCDDDS. Transitional Services for New York has two 2-person de-escalation teams serving the housing units on and near the grounds of Creedmoor as well as 500+ units, to manage the interpersonal/ behavioral crises of high-utilizers of ED and inpatient services. NSLIJ has 24x7 on-demand response of a Community Paramedic trained in care navigation and treatment of mental health situations. This includes clinical assessment, on-hand formulary, care navigation and telemedicine for face to face interactions with mental health physicians.

Extended Hours Walk-In Crisis Clinics are available in the NQP. The Charles Evans Health Center provides health services to any community resident from Nassau, Suffolk and Queens Counties. Currently Charles Evans services a predominant developmentally disabled population. COPAY Inc. provides comprehensive clinical services to males and females ages 12 through older adults. COPAY is fully bilingual (English and Spanish) and treats clients with chemical dependency, co-occurring mental health problems, and relationship problems. Hours of operation are 9 AM to 9 PM.

The system has gaps, however, and in addition to an intermediate level of care for people who do not need inpatient treatment during their crisis, there are coordination and responsiveness problems with the existing services. As the care delivery system transitions to population-based care, Crisis Stabilization services -- including mobile crisis, clinic based crisis services, and short-term / intensive crisis respite -- represent an essential level of care in the matrix of behavioral health services, all of which support the mission of maintaining patients at the least restrictive level of care, while reducing unnecessary utilization of emergency department and inpatient hospitals.

VIII. 3.b.i – Evidence-based strategies for disease management in high risk/affected populations (adults)

Coronary heart disease, heart failure, stroke and other complications of hypertension and hyperlipidemia are leading causes of death and disability nationally and these conditions are prevalent in the NQP region. This project focuses on the prevention and optimal management of hypertension and hyperlipidemia.

Resources from the National Heart Lung and Blood Institute will inform standardized measurement techniques and evidence-based treatment protocols focusing both on medications and therapeutic lifestyle changes. There will be synergy between this project and project 4.b.1, tobacco use cessation, as this will be a key effort in lifestyle change for this target population. Care coordination teams will work with Medicaid managed care organizations to provide supplemental support for high risk patients. These teams will work with patients to develop self-management goals, action plans, and conduct motivational interviewing. We will use evidence-based tools and techniques that have been demonstrated to improve patient self-efficacy.

Again, an asset in the NQP is the high use of HIT which will enable the generation of patient lists – those patients with repeated elevated blood pressure readings with no diagnosis as well as hypertensive patients for regular follow-up. To reduce barriers to regular follow-up, patients will be informed of walk-in appointments with no co-pay. Additionally, some of the NQP partners, e.g., NSLIJ, have the capability to geo-code. This asset

will be used to identify hot spots in the NQP region to inform outreach as well as the location of evidence-based chronic disease interventions. One such intervention is the Chronic Disease Self-Management Program developed by Kate Lorig et. al. at Stanford. This Program includes all resources needed for implementation including a facilitator certification course. A related asset is that NSLIJ has certified leader trainers who will be able to prepare facilitators throughout the PPS to implement this intervention. All the hospitals in NQP have chronic disease health screenings, wellness and self-management programs.

A PPS partner -- the Catholic Health Services' St. Francis Hospital -- is New York State's only specialty designated cardiac center and offers one of the leading cardiac care programs in the nation. The hospital program is complemented by a community health and education program based at The DeMatteis Center for Cardiac Research and Education. The center offers the largest medically staffed cardiac fitness and rehabilitation program on Long Island and will serve as a resource to this DSRIP project.

At NuHealth, the five FQHCs have a "transitions of care" program with a team of coaches, nurses and social workers that follow patients in the community. They utilize Health Leads to link patients with community based organizations. NuHealth utilizes telehealth programs for self-management of patients with heart failure. It remotely monitors and checks vital signs in patient's homes following discharge.

NSLIJ's outpatient EHR has disease registry components that could be expanded. Some practices in NSLIJ's system are not linked, but have embedded care managers, community based health workers and coaches that ensure compliance with medication and other treatment plans. Many of these workers are culturally competent, reflecting the target population in the community. North Shore has referral programs into palliative care for patients with multiple admissions. Other assets include telemedicine and biometric monitoring of patients.

NSLIJ has a cloud-based care management platform (Care Tool), claims-based risk stratification software suite (Optum), health information exchange with event notification (Intersystems), and will soon have a predictive analytics engine (Explorys). These investments will allow for a more efficient identification and management of high risk patients.

NSLIJ's Center for Tobacco Control (CTC) is a leader in tobacco-dependence treatment, and will serve as a key resource in educating healthcare providers about evidence-based treatment of tobacco dependence. The CTC currently works collaboratively with all hospitals, clinics and physicians in their network to ensure that patients are screened for tobacco use and provided assistance with quitting.

At Walgreens, a NQP partner, they do blood pressure screening and medication therapy management. For a patient who has not been filling medications on a timely basis, an MTM flag would be raised for consultation with a pharmacist on medication adherence.

All of these services can be scaled up to manage larger populations with more resources and concerted effort.

IX. 3.c.i - Evidence-based strategies for disease management in high risk/affected populations (adults)

This project focuses on the management of Type 2 diabetes. Together, the three hubs in the NQP have extensive experience caring for patients with diabetes – both inpatient and outpatient. Combining those resources, and the ones in the community into a single coherent strategy for coordinated, evidence-based care will require maintaining a single point of entry for resources, combining different approaches to care management and patient, staff and public education into one, and disseminating the strategy to many partners in a way that gains cooperation and trust.

As described above, geocoding capability will be used to identify hot-spots throughout the NQP, including diabetes prevalence and indicators of uncontrolled diabetes, to inform how resources will be targeted in the communities including targeted outreach and the identification of locations to conduct chronic disease interventions.

CHS has outpatient diabetes education centers throughout their three hospitals. They use ADA curriculum and are open days and evenings. CHS employs pre-diabetes education at all sites, with a Diabetes Prevention Program. At Bishop McHugh Health Center in Hicksville, there is diabetes education for uninsured individuals. CHS also has an inpatient diabetes champion program which educates nurses to identify, care for and manage patients with diabetes.

NSLIJ has a host of programs to address diabetes. At its Forest Hills campus, a diabetes support group meets monthly for patients, families, and individuals with pre diabetes. NSLIJ also has a diabetes wellness program in multiple sites across Queens and Nassau which deploy certified diabetes educators for patients with pre-diabetes and diabetes. NSLIJ University Hospital operates a Center for Diabetes in Pregnancy.

NuHealth's Zoki Hossain Center for Hypertension has a multi-disciplinary approach to diabetes and vascular disease. A team manages these diseases, and provides access to other needed specialties (e.g., ophthalmology, cardiology, neurology, podiatry, bariatric surgery and wound management). LI FQHC has a diabetes program at its five centers.

There are number of other diabetes programs throughout Queens and Nassau including:

- Love Akobundu DBA Loving Care Diabetes Program at Albright Medical Office in St. Albans;
- East Coast Diabetes Education Program in Valley Stream;
- ProHEALTH Care Associates in Lake Success;
- Institute for Urban Family Health/Family Practice Center of Hyde Park
- Winthrop University Hospital Diabetes Education Center
- Beacon IPA operates an outpatient diabetes program at four locations in Freeport.

Bariatric surgery programs at NSLIJ, NUMC/ NuHealth and Winthrop can be an important resource for patients who are obese and have diabetes. North Shore has processes in place to enroll patients with severe and end

stage disease into high intensity home based programs, such as home based primary care, intensive home care, and hospice.

Advanced diabetes often requires wound care and hyperbaric therapy– there are programs at NSLIJ Franklin Hospital, at St Joseph Hospital and Mercy Medical Center and Winthrop University Hospital.

NSLIJ has a cloud-based care management platform (Care Tool), claims-based risk stratification software suite (Optum), health information exchange with event notification (Intersystems), and will soon have a predictive analytics engine (Explorys). These investments will allow for a more efficient identification and management of high risk patients.

There are several diabetes education programs accredited by the American Association of Diabetes Educators in Queens and Nassau Counties that will serve as a resource for this project:

- In Queens: Love Akobundu DBA Loving Care Diabetes Program at Albright Medical Office in St. Albans; North Shore-LIJ Diabetes Wellness Centers in New Hyde Park (serves Nassau and Queens); and
- In Nassau County: Massapequa Heart Group, North Massapequa; East Coast Diabetes Education Program in Valley Stream; Glen Cove Hospital Diabetes Self-Management Program in Glen Cove; ProHEALTH Care Associates in Lake Success; St. Joseph Hospital Diabetes Education Center in Bethpage; Institute for Urban Family Health/Family Practice Center of Hyde Park.

X. Project 4.a.iii - Strengthen mental health and substance abuse infrastructure across system

Mental health and substance abuse providers represented in the stakeholder forums in Nassau County indicated that access to behavioral health and in particular substance abuse services are clearly insufficient to meet the needs. In addition to increasing service capacity, given co-occurring disorders of mental health and substance abuse, having these and other related services co-located improves the chance that patients will receive the services they need. Nassau University Medical Center has implemented a model where individuals can receive primary care, mental health and chemical dependency services in one location. While additional resources are needed to spread this model, a successful local model is a resource in itself for PPS partners.

In 2012, New York State Office of Mental Health (OMH) launched the first behavioral health focused readmission quality collaborative in the country. In partnership with Greater New York Hospital Association and the Hospital Association of New York State, OMH sponsored the readmission collaborative with 45 participating hospitals through 2014. The document "[Reducing Behavioral Health Readmissions: Strategies and Lessons Learned](#)" includes resources, recommendations and lessons learning from the collaborative as well as nationally on reducing readmissions. This document will be used to inform the development/strengthening of efforts in the PPS region.

A disproportionately high number of individuals with mental health and addictions have contact with the criminal justice system. In Nassau County, coordination of care between the criminal justice system and the

community healthcare system is improving with recent mandates that require communication about the incarcerated population, resulting in better care coordination.

Health Homes are charged to facilitate an electronic exchange of clinical information, and expanding case management to include mental health, chemical dependence and physical health. While this is not yet operating as intended in the PPS region, there is commitment to develop this level of functionality. Key informants indicated that this proposed higher level of communication is required across health and social services, similar to communication requirements to which the criminal justice system is held.

Clinical information available through the Psychiatric Services and Clinical Knowledge Enhancement System for Medicaid (PSYCKES-Medicaid) is currently being used and is an asset to strengthen mental health and substance abuse infrastructure. Developed by the NYS Office of Mental Health, PSYCKES is a HIPAA-compliant, web-based set of tools designed to support quality improvement and clinical decision-making in the State's Medicaid population.

Recovery networks including peer groups are important in strengthening the mental health and substance abuse infrastructure. Currently, there is an informal recovery network with associations and gatherings, for example, the Long Island Recovery Center and the veteran's community. These networks will need to be built upon, as it was acknowledged in stakeholder forums that peer services are lacking.

In Queens, the local mental hygiene system can support/strengthen DSRIP projects with an array of community- and hospital-based services for individuals with mental health and substance use problems; includes crisis, stabilization, supportive and prevention services, and the DOHMH provides data, technical assistance, and training in priority areas.

A significant focus of this project is culturally competent mental, emotional and behavioral health promotion and prevention. The 2014-17 Nassau County Department of Health's Community Health improvement Plan identified *Promote Mental Health and Prevent Substance Abuse* as an important prevention agenda item to be integrated with two other selected priorities. The need for improvement in this area emerged as common theme throughout the analysis of community response data.⁸⁷ The fact that this has been identified in the Improvement Plan will provide additional collaborators and potential resources to support this work.

Examples of MEB resources that can be brought to bear on this project include:

- Strength-Based Parenting/Coaching Supports
 - Early Childhood Home Visiting programs –e.g., Nurse-Family Partnership; Healthy Start
 - Circle of Security –parent-child interactions and secure attachment
 - Positive Parenting Program –prevention and treatment model through parenting support in home environment
 - Strengthening Families –parenting skills training reduces risk of emotional, behavioral, and academic problems and substance use
- School-based MEB wellness promotion

⁸⁷ Community Health Improvement Plan. Nassau County Department of Health. 2014-2017.

- Parent Corps – family-centered intervention in early care and education settings to promote healthy early childhood development
- The Incredible Years –3 complementary training programs for children, parents, and teachers
- Life Skills Training – aim to prevent alcohol, marijuana, and tobacco use, and violence in school setting.
- Strengthening Families –youth development and substance use prevention

XI. Project 4.b.i – Promote tobacco use cessation especially amongst low SES populations and those with poor mental health

Assets and resources related to assisting the population to quit smoking include tobacco-free policies, evidence-based guidelines and prompts for screening and intervention for the patient population, resources to assist in quitting, and Medicaid and other health plan coverage that ensures cost is not a barrier to quitting.

Public policy assets include New York State’s Clean Indoor Air Act, the Adolescent Tobacco Use and Prevention Act, and various excise and use taxes imposed by the State; and in NYC, amendments to the Smoke Free Air Act of 2002 expanded smoking prohibitions on hospital grounds, NYC’s parks, beaches, and pedestrian plazas. Nassau County has adopted policies related to the outdoor environment as well; for example, 100% of the parks in the County are tobacco-free.

The US Public Health Services Guidelines for Treating Tobacco Use is a standard resource that will be used by PPS partners. The majority of PPS provider practices have electronic medical records with the lead entities already having embedded prompts to complete tobacco cessation interventions such as the 5 A's (Ask, Assess, Advise, Assist, and Arrange).

The NYS Smokers' Quit line is a central 24/7 resource to assist residents with quitting. It offers telephonic quitting assistance, free/discounted nicotine replacement therapy, an on-line peer support community, linkages to local support programs, and relevant guides and other written materials. Comprehensive “Stop Smoking Programs” are located throughout the PPS with Nassau County having six and Queens having four.

The NYC Department of Health and Mental Hygiene's Tobacco-Free Hospitals Campaign is designed to help every hospital in the city achieve excellence related to comprehensive tobacco-free environments and programs. By joining the campaign, hospitals in Queens can access tools and resources to assess and improve their campus environment, employee cessation programs and patient care systems. Jamaica and Flushing Hospital Medical Centers were the first hospitals in Queens to achieve Silver Star Status for demonstrating excellence in implementing comprehensive tobacco screening and treatment for inpatients.

In addition, Nassau County maintains a robust hospital system with 12 hospitals that offer community services, among them are smoking cessation programs which will be among the resources promoted as part of this project.⁸⁸

⁸⁸ Community Health Improvement Plan. Nassau County Department of Health. 2014-2017.

E. DSRIP Domain 2, 3, 4 Measures & Preliminary Baseline Findings

The domain 2, 3, 4 measures and preliminary baseline findings can be found in Appendix: Section E.

F. Documentation of the process and methods used to conduct the assessment, the sources and time periods of data used, and information on how the preliminary findings of the assessment were shared with collaborating organizations and how their input was sought.

The Nassau Eastern Queens Community Needs Assessment (CNA) process began in the August of 2014. A partnership between Catholic Health Services of Long Island, NuHealth and North Shore –LIJ Health System was formed to conduct the CNA. Catholic Health Services of Long Island (CHS), NuHealth and North Shore –LIJ Health System (North Shore-LIJ) each were awarded Planning Design Grants (PDG) to form emerging PPSs covering Nassau County, and CHS and North Shore-LIJ also included Queens in their emerging PPS service area. Rather than have three separate and possibly duplicative CNAs, the three organizations pooled their resources. A CNA Steering Committee was formed including representatives from the three organizations. All decisions were made by consensus. The Steering Committee included the three organizations senior leadership from administration, clinical services, community health, strategic planning as well as an external stakeholder, the Health and Welfare Council of Long Island, an umbrella organization representing community based organizations that provide health and social services across Long Island, and particularly serve communities with health disparities. A series of internal and external community stakeholder meetings (which later became the foundation for the PPS Project Advisory Committee (PAC) were held to discuss the CNA process including: the CNA methodology; recruitment of community, academic and government partners; identification of secondary data sources; primary data collection from external stakeholders through Medicaid member surveys and provider focus group forums; evaluation of primary and secondary data; identification and analysis of health system and community resources; identification and analysis of NYSDOH Priority Agenda items and prioritization of DSRIP projects.

I. Individual Community Medicaid Member Surveys

The Nassau and Queens CNA Steering Committee (Steering Committee) members collaborated in developing 2 community-wide surveys for Nassau and Queens (see Appendix: Section C). The team agreed that the use of a uniform survey distributed widely throughout communities in Queens and Nassau County would help ascertain the health perceptions and key concerns of residents, as well as identify service needs and barriers to care.

The format of the survey was derived from several community needs surveys used on Long Island and in the metropolitan New York City area. Criteria for developing key questions and multiple choice responses included Prevention Agenda priorities, goals and barriers to health, strategies, and demographic information. Health literate terminology was used to ensure clear communication. The surveys were available in 3 languages (Creole, English, and Spanish). The survey was distributed through an electronic link, hospital outreach programs, ambulatory health centers with high volumes of Medicaid recipients including hospital-based, free standing and Federally Qualified Health Centers, community-based organizations providing services to Medicaid recipients, county agencies, and other outlets such as faith-based organizations and community centers. A convenience sample was used to administer the survey. The survey was distributed in as many locations as possible in an effort to gain a representation of the Nassau and Eastern Queens population. It reached a broad spectrum of community residents from many high Medicaid population zip codes. The

majority of responses came through health care providers sites, and may not fully reflect the experience of individuals who are disconnected from the health care delivery system.

Demographic information was collected, asking respondents to identify their sex, age, race/ethnicity, home zip code, insurance status, preferred language for health information, educational attainment and number of persons in their household. All surveys were anonymous. Completed surveys were entered into a secure electronic database for analysis by the Krasnoff Quality Management Institute. A standardized data collection tool was developed online using Qualtrics. Data was exported to Microsoft excel to analyze frequencies and percentages. Crystal Reports was used for the development of graphics and tables. Individuals were asked to identify health conditions from a selected list of answers based on the New York State Department of Health Prevention Agenda as well as the conditions that they sought care for and the barriers to accessing health care. Questions were designed to determine the individual's perceptions regarding their personal and household health concerns, disease self-management, and what they considered as barriers to treatment. Additionally, they were asked to identify if they had visited an emergency department, the number of times they visited the emergency department and the reasons they accessed the emergency department.

In addition, the results from a previous community member survey conducted in the Rockaways as part of the Rockaway Wellness Initiative was also utilized in the CNA. The Visiting Nurse Service of New York (VNSNY) Research Center developed the comprehensive RWP assessment tool based on the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire, which was created by the CDC and is used by all 50 states to measure health status in the general adult population, as well as two other questionnaires developed by the Research Center, including the AdvantAge Initiative survey tool that has been used by organizations throughout the U.S. to measure the aging friendliness of their communities, and the Health Indicators in Naturally Occurring Retirement Communities (NORC) assessment tool that is being used by the New York City Department for the Aging (DFTA) as a reporting method for the 30+ Naturally Occurring Retirement Communities Supportive Services Program (NORC SSPs) funded by DFTA. The RWP assessment tool includes 146 questions in 10 general areas: Basic demographics; chronic disease; mental health; health insurance; health care utilization; mobility; emotional health; diet; and tobacco and alcohol use (see Appendix: Section C). The initial participant assessment is always conducted in person by the nurse or social worker, who uses her laptop to enter responses into a secure web-based database. Participants are recruited in the community at locations such as supermarkets and pharmacies. For the Nassau County/Queens PPS Community Needs Assessment, VNSNY downloaded the 234 completed assessments in the database on October 20th, 2014 and performed univariate analysis on the demographic, clinical, behavioral, and health service utilization characteristics of our sample population. The Research Center is conducting an evaluation of the RWP program, which has been approved by the VNSNY Institutional Review Board.

II. Stakeholder Forums

The CNA Steering Committee members was charged with developing a list of key stakeholders which would provide input at the DSRIP project theme forums and a forum facilitated discussion guide. Reflecting DSRIP CNA direction, the forums were planned based on groups that serve Medicaid populations such as minorities/medically underserved, seniors, special populations, individuals with disease-specific conditions and that addressed one or more of the following issues: behavioral health, chemical dependency services,

basic human needs (shelter, food and clothes), individuals with HIV/AIDs, individuals with developmental disabilities, recent immigrants, seniors (dual eligible clients) residing in skilled nursing facilities or receiving home care services, economic development and housing, transportation, food access and other health and human service needs. The stakeholder forums were held between September 14, 2014 and October 28, 2014.

Within each of these categories, CNA Steering Committee identified providers, advocates and agencies. The CNA Steering Committee combined their membership and coalition lists as well as agencies identified by United Way of Long Island, other associations (behavioral health alliance, mental health coalitions, Medicaid Matters New York, and the New York City Department of Health and Mental Hygiene and Nassau County Department of Health and Human Services (social services, health and mental health, chemical dependency and developmental disabilities services) contracted agencies. The Health and Welfare Council identified and did outreach to CBOs within its membership. Electronic invitations were sent targeting each of these agencies to participate in stakeholder forums. Invitation follow-up was conducted through phone and in person meetings to provide further information about the DSRIP project and the importance of the stakeholder participation. To cast a wider net and ensure no agencies or stakeholder interests were missed, the Nassau and Queens CNA Steering Committee also invited other partner and collaborative agencies to engage other partners they might be connected with to participate in stakeholder forums.

The CNA Steering Committee provided information and flyers regarding the stakeholder forums at several agency wide meetings throughout the month of September 2014.

The forum discussion guide included questions with added prompts regarding New York State’s Five Prevention Agenda Priorities; significant health problems in the CBO’s communities; barriers to care; quality of care; current health services; gaps in services/access and recommendations for improving services. Trained facilitators were used to conduct the forums and analyze the themes. A copy of the final forum discussion guide is included in Appendix: Section C. All forum participants were informed that the discussions would be audio recorded and transcribed and verbal permission was given prior to the beginning of each forum. The trained facilitators coded the forum discussions and an analysis was conducted to identify emergent themes. A total of 17 stakeholder forums conducted in Nassau, Eastern Queens and the Rockaways including stakeholders from the following areas long-term care facilities/skilled nursing facilities,



Figure 1: Nassau County Stakeholder Forum. Hofstra University, October 15, 2014.



Figure 2: Queens County Stakeholder Forum. Crowne Plaza Hotel, October 30, 2014.

addition services, home care services, behavioral health, developmental disabilities, chronic conditions, immigrant and uninsured Individuals, children’s health and case management were included in the analysis (see Appendix: Section C). The list of stakeholder participants by forum is also included in Appendix: Section C

The CNA results were shared in public stakeholder meetings from Nassau and Queens held in the respective counties (see Appendix: Section C for meeting dates and participants), posted on the Nassau Queens DSRIP PPS website <http://www.nuhealth.net/dsrip/> and the Nassau Queens CNA PAC (see Appendix: Section C for dates of meeting and attendees).

The DSRIP Projects were selected based on the following criteria adapted from Catholic Health Association Assessing and Addressing Community Health Needs Manual:

1. **Magnitude**- The magnitude of the problem as it relates to the number of Medicaid recipients and uninsured community members impacted by the issue
2. **Severity**- The severity of the problem which is determined by the risk of morbidity and mortality associated with the problem.
3. **Historical trends**- The prevalence of the issue over time.
4. **Alignment** of the problem with the PPS’s strengths and priorities.
5. **Impact** of the problem on vulnerable populations.
6. **Importance** of the problem to the community.
7. **Existing resources** addressing the problem.
8. **Relationship** of the problem to other community issues.
9. **Feasibility** of change and the availability of evidence-based approaches.
10. **Value** of immediate intervention verses any delay, especially for long-term or complex threats.

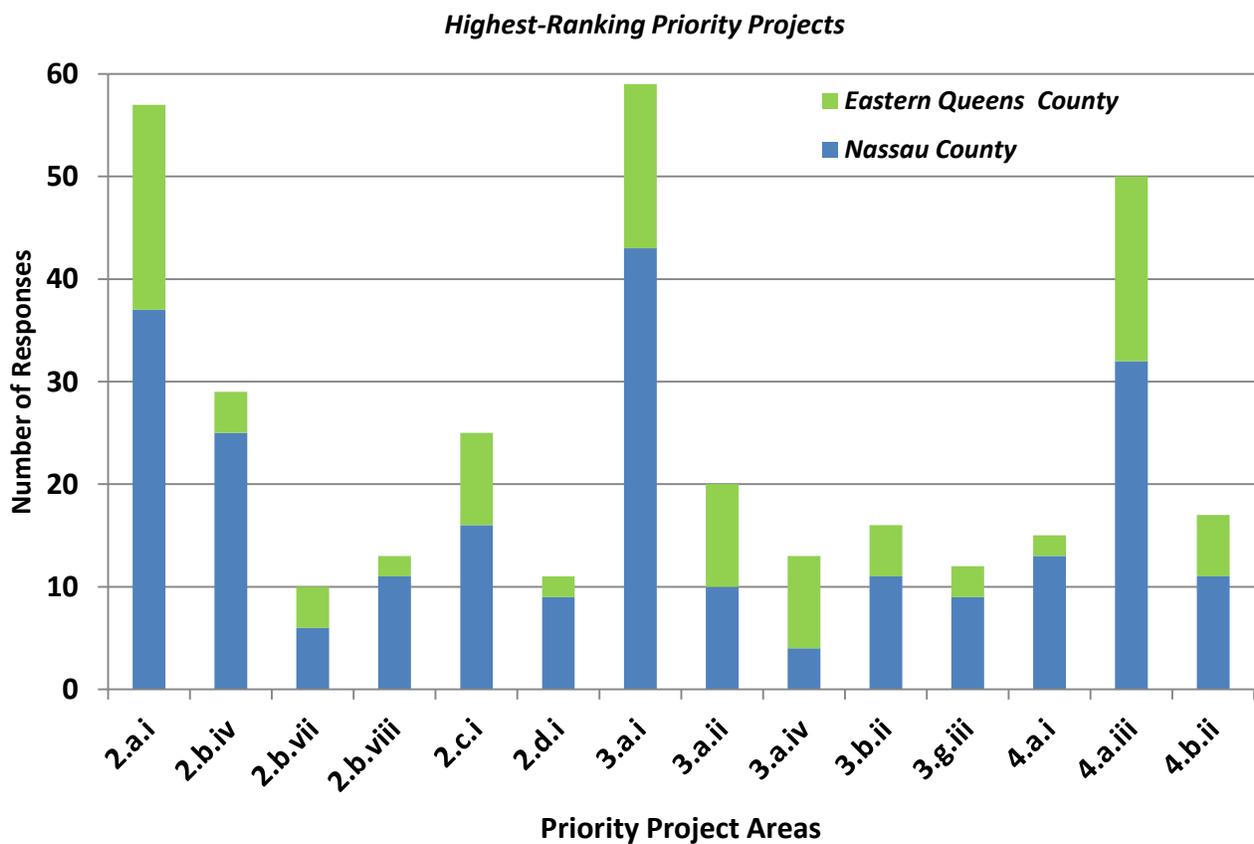
Project Name	NUMC	CMS	M&U	Project Score (max of 50)	Project Priority
Domain 2: System Transformation Projects					
A. Create Integrated Delivery System that leverages all existing resources for population health management					
2.1.1	X	X	X	51	High Priority (Green)
2.1.2				37	Medium Priority (Yellow)
2.1.3				9	Low Priority (Red)
2.1.4				14	Low Priority (Red)
2.1.5				22	Low Priority (Red)
B. Implementation of Care Coordination and Transitional Care Programs					
2.2.1				19	Low Priority (Red)
2.2.2				41	Medium Priority (Yellow)
2.2.3	X			41	Medium Priority (Yellow)
2.2.4				42	Medium Priority (Yellow)
2.2.5	X	X		44	Medium Priority (Yellow)
2.2.6				47	Medium Priority (Yellow)
2.2.7	X	X	X	51	High Priority (Green)
2.2.8				41	Medium Priority (Yellow)
2.2.9				41	Medium Priority (Yellow)
C. Community Settings					
2.3.1				27	Low Priority (Red)
2.3.2				21	Low Priority (Red)
PPS: Improving Outreach Efforts and Expanding Access to Community Based Care for Special Populations					
2.4.1	X	X		54	High Priority (Green)

Figure 3: Steering Committee Project Prioritization Tables.

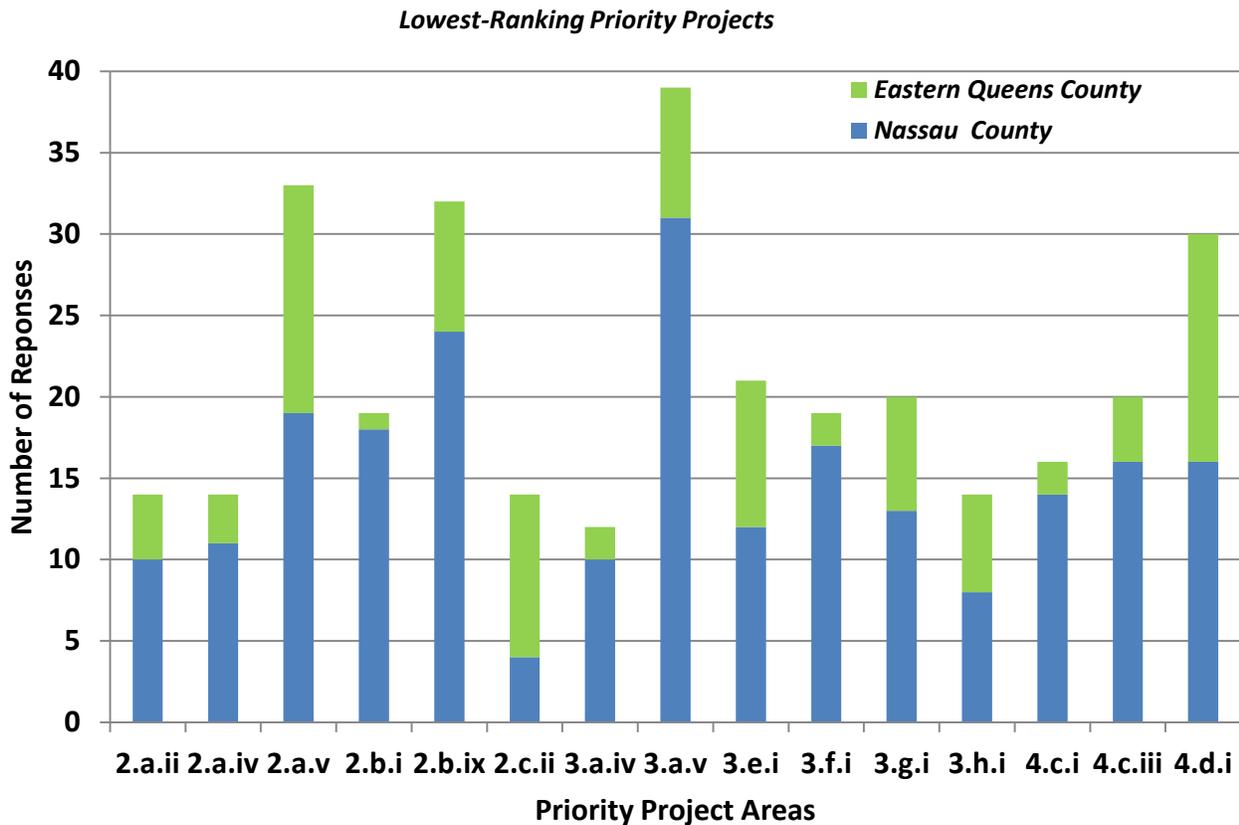
A discussion and debate approach was utilized to identify projects. The CNA Steering Committee, county and regional priority-setting groups comprised of representatives from internal and external CNA stakeholders including community-based organizations, academic public health experts, health providers and government agencies met to discuss the needs identified in the primary and secondary data analysis and applied the criteria listed above to these needs to identify priorities. A project priority-setting group exercise was conducted at each meeting where representatives of organizations were given green and red dots to place on high priority and least priority projects as they related to the CNA.

The projects were ranked and presented to the groups for further discussion and debate (see Appendix: Section C for meeting dates and participants). The following chart summarizes the priority setting from PPS Stakeholder input.

The highest ranking projects focused on: creating integrated delivery systems with an emphasis on evidenced based medicine and population health management; utilizing the care transitions model; the INTERACT project; hospital home collaboration solutions and co-location of primary care services in emergency departments. Community engagement of the uninsured and low/non-utilizing Medicaid populations into community based care and development of community-based health navigation services were identified as priorities. Priority was assigned to chronic disease projects with behavioral health, cardiovascular disease which includes a significant tobacco cessation component, diabetes, asthma interventions and increasing access to high quality chronic disease preventive care and management in clinical and community settings. Behavioral health projects receiving high rankings were integration of primary care and behavioral services, community crisis stabilization services, development of community ambulatory detoxification capabilities and the population-based strategies of strengthening mental health and substance abuse infrastructure across systems and promoting mental, emotional and behavioral health well-being in communities. Integration of palliative care services into nursing homes was also identified as a priority.



Projects which received very low support are listed in the table below. These projects were not supported by the quantitative and qualitative data as well as the PPS stakeholders input.



The CNA Steering Committee then proceeded to validate the priorities chosen to confirm that the needs identified are the needs that should be addressed. DSRIP project selection requirements specifically indicated the types and numbers of projects that needed to be selected from Domain 2 System Transformation Projects, Domain 3 Clinical Improvement Projects and Domain 4 Population-wide Projects. The NQP choose 11 projects including 2.di patient activation activities to engage the uninsured, non/low utilizing Medicaid populations. Several high ranking projects such as hospital home collaboration solutions, development of community ambulatory detoxification capabilities and asthma interventions were not chosen but other projects that were selected will address there foci. The behavioral health projects from Domain 3 (3.ai and .3.a.ii) and Domain 4 (4.a.iii) will also address substance abuse issues involving treatment and prevention. The projects aimed at reducing preventable 30 day readmission rates, 2.b.iv- care transitions, 2.b.vii- Interact and 2.a.i.-creating an integrated delivery system will include hospital and home collaboration solutions. Although asthma was a priority condition especially for the pediatric population, the evidence supporting cardiovascular disease and diabetes management was more compelling. Asthma management will be included in several projects especially 2.b.ii- co-location of primary care and EDs and 4.b.i. the promotion of tobacco cessation and promotion of smoke free environments. Based on the input from the process described above the Nassau Queens PPS chose the following DSRIP projects.

NASSAU-QUEENS PPS DSRIP PROJECT LIST

Finalized 11/4/14

DOMAIN 2: SYSTEM TRANSFORMATION PROJECTS	
2.a.i.	Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management
2.b.ii.	Development of co-located primary care services in the emergency department (ED)
2.b.iv.	Care transitions intervention model to reduce 30-day readmissions for chronic health conditions
2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care (11th project)
DOMAIN 3: CLINICAL IMPROVEMENT PROJECTS	
3.a.i.	Integration of primary care and behavioral health services
3.a.ii.	Behavioral health community crisis stabilization services
3.b.i.	Evidence based strategies for disease management in high risk/affected populations (adults only)
3.c.i.	Evidence based strategies for disease management in high risk/affected populations (adults only)
DOMAIN 4: POPULATION-WIDE PROJECTS: NEW YORK'S PREVENTION AGENDA	
4.a.iii.	Strengthen mental health and substance abuse infrastructure across system
4.b.i.	Promote tobacco use cessation especially amongst low SES populations and those with poor mental health

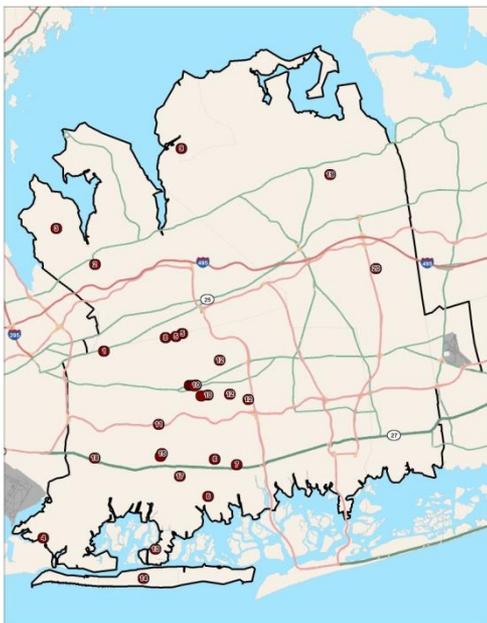
Nassau Queens PPS

Appendix: Section A

Community Needs Assessment

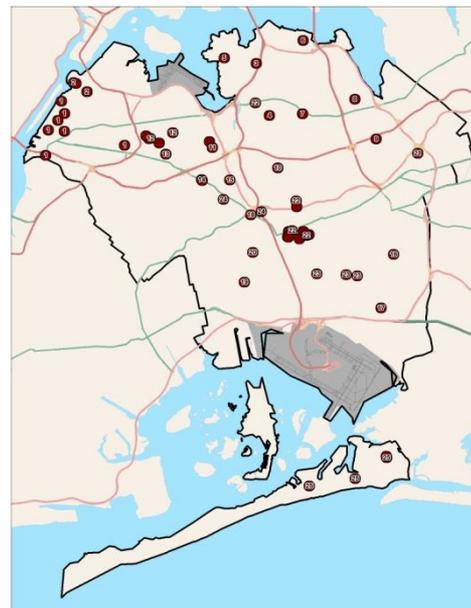
Community Based Resources – Housing Services For the Homeless

Nassau



CATHOLIC CHARITIES
 NORTH HEMPSTEAD TOWN HOUSING AUTHORITY
 VILLAGE OF GREAT NECK HOUSING AUTHORITY, INC
 CATHOLIC CHARITIES
 FAMILY AND CHILDREN'S ASSOCIATION
 NASSAU COUNTY EXECUTIVE'S OFFICE
 SOUTH SHORE ASSOCIATION FOR INDEPENDENT LIVING, INC.
 HALANDIA ASSOCIATES
 LONG ISLAND COALITION FOR THE HOMELESS
 GLEN COVE HOUSING AUTHORITY
 OPTIONS FOR COMMUNITY LIVING, INC.
 WOODS EDGE APARTMENTS
 GREENWICH GARDENS
 INTERFAITH NUTRITION NETWORK
 PEACE VALLEY HAVEN, INC.
 NASSAU COUNTY OFFICE OF HOUSING AND HOMELESS SERVICES
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES
 VILLAGE OF ISLAND PARK SENIOR HOUSING
 CIRCULO DE LA HISPANIDAD, INC.
 HALANDIA ASSOCIATES
 MILL RIVER RESIDENCES
 CHARLES J. MONICA SENIOR VILLAGE
 CHRISTIAN FELLOWSHIP HOUSE
 OYSTER BAY TOWN HOUSING AUTHORITY

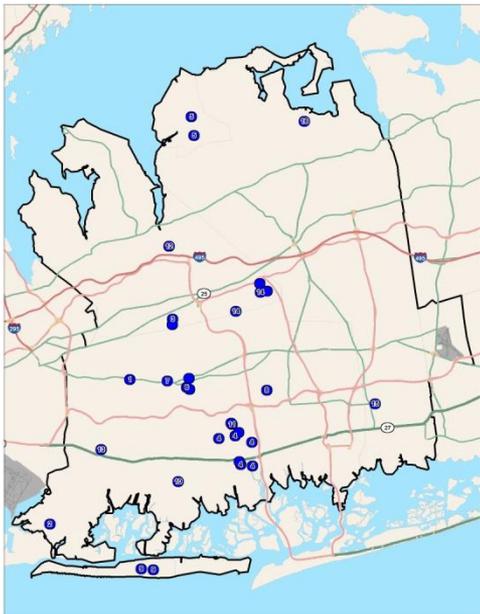
Queens



Urban Upbound (formerly East River Development Alliance)
 Hour Children
 ICL - Borden Avenue Veterans Residence
 Phoenix House - Long Island City Center
 The Floating Hospital - Shelter Clinic
 Community Environmental Center - Weatherization
 College Initiative - Queens
 HANAC - Weatherization Services
 Urban Upbound - Jobs Plus
 Reality House
 PSCH - Home-Based Coordinated Services & Family Support Services
 YWCA of Queens
 AABR - Family Services/Main Office
 Transitional Services for New York - Residential Services
 Korean Community Services of Metropolitan New York, Inc - Corona Senior Center
 The Shield Institute - Bayside Center
 ANIBIC - Association for Neurologically Impaired and Brain Injured Children
 Queens Community House
 Transitional Services for New York - Opportunities/Self-Help Program
 Hamilton-Madison House - Supported Housing Program
 Chhaya Community Development Corporation
 Ecuadorian International Center
 Safe Horizon - Queens Community Program
 Catholic Charities of Brooklyn and Queens - Corona PROS Program
 Elmhurst Halfway House
 New York Asian Women's Center (NYAWC) - Center for Asian Women Empowerment Center
 FECS - Nassau Supported Apartment Program
 JASA Queens Borough Service Center
 Forestdale Foster Boarding Home and Adoption Program
 Fitzgerald House
 Phoenix House - Springfield Gardens Mental Health Community Residence
 Legal Aid Society of New York - Queens Neighborhood Office
 The Center for Independence of the Disabled in New York - Queens Office
 Safe Space - Richmond Hill Preventive Services
 The River Fund New York
 Bernard M. Fineson Developmental Disabilities Services Office
 Jamaica YMCA
 Venture House
 New York City Commission on Human Rights - Jamaica
 AIDS Center of Queens County - Main Site
 Volunteers of America - Queens Forensic Linkage Program
 Hands Across Long Island (HALI) - Jamaica
 Queens Centers for Progress - Community Connections Center
 Queens Hospital Center - Health Homes
 HELP/PSI - Queens Health Home Case Management
 Safe Space - Headquarters
 Ruby S. Couche Big Sister Educational Action and Service Center, Inc.
 Urban Resource Institute - Linden House
 Southern Queens Park Association, Inc. - Families in Need Preventive Services Program
 Allen Women's Resource Center
 Centro Hispano Cuzcatlan
 Business Leaders of Tomorrow Leadership Empowerment Center, Inc.
 Salvation Army - Briarwood Family Residence
 Queens Legal Services Corporation - Jamaica Office
 Legal Aid Society of New York - Queens Housing Court Office
 AIDS Center of Queens County - Far Rockaway
 Jewish Community Council of the Rockaway Peninsula (JCCRP)
 Margret Community Corporation
 JBFC - Transition Center

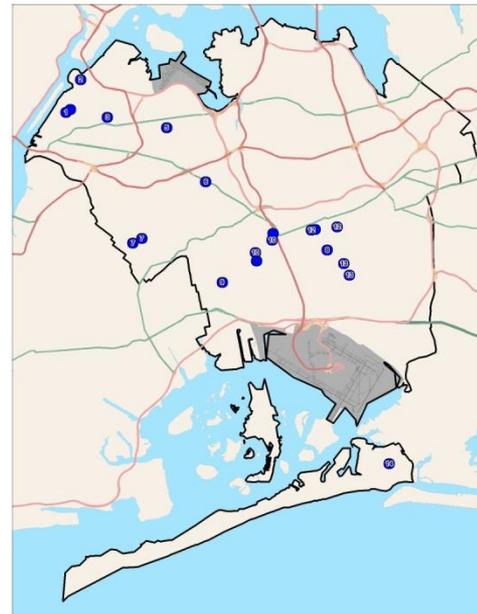
Community Based Resources – Food Banks, Community Gardens, Farmers’ Markets

Nassau



CHILD AND ADULT CARE FOOD PROGRAM
 PARISH OUTREACH
 FOOD RESCUE AND DELIVERY
 COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
 FOOD/FAMILY SUPPORT-NASSAU
 RENACER OUTREACH PROGRAM RESTORATION DELIVERANCE
 FREEPORT INN
 FOOD AND CLOTHING OUTREACH
 FIRST STOP PANTRY WEST
 ST. PATRICK'S OUTREACH
 FOOD AND CLOTHING PANTRY
 MARY BRENNAN INN
 OUTREACH PROGRAM
 FOOD PANTRY
 PEOPLE WHO CARE FOOD PANTRY
 PARISH SOCIAL MINISTRY
 ROOSEVELT-FREEPORT FOOD PANTRY
 SOUP KITCHEN
 CLIENT CHOICE FOOD PANTRY/ NASSAU
 FOOD COMMODITY PROGRAM
 PARISH OUTREACH AND FOOD PANTRY
 BETHANY SOUP KITCHEN
 ALIX RUBINGER KOSHER FOOD PANTRY
 HOPE FOR LONG ISLAND FOOD PANTRY

Queens



HOUR CHILDREN
 ST. MARGARET MARY FOOD PANTRY & SOCIAL SERVICES
 SALVATION ARMY - ASTORIA COMMUNITY CENTER
 RAVENSWOOD RESIDENT ASSOCIATION, INC. - SHARE FOOD PROGRAM
 SALVATION ARMY CORPS COMMUNITY CENTER - QUEENS TEMPLE
 MASBIA - REGO PARK
 RIDGEWOOD OLDER ADULT CENTER
 SALVATION ARMY - RIDGEWOOD CORPS COMMUNITY CENTER
 ST. ALBANS BAPTIST CHURCH - OUTREACH SERVICES
 HUMANITY SERVICE, INC.
 MEDISYS - WOMEN'S HEALTH
 OUR LADY OF THE CENACLE CHURCH - FOOD PANTRY
 THE RIVER FUND NEW YORK
 SAINT BENEDICT JOSEPH LABRE CHURCH - FOOD PANTRY
 BETHESDA MISSIONARY BAPTIST CHURCH - FOOD PROGRAM
 CORNELL COOPERATIVE EXTENSION - QUEENS
 TABERNACLE OF PRAYER FOR ALL PEOPLE - HOPE HALL MINISTRIES
 RUBY S. COUCHE BIG SISTER EDUCATIONAL ACTION AND SERVICE CENTER, INC.
 CLERGY UNITED FOR COMMUNITY EMPOWERMENT
 THE UNITED METHODIST CENTER IN FAR ROCKAWAY

Community Based Resources – Clothing, Furniture Banks

Nassau



THRIFT SHOP
ATTIC THRIFT SHOP
WESTBURY NEIGHBORHOOD ASSOCIATION, INC.
THRIFT STORES
PRETTY NEW THRIFT SHOP-FARMINGDALE

Queens



HOUR CHILDREN
LAGUARDIA COMMUNITY COLLEGE HOME TO WORK CENTER
THE BRIDGE TO LIFE, INC. - ASTORIA
THE BRIDGE TO LIFE, INC. - FLUSHING
ST. ALBANS BAPTIST CHURCH - OUTREACH SERVICES
THE RIVER FUND NEW YORK
BETHESDA MISSIONARY BAPTIST CHURCH - FOOD PROGRAM
ALLEN A.M.E. CHURCH - FOOD AND CLOTHING PANTRY/SOUP KITCHEN
CALVARY BAPTIST CHURCH - FOOD PANTRY
THE UNITED METHODIST CENTER IN FAR ROCKAWAY

Community Based Resources – Transportation Services

Nassau



GREAT NECK SENIOR CENTER, INC.
METROPOLITAN TRANSPORTATION AUTHORITY
NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-MEDICAID/MEDICAL SERVICES
SUSTAINABLE LONG ISLAND
SERVISAIR GLOBE GROUND, LLC
THE LIFE ENRICHMENT CENTER AT OYSTER BAY
FISH OF WANTAGH, INC.

Queens



Medicaid Transportation - New York City
HANAC East-West Connection Senior Transportation Services
PSCH - Habilitation Clinic (Article 16 Clinic)
HANAC - Ravenswood Senior Center
HANAC Angelo Petromellis Senior Center
BFFY Bayside Senior Transportation Services
Catholic Charities - Bayside Senior Center
Jewish Center of Kew Gardens - Golden Age Club
United Spinal Association - National Headquarters
Queens Community House - Forest Hills
Selfhelp Maspeth Senior Center
Middle Village Adult Center
New York City Family Justice Center - Queens
SNAP of Eastern Queens Senior Center
Catholic Charities - Monica House
Allen Senior Citizens Community Center
St. John's Episcopal Hospital - Family Resource Center
Rockaway Boulevard Senior Center - Jamaica Service Program for Older Adults (JSPOA)
JASA Far Rockaway/Brookdale Village Senior Center

Community Based Resources – Individual Employment Support Services

Nassau



NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./NASSAU
 NASSAU COUNTY COMMISSION ON HUMAN RIGHTS ABILITIES, INC.
 AHRC NASSAU
 HEMPSTEADWORKS
 LEADERSHIP TRAINING INSTITUTE
 NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES-COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
 HELEN KELLER SERVICES FOR THE BLIND
 WOMEN'S INSURANCE NETWORK OF LONG ISLAND
 NASSAU COUNTY DEPARTMENT OF MENTAL HEALTH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 NASSAU COUNTY OFFICE FOR THE AGING
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES FINANCIAL ASSISTANCE AND SUPPORT SERVICES-TEMPORARY ASSISTANCE
 YAI NETWORK
 NEW YORK STATE DEPARTMENT OF LABOR/NASSAU
 MILL NECK FAMILY OF ORGANIZATIONS
 NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
 THE CENTER FOR DEVELOPMENTAL DISABILITIES, INC.

Queens

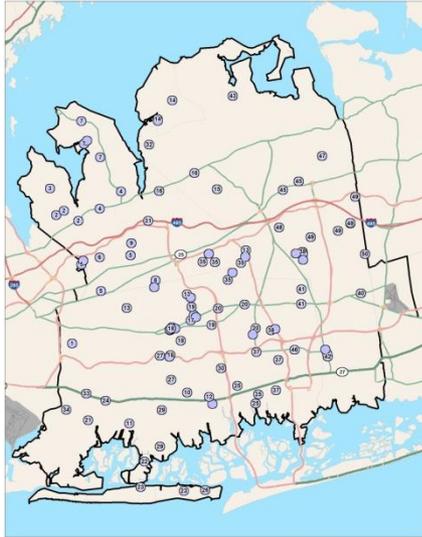


Jacob A. Riis Neighborhood Settlement
 The New York Foundling - Queens General and Intensive Preventive Services
 Urban Upbound (formerly East River Development Alliance)
 LaGuardia Community College
 CUNY Fatherhood Academy
 HANAC
 Workforce1 Career Center - Long Island City
 Catholic Charities - Catholic Community Center of Northern Queens
 Goodwill Industries - Family Learning Center
 Urban Upbound - Jobs Plus
 St. Margaret Mary Food Pantry & Social Services
 Quality Services for the Autism Community - Queens Day Habilitation & After-school
 AHRC - Queens Hire Supported Employment Program
 Thomas P. Noonan Veterans Outpatient Clinic
 Goodwill Industries – OPWDD (ETP) & ACCES-VR Intensive Supported Employment Program
 Renaissance Economic Development Corporation (REDC) - Queens Office
 Chinese-American Planning Council - Queens Community Service Center
 Promoting Specialized Care and Health (PSCH), Inc.
 Asian Youth Center of New York
 Flushing Immigration Center
 Workforce1 Career Center
 PSCH
 Quality Services for the Autism Community - Day School
 Korean Community Services of Metropolitan New York
 The Shield Institute - Bayside Center
 Samuel Field YM & YWHA - Youth Programs
 ANIBIC - Association for Neurologically Impaired and Brain Injured Children
 Queens Business Outreach Center (BOC)
 Transitional Services for New York - Opportunities/Self-Help Program
 Asociacion Benefica Cultural Padre Billini
 Urban Health Plan - Plaza del Sol Family Health Center
 Office of Adult Career and Cont EdSvcs (ACCES) - Vocational Rehabilitation (VR)
 Lexington School & Center for the Deaf
 VetsFirst - United Spinal Association
 Ecuadorian International Center
 American Family Community Services, Inc.
 Catholic Charities of Brooklyn and Queens - Corona PROS Program
 Elmhurst Halfway House
 Elmhurst Hospital Child & Adolescent Outpatient Mental Health Clinic

JCCA - Family Day Care Program
 American Immigrants
 Adult Day Habilitation Program - Middle Village - Services for the Underserved
 Polonians Organized to Minister to Our Community (POMOC)
 Greater Ridgewood Youth Council, Inc - Main
 Jamaica NAACP Day Care Center
 Forestdale Fathering Initiative - Jamaica Office
 Fitzgerald House
 Legal Aid Society of New York - Queens Neighborhood Office
 The Center for Independence of the Disabled in New York - Queens Office
 Safe Space - Richmond Hill Preventive Services
 Dress for Success - Queens Branch
 Samaritan Village - Ed Thompson Veterans Center
 Quality Services for the Autism Community - Hollis Day Habilitation Center for Women of New York
 Queens Centers for Progress - Bellerose Adult Day Habilitation Program
 Bernard M. Fineson Developmental Disabilities Services Office
 Venture House
 New York City Commission on Human Rights - Jamaica
 SingleStop Services - Child Center of NY
 Volunteers of America - Queens Forensic Linkage Program
 Hands Across Long Island (HALI) - Jamaica
 Workforce1 Career Center
 Queens Library - New Americans Program
 The Child Center of NY - Jamaica Clinic
 Safe Space - Transitional Living Programs
 Goodwill Industries - Queens Back to Work Center
 Goodwill Industries - Beyond Jobs
 Queens Educational Opportunity Center (EOC)
 Jamaica Service Program for Older Adults, Inc. (JSPOA)
 Business Leaders of Tomorrow Leadership Empowerment Center, Inc.
 SCO Family of Services - Briarwood Residential Treatment
 York College Small Business Development Center
 Rockaway Development and Revitalization Corporation
 The Action Center - Cornerstone Location
 Doctors of the World - Rockaways Free Clinic

Community Based Resources – Specialty Community Based and Clinical Services, Nassau

Nassau

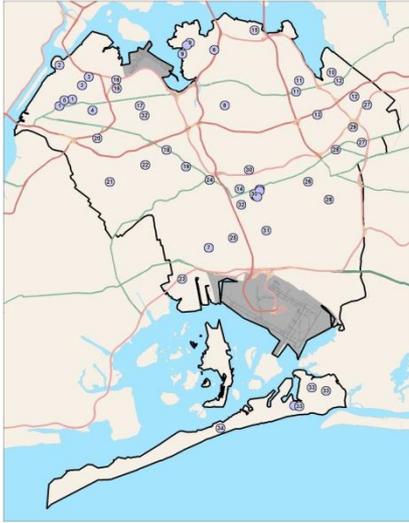


FAMILY AND CHILDREN'S ASSOCIATION
FRIENDSHIP FOUNDATION, INC.
CREATIVE ADAPTATIONS FOR LEARNING, INC.
NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
NORTH SHORE CREATIVE REHABILITATION CENTER, INC.
LITTLE VILLAGE HOUSE
LONG ISLAND JEWISH MEDICAL CENTER
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
HERRICKS UNION FREE SCHOOL DISTRICT
LONG ISLAND ADVOCACY CENTER, INC.
ST. MARY'S HEALTHCARE SYSTEM FOR CHILDREN
HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS (HKNC)
LONG ISLAND ALZHEIMER'S FOUNDATION
LONG ISLAND ALZHEIMER'S FOUNDATION
COMMUNITY MAINSTREAMING ASSOCIATES, INC.
CHOICE MAGAZINE LISTENING
YAI NETWORK
ABILITIES, INC.
ST. CHARLES HOSPITAL
SOUTH SHORE ASSOCIATION FOR INDEPENDENT LIVING, INC.
LIFE'S WORC, INC.
PROJECT REAL
SOUTH SHORE CHILD GUIDANCE CENTER, INC.
ADELPHI UNIVERSITY
HELEN KELLER SERVICES FOR THE BLIND
ADELPHI UNIVERSITY
NASSAU BOCES DEPARTMENT OF REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRAMS
LIFE'S WORC, INC.
NEW YORK STATE OFFICE OF VOCATIONAL AND EDUCATIONAL SERVICES FOR INDIVIDUALS WITH DISABILITIES
COMMUNITY MAINSTREAMING ASSOCIATES, INC.
SCHOOL FOR LANGUAGE AND COMMUNICATION DEVELOPMENT
GLEN COVE HOSPITAL
MELILLO CENTER FOR MENTAL HEALTH
ADVANTAGE CARE DIAGNOSTIC AND TREATMENT CENTER
BROOKVILLE CENTER FOR CHILDREN'S SERVICES
THE FAY J. LINDNER CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES
SID JACOBSON JEWISH COMMUNITY CENTER
LIU POST
HOFSTRA UNIVERSITY
NASSAU SUFFOLK LAW SERVICES COMMITTEE, INC./HEMPSTEAD
MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, INC.
FAMILY AND CHILDREN'S ASSOCIATION
THE CENTER FOR RAPID RECOVERY
HISPANIC COUNSELING CENTER
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES-COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES-COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
A-1 UNIVERSAL CARE, INC.
HELEN KELLER SERVICES FOR THE BLIND
MERCY MEDICAL CENTER
NASSAU COUNTY DEPARTMENT OF HEALTH-DIVISION OF COMMUNITY AND MATERNAL CHILD HEALTH SERVICES
NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-ADULT SERVICES
EPIC LONG ISLAND
NASSAU UNIVERSITY MEDICAL CENTER
GENESIS SCHOOL
PENINSULA COUNSELING CENTER
ABBEE ISLAND PARK MANOR ADULT HOME
LONG BEACH MEDICAL CENTER
HEMPSTEAD TOWN
THE BRISTAL ASSISTED LIVING
LONG ISLAND INFANT DEVELOPMENTAL PROGRAM/SUFFOLK
SKY RIDING LONG ISLAND
YAI NETWORK

LONG ISLAND TOY LENDING CENTER FOR CHILDREN WITH DISABILITIES
MERCY MEDICAL CENTER
HADASSAH NASSAU COUNTY REGION
MOLLOY COLLEGE
FRIEDBERG JCC
JEWISH ASSOCIATION SERVING THE AGING
SOUTH NASSAU COMMUNITIES HOSPITAL
UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC.
ST. MARY'S KIDS AT ROSLYN
SCO FAMILY OF SERVICES
PENINSULA COUNSELING CENTER
JCC OF THE GREATER FIVE TOWNS
MILL NECK FAMILY OF ORGANIZATIONS
THE REHABILITATION INSTITUTE
SCO FAMILY OF SERVICES
A-1 UNIVERSAL CARE, INC.
YAI NETWORK
YAI NETWORK
KIDS FIRST EVALUATION AND ADVOCACY CENTER, INC./NASSAU
NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
LONG BEACH MEDICAL CENTER
HELEN KELLER SERVICES FOR THE BLIND
NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
GOODWILL INDUSTRIES OF GREATER NEW YORK AND NORTHERN NEW JERSEY
NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
ADULTS AND CHILDREN WITH LEARNING AND DEVELOPMENTAL DISABILITIES, INC.
HOPEFITNESS
FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC.
THE LONG ISLAND CENTER FOR INDEPENDENT LIVING, INC. (LICIL)
NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
GOODWILL INDUSTRIES OF GREATER NEW YORK AND NORTHERN NEW JERSEY
OYSTER BAY TOWN - DEPARTMENT OF COMMUNITY AND YOUTH SERVICES
MILL NECK FAMILY OF ORGANIZATIONS
THE HAGEDORN LITTLE VILLAGE SCHOOL, JACK JOEL CENTER FOR SPECIAL CHILDREN
VARIETY CHILD LEARNING CENTER
FEGS HEALTH & HUMAN SERVICES
PLUS GROUP HOMES, INC.
NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
THE CENTER FOR DEVELOPMENTAL DISABILITIES, INC.
NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC.
AHRN NASSAU
AHRN NASSAU
MARION K. SALOMON AND ASSOCIATES, INC
ASSOCIATION FOR CHILDREN WITH DOWN SYNDROME (ACDS)
JEWISH CHILD CARE ASSOCIATION
CITIZENS, INC.
FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC.
LIFE'S WORC, INC.

Community Based Resources – Specialty Community Based and Clinical Services, Queens

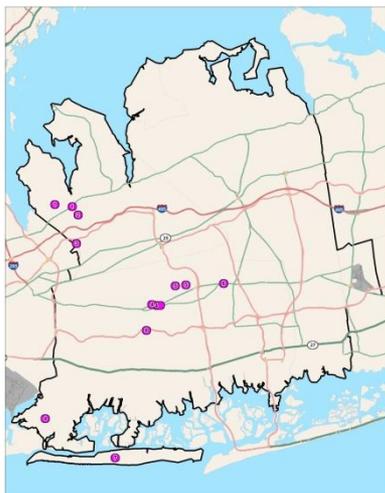
Queens



AHRC - Cyril Weinberg Adult Day Center
Goodwill Industries - Peer Advocacy Leadership Program
YAI Center for Specialty Therapy - Astoria
AHRC - Astoria Blue Feather Head Start Program
PSCH - Habilitation Clinic (Article 16 Clinic)
Quality Services for the Autism Community - Queens Day Habilitation & After-school
AHRC - Joseph T. Weingold Adult Day Center
AHRC - Queens Hire Supported Employment Program
Goodwill Industries – OPWDD (ETP) & ACCES-VR Intensive Supported Employment Program
PSCH - Developmental Disabilities Services
Korean Immigrant Services of New York, Inc.
Promoting Specialized Care and Health (PSCH), Inc.
Selfhelp Housing Facilities - Douglas Elliman Property Management
YAI - New York League for Early Learning - Clearview Preschool
AABR - Family Services/Main Office
PSCH - Mental Health Services - College Point
Quality Services for the Autism Community - Day School
YAI Center for Specialty Therapy/Premier HealthCare - Bayside
The Shield Institute - Bayside Center
JBFCs - Club Pride
Quality Services for the Autism Community - Preschool & Early Childhood Center
ANIBIC - Association for Neurologically Impaired and Brain Injured Children
The Neuroscience Institute
Transitional Services for New York - Opportunities/Self-Help Program
Office of Adult Career and Continuing Education Services (ACCES) - Vocational Rehabilitation (VR) - Queens (Formerly VESID)
Lexington School & Center for the Deaf
United Spinal Association - National Headquarters
City-Pro Group Inc.- Queens
JCCA - Family Day Care Program
Selfhelp Queens Nazi Victim Services Program
Cerebral Palsy Associations of NYS - Queens Health Care Center
Adult Day Habilitation Program - Middle Village - Services for the Underserved
YAI - New York League for Early Learning - Forest Hills West Preschool
HeartShare - First Step Early Childhood Center
Special Kids Intervention
YAI Center for Specialty Therapy - Kew Gardens
The Center for Independence of the Disabled in New York - Queens Office
New Horizon Counseling Center
It Takes A Community To Raise A Child Daycare Center
Quality Services for the Autism Community - Hollis Day Habilitation
Cross Island YMCA
Queens Centers for Progress - Residential Facilities
Queens Parent Resource Center - Community Habilitation
Gateway Counseling Center - Queens
Bernard M. Fineson Developmental Disabilities Services Office
Catholic Charities of Brooklyn and Queens - Colin-Newell Head Start
HRA Adult Protective Services - Queens Borough Office
Queens Centers for Progress - Community Connections Center
Queens Centers for Progress - Children's Center
Queens Centers for Progress - Early Childhood Direction Center
Queens Parent Resource Center - Day Habilitation Center
Safe Space - Headquarters
Early Intervention Service Coordination Program - Queens
Urban Resource Institute - Linden House
SCO Family of Services - Briarwood Residential Treatment
Sunshine Developmental School
St. John's Episcopal Hospital - Family Resource Center
Catholic Charities - Rockaway PROS
AHRC- Far Rockaway Adult Day Center
Margert Community Corporation
Community Parents, Inc. - Community and Family Head Start
St. John's Episcopal Hospital - Family Resource Center (Satellite Office)

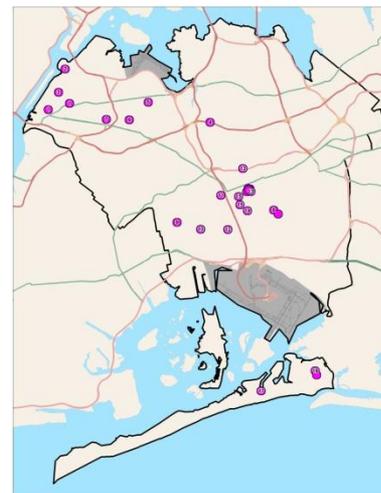
Community Based Resources – HIV Prevention/Outreach and Social Service Programs

Nassau



COPAY, INC.
STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
NASSAU SUFFOLK LAW SERVICES COMMITTEE, INC./HEMPSTEAD
FIVE TOWNS COMMUNITY CENTER, INC.
EAC NETWORK
LEADERSHIP TRAINING INSTITUTE
CIRCULO DE LA HISPANIDAD, INC.
NASSAU COUNTY DEPARTMENT OF HEALTH-HIV/AIDS BUREAU
NASSAU COUNTY DEPARTMENT OF HEALTH-PUBLIC HEALTH HIV/AIDS-SEXUALLY TRANSMITTED DISEASE SERVICES
NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-ADULT SERVICES
NASSAU UNIVERSITY MEDICAL CENTER-COMMUNITY SUPPORT GROUPS
CIRCULO DE LA HISPANIDAD, INC.
MERCY MEDICAL CENTER

Queens



Steinway Child and Family Services (SCFS) - Main Office
Narco Freedom - Primary Care Clinic - Queens
Reality House
Community Healthcare Network - Long Island City Health Center
Specialty Care Center - NYHQ
NYC Dept. of Health - Free STD Clinic - Corona
Elmhurst Hospital
AIDS Center of Queens County - Woodside Office
Medisys Family Care Centers
Safe Space - Richmond Hill Preventive Services
HIV Prevention Services - Jamaica Hospital Medical Center
HELP/PSI - Queens Adult Day Health Care Program
AIDS Center of Queens County - Main Site
Queens Hospital Center
AIDS Center of Queens County - Jamaica/Queens HIV Care Networks
HELP/PSI - Queens Health Home Case Management
AIDS Center of Queens County - Jamaica Harm Reduction Program
Firehouse Health Center
Community Healthcare Network - Family Health Center
NYC Dept. of Health - Free STD Clinic - Jamaica
J-CAP - Living Proof HIV/AIDS Services
Clergy United for Community Empowerment
Choices Women's Medical Center
Community Healthcare Network - Queens Health Center
AIDS Center of Queens County - Far Rockaway
CNR Health Care - Long-term Home Care and AIDS Home Care
Joseph P. Addabbo Family Health Center - Arverne

Community Based Resources – Peer and Family Mental Health Advocacy Organizations, Nassau

Nassau



MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, INC.
NASSAU UNIVERSITY MEDICAL CENTER
SAGAMORE CHILDREN'S PSYCHIATRIC CENTER

Community Based Resources – Peer and Family Mental Health Advocacy Organizations, Queens

Queens

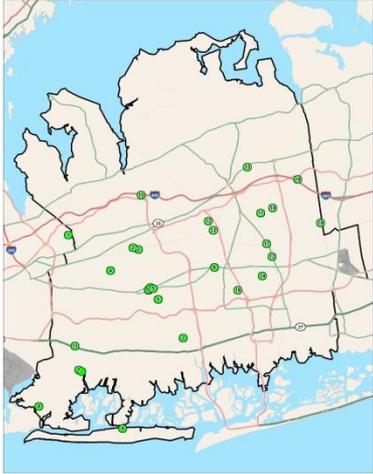


The New York Foundling - Queens General and Intensive Preventive Services
Urban Upbound (formerly East River Development Alliance)
Hour Children
Steinway Child and Family Services (SCFS) - Main Office
The Fortune Society
Arab-American Family Support Center - Queens Office
The Floating Hospital
Goodwill Industries - Peer Advocacy Leadership Program
Steinway Child and Family Services - Martin DePorres Clinic
HANAC - Child and Family Preventive Services
Mount Sinai Queens
Goodwill Industries - Family Learning Center
Reality House
PSCH
Promoting Specialized Care and Health (PSCH), Inc.
The Boys' Club of New York - Marion McMahon Abbe Clubhouse
Flushing Hospital Medical Center - Outpatient Mental Health Clinic
Selfhelp Housing Facilities - Douglas Elliman Property Management
South Asian Council for Social Services
The Bridge to Life, Inc. - Flushing
American Cancer Society - Asian Initiative
YWCA of Queens
Queens/Long Island Counseling Services of FRMH - Flushing
Reflections Outpatient Program - Flushing Hospital Medical Center
YAI - New York League for Early Learning - Clearview Preschool
Transitional Services for New York - Residential Services
Korean Family Counseling & Research Center
YAI Center for Specialty Therapy/Premier HealthCare - Bayside
JBFCs - Pride of Judea Counseling Center
Samuel Field YM & YWHA
ANIBIC - Association for Neurologically Impaired and Brain Injured Children
Trude Weishaupt Dialysis Center
St. John's University - Center for Psychological Services
Turning Point for Women and Families
Latin Women In Action
NYC Dept. of Health/Public Health Solutions - Nurse-Family Partnership
ELMCOR Drug Rehabilitation
Hamilton-Madison House - Korean Clinic
South Asian Marrow Association of Recruiters
Lexington School & Center for the Deaf
United Spinal Association - National Headquarters
Ecuadorian International Center
Families Building Community - Elmhurst Community Partnership
Desis Rising Up and Moving (DRUM)
Safe Horizon - Queens Community Program
Mateando
PAC Program of Queens
Mount Sinai Sexual Assault and Violence Intervention Program (SAVI) - Queens
Elmhurst Hospital Center
The Child Center of NY - Asian Outreach Clinic
Long Island Consultation Center
Jamaica Hospital Medical Center - Forest Hills Advanced Center for Psychotherapy
Bleuler Psychotherapy Center
Queens Community House - Senior Case Management
Lower East Side Family Union - Queens Office
Queens Community House - Forest Hills
Safe Horizon - Queens Child Advocacy Center
Queens Jewish Community Council
Forestdale Fathering Initiative
Queens Rape Counseling Center
Mental Health Providers of Western Queens - Jackson Heights
The Child Center of New York - Main Office
BFFY Woodside Clinic and Mobile Outreach Team
Mental Health Providers of Western Queens - Western Queens Recovery Services
AIDS Center of Queens County - Woodside Office
The Child Center of NY - Woodside Clinic
Glendale Mental Health Clinic

Medisys Family Care Center - St. Albans
Quick Start Day Care Center, Inc.
Phoenix House - Springfield Gardens Mental Health Community Residence
Steinway Child and Family Services - Howard Beach Mental Health Clinic
New York City Family Justice Center - Queens
HerJustice
YAI Center for Specialty Therapy - Kew Gardens
Arms Acres - Queens Outpatient Clinic
American Cancer Society - Queens Region
Humanity Service, Inc.
Safe Space - Richmond Hill Preventive Services
Outreach Project - Outreach Family Services
New Horizon Counseling Center
Safe Horizon - Queens Family Court Program
Center for Women of New York
Queens Centers for Progress
Queens Village Wellness and Recovery Center
Creedmoor Psychiatric Center - Jamaica Wellness and Recovery Center
Episcopal Community Services of Long Island - Queens Office
Queens Sickle Cell Advocacy Network, Inc. (QSCAN)
AIDS Center of Queens County - Main Site
Counseling Service of EDNY - Queens
Volunteers of America - Queens Forensic Linkage Program
Queens Centers for Progress - Early Childhood Direction Center
Queens Hospital Center
AIDS Center of Queens County - Jamaica/Queens HIV Care Networks
The Child Center of NY
Firehouse Health Center
Community Mediation Services, Inc.
Neighborhood Housing Services of Jamaica
Safe Space - Transitional Living Programs
Tabernacle of Prayer for All People - Hope Hall Ministries
J-CAP - New Spirit Outpatient Substance Abuse Services
Friendship Center - Jamaica Service Program for Older Adults (JSPOA)
Queens Hospital Center - Harm Reduction Program
The Child Center of NY - South Jamaica Clinic
Ruby S. Couche Big Sister Educational Action and Service Center, Inc.
Southern Queens Park Assoc, Inc. - Families in Need Preventive Svcs Program
820 River Street
Samaritan Village - Jamaica Intensive Outpatient Program
Transitional Services for New York - Outpatient Mental Health Services
AIDS Center of Queens County - Far Rockaway
Safe Space - Far Rockaway
Catholic Charities
Community Mental Health Center - St. John's Episcopal Hospital
Community Parents, Inc. - Community and Family Head Start
Joseph P. Addabbo Mental Health Clinic
St. John's Episcopal Hospital

Community Based Resources – Self Advocacy & Family Support Organizations & Programs, Nassau

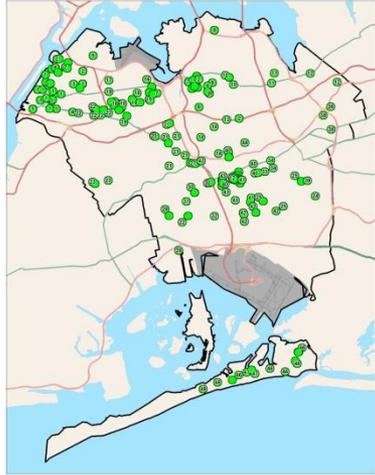
Nassau



RONALD MCDONALD HOUSE OF LONG ISLAND
MILITARY FAMILIES IN TRAINING (MFIT)
TODDLERS AND PRESCHOOL DIABETES SUPPORT GROUP
OUTPATIENT MENTAL HEALTH CLINIC
SOCIAL TRAINING CENTER
ADULT FAMILY SUPPORT GROUP
FAMILY INTERVENTION
FAMILY CENTER
FAMILY EDUCATION AND TRAINING
MOBILE INTERVENTION AND OUTREACH PROGRAM
YOUTH AND FAMILIES PROGRAM
BUILDING FOR SUCCESS
MDA/ALS SUPPORT GROUP
SIBSPACE
FAMILY SUPPORT
SNOEZELEN ROOM
FAMILY ALCOHOLISM COUNSELING AND TREATMENT SERVICES
COORDINATED CHILDREN'S SERVICES INITIATIVE
ATTENTION DEFICIT HYPERACTIVITY DISORDER PROGRAM
EARLY INTERVENTION PROGRAM/PROJECT SUPPORT
WESTBURY CORPS
CHILDREN'S RIGHTS COUNCIL
SIBLING SUPPORT
INDIVIDUAL COUNSELING
REGIONAL SPECIAL EDUCATION-TECHNICAL ASSISTANCE SUPPORT CENTER
SCOLIOSIS ASSOCIATION OF LONG ISLAND
NASSAU COUNTY VETERANS CENTER
EARLY YEARS INSTITUTE
EARLY INTERVENTION PROGRAM
PM RESPITE

Community Based Resources – Self Advocacy & Family Support Organizations & Programs, Queens

Queens



Catholic Charities of Brooklyn and Queens - Joseph DiMarco Universal Pre-K and Day Care Center
 Neighborhood WIC Program - Flushing
 Health Insurance Enrollment Program - Flushing
 Chinese-American Planning Council - Queens Community Service Center
 Chinese-American Planning Council - Youth Services
 NYHQ Family Health Center
 Flushing YMCA
 Macedonia Child Center
 The Boys' Club of New York - Marion McMahon Abbe Clubhouse
 Minkwon Center for Community Action
 Charles B. Wang Community Health Center - Flushing
 The Child Center of NY - Flushing Clinic
 South Asian Council for Social Services
 The Bridge to Life, Inc. - Flushing
 Workforce1 Career Center - Flushing Library
 YWCA of Queens
 New York Hospital Queens- HealthOutreach
 Quality Services for the Autism Community - Day School
 Korean Community Services of Metropolitan New York - Main Office
 Korean Family Counseling & Research Center
 Korean Community Services of Metropolitan New York, Inc - Flushing Senior Center
 YAI Center for Specialty Therapy/Premier HealthCare - Bayside
 The Shield Institute - Bayside Center
 JBFCs - Club Pride
 Samuel Field YM & YWHA - Community Advisory Program for the Elderly (CAPE)
 Samuel Field YM & YWHA - Youth Programs
 NewYork-Presbyterian/The New York Hospital Queens - OB/GYN Ambulatory Care Center
 St. John's University - Center for Psychological Services
 Queens Community House
 Turning Point for Women and Families
 Latin Women in Action
 Neighborhood WIC Program - Corona
 NYC Dept. of Health/Public Health Solutions - Nurse-Family Partnership
 ELMCOR Drug Rehabilitation
 Asociacion Benefica Cultural Padre Billini
 Urban Health Plan - Plaza del Sol Family Health Center
 Jerome Hardeman Child Care Center
 Lexington School & Center for the Deaf
 NYC Dept. of Health - Free STD Clinic - Corona
 Chhaya Community Development Corporation
 Ecuadorian International Center
 Families Building Community - Elmhurst Community Partnership
 Voces Latinas
 Jackson Heights Family Health Center
 Safe Horizon - Queens Community Program
 American Family Community Services, Inc.
 Queens Pride House
 Catholic Charities of Brooklyn and Queens - Corona PROS Program
 Make the Road New York - Elmhurst Center
 PAC Program of Queens
 Mount Sinai Sexual Assault and Violence Intervention Program (SAVI) - Queens
 Elmhurst Hospital Center - Adult Partial Hospitalization Program
 Elmhurst Hospital WIC Program
 The Child Center of NY - Asian Outreach Clinic
 Elmhurst Halfway House
 New York Asian Women's Center (NYAWC) - Center for Asian Women Empowerment Center
 JCCA - Two Together Tutoring - Queens Office
 JCCA - Family Day Care Program
 JASA Queens Borough Service Center
 TheraCare - Queens
 Forest Hills Hospital - Adult Primary Care Center
 Jamaica Hospital Medical Center - Forest Hills Advanced Center for Psychotherapy
 Lower East Side Family Union - Queens Office
 Queens Community House - Forest Hills
 Queens Community House - Generation Q
 Safe Horizon - Queens Child Advocacy Center
 Queens Jewish Community Council
 Young Israel Forest Hills Senior League
 Forestdale Fathering Initiative
 Forestdale Preventive Services
 Queens Rape Counseling Center
 Queens Community House - Senior Case Management
 Cerebral Palsy Associations of NYS - Queens Health Care Center
 Woodside on the Move
 Catholic Charities of Brooklyn and Queens - WIC Program Site (Woodside)
 East Side WIC Program (Sunnyside)
 The Child Center of New York - Main Office
 Head Start Program - The Child Center of NY
 BFFY Woodside Clinic and Mobile Outreach Team
 AIDS Center of Queens County - Woodside Office
 The Child Center of NY - Woodside Clinic
 Adhikaar

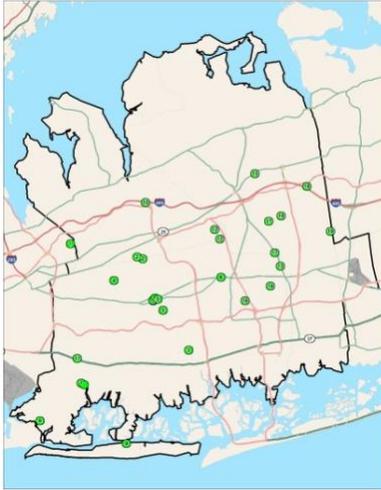
RidgeWood YMCA
 Ridgewood Communicare Clinic
 Neighborhood WIC Program - Ridgewood
 Haitian Americans United for Progress (HAUP)
 Medisys Family Care Center - St. Albans
 Quick Start Day Care Center, Inc.
 Forestdale Fathering Initiative - Jamaica Office
 Forestdale House
 HeartShare - First Step Early Childhood Center
 Steinway Child and Family Services -
 YAI Center for Specialty Therapy - Kew Gardens
 Queens Community House - Kew Gardens
 Medisys Family Care Center - Atlantic Avenue
 Humanity Service, Inc.
 Safe Space - Richmond Hill Preventive Services
 Outreach Project - Outreach Family Services
 Medisys - Richmond Hill Family Practice
 Medisys - Women's Health
 Jamaica Hospital
 The River Fund New York
 South Queens Boys and Girls Club
 It Takes A Community To Raise A Child Daycare Center
 Catholic Charities - Woodhaven-Richmond Hill Senior Center
 Medisys Family Care Center - Jamaica Ave, Hollis
 Hollis Women's Center
 Center for Women of New York
 Cross Island YMCA
 New York City Children's Center - Queens
 Queens Parent Resource Center - Community Habilitation
 Episcopal Community Services of Long Island - Queens Office
 Bernard M. Fineson Developmental Disabilities Services Office
 Miss Millie's Group Family Day Care
 Daytop Village - Queens Center
 Catholic Charities Behavioral Health Center Jamaica Clinic
 Catholic Charities of Brooklyn and Queens - WIC Program Site (Jamaica)
 Catholic Charities of Brooklyn and Queens - WIC Program Site (Jamaica)
 Administration for Children's Services - Family Assessment Program (Queens)
 SingleStop Services - Child Center of NY
 Hands Across Long Island (HALI) - Jamaica
 HRA Adult Protective Services - Queens Borough Office
 The African Poetry Theatre
 Jamaica Hospital Medical Center - Jamaica Estates Advanced Center for Psychotherapy
 Bethesda Missionary Baptist Church - Food Program
 New York City Commission on Human Rights - Jamaica
 Queens Hospital Center - WIC Program
 Queens Centers for Progress - Adult Center
 Queens Hospital Center - Outpatient Department
 Queens Hospital Center - HIV Immunology Clinic
 Queens Hospital Center - Child & Adolescent Clinic
 Jamaica YMCA
 St. Vincent's Services - Behavioral Health Services Outpatient Chemical Dependence Treatment Program
 The Child Center of NY - Jamaica Family Center
 The Child Center of NY - Jamaica Clinic
 Firehouse Health Center
 Cornell Cooperative Extension - Queens
 Jamaica Community Partnership
 Community Mediation Services, Inc.
 Safe Space - Headquarters
 Safe Space - Transitional Living Programs
 Community Healthcare Network - Family Health Center
 Parsons Communicare Clinic
 NYC Dept. of Health - Free STD Clinic - Jamaica
 Neighborhood WIC Program - Jamaica
 All My Children Day Care - 164th Place
 Queens Comprehensive Perinatal Council
 Community Baptist Church of Christ - Soup Kitchen
 Jamaica Service Program for Older Adults, Inc. (JSPDA)
 The South Queens Multi-Service Center
 South Jamaica Center for Children and Parents Head Start
 Joseph P. Addabbo Health Center - Jamaica
 The Child Center of NY - South Jamaica Clinic
 Myrtle P. Jarmon Child Care Center
 All My Children Day Care Center - Sutphin Boulevard
 Clergy United for Community Empowerment
 Southern Queens Park Association, Inc. - Families in Need Preventive Services Program
 Allen Women's Resource Center
 820 River Street
 Choices Women's Medical Center
 St. John's Episcopal Hospital - Family Resource Center
 Centro Hispano Cuzcatlan
 Salvation Army - Briarwood Family Residence

Queens Legal Services Corporation - Jamaica Office
 Legal Aid Society of New York - Queens Housing Court Office
 Medisys Family Care Center - Jamaica
 Sunshine Developmental School
 Community Healthcare Network - Queens Health Center
 Consumer Justice for the Elderly: Litigation Clinic
 York College Immigration Center
 Joseph P. Addabbo Family Health Center - Far Rockaway
 Jewish Community Council of the Rockaway Peninsula (JCCRP)
 Child Center of New York - PS/MS 43 Beacon Community School Program
 Safe Space - Far Rockaway
 Far Rockaway Family Services Center - Harlem Dowling
 St. John's Episcopal Hospital, South Shore Division - Outpatient Department
 St. John's Episcopal Hospital - Classes and Support Groups
 Community Parents, Inc. - Community and Family Head Start
 Community Mental Health Center - St. John's Episcopal Hospital
 Joseph P. Addabbo Family Health Center - WIC Program
 JBFCs - Transition Center
 Rockaway YMCA at Arverne by the Sea
 Queens Library Rockaway Peninsula Literacy Zone
 The Action Center - Cornerstone Location
 Joseph P. Addabbo Family Health Center - Arverne
 Visiting Nurse Service of New York (VNSNY) - Early Steps Family Center
 St. John's Episcopal Hospital - Home Based Crisis Intervention Program
 St. John's Episcopal Hospital - Blended Case Management
 Doctors of the World - Rockaways Free Clinic
 St. John's Episcopal Hospital - Family Resource Center (Satellite Office)

Long Island City YMCA
 Jacob A. Riis Neighborhood Settlement
 The New York Foundling - Queens General and Intensive Preventive Services
 The Icla da Silva Foundation
 Urban Upbound (formerly East River Development Alliance)
 Hour Children
 Steinway Child and Family Services (SCFS) - Main Office
 CUNY Fatherhood Academy
 Family Resource Center of Western Queens - Mental Health Association of NYC
 The Fortune Society
 College Initiative - Queens
 Goodwill Industries - Citiview Connections Clubhouse
 Phoenix House - Long Island City Center
 Narco Freedom - Primary Care Clinic - Queens
 St. John's University - Project CONNECT
 Catholic Charities - Queensbridge Early Childhood Development Center
 The Floating Hospital - LIC Community Health Center
 Center for the Integration & Advancement of New Americans (CIANA)
 HANAC - Child and Family Preventive Services
 HANAC - Crime Victim Services
 HANAC - Extended Services
 The Bridge to Life, Inc. - Astoria
 Mount Sinai Queens
 American MidEast Leadership Network
 AHRC - Astoria Blue Feather Head Start Program
 Goodwill Industries - Extended Rehabilitation Services
 Goodwill Industries - After-School Program
 Catholic Charities of Brooklyn and Queens - St. Margaret Mary Early Childhood Development Center
 Creedmoor Psychiatric Center - Steinway Community Services
 Goodwill Industries - IS 10 Beacon Program
 Salvation Army - Astoria Community Center
 Mental Health Providers of Western Queens - Sunnyside
 Goodwill Industries - IS 141 Beacon Program
 Health Insurance Enrollment Program - Astoria
 Mount Sinai Queens - Family Health Associates
 Socrates Sculpture Park
 Community Healthcare Network - Long Island City Health Center

Community Based Resources – Family Support and Training, Nassau

Nassau



RONALD MCDONALD HOUSE OF LONG ISLAND
MILITARY FAMILIES IN TRAINING (MFIT)
TODDLERS AND PRESCHOOL DIABETES SUPPORT GROUP
OUTPATIENT MENTAL HEALTH CLINIC
SOCIAL TRAINING CENTER
ADULT FAMILY SUPPORT GROUP
FAMILY INTERVENTION
FAMILY CENTER
FAMILY EDUCATION AND TRAINING
MOBILE INTERVENTION AND OUTREACH PROGRAM
YOUTH AND FAMILIES PROGRAM
BUILDING FOR SUCCESS
MDA/ALS SUPPORT GROUP
SIBSPACE
FAMILY SUPPORT
SNOEZELEN ROOM
FAMILY ALCOHOLISM COUNSELING AND TREATMENT SERVICES
COORDINATED CHILDREN'S SERVICES INITIATIVE
ATTENTION DEFICIT HYPERACTIVITY DISORDER PROGRAM
EARLY INTERVENTION PROGRAM/PROJECT SUPPORT
WESTBURY CORPS
CHILDREN'S RIGHTS COUNCIL
SIBLING SUPPORT
INDIVIDUAL COUNSELING
REGIONAL SPECIAL EDUCATION-TECHNICAL ASSISTANCE SUPPORT CENTER
SCOLIOSIS ASSOCIATION OF LONG ISLAND
NASSAU COUNTY VETERANS CENTER
EARLY YEARS INSTITUTE
EARLY INTERVENTION PROGRAM
PM RESPITE

Community Based Resources – Family Support and Training, Queens

Queens



Long Island City YMCA
 Jacob A. Riis Neighborhood Settlement
 The New York Foundling - Queens General and Intensive Preventive Services
 The Icla da Silva Foundation
 Urban Upbound (formerly East River Development Alliance)
 Hour Children
 Steinway Child and Family Services (SCFS) - Main Office
 CUNY Fatherhood Academy
 Family Resource Center of Western Queens - Mental Health Association of NYC
 The Fortune Society
 College Initiative - Queens
 Phoenix House - Long Island City Center
 Narco Freedom - Primary Care Clinic - Queens
 St. John's University - Project CONNECT
 Catholic Charities - Queensbridge Early Childhood Development Center
 The Floating Hospital - LIC Community Health Center
 Center for the Integration & Advancement of New Americans (CIANA)
 HANAC
 The Bridge to Life, Inc. - Astoria
 Mount Sinai Queens
 American MidEast Leadership Network
 AHRC - Astoria Blue Feather Head Start Program
 Goodwill Industries
 Creedmoor Psychiatric Center - Steinway Community Services
 Goodwill Industries - IS 10 Beacon Program
 Salvation Army - Astoria Community Center
 Mental Health Providers of Western Queens - Sunnyside
 Health Insurance Enrollment Program - Astoria
 Mount Sinai Queens - Family Health Associates
 Socrates Sculpture Park
 Community Healthcare Network - Long Island City Health Center
 Catholic Charities of Brooklyn and Queens
 Neighborhood WIC Program - Flushing
 Health Insurance Enrollment Program - Flushing
 Chinese-American Planning Council - Queens Community Service Center
 NYHQ Family Health Center
 Flushing YMCA
 Macedonia Child Center
 The Boys' Club of New York - Marion McMahon Abbe Clubhouse
 Minkwon Center for Community Action
 Charles B. Wang Community Health Center - Flushing
 The Child Center of NY - Flushing Clinic
 South Asian Council for Social Services
 The Bridge to Life, Inc. - Flushing
 Workforce1 Career Center - Flushing Library
 YWCA of Queens
 New York Hospital Queens- HealthOutreach
 Quality Services for the Autism Community - Day School

Korean Community Services of Metropolitan New York
 Korean Family Counseling & Research Center
 YAI Center for Specialty Therapy/Premier HealthCare - Bayside
 The Shield Institute - Bayside Center
 JBFC - Club Pride
 Samuel Field YM & YWHA
 NewYork-Presbyterian/The New York Hospital Queens - OB/GYN Ambulatory Care Center
 St. John's University - Center for Psychological Services
 Queens Community House
 Turning Point for Women and Families
 Latin Women In Action
 Neighborhood WIC Program - Corona
 NYC Dept. of Health/Public Health Solutions - Nurse-Family Partnership
 ELMCOR Drug Rehabilitation
 Asociacion Benefica Cultural Padre Billini
 Urban Health Plan - Plaza del Sol Family Health Center
 Jerome Hardeman Child Care Center
 Lexington School & Center for the Deaf
 NYC Dept. of Health - Free STD Clinic - Corona
 Chihaya Community Development Corporation
 Ecuadorian International Center
 Families Building Community - Elmhurst Community Partnership
 Voces Latinas
 Jackson Heights Family Health Center
 Safe Horizon - Queens Community Program
 American Family Community Services, Inc.
 Queens Pride House
 Catholic Charities of Brooklyn and Queens - Corona PROS Program
 Make the Road New York - Elmhurst Center
 PAC Program of Queens
 Mount Sinai Sexual Assault and Violence Intervention Program (SAVI) - Queens
 Elmhurst Hospital Center
 The Child Center of NY - Asian Outreach Clinic
 Elmhurst Halfway House
 New York Asian Women's Center (NYAWC) - Center for Asian Women Empowerment Center
 JCCA - Two Together Tutoring - Queens Office
 JCCA - Family Day Care Program
 JASA Queens Borough Service Center
 TheraCare - Queens
 Forest Hills Hospital - Adult Primary Care Center
 Jamaica Hospital Medical Center
 Lower East Side Family Union - Queens Office
 Queens Community House
 Safe Horizon - Queens Child Advocacy Center
 Queens Jewish Community Council
 Young Israel Forest Hills Senior League
 Forestdale Fathering Initiative
 Forestdale Preventive Services
 Queens Rape Counseling Center
 Queens Community House - Senior Case Management
 Cerebral Palsy Associations of NYS - Queens Health Care Center
 Woodside on the Move
 East Side WIC Program (Sunnyside)
 The Child Center of New York
 Head Start Program - The Child Center of NY
 BFFY Woodside Clinic and Mobile Outreach Team
 AIDS Center of Queens County - Woodside Office
 Adhikaar
 RidgeWood YMCA
 Ridgewood Communicare Clinic
 Neighborhood WIC Program - Ridgewood
 Haitian Americans United for Progress (HAUP)
 Quick Start Day Care Center, Inc.
 Forestdale Fathering Initiative - Jamaica Office
 Fitzgerald House
 HeartShare - First Step Early Childhood Center
 Steinway Child and Family Services
 YAI Center for Specialty Therapy - Kew Gardens
 Queens Community House - Kew Gardens
 Humanity Service, Inc.
 Safe Space - Richmond Hill Preventive Services
 Outreach Project - Outreach Family Services
 Medisys
 The River Fund New York
 South Queens Boys and Girls Club

It Takes A Community To Raise A Child Daycare Center
 Medisys Family Care Center - Jamaica Ave, Hollis
 Hollis Women's Center
 Center for Women of New York
 Cross Island YMCA
 New York City Children's Center - Queens
 Queens Parent Resource Center - Community Habilitation
 Episcopal Community Services of Long Island - Queens Office
 Bernard M. Fineson Developmental Disabilities Services Office
 Miss Millie's Group Family Day Care
 Daytop Village - Queens Center
 Catholic Charities of Jamaica
 Catholic Charities of Brooklyn and Queens
 Administration for Children's Services - Family Assessment Program (Queens)
 SingleStop Services - Child Center of NY
 Hands Across Long Island (HALI) - Jamaica
 HRA Adult Protective Services - Queens Borough Office
 The Afrikan Poetry Theatre
 Jamaica Hospital Medical Center - Jamaica Estates Advanced Center for Psychotherapy
 Bethesda Missionary Baptist Church - Food Program
 New York City Commission on Human Rights - Jamaica
 Queens Hospital Center
 Jamaica YMCA
 St. Vincent's Services - Behavioral Health Services Outpatient Chemical Dependence Treatment Program
 The Child Center of NY - Jamaica
 Firehouse Health Center
 Cornell Cooperative Extension - Queens
 Jamaica Community Partnership
 Community Mediation Services, Inc.
 Safe Space
 Community Healthcare Network - Family Health Center
 Parsons Communicare Clinic
 NYC Dept. of Health - Free STD Clinic - Jamaica
 Neighborhood WIC Program - Jamaica
 All My Children Day Care - 164th Place
 Queens Comprehensive Perinatal Council
 Community Baptist Church of Christ - Soup Kitchen
 Jamaica Service Program for Older Adults, Inc. (JSPOA)
 The South Queens Multi-Service Center
 South Jamaica Center for Children and Parents Head Start
 Joseph P. Addabbo Health Center - Jamaica
 The Child Center of NY - South Jamaica Clinic
 Myrtle P. Jarmon Child Care Center
 All My Children Day Care Center - Sutphin Boulevard
 Clergy United for Community Empowerment
 Southern Queens Park Association, Inc. - Families in Need Preventive Services Program
 Allen Women's Resource Center
 820 River Street
 Choices Women's Medical Center
 Centro Hispano Cuzcatlan
 Salvation Army - Briarwood Family Residence
 Queens Legal Services Corporation - Jamaica Office
 Legal Aid Society of New York - Queens Housing Court Office
 Medisys Family Care Center - Jamaica
 Sunshine Developmental School
 Community Healthcare Network - Queens Health Center
 Consumer Justice for the Elderly: Litigation Clinic
 York College Immigration Center
 Joseph P. Addabbo Family Health Center - Far Rockaway
 Jewish Community Council of the Rockaway Peninsula (JCCRCP)
 Child Center of New York - PS/MS 43 Beacon Community School Program
 Safe Space - Far Rockaway
 Far Rockaway Family Services Center - Harlem Dowling
 St. John's Episcopal Hospital
 Community Parents, Inc. - Community and Family Head Start
 Community Mental Health Center - St. John's Episcopal Hospital
 Joseph P. Addabbo Family Health Center - WIC Program
 JBFC - Transition Center
 Rockaway YMCA at Arverne by the Sea
 Queens Library Rockaway Peninsula Literacy Zone
 The Action Center - Cornerstone Location
 Joseph P. Addabbo Family Health Center - Arverne
 Visiting Nurse Service of New York (VNSNY) - Early Steps Family Center
 Doctors of the World - Rockaways Free Clinic
 St. John's Episcopal Hospital - Family Resource Center (Satellite Office)

Community Based Resources – Alternatives to Incarceration

Nassau



INTENSIVE SUPERVISION PROGRAM
NASSAU COUNTY COMMUNITY SERVICE PROGRAM
ANGER MANAGEMENT PROGRAM
STOPLIFT PROGRAM
NASSAU CRIMINAL COURT TASC PROGRAM
NASSAU FAMILY COURT TASC
NONSECURE DETENTION PROGRAM

Queens



Hour Children
The Fortune Society
Bowery Residents' Committee - SPAN Queens
Workforce1 Career Center - Flushing
Forestdale Preventive Services
Safe Horizon - Queens Family Court Program
Venture House
Volunteers of America - Queens Forensic Linkage Program
Community Mediation Services, Inc.
J-CAP - New Spirit Outpatient Substance Abuse Services
Samaritan Village - Jamaica Intensive Outpatient Program
Legal Aid Society of New York - Queens Housing Court Office

Community Based Resources – Not For Profit Health and Welfare Agencies, Nassau

Nassau



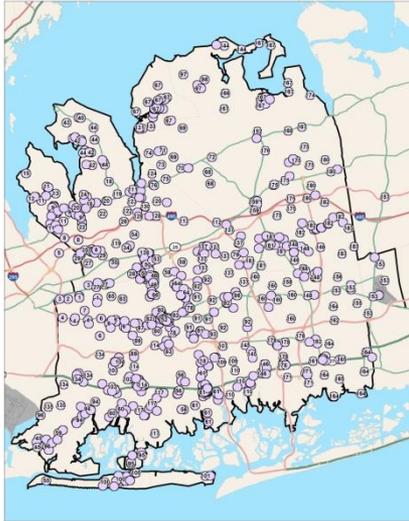
FLORAL PARK VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF FLORAL PARK
 FLORAL PARK PUBLIC LIBRARY
 FLORAL PARK PUBLIC LIBRARY
 COVERT AVENUE CHAMBER OF COMMERCE
 BELLEROSE VILLAGE FIRE DEPARTMENT
 INCORPORATED VILLAGE OF BELLEROSE
 FLORAL PARK CENTRE FIRE DEPARTMENT
 BELLEROSE TERRACE FIRE DEPARTMENT
 FLORAL PARK FIRE DEPARTMENT
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 NASSAU UNIVERSITY MEDICAL CENTER
 THE ZUCKER HILLSIDE HOSPITAL
 NASSAU COUNTY OFFICE FOR THE AGING
 ELMONT PUBLIC LIBRARY
 ELMONT FIRE DEPARTMENT
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER
 OF NEW YORK
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 COMMUNITY COUNSELING SERVICES OF WEST NASSAU, INC.
 GARDEN CARE CENTER
 FRANKLIN SQUARE PUBLIC LIBRARY
 FRANKLIN SQUARE SENIOR COMMUNITY SERVICE CENTER
 FRANKLIN SQUARE AND MUNSON FIRE DEPARTMENT
 CHILD CARE COUNCIL OF NASSAU, INC.
 COOLEY'S ANEMIA FOUNDATION-LONG ISLAND CHAPTER
 INCORPORATED VILLAGE OF SOUTH FLORAL PARK
 LAKE SUCCESS VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF LAKE SUCCESS
 MUSCULAR DYSTROPHY ASSOCIATION/NASSAU COUNTY
 NORTH HEMPSTEAD TOWN HOUSING AUTHORITY
 GREAT NECK ESTATES VILLAGE POLICE DEPARTMENT
 GREAT NECK CHAMBER OF COMMERCE
 GREAT NECK CENTER FOR THE VISUAL AND PERFORMING ARTS,
 INC.
 KENSINGTON VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF KENSINGTON
 COPAY, INC.
 GREAT NECK COMMUNITY SCHOOL
 GREAT NECK LIBRARY-STATION BRANCH
 INCORPORATED VILLAGE OF GREAT NECK ESTATES
 NYS GOVERNMENT
 GREAT NECK LIBRARY-LAKEVILLE BRANCH
 WATER AUTHORITY OF GREAT NECK NORTH

UNITED COMMUNITY FUND OF GREAT NECK AND NORTH NEW HYDE PARK
 NATIONAL ADRENAL DISEASES FOUNDATION
 ATRIA GREAT NECK
 INCORPORATED VILLAGE OF RUSSELL GARDENS
 BRAIN AND BEHAVIOR RESEARCH FOUNDATION
 CLASP CHILDREN'S CENTER
 CLASP CHILDREN'S CENTER
 GREAT NECK SENIOR CENTER, INC.
 OPEN DOOR PARENT CHILD CARING CENTER
 ATRIA/CUTTER MILL
 INCORPORATED VILLAGE OF GREAT NECK PLAZA
 INCORPORATED VILLAGE OF THOMASTON
 TEMPLE ISRAEL OF GREAT NECK (CONSERVATIVE)
 GREAT NECK PARK DISTRICT
 GREAT NECK LIBRARY
 INCORPORATED VILLAGE OF SADDLE ROCK
 GREAT NECK BREAST CANCER COALITION
 GREAT NECK ALERT ENGINE, HOOK LADDER AND HOSE CO. #1
 INCORPORATED VILLAGE OF GREAT NECK
 GREAT NECK SENIOR CENTER, INC.
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF KINGS POINT
 KINGS POINT VILLAGE POLICE DEPARTMENT
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-NORTH SHORE BRANCH
 INCORPORATED VILLAGE OF FLOWER HILL
 PATHWAYS WOMEN'S HEALTH
 TRANSPLANT RECIPIENTS INTERNATIONAL/LONG ISLAND TRIO CHAPTER
 MANHASSET-LAKEVILLE FIRE DEPARTMENT
 INCORPORATED VILLAGE OF MUNSEY PARK
 FRIENDS OF HOSPICE
 NORTH HEMPSTEAD TOWN DEPARTMENT OF BUILDING, SAFETY INSPECTION AND ENFORCEMENT
 NORTH HEMPSTEAD TOWN CLERK
 MANHASSET PUBLIC LIBRARY
 HARBOR CHILD CARE
 NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
 INCORPORATED VILLAGE OF PLANDOME HEIGHTS
 FIRST CLASS CHILD CARE, INC.
 JOYCE CENTER
 INCORPORATED VILLAGE OF PLANDOME MANOR
 NASSAU COUNTY LIBERTARIAN PARTY
 MANHASSET/GREAT NECK ECONOMIC OPPORTUNITY COUNCIL
 INCORPORATED VILLAGE OF PLANDOME
 PLANDOME FIRE DEPARTMENT
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 HUGS ACROSS AMERICA
 THE SAFE CENTER LI
 GREAT NECK LIBRARY-PARKVILLE BRANCH
 PRECIOUS SPIRIT CHILD CARE CENTER
 INCORPORATED VILLAGE OF NEW HYDE PARK
 NYS GOVERNMENT
 HILLSIDE PUBLIC LIBRARY
 NEW HYDE PARK FIRE DEPARTMENT
 TUTOR TIME CHILD CARE LEARNING CENTER-NEW HYDE PARK
 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
 LONG ISLAND WATER CONFERENCE
 THE ZUCKER HILLSIDE HOSPITAL
 DENTON GREEN HOUSING CORPORATION
 THE BRISTAL ASSISTED LIVING
 HARBOR CHILD CARE
 HERRICKS UNION FREE SCHOOL DISTRICT
 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
 MAKE-A-WISH FOUNDATION OF METRO NEW YORK
 IPRO
 NATIONAL ALLIANCE FOR THE MENTALLY ILL-QUEENS/NASSAU
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
 LONG ISLAND IVF
 NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
 LONG ISLAND JEWISH MEDICAL CENTER
 LONG ISLAND HEARING AND SPEECH SOCIETY
 MUSCULAR DYSTROPHY ASSOCIATION/NASSAU COUNTY
 HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS (HKNC)
 PORT WASHINGTON HEARING CENTER
 PORT WASHINGTON CHILD CARE PARTNERSHIP
 NATIONAL MARFAN FOUNDATION
 PORT COUNSELING CENTER, INC.
 PORT WASHINGTON CHILDREN'S CENTER
 THE PARENT RESOURCE CENTER
 INCORPORATED VILLAGE OF SANDS POINT
 SANDS POINT POLICE DEPARTMENT

INCORPORATED VILLAGE OF BAXTER ESTATES
 PORT WASHINGTON CHAMBER OF COMMERCE
 INCORPORATED VILLAGE OF MANORHAVEN
 THE LONG ISLAND ADVERTISING CLUB, INC.
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 PORT WASHINGTON COMMUNITY ACTION COUNCIL
 INSTITUTE FOR SAFETY AND PREPAREDNESS
 PORT WASHINGTON FIRE DEPARTMENT
 LONG ISLAND ALZHEIMER'S FOUNDATION
 PORT WASHINGTON POLICE DEPARTMENT
 IMAGINE EARLY LEARNING CENTERS-PORT WASHINGTON
 INCORPORATED VILLAGE OF PORT WASHINGTON NORTH
 LITTTIG HOUSE COMMUNITY CENTER, INC.
 PORT WASHINGTON SENIOR CITIZENS, INC.
 PORT WASHINGTON PUBLIC LIBRARY
 EAC NETWORK
 FIVE TOWNS EARLY LEARNING CENTER, INC.
 INWOOD FIRE DEPARTMENT
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NASSAU COUNTY PLANNING COMMISSION
 FAMILY AND CHILDREN'S ASSOCIATION
 NYS SUPREME COURT-MINEOLA
 SEAFIELD CENTER
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./NASSAU
 SEAFIELD CENTER
 LUTHERAN COUNSELING CENTER
 SPENCE CHAPIN SERVICES TO FAMILIES AND CHILDREN
 NASSAU COUNTY POLICE GEORGE F. MAHER MUSEUM
 NASSAU COUNTY AUXILIARY POLICE
 NASSAU COUNTY POLICE DEPARTMENT
 INCORPORATED VILLAGE OF MINEOLA
 NASSAU COUNTY EXECUTIVE'S OFFICE
 NASSAU COUNTY GOVERNMENT
 JEWISH ASSOCIATION SERVING THE AGING
 BAR ASSOCIATION OF NASSAU COUNTY, INC.
 NYS INSURANCE DEPARTMENT-LONG ISLAND OFFICE
 MINEOLA FIRE DEPARTMENT
 MINEOLA MEMORIAL LIBRARY
 MINEOLA MEMORIAL LIBRARY
 THE AMERICAN RED CROSS ON LONG ISLAND
 ISLAND HARVEST
 NASSAU COUNTY OFFICE OF CONSUMER AFFAIRS
 NYS GOVERNMENT
 UNITED STATES GOVERNMENT/SOCIAL SECURITY ADMINISTRATION-NEW YORK REGION
 NATIONAL CONFERENCE OF CPA PRACTITIONERS-NASSAU/SUFFOLK CHAPTER
 NASSAU COUNTY CLERK'S OFFICE
 NASSAU COUNTY DEPARTMENT OF ASSESSMENT
 NASSAU COUNTY COMPTROLLER'S OFFICE
 NASSAU COUNTY COMPTROLLER'S OFFICE
 NASSAU COUNTY DEPARTMENT OF ASSESSMENT
 NASSAU COUNTY COMMISSION ON HUMAN RIGHTS
 NASSAU COUNTY DISTRICT ATTORNEY
 FAMILY PROMISE OF NASSAU COUNTY, INC.
 HUMANISTIC CONSULTANTS, INC.
 WINTHROP UNIVERSITY HOSPITAL
 THE ZUCKER HILLSIDE HOSPITAL
 NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 NASSAU COUNTY OFFICE OF ECONOMIC DEVELOPMENT
 WOMEN'S COMMITTEE OF THE CIVIL SERVICE EMPLOYEES ASSOCIATION
 NASSAU COUNTY DEPARTMENT OF PROBATION
 NYS SUPREME COURT-MINEOLA
 LISTNET
 NEW BEGINNINGS FAMILY AND CHILDREN'S SERVICES
 NASSAU COUNTY POLICE BENEVOLENT ASSOCIATION
 WINTHROP UNIVERSITY HOSPITAL
 FAMILY AND CHILDREN'S ASSOCIATION
 LONG ISLAND CHESS NUTS ASSOCIATION
 ALBERTSON FIRE DEPARTMENT
 SHELTER ROCK PUBLIC LIBRARY
 INCORPORATED VILLAGE OF ATLANTIC BEACH
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 SOUTH SHORE ASSOCIATION FOR INDEPENDENT LIVING, INC.
 SOUTH NASSAU COMMUNITIES HOSPITAL
 BALDWIN PUBLIC LIBRARY
 BALDWIN FIRE DEPARTMENT
 TUTOR TIME CHILD CARE LEARNING CENTER-BALDWIN
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-NASSAU BRANCH
 BALDWIN COUNCIL AGAINST DRUG ABUSE, INC.
 BALDWIN CHAMBER OF COMMERCE
 THE LINKS, INC.
 NASSAU COUNTY DEMOCRATIC COMMITTEE

Community Based Resources – Not For Profit Health and Welfare Agencies, Nassau Continued

Nassau



CARLE PLACE FIRE DEPARTMENT
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 INCORPORATED VILLAGE OF CEDARHURST
 JCC OF THE GREATER FIVE TOWNS
 EAST ROCKAWAY CHAMBER OF COMMERCE
 TUTOR TIME CHILD CARE LEARNING CENTER-EAST ROCKAWAY
 AMERICAN FOUNDATION OF SUICIDE PREVENTION
 INCORPORATED VILLAGE OF EAST ROCKAWAY
 EAST ROCKAWAY FIRE DEPARTMENT
 EAST ROCKAWAY PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 EAST ROCKAWAY GRIST MILL MUSEUM
 SOUTH OCEAN CARE, L.L.C.
 LONG ISLAND ARTS COUNCIL AT FREEPORT
 FREEPORT MEMORIAL LIBRARY
 FREEPORT FIRE DEPARTMENT
 LITERACY NASSAU
 FREEPORT ANIMAL SHELTER
 FREEPORT CHAMBER OF COMMERCE
 FREEPORT PRIDE, INC.
 CATHOLIC CHARITIES
 FREEPORT VILLAGE POLICE DEPARTMENT
 BETHEL A.M.E. CHURCH/FREEPORT
 EAGER TO SERVE, INC.
 FREEPORT COMMUNITY DEVELOPMENT AGENCY
 INCORPORATED VILLAGE OF FREEPORT
 INCORPORATED VILLAGE OF FREEPORT
 SCD FAMILY OF SERVICES
 PROJECT REAL
 UNITED WAY OF LONG ISLAND
 THE SALVATION ARMY IN GREATER NEW YORK
 WORD OF LIFE MINISTRIES/FREEPORT
 UNITED STATES GOVERNMENT/SOCIAL SECURITY ADMINISTRATION-NEW YORK REGION
 LONG ISLAND CARES, INC., THE HARRY CHAPIN FOOD BANK
 MERCY MEDICAL CENTER
 SOUTH SHORE CHILD GUIDANCE CENTER, INC.
 MERCY MEDICAL CENTER
 CHARITY BEGINS AT HOME, INC.
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 LONG ISLAND ARTS COUNCIL AT FREEPORT
 NASSAU COUNTY LIBRARY ASSOCIATION
 NEW YORK PUBLIC INTEREST RESEARCH GROUP, INC.-GARDEN CITY
 NASSAU COMMUNITY COLLEGE CONTINUING EDUCATION DEPARTMENT OF LIFELONG LEARNING

ADELPHI UNIVERSITY
 VISITING NURSE ASSOCIATION OF LONG ISLAND, INC.
 UNITED STATES DEPARTMENT OF THE TREASURY
 LONG ISLAND CHILDREN'S MUSEUM
 GIRL SCOUTS OF NASSAU COUNTY, INC.
 INCORPORATED VILLAGE OF STEWART MANOR
 STEWART MANOR FIRE DEPARTMENT
 NASSAU COUNTY MEDICAL SOCIETY
 NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS-LONG ISLAND CHAPTER
 LIFE'S WORC, INC.
 THE MIRACLE FOUNDATION
 GARDEN CITY CHAMBER OF COMMERCE
 UNITED STATES GOVERNMENT
 GARDEN CITY FIRE DEPARTMENT
 GARDEN CITY VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF GARDEN CITY
 NASSAU COUNTY DENTAL SOCIETY
 ETHICAL HUMANIST SOCIETY OF LONG ISLAND
 LONG ISLAND ALLIANCE FOR PEACEFUL ALTERNATIVES
 MERCY MEDICAL CENTER
 CROHN'S AND COLITIS FOUNDATION OF AMERICA-LONG ISLAND CHAPTER
 NYS COUNCIL ON DIVORCE MEDIATION
 NATIONAL LEUKEMIA RESEARCH ASSOCIATION
 NYS GOVERNMENT
 GARDEN CITY PUBLIC LIBRARY
 FATHER'S RIGHTS ASSOCIATION OF NYS-LONG ISLAND CHAPTER
 METROPOLITAN TRANSPORTATION AUTHORITY
 NYS DEPARTMENT OF MOTOR VEHICLES
 MERCY MEDICAL CENTER
 ASSOCIATION OF BLACK WOMEN IN HIGHER EDUCATION-NASSAU COUNTY CHAPTER
 NASSAU COUNTY WOMEN'S BAR ASSOCIATION
 NASSAU COMMUNITY COLLEGE
 GLEN COVE POLICE DEPARTMENT
 GLEN COVE CHILD DAY CARE CENTER, INC.
 LA FUERZA UNIDA, INC.
 GLEN COVE FIRE DEPARTMENT
 GLEN COVE HOSPITAL
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 MELILLO CENTER FOR MENTAL HEALTH
 MELILLO CENTER FOR MENTAL HEALTH
 LIFE'S WORC, INC.
 YMCA OF LONG ISLAND, INC.
 CITY OF GLEN COVE-GLEN COVE OFFICE OF SENIOR SERVICES
 CITY OF GLEN COVE-GLEN COVE OFFICE OF SENIOR SERVICES
 ATRIA GLEN COVE
 GLEN COVE CHAMBER OF COMMERCE
 LOYAL ORDER OF MOOSE
 SUNRISE SENIOR LIVING GLEN COVE
 GLEN COVE PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NYS GOVERNMENT
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 GLEN COVE INDUSTRIAL DEVELOPMENT AGENCY
 SAFE, INC.
 REGENCY AT GLEN COVE
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 LA FUERZA UNIDA, INC.
 INTERFAITH NUTRITION NETWORK
 INCORPORATED VILLAGE OF BROOKVILLE
 THE FAY J. LINDNER CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES
 INCORPORATED VILLAGE OF OLD BROOKVILLE
 NATIONAL LEAGUE OF AMERICAN PEN WOMEN, INC.
 THE GREEN VALE SCHOOL
 GOLD COAST PUBLIC LIBRARY
 OLD BROOKVILLE VILLAGE POLICE DEPARTMENT
 HARBOR CHILD CARE
 HUMAN GROWTH FOUNDATION
 GLENWOOD FIRE CO. INC.
 ST. FRANCIS HOSPITAL-THE HEART CENTER
 SID JACOBSON JEWISH COMMUNITY CENTER
 LIU POST
 MAURICE A. DEANE SCHOOL OF LAW
 CENTER FOR CHILDREN, FAMILIES AND THE LAW
 HOFSTRA UNIVERSITY
 NASSAU SUFFOLK LAW SERVICES COMMITTEE, INC./HEMPSTEAD
 MILITARY ORDER OF THE PURPLE HEART
 MAYFAIR CARE CENTER, INC.
 NASSAU UNIVERSITY MEDICAL CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 AFRICAN AMERICAN MUSEUM OF NASSAU COUNTY
 HEMPSTEAD PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PROBATION-FAMILY DIVISION

NYS DEPARTMENT OF LABOR/NASSAU
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 NASSAU COUNTY TRAFFIC AND PARKING VIOLATIONS AGENCY
 VETERANS HEALTH ALLIANCE OF LONG ISLAND
 MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, INC.
 NYS WORKERS COMPENSATION BOARD-HEMPSTEAD
 EAC NETWORK
 COMMUNITY HOUSING INNOVATIONS, INC./NASSAU
 FAMILY AND CHILDREN'S ASSOCIATION
 NYS DIVISION OF HUMAN RIGHTS
 FECS HEALTH & HUMAN SERVICES
 PILGRIM PSYCHIATRIC CENTER
 EAC NETWORK
 THE SALVATION ARMY IN GREATER NEW YORK
 NYS COALITION FOR THE AGING, INC.
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 HEMPSTEAD UNION FREE SCHOOL DISTRICT
 S.T.R.O.N.G. YOUTH, INC.
 NEW GROUND, INC.
 HEMPSTEAD HISPANIC CIVIC ASSOCIATION, INC.
 LONG ISLAND EDUCATIONAL OPPORTUNITY CENTER
 HARBOR CHILD CARE
 THE CENTER FOR RAPID RECOVERY
 NYS GOVERNMENT
 NEW YORK CIVIL LIBERTIES UNION, NASSAU CHAPTER
 HISPANIC COUNSELING CENTER
 HEMPSTEAD TOWN INDUSTRIAL DEVELOPMENT AGENCY
 NASSAU COUNTY CIVIL SERVICE COMMISSION
 NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY
 NASSAU COUNTY OFFICE OF COMMUNITY DEVELOPMENT
 NASSAU COUNTY COORDINATING AGENCY FOR SPANISH AMERICANS
 NASSAU COUNTY HOMEOWNERSHIP CENTER
 THE TIME OUT CLUB OF HEMPSTEAD, INC.
 EXECUTIVE WOMEN'S GOLF ASSOCIATION-L.I. CHAPTER
 URBAN LEAGUE OF LONG ISLAND, INC.
 EAC NETWORK
 NYS OFFICE OF CHILDREN AND FAMILY SERVICES-COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
 HANDICAPPED
 GOODWILL INDUSTRIES OF GREATER NEW YORK AND NORTHERN NEW JERSEY
 HEMPSTEADWORKS
 HEMPSTEAD VILLAGE COMMUNITY DEVELOPMENT AGENCY
 SELFHELP COMMUNITY SERVICES, INC.-LONG ISLAND OFFICE
 LEADERSHIP TRAINING INSTITUTE
 NYS OFFICE OF CHILDREN AND FAMILY SERVICES-COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
 CENTRO SALVADORENO, INC.
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 SOUTH HEMPSTEAD FIRE DEPARTMENT
 LONG ISLAND VOLUNTEER HALL OF FAME
 LONG ISLAND VOLUNTEER CENTER
 THE SALVATION ARMY IN GREATER NEW YORK
 MOMMA'S, INC.
 BLACK WOMEN ENTERPRISES, INC.
 HEMPSTEAD FIRE DEPARTMENT
 LONG ISLAND ACORN
 CIRCULO DE LA HISPANIDAD, INC.
 HEMPSTEAD VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF HEMPSTEAD
 NYS DEPARTMENT OF LABOR/NASSAU
 HOFSTRA UNIVERSITY-SALTZMAN COMMUNITY SERVICES CENTER
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 SCORE COUNSELORS TO AMERICA'S SMALL BUSINESS
 LEGAL AID SOCIETY OF NASSAU COUNTY
 HEMPSTEAD TOWN DEPARTMENT OF PUBLIC SAFETY
 HEMPSTEAD TOWN OFFICE OF TOWN CLERK
 EAC NETWORK
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 NYS READING ASSOCIATION
 PILGRIM PSYCHIATRIC CENTER
 HEBREW ACADEMY OF NASSAU COUNTY
 WEST HEMPSTEAD FIRE DEPARTMENT
 NASSAU INTERGROUP OF ALCOHOLICS ANONYMOUS
 FAMILY AND CHILDREN'S ASSOCIATION
 INSTITUTE OF INDUSTRIAL ENGINEERS
 WEST HEMPSTEAD PUBLIC LIBRARY
 MERCYFIRST
 THE ZUCKER HILLSIDE HOSPITAL
 LAKEVIEW FIRE DEPARTMENT
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NASSAU COUNTY DEPARTMENT OF HEALTH
 HOFSTRA UNIVERSITY BIG BROTHERS/BIG SISTERS PROGRAM

Community Based Resources – Not For Profit Health and Welfare Agencies, Nassau Continued

Nassau



NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 CORNELL COOPERATIVE EXTENSION OF NASSAU COUNTY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NCDOMH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 NCDOMH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 LONG ISLAND ROAD RUNNERS CLUB
 HARBOR CHILD CARE
 HEWLETT-WOODMERE PUBLIC LIBRARY
 HEWLETT-WOODMERE PUBLIC LIBRARY
 NYS LIBERAL PARTY
 SOUTH NASSAU COMMUNITIES HOSPITAL
 HEWLETT FIRE DEPARTMENT
 INCORPORATED VILLAGE OF HEWLETT BAY PARK
 INCORPORATED VILLAGE OF HEWLETT NECK
 INCORPORATED VILLAGE OF WOODSBURGH
 INCORPORATED VILLAGE OF HEWLETT HARBOR
 PSEG LONG ISLAND
 1 IN 9: THE LONG ISLAND BREAST CANCER ACTION COALITION
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF ISLAND PARK
 ISLAND PARK UNION FREE SCHOOL DISTRICT
 ISLAND PARK PUBLIC LIBRARY
 ISLAND PARK FIRE DEPARTMENT
 FULL GOSPEL CHURCH/ISLAND PARK
 MEADOWMERE PARK FIRE DEPARTMENT
 INCORPORATED VILLAGE OF LAWRENCE
 HEMPSTEAD TOWN DEPARTMENT OF RECREATION AND CONSERVATION-PARKS AND RECREATION
 FIVE TOWNS COMMUNITY CENTER, INC.
 PENINSULA PUBLIC LIBRARY
 LAWRENCE-CEDARHURST FIRE DEPARTMENT
 LOCUST VALLEY LIBRARY
 LOCUST VALLEY FIRE DEPARTMENT
 INCORPORATED VILLAGE OF LATTINGTOWN
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF MATINECOCK
 CITY OF LONG BEACH DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
 LONG BEACH FIRE DEPARTMENT
 LONG BEACH POLICE DEPARTMENT
 LONG BEACH PUBLIC LIBRARY
 INTERFAITH NUTRITION NETWORK
 NYS GOVERNMENT
 LONG BEACH REACH, INC.
 S J K LISTENING THERAPY PROGRAM
 LONG BEACH MEDICAL CENTER
 UNITED STATES GOVERNMENT/SOCIAL SECURITY ADMINISTRATION-NEW YORK REGION
 CIRCULO DE LA HISPANIDAD, INC.
 HOFFMAN MANOR OF LONG BEACH
 LONG BEACH CHAMBER OF COMMERCE
 PARK AVENUE EXTENDED CARE CENTER
 CITY OF LONG BEACH HOUSING AUTHORITY
 JEWISH ASSOCIATION SERVING THE AGING
 LONG BEACH MARTIN LUTHER KING JR. CENTER
 GRANDELL REHABILITATION AND NURSING CENTER
 LONG BEACH RECREATION DEPARTMENT
 LONG BEACH MEDICAL CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 AMERICAN SOCIETY OF TRAVEL AGENTS
 JEWISH ASSOCIATION SERVING THE AGING
 LONG BEACH BREAST CANCER COALITION
 JEWISH ASSOCIATION SERVING THE AGING
 INCORPORATED VILLAGE OF LYNBROOK
 LYNBROOK VILLAGE POLICE DEPARTMENT
 ATRIA LYNBROOK
 LYNBROOK CHAMBER OF COMMERCE
 ATRIA/TANGLEWOOD
 NATHAN HALE HOUSING COMPANY, INC.
 CREATIVE ART SPACE FOR KIDS FOUNDATION
 SUNRISE SENIOR LIVING NORTH LYNBROOK
 LYNBROOK PUBLIC LIBRARY
 INCORPORATED VILLAGE OF MALVERNE
 CATHOLIC CHARITIES
 LYNBROOK FIRE DEPARTMENT
 MALVERNE VILLAGE POLICE DEPARTMENT
 MALVERNE FIRE DEPARTMENT
 NATIONAL AMPUTATION FOUNDATION, INC.

MALVERNE AFTERSCHOOL CENTER
 MALVERNE PUBLIC LIBRARY
 NASSAU COUNTY COUNCIL OF SCHOOL SUPERINTENDENTS
 COMMUNITY WELLNESS COUNCIL OF THE BELLMORE AND MERRICKS
 JEWEL QUINN SENIOR CENTER AT NORTH MERRICK
 BELLMORE-MERRICK CHILD CARE PROGRAMS
 NORTH MERRICK PUBLIC LIBRARY
 NORTH MERRICK FIRE DEPARTMENT
 LONG ISLAND INFANT DEVELOPMENTAL PROGRAM/SUFFOLK
 SKY RIDING LONG ISLAND
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 CATHOLIC CHARITIES
 CATHOLIC CHARITIES
 CAPS-CHILD ABUSE PREVENTION SERVICES
 INCORPORATED VILLAGE OF OLD WESTBURY
 OLD WESTBURY VILLAGE POLICE DEPARTMENT
 UNITED STATES DEPARTMENT OF COMMERCE - INTERNATIONAL TRADE ADMINISTRATION
 DISTRICT EXPORT ASSISTANCE CENTER
 NEW YORK INSTITUTE OF TECHNOLOGY
 AMERICAN PARKINSON DISEASE ASSOCIATION, INC.
 NEW YORK PUBLIC INTEREST RESEARCH GROUP, INC.-OLD WESTBURY
 POINT LOOKOUT-LIDO FIRE DEPARTMENT
 INCORPORATED VILLAGE OF ROCKVILLE CENTRE
 CENTER FOR SCIENCE TEACHING AND LEARNING (CSTL)
 FEEL BETTER KIDS, INC.
 MEMORIAL SLOAN-KETTERING CANCER CENTER
 MERCY MEDICAL CENTER
 LAKEVIEW PUBLIC LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER
 ROCKVILLE CENTRE PUBLIC LIBRARY
 CONFIDE COUNSELING AND CONSULTATION CENTER, INC.
 ROCKVILLE CENTRE VILLAGE POLICE DEPARTMENT
 ROCKVILLE NURSING CENTER
 DIOCESE OF ROCKVILLE CENTRE
 INCORPORATED VILLAGE OF ROCKVILLE CENTRE-DEPARTMENT OF SENIOR SERVICES
 NYS GOVERNMENT
 ROCKVILLE CENTRE FIRE DEPARTMENT
 HISPANIC BROTHERHOOD OF ROCKVILLE CENTRE, INC.
 MOLLOY COLLEGE
 FRIEDBERG JCC
 SOUTH NASSAU COMMUNITIES HOSPITAL
 FOREVER FAMILY FOUNDATION, INC.
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 OCEANSIDE LIBRARY
 OCEANSIDE LIBRARY
 SOUTH NASSAU COMMUNITIES HOSPITAL
 TABOR RETREAT CENTER
 OCEANSIDE FIRE DEPARTMENT
 OCEANSIDE COUNSELING CENTER INC.
 OCEANSIDE SENIOR COMMUNITY SERVICE CENTER
 HEARING LOSS ASSOCIATION OF AMERICA/SOUTH NASSAU CHAPTER
 SOUTH NASSAU COMMUNITIES HOSPITAL
 FAMILY AND CHILDREN'S ASSOCIATION
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 ROOSEVELT PUBLIC LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 OBLATE SISTERS OF THE MOST HOLY REDEEMER
 NASSAU UNIVERSITY MEDICAL CENTER
 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC.
 SOUTH SHORE CHILD GUIDANCE CENTER, INC.
 NASSAU UNIVERSITY MEDICAL CENTER
 INCORPORATED VILLAGE OF NORTH HILLS
 ATRIA ON ROSLYN HARBOR
 ST. FRANCIS HOSPITAL-THE HEART CENTER
 INCORPORATED VILLAGE OF ROSLYN
 JUNIOR LEAGUE OF LONG ISLAND
 THE GROWING TREE NURSERY SCHOOL
 HABITAT FOR HUMANITY IN NASSAU COUNTY
 LILLIAN M. PIERCE SENIOR CENTER
 CAPS-CHILD ABUSE PREVENTION SERVICES
 ROSLYN TRINITY COOPERATIVE DAY SCHOOL
 BRYANT LIBRARY
 INCORPORATED VILLAGE OF EAST HILLS
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF ROSLYN ESTATES
 PIERCE COUNTRY DAY SCHOOL
 INCORPORATED VILLAGE OF ROSLYN HARBOR
 NASSAU COUNTY MUSEUM OF ART

LUTHERAN SOCIAL SERVICES OF NEW YORK
 UNIONDALE EARLY CHILDHOOD CENTER, INC.
 DOVES DAYCARE AND LEARNING CORNER
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES
 NASSAU COUNTY OFFICE FOR THE AGING
 NASSAU COUNTY OFFICE FOR THE PHYSICALLY CHALLENGED
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-CHILD SUPPORT SERVICES
 NCDOH-DIVISION OF COMMUNITY AND MATERNAL CHILD HEALTH SERVICES
 NASSAU COUNTY YOUTH BOARD
 NASSAU COUNTY YOUTH BOARD
 NCDOMH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 NCDOMH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 NASSAU COUNTY OFFICE FOR THE AGING
 NASSAU PERFORMING ARTS, INC.
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 HEMPSTEAD TOWN HOUSING AUTHORITY
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 NASSAU COUNTY FIRE MARSHAL'S OFFICE
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 UNIONDALE PUBLIC LIBRARY
 NASSAU COUNTY OFFICE OF EMERGENCY MANAGEMENT
 NASSAU COUNTY SHERIFF'S DEPARTMENT
 NASSAU COUNTY DEPARTMENT OF HEALTH-DIVISION OF COMMUNITY AND MATERNAL CHILD HEALTH SERVICES
 NASSAU COUNTY SHERIFF'S DEPARTMENT
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 EAST MEADOW PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 EAST MEADOW FIRE DEPARTMENT
 NYS GOVERNMENT
 NASSAU COUNTY FIREFIGHTERS BURN CENTER FOUNDATION
 NASSAU UNIVERSITY MEDICAL CENTER
 NASSAU UNIVERSITY MEDICAL CENTER-COMMUNITY SUPPORT GROUPS
 NORTHPORT VA MEDICAL CENTER
 NASSAU UNIVERSITY MEDICAL CENTER
 NASSAU COUNTY VETERANS SERVICE AGENCY
 BIG CHIEF NURSERY AND KINDERGARTEN
 THE BRISTAL ASSISTED LIVING

Community Based Resources – Not For Profit Health and Welfare Agencies, Nassau Continued

Nassau



NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NUTRITIONAL INTERVENTION FOR VETS
 ROSLYN FIRE DEPARTMENT
 PSEG LONG ISLAND
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 PENINSULA COUNSELING CENTER
 NORTH HEMPSTEAD TOWN COMMUNITY DEVELOPMENT AGENCY
 CONCERNED CITIZENS FOR ROSLYN YOUTH, INC.
 E JOY COMMUNITY RESOURCE CENTER, INC.
 NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 COMMUNITY ADVOCATES, INC.
 INCORPORATED VILLAGE OF SEA CLIFF
 SEA CLIFF FIRE DEPARTMENT
 HARBOR CHILD CARE
 SCO FAMILY OF SERVICES
 SEA CLIFF VILLAGE LIBRARY
 SEA CLIFF VILLAGE LIBRARY
 INCORPORATED VILLAGE OF VALLEY STREAM
 VALLEY STREAM FIRE DEPARTMENT
 PENINSULA COUNSELING CENTER
 FRIENDS OF BRIDGE, INC.
 FRANKLIN HOSPITAL
 NORTHPORT VA MEDICAL CENTER
 SOUTH NASSAU COMMUNITIES HOSPITAL
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 THE BRISTAL ASSISTED LIVING
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 HENRY WALDINGER MEMORIAL LIBRARY
 THE BRISTAL ASSISTED LIVING
 NEW YORK WATER ENVIRONMENT ASSOCIATION, LONG ISLAND CHAPTER
 NASSAU COUNTY TRAFFIC SAFETY BOARD
 NASSAU BOCES ADULT CAREER AND EDUCATIONAL SERVICES
 NASSAU COUNTY DEPARTMENT OF PROBATION-FAMILY DIVISION
 NASSAU COUNTY FAMILY COURT
 LONG ISLAND BLOOD SERVICES
 MPOWERING KIDS
 NASSAU COUNTY REPUBLICAN COMMITTEE
 INTERNATIONAL ASSOCIATION OF BUSINESS COMMUNICATORS-LI CHAPTER
 INCORPORATED VILLAGE OF WESTBURY
 WESTBURY FIRE DEPARTMENT

NATIONAL EATING DISORDERS ASSOCIATION-LONG ISLAND
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 EAC NETWORK
 NCDOMH,CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 UNITED STATES DEPARTMENT OF LABOR-WAGE AND HOUR DIVISION
 NORTH HEMPSTEAD TOWN-DEPARTMENT OF COMMUNITY SERVICES-SENIOR SERVICES
 THE SAFE CENTER LI
 PROJECT GRAD LONG ISLAND
 DIVORCE MEDIATION CENTER OF LONG ISLAND-NASSAU
 EAST WILLISTON PUBLIC LIBRARY
 INCORPORATED VILLAGE OF EAST WILLISTON
 WILLISTON PARK FIRE DEPARTMENT
 EAST WILLISTON FIRE DEPARTMENT
 INCORPORATED VILLAGE OF WILLISTON PARK
 WILLISTON PARK PUBLIC LIBRARY
 FIVE TOWNS COMMUNITY CHEST
 WOODMERE FIRE DEPARTMENT
 BAYVILLE FIRE DEPARTMENT
 INCORPORATED VILLAGE OF BAYVILLE
 JONES MANOR ON THE SOUND
 LUTHERAN DISASTER RESPONSE OF NEW YORK
 CHAMBER OF COMMERCE OF THE BELLMORES
 NORTH BELLMORE PUBLIC LIBRARY
 NORTH BELLMORE PUBLIC LIBRARY
 ALPHABETLAND DAY SCHOOL & CAMP
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 NASSAU-SUFFOLK SCHOOL BOARDS ASSOCIATION, INC.
 LUPUS ALLIANCE OF AMERICA-LONG ISLAND/QUEENS AFFILIATE
 BELLMORE MEMORIAL LIBRARY
 BELLMORE FIRE DEPARTMENT
 PSEG LONG ISLAND
 AMIT CHILDREN OF HOPE FOUNDATION
 LONG ISLAND CRISIS CENTER
 NYS GOVERNMENT
 NORTH BELLMORE FIRE DEPARTMENT
 BETHPAGE MULTI-SERVICE SENIOR CENTERS
 FAIR MEDIA COUNCIL
 FAIR MEDIA COUNCIL
 THE SAFE CENTER LI
 BETHPAGE FIRE DEPARTMENT
 SOCIETY OF ST. VINCENT DE PAUL
 UNITED ADULT MINISTRIES
 NYS DEPARTMENT OF MOTOR VEHICLES
 BRIDGE BACK TO LIFE CENTER, INC.
 LONG ISLAND DEVELOPMENT CORPORATION
 IRISH FAMILY HISTORY FORUM, INC.
 BETHPAGE PUBLIC LIBRARY
 LONG ISLAND FORUM FOR TECHNOLOGY
 KNIGHTS OF COLUMBUS
 WOMEN ON THE FAST TRACK
 EPISCOPAL HEALTH SERVICES, INC.
 ADULTS AND CHILDREN WITH LEARNING AND DEVELOPMENTAL DISABILITIES, INC.
 PEOPLE/BETHPAGE ADOLESCENT DEVELOPMENT ASSOCIATION, INC.
 DEBT REDUCTION SERVICES
 SEPA MUJER
 YOUNG PEOPLE'S DAY CAMP
 EAST NORWICH FIRE DEPARTMENT
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 BERKSHIRE FARM CENTER AND SERVICES FOR YOUTH
 LONG ISLAND VOLUNTEER ENTERPRISE
 FARMINGDALE PUBLIC LIBRARY
 AMERICAN AIRPOWER MUSEUM AT REPUBLIC AIRPORT
 UNITED STATES SMALL BUSINESS ADMINISTRATION
 FARMINGDALE STATE UNIVERSITY OF NEW YORK
 NYS VETERANS BUSINESS OUTREACH CENTER
 INCORPORATED VILLAGE OF FARMINGDALE
 FARMINGDALE FIRE DEPARTMENT
 SUSTAINABLE LONG ISLAND
 SUSTAINABLE LONG ISLAND
 SUSTAINABLE LONG ISLAND
 LONG ISLAND BETTER BUSINESS BUREAU
 FARMINGDALE ADULT DAY CARE CENTER
 LONG ISLAND UNITED STATES BOWLING CONGRESS ASSOCIATION
 NYS POLICE
 SOUTH FARMINGDALE FIRE DEPARTMENT
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 LONG ISLAND COMMUNITY FOUNDATION
 ISLAND TREES PUBLIC LIBRARY
 LONG ISLAND PASE (PARTNERSHIP FOR AFTER SCHOOL EDUCATION)
 THE NATIONAL ASSOCIATION OF MOTHERS' CENTERS

MOMMA'S, INC.
 DIABETES RESEARCH INSTITUTE FOUNDATION-LONG ISLAND REGIONAL OFFICE
 JERICO FIRE DEPARTMENT
 THE ARBORS ASSISTED LIVING AT WESTBURY
 JERICO PUBLIC LIBRARY
 JERICO PUBLIC LIBRARY
 LONG ISLAND REEF ASSOCIATION
 LEVITTOWN PUBLIC LIBRARY
 LEVITTOWN FIRE DEPARTMENT
 YES COMMUNITY COUNSELING CENTER
 PILGRIM PSYCHIATRIC CENTER
 THE LONG ISLAND CENTER FOR INDEPENDENT LIVING, INC. (LICIL)
 ISLAND TREES PUBLIC LIBRARY
 BENEVOLENT AND PROTECTIVE ORDER OF ELKS
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 LONG ISLAND BARIATRIC CENTER
 LEVITTOWN PUBLIC LIBRARY
 MASSAPEQUA FIRE DEPARTMENT
 NORTH MASSAPEQUA FIRE DEPARTMENT
 PLAINEDGE PUBLIC LIBRARY
 MOMMA'S, INC.
 NYS GOVERNMENT
 BENEVOLENT AND PROTECTIVE ORDER OF ELKS
 NATIONAL LEAGUE OF AMERICAN PEN WOMEN, INC.
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 AAA PREGNANCY OPTIONS
 THE BRISTAL ASSISTED LIVING
 MASSAPEQUA PUBLIC LIBRARY
 BOY SCOUTS OF AMERICA/THEODORE ROOSEVELT COUNCIL
 NYS GOVERNMENT
 MASSAPEQUA CHAMBER OF COMMERCE
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-MASSAPEQUA BRANCH
 YES COMMUNITY COUNSELING CENTER
 LONG ISLAND PROGRESSIVE COALITION
 OYSTER BAY TOWN - DIVISION OF SENIOR CITIZEN SERVICES
 NYS DEPARTMENT OF MOTOR VEHICLES
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 UNITED STATES GOVERNMENT
 INCORPORATED VILLAGE OF MASSAPEQUA PARK
 MASSAPEQUA PUBLIC LIBRARY
 MASSAPEQUA PARK SENIOR COMMUNITY SERVICE CENTER
 INCORPORATED VILLAGE OF MILL NECK
 MILL NECK FAMILY OF ORGANIZATIONS
 INCORPORATED VILLAGE OF OYSTER BAY COVE
 BOYS AND GIRLS CLUB OF OYSTER BAY/EAST NORWICH
 CENTRE ISLAND VILLAGE POLICE
 INCORPORATED VILLAGE OF COVE NECK
 FRIENDS OF THE BAY, INC.
 SAGAMORE HILL NATIONAL HISTORIC SITE
 AIR CONDITIONING CONTRACTORS OF AMERICA-GREATER NY CHAPTER
 INCORPORATED VILLAGE OF UPPER BROOKVILLE
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 OYSTER BAY FIRE DEPARTMENT
 YOUTH AND FAMILY COUNSELING AGENCY OF OYSTER BAY/EAST NORWICH, INC.
 NYS GOVERNMENT
 INCORPORATED VILLAGE OF CENTRE ISLAND
 THE LIFE ENRICHMENT CENTER AT OYSTER BAY
 OYSTER BAY-EAST NORWICH PUBLIC LIBRARY
 OYSTER BAY COVE VILLAGE POLICE DEPARTMENT
 OYSTER BAY LIONS CLUB
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 OYSTER BAY TOWN
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./SUFFOLK
 SOUTHEAST NASSAU GUIDANCE CENTER, INC.
 SEAFORD FIRE DEPARTMENT
 SEAFORD SENIOR COMMUNITY SERVICE CENTER
 SEAFORD PUBLIC LIBRARY
 SEAFORD CHAMBER OF COMMERCE
 TODDLER TIME AT THE ENRICHMENT CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 ORDER SONS OF ITALY IN AMERICA GRAND LODGE OF NEW YORK
 ISLAND HARVEST
 INCORPORATED VILLAGE OF LAUREL HOLLOW
 OYSTER BAY TOWN
 OYSTER BAY TOWN COMMISSIONER OF PUBLIC WORKS
 NYS PUBLIC HEALTH ASSOCIATION-LONG ISLAND REGION
 NORTH SHORE UNIVERSITY HOSPITAL AT SYOSSET
 SYOSSET PUBLIC LIBRARY
 EMMAUS HOUSE FOUNDATION, INC.
 CHILDREN OF THE WORLD ADOPTION AGENCY, INC.
 SYOSSET CHAMBER OF COMMERCE

Community Based Resources – Not For Profit Health and Welfare Agencies, Nassau Continued

Nassau



VARIETY CHILD LEARNING CENTER
SYOSSET FIRE DEPARTMENT
MERCYFIRST
FROM THE ASHES, INC.
CANCERCARE LONG ISLAND OFFICE
ERASE RACISM
FEGS HEALTH & HUMAN SERVICES
INCORPORATED VILLAGE OF MUTTONTOWN
MUTTONTOWN VILLAGE POLICE DEPARTMENT
NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
WANTAGH SENIOR DEAF CLUB
WANTAGH MUSEUM AND PRESERVATION SOCIETY
BIRTHRIGHT OF NASSAU/SUFFOLK
JOHN THEISSEN CHILDREN'S FOUNDATION
NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
WANTAGH FIRE DEPARTMENT
WANTAGH PUBLIC LIBRARY
NASSAU COUNTY HIGH SCHOOL PRINCIPALS' ASSOCIATION
BIDEAWE, INC.
PET SAFE COALITION, INC.
SOUTHEAST NASSAU GUIDANCE CENTER, INC.
GREATER LONG ISLAND WHEELCHAIR ATHLETIC CLUB, INC.
NASSAU COUNSELORS ASSOCIATION
NYS UNITED TEACHERS NASSAU COUNTY REGIONAL OFFICE
MARCH OF DIMES-NYS CHAPTER
COLD SPRING HILLS CENTER FOR NURSING AND REHABILITATION
PET PEEVES, INC.
WOODBURY CENTER FOR HEALTH CARE
HOSPICE CARE NETWORK-WOODBURY
NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
HICKSVILLE GREGORY MUSEUM
HICKSVILLE CHAMBER OF COMMERCE
NYS GOVERNMENT
HICKSVILLE PUBLIC LIBRARY
NASSAU COUNTY TRAFFIC SAFETY BOARD
PSEG LONG ISLAND
ASSOCIATION OF RECORDS MANAGERS AND ADMINISTRATORS-LONG ISLAND CHAPTER
FAMILY AND CHILDREN'S ASSOCIATION
HICKSVILLE FIRE DEPARTMENT
LONG ISLAND GREYHOUND TRANSFER
THE SARAH GRACE FOUNDATION FOR CHILDREN WITH CANCER, INC.
NASSAU DAY TRAINING PROGRAM
NYS DEPARTMENT OF LABOR/NASSAU
CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC.
FOR OUR CHILDREN AND US, INC./NASSAU OFFICE
HICKSVILLE BOYS AND GIRLS CLUB
CATHOLIC CHARITIES
NASSAU COUNTY MOTHERS OF TWINS CLUB
PARKWAY COMMUNITY CHURCH
CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC.
THE MORGAN CENTER
PARENTS WITHOUT PARTNERS-NASSAU COUNTY CHAPTER 14
NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
THE CENTER FOR DEVELOPMENTAL DISABILITIES, INC.
AHRC NASSAU
AHRC NASSAU
ATRIA PLAINVIEW
AMERICAN HEART ASSOCIATION
MERCY MEDICAL CENTER
SOMERSET GARDENS SENIOR LIVING AT PLAINVIEW
COMPUTER GENEALOGY SOCIETY OF LONG ISLAND
BIRTHPARENT SUPPORT NETWORK OF LONG ISLAND
MID-ISLAND Y-JCC
MID-ISLAND Y-JCC
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-MID-ISLAND BRANCH
GASP OF NEW YORK
GREATER NEW YORK COUNCIL AGAINST PUBLIC SMOKING
CENTRAL ISLAND HEALTHCARE
PLAINVIEW VOLUNTEER FIRE DEPARTMENT
NORTH SHORE UNIVERSITY HOSPITAL AT PLAINVIEW
LONG ISLAND WOMEN'S AGENDA
PLAINVIEW-OLD BETHPAGE PUBLIC LIBRARY
PLAINVIEW-OLD BETHPAGE SENIOR CLUB
NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS

FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC.
HARVEY WEISENBERG RESOURCE CENTER
NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
LADY RELIERS FISHING CLUB
SENIOR CITIZENS OF WESTBURY, INC.
SENIOR CITIZENS OF WESTBURY, INC.
WESTBURY MEMORIAL PUBLIC LIBRARY
HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
LONG ISLAND HISPANIC CHAMBER OF COMMERCE
NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-JUVENILE DETENTION CENTER
NASSAU UNIVERSITY MEDICAL CENTER
MEDICAL SOCIETY OF THE STATE OF NEW YORK
EATING DISORDER ASSOCIATES TREATMENT AND REFERRAL CENTERS-WESTBURY

Community Based Resources – Not For Profit Health and Welfare Agencies, Queens

Queens



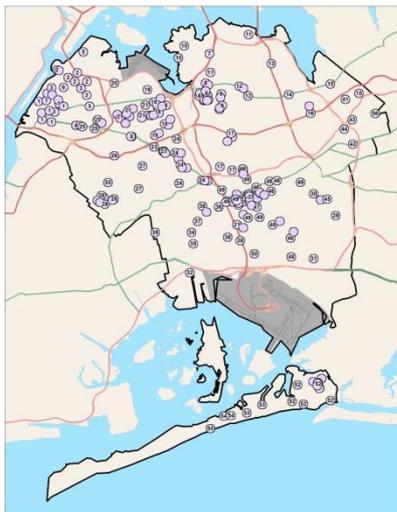
Jacob A. Riis Neighborhood Settlement
 Main Street Legal Services Inc.
 Steinway Child and Family Services (SCFS) - Main Office
 LaGuardia Community College - Veteran Services Office
 Bowers Residents' Committee - SPAN Queens
 College Initiative - Queens
 Arab-American Family Support Center - Queens Office
 Narco Freedom - Bridge Plaza
 Narco Freedom - Primary Care Clinic - Queens
 Workforce1 Career Center - Long Island City
 The Floating Hospital - Shelter Clinic
 HANAC - Child and Family Preventive Services
 HANAC - Weatherization Services
 HANAC - Youth Services
 American MidEast Leadership Network
 HANAC East-West Connection Senior Transportation Services
 HANAC Substance Abuse Program
 Urban Upbound - Jobs Plus
 Reality House
 JASA Holliswood Senior Center
 Quality Services for the Autism Community - Queens Day Habilitation & After-school
 HANAC - Ravenswood Senior Center
 Goodwill Industries - IS 10 Beacon Program
 Woodside Houses Child Health Clinic
 Mental Health Providers of Western Queens - Sunnyside
 Thomas P. Noonan Veterans Outpatient Clinic
 Federation of Italian-American Organizations of Queens
 Catholic Charities - Dellamonica-Steinway Senior Center
 Community Healthcare Network - Long Island City Health Center
 HANAC - JVL Senior Center / Adult Literacy & Civics Program
 Catholic Charities of Brooklyn and Queens - Joseph DiMarco Universal Pre-K and Day Care Center
 PSCH - Home-Based Coordinated Services & Family Support Services
 Renaissance Economic Development Corporation (REDC) - Queens Office
 Neighborhood WIC Program - Flushing
 Health Insurance Enrollment Program - Flushing
 Chinese-American Planning Council - Nan Shan Senior Citizens Center
 Promoting Specialized Care and Health (PSCH), Inc.
 Selfhelp Latimer Gardens Senior Center
 Asian Youth Center of New York
 Macedonia Child Center
 Asian Americans for Equality - Citizenship Program
 The Boys' Club of New York - Marion McMahon Abbe Clubhouse
 Chinese Culture Center of T.E.C.O. of New York

Minkwon Center for Community Action
 Flushing Jewish Community Council
 Charles B. Wang Community Health Center - Flushing
 South Asian Council for Social Services
 Flushing YMCA - Beacon Center at JHS 189
 American Cancer Society - Asian Initiative
 YWCA of Queens
 Reflections Outpatient Program - Flushing Hospital Medical Center
 Selfhelp Benjamin Rosenthal Prince Street Senior Center
 HANAC Angelo Petromellis Senior Center
 PSCH - Intensive Psychiatric Rehabilitation Treatment Program (IPRT)
 Transitional Services for New York - Residential Services
 Victorious Overcomers Support Groups
 Korean Community Services of Metropolitan New York - Main Office
 Korean Family Counseling & Research Center
 Korean Community Services of Metropolitan New York, Inc - Corona Senior Center
 Korean Community Services of Metropolitan New York, Inc - Flushing Senior Center
 Selfhelp Clearview Senior Center
 YAI Center for Specialty Therapy/Premier HealthCare - Bayside
 JBFC - Club Pride
 Samuel Field YM & YWHA - Community Advisory Program for the Elderly (CAPE)
 Catholic Charities - Bayside Senior Center
 Queensborough Community College - Literacy Department
 Young Israel of Queens Valley Senior League
 St. John's University - PARTNERS
 Chinese Christian Herald Crusades - Flushing Branch
 Catholic Charities - Alzheimer's Adult Day Care Program
 Queens Community House - Pomonok Senior Center
 Queens Community House
 Florence E. Smith Senior Services
 Latin Women In Action
 Neighborhood WIC Program - Corona
 Health Insurance Enrollment Program - Corona
 Corona Child Health Clinic
 Our Lady of Sorrows
 ELMCOR Drug Rehabilitation
 RAICES Corona Senior Center
 Hamilton-Madison House - Korean Clinic
 Catholic Charities of Brooklyn and Queens - Therese Cervini Family Day Care
 Catholic Charities of Brooklyn and Queens - Therese Cervini Early Childhood Development Center
 Urban Health Plan - Plaza del Sol Family Health Center
 Dominico-American Society
 HANAC - Queens Community Services/Corona Beacon
 South Asian Marrow Association of Recruiters
 Elmcor - Lefrak Senior Citizens Center
 Elmcor Senior Citizen Center - East Elmhurst
 United Spinal Association - National Headquarters
 Queens Center for Gay Seniors
 Junction Boulevard Child Health Clinic
 Catholic Charities - Catherine Sheridan Senior Center
 New Immigrant Community Empowerment (NICE)
 Ecuadorian International Center
 Families Building Community - Elmhurst Community Partnership
 Voces Latinas
 Safe Horizon - Queens Community Program
 American Family Community Services, Inc.
 Concerned Citizens of Queens
 Salvation Army Corps Community Center - Queens Temple
 Make the Road New York - Elmhurst Center
 St. Adalbert Church - Bereavement Support Groups
 PAC Program of Queens
 Mount Sinai Sexual Assault and Violence Intervention Program (SAVI) - Queens
 Elmhurst Hospital Center - Chemical Dependency Program
 Elmhurst Hospital Center - Community Follow Up Program
 The Child Center of NY - Asian Outreach Clinic
 Mateando
 Rego Park Senior Center
 Long Island Consultation Center
 JCCA - Two Together Tutoring - Queens Office
 JCCA - Family Day Care Program
 JASA Queens Borough Service Center
 FEGS - Rego Park Counseling Center
 TheraCare - Queens
 Masbia - Rego Park
 Forest Hills Hospital - Adult Primary Care Center
 Jamaica Hospital Medical Center - Forest Hills Advanced Center for Psychotherapy
 Selfhelp Austin Street Senior Center
 Lower East Side Family Union - Queens Office
 Queens Community House - Forest Hills

Queens Jewish Community Council
 Selfhelp Queens Nazi Victim Services Program
 Central Queens YM & YWHA
 Selfhelp Queens Nazi Victim Services Program
 Queens Rape Counseling Center
 Immigration Advocacy Services
 Woodside on the Move
 East Side WIC Program (Sunnyside)
 New York Junior Tennis and Learning
 Emerald Isle Immigration Center of New York - Queens Office
 Neighborhood Housing Services of Northern Queens, Inc.
 BFFY Woodside Clinic and Mobile Outreach Team
 Mental Health Providers of Western Queens - Western Queens Recovery Services
 Neighborhood Housing Services of Northern Queens, Inc.
 Selfhelp Maspeth Senior Center
 YAI - New York League for Early Learning - Forest Hills West Preschool
 Middle Village Adult Center
 Polonians Organized to Minister to Our Community (POMOC)
 Ridgewood Older Adult Center
 Bushwick Center for Rehabilitation and Healthcare - Ridgewood Center
 Greater Ridgewood Youth Council - IS 93 Beacon Program
 RidgeWood YMCA
 Salvation Army - Ridgewood Corps Community Center
 Ridgewood Communicare Clinic
 Health Insurance Enrollment Program - Ridgewood
 Haitian Americans United for Progress (HAUP)
 Forestdale Fathering Initiative - Jamaica Office
 Phoenix House - Springfield Gardens Mental Health Community Residence
 CCNS Howard Beach Senior Center
 Special Kids Intervention
 Legal Aid Society of New York - Queens Neighborhood Office
 American Cancer Society - Queens Region
 YAI Center for Specialty Therapy - Kew Gardens
 Arms Acres - Queens Outpatient Clinic
 Catholic Charities - Ozone Park Senior Center & Southwest Queens Home Delivered Meals Program
 Queens Community House - Young Adult Borough Center
 Outreach Project - Outreach Family Services
 Samaritan Village - Residential Methadone-to-Abstinence Detoxification
 The River Fund New York
 South Queens Boys and Girls Club
 United Hindu Cultural Council Senior Center
 Faith Mission Alcohol Crisis Center
 It Takes A Community To Raise A Child Daycare Center
 Safe Horizon - Queens Family Court Program
 Queens Vet Center
 SNAP Rosedale Senior Center
 Quality Services for the Autism Community - Hollis Day Habilitation Center for Women of New York
 Cross Island YMCA
 New York City Children's Center - Queens
 Queens Parent Resource Center - Community Habilitation
 North Flushing Senior Center
 Creedmoor Addiction Treatment Center - Alcoholism Inpatient Rehab Program
 SNAP of Eastern Queens Senior Center
 Miss Millie's Group Family Day Care
 Daytop Village - Queens Center
 Catholic Charities Behavioral Health Center
 AIDS Center of Queens County - Main Site
 Counseling Service of EDNY - Queens
 Safe Space Mental Health Clinic
 SingleStop Services - Child Center of NY
 Chapin Home for the Aging
 Catholic Charities - Hillcrest Senior Center
 Workforce1 Career Center - Queens
 Workforce1 Industrial & Transportation Career Center
 The Afrikan Poetry Theatre
 Jamaica Hospital Medical Center - Jamaica Estates Advanced Center for Psychotherapy
 Hillside Home Health Program
 Senior Navigator Helpline - North Shore-LIJ Health System
 Jamaica Community Partnership
 Queens Centers for Progress - Community Connections Center
 Queens Centers for Progress - Children's Center
 Queens Centers for Progress - Adult Center
 Queens Hospital Center - Outpatient Chemical Dependency Services
 Queens Hospital Center - Harm Reduction Program
 Jamaica YMCA
 AIDS Center of Queens County - Jamaica/Queens HIV Care Networks
 The Child Center of NY - Jamaica Family Center
 The Child Center of NY - Jamaica Child Center
 Community Mediation Services, Inc.

Community Based Resources – Not For Profit Health and Welfare Agencies, Queens Continued

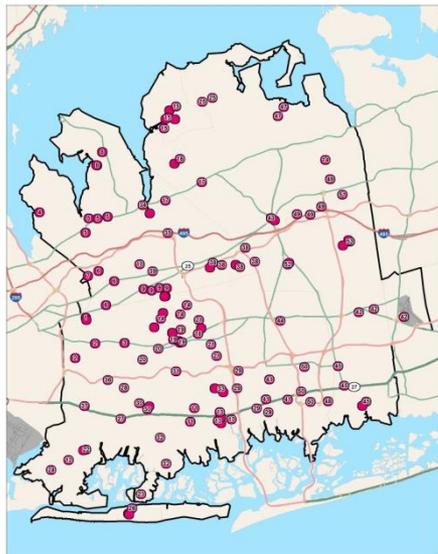
Queens



Safe Space - Headquarters
Community Healthcare Network - Family Health Center
Early Intervention Service Coordination Program - Queens
Parsons Communicare Clinic
Goodwill Industries - Beyond Jobs
Queens Educational Opportunity Center (EOC)
J-CAP - New Spirit Outpatient Substance Abuse Services
Allen A.M.E. Church - Food and Clothing Pantry/Soup Kitchen
Friendship Center - Jamaica Service Program for Older Adults (JSPOA)
JSPOA Theodora Jackson Senior Center
Jamaica Service Program for Older Adults, Inc. (JSPOA)
J-CAP - Living Proof HIV/AIDS Services
Robert Couche Senior Citizen Center
Allen Senior Citizens Community Center
Rochdale Senior Center
Clergy United for Community Empowerment
Bushwick Center for Rehabilitation and Healthcare - Bushwick Center at Trinity
Southern Queens Park Association, Inc. - Families in Need Preventive Services Program
Southern Queens Park Association, Inc. - After-School Program
HELP/PSI - Queens Adult Day Health Care Program
Southern Queens Park Association, Inc. - Cornerstone at the South Jamaica Development (NYCHA)
Damian Family Care Center
Samaritan Village, Inc.
Brooks Senior Center
Samaritan Village - Jamaica Intensive Outpatient Program
St. Vincent's Medical Center - Methadone Treatment Clinic 1 & 2
Daytop Village - Queens Brightside Center
St. John's Episcopal Hospital - Family Resource Center
Business Leaders of Tomorrow Leadership Empowerment Center, Inc. - Program Site
Samaritan Village - Van Wyck Residential Treatment Program
Queens Legal Services Corporation - Jamaica Office
Queens Adult and Continuing Education
Rockaway Boulevard Senior Center - Jamaica Service Program for Older Adults (JSPOA)
York College Small Business Development Center
AIDS Center of Queens County - Far Rockaway
Joseph P. Addabbo Family Health Center - Far Rockaway
Joseph P. Addabbo Health Insurance Assistance
Rockaway Development and Revitalization Corporation
Catholic Charities - Rockaway Mental Health Services/PROS Program
Jewish Community Council of the Rockaway Peninsula (JCCRP)
Child Center of New York - PS/MS 43 Beacon Community School Program
Far Rockaway Family Services Center - Harlem Dowling
CNR Health Care - Long-term Home Care and AIDS Home Care
CenterLight Healthcare System - Far Rockaway
Rockaway Development and Revitalization Corporation
Young Israel of Wavecrest and Bayswater Senior League
Margert Community Corporation
Joseph P. Addabbo Family Health Center - WIC Program
JASA Far Rockaway/Brookdale Village Senior Center
Rockaway YMCA at Arverne by the Sea
Joseph P. Addabbo Family Health Center - Arverne
Visiting Nurse Service of New York (VNSNY) - Early Steps Family Center
Catholic Charities - Seaside Senior Center
JASA Rockaway Park Senior Center
JASA Roy Reuther Senior Center
St. John's Episcopal Hospital - Home Based Crisis Intervention Program
North Shore Long Island Jewish Health System - The Zucker Hillside Hospital

Community Based Resources – Youth Development Programs, Nassau

Nassau

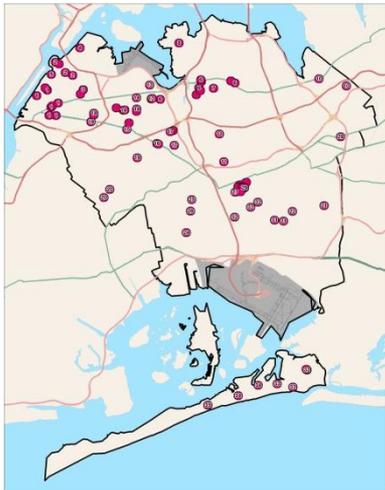


FLORAL PARK PUBLIC LIBRARY
 FLORAL PARK YOUTH COUNCIL, INC.
 GATEWAY YOUTH OUTREACH, INC.
 ELMONT PUBLIC LIBRARY
 FRANKLIN SQUARE PUBLIC LIBRARY
 GREAT NECK LIBRARY
 MANHASSET UNION FREE SCHOOL DISTRICT
 MANHASSET PUBLIC LIBRARY
 MANHASSET/GREAT NECK ECONOMIC OPPORTUNITY COUNCIL
 HILLSIDE PUBLIC LIBRARY
 NEW HYDE PARK-GARDEN CITY PARK UNION FREE SCHOOL DISTRICT
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
 THE ZUCKER HILLSIDE HOSPITAL
 PORT COUNSELING CENTER, INC.
 LITIG HOUSE COMMUNITY CENTER, INC.
 PORT WASHINGTON PUBLIC LIBRARY
 MINEOLA UNION FREE SCHOOL DISTRICT
 FAMILY AND CHILDREN'S ASSOCIATION
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./NASSAU
 MINEOLA MEMORIAL LIBRARY
 THE AMERICAN RED CROSS ON LONG ISLAND
 ADVISORY COUNCIL FOR THE YOUTH OF MINEOLA, INC.
 SHELTER ROCK PUBLIC LIBRARY
 SOUTH SHORE ASSOCIATION FOR INDEPENDENT LIVING, INC.
 BALDWIN PUBLIC LIBRARY
 JCC OF THE GREATER FIVE TOWNS
 LONG ISLAND ARTS COUNCIL AT FREEPORT
 FREEPORT MEMORIAL LIBRARY
 FAMILY AND CHILDREN'S ASSOCIATION
 FREEPORT PRIDE
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 GIRL SCOUTS OF NASSAU COUNTY, INC.
 NASSAU BOCES DEPARTMENT OF REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRAMS
 GARDEN CITY PUBLIC LIBRARY
 ST. JOHN'S EPISCOPAL CHURCH/HEMPSTEAD
 NATIONAL COALITION OF 100 BLACK WOMEN-LONG ISLAND CHAPTER, INC.
 LA FUERZA UNIDA, INC.
 GLEN COVE BOYS & GIRLS CLUB AT LINCOLN HOUSE
 CITY OF GLEN COVE YOUTH BUREAU
 GLEN COVE PUBLIC LIBRARY
 CITY OF GLEN COVE YOUTH BUREAU
 GLEN COVE CITY SCHOOL DISTRICT
 NORTH SHORE BOYS AND GIRLS CLUB
 GOLD COAST PUBLIC LIBRARY
 SID JACOBSON JEWISH COMMUNITY CENTER
 LIU POST
 LIU POST-SCHOOL OF CONTINUING EDUCATION
 HOFSTRA UNIVERSITY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 HEMPSTEAD HISPANIC CIVIC ASSOCIATION, INC.
 HISPANIC COUNSELING CENTER
 HEMPSTEAD UNION FREE SCHOOL DISTRICT
 NYS DEPARTMENT OF FAMILY ASSISTANCE-OCFS
 HEMPSTEADWORKS
 HEMPSTEADWORKS
 LEADERSHIP TRAINING INSTITUTE
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 WEST HEMPSTEAD PUBLIC LIBRARY
 MERCYFIRST
 UNIONDALE PUBLIC LIBRARY
 NASSAU COUNTY YOUTH BOARD
 UNIONDALE COMMUNITY COUNCIL, INC.
 HEWLETT-WOODMERE PUBLIC LIBRARY
 ISLAND PARK PUBLIC LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 GRENVILLE BAKER BOYS AND GIRLS CLUB

LOCUST VALLEY LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 LONG BEACH PUBLIC LIBRARY
 FRIEDBERG JCC
 LYNBROOK PUBLIC LIBRARY
 MALVERNE PUBLIC LIBRARY
 COMMUNITY PARENT CENTER
 NORTH MERRICK PUBLIC LIBRARY
 FRIEDBERG JCC
 MERRICK LIBRARY
 ROCKVILLE CENTRE PUBLIC LIBRARY
 MOLLOY COLLEGE-DIVISION OF CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT
 FRIEDBERG JCC
 OCEANSIDE LIBRARY
 MEMORIAL YOUTH OUTREACH COUNCIL, INC.
 ROOSEVELT PUBLIC LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 CAPS-CHILD ABUSE PREVENTION SERVICES
 BRYANT LIBRARY
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 FRANKLIN HOSPITAL
 HENRY WALDINGER MEMORIAL LIBRARY
 A-1 UNIVERSAL CARE, INC.
 NASSAU BOCES DEPARTMENT OF REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRAMS
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 WESTBURY UNION FREE SCHOOL DISTRICT
 WESTBURY MEMORIAL PUBLIC LIBRARY
 LONG BEACH REACH, INC.
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 WILLISTON PARK PUBLIC LIBRARY
 TEMPO GROUP, INC.- WOODMERE
 NORTH BELLMORE PUBLIC LIBRARY
 BELLMORE MEMORIAL LIBRARY
 TEMPO GROUP, INC.- BELLMORE/MERRICK
 FARMINGDALE PUBLIC LIBRARY
 FARMINGDALE YOUTH BOARD
 MOLLOY COLLEGE
 WOMEN'S FUND OF LONG ISLAND
 JERICHO PUBLIC LIBRARY
 LEVITTOWN PUBLIC LIBRARY
 PLAINEDGE PUBLIC LIBRARY
 MASSAPEQUA UNION FREE SCHOOL DISTRICT
 YES COMMUNITY COUNSELING CENTER
 MASSAPEQUA PUBLIC LIBRARY
 BOYS AND GIRLS CLUB OF OYSTER BAY/EAST NORWICH
 OYSTER BAY-EAST NORWICH PUBLIC LIBRARY
 SEAFORD PUBLIC LIBRARY
 SYOSSET PUBLIC LIBRARY
 CHILDREN'S MEDICAL FUND OF NEW YORK
 MERCYFIRST
 SYOSSET CENTRAL SCHOOL DISTRICT
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 WANTAGH PUBLIC LIBRARY
 GIRL SCOUTS OF NASSAU COUNTY, INC.
 ORCHESTRA FOR TALENTED YOUTH
 HICKSVILLE PUBLIC LIBRARY
 HICKSVILLE BOYS AND GIRLS CLUB
 MID-ISLAND Y-JCC
 MID-ISLAND Y-JCC
 B'NAI B'RITH YOUTH ORGANIZATION-NASSAU SUFFOLK REGION
 PLAINVIEW-OLD BETHPAGE PUBLIC LIBRARY

Community Based Resources – Youth Development Programs, Queens

Queens

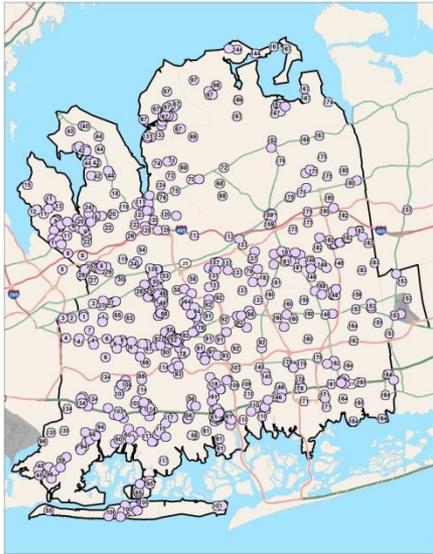


Long Island City YMCA
 Jacob A. Riis Neighborhood Settlement
 Hour Children
 LaGuardia Community College Home to Work Center
 CUNY Fatherhood Academy
 Family Resource Center of Western Queens - Mental Health Association of NYC
 The Fortune Society
 Goodwill Industries - Citiview Connections Clubhouse
 HANAC - Youth Services
 Center for the Integration & Advancement of New Americans (CIANA)
 Goodwill Industries - Extended Rehabilitation Services
 Catholic Charities of Brooklyn and Queens - St. Margaret Mary Early Childhood Development Center
 Goodwill Industries - IS 10 Beacon Program
 Salvation Army - Astoria Community Center
 Federation of Italian-American Organizations of Queens
 Socrates Sculpture Park
 Catholic Charities of Brooklyn and Queens - Joseph DiMarco Universal Pre-K and Day Care Center
 Chinese-American Planning Council - Youth Services
 Flushing YMCA
 Asian Youth Center of New York
 Korean American Family Service Center
 Macedonia Child Center
 The Boys' Club of New York - Marion McMahon Abbe Clubhouse
 Minkwon Center for Community Action
 Flushing YMCA - Beacon Center at JHS 189
 YAI - New York League for Early Learning - Clearview Preschool
 Korean Community Services of Metropolitan New York - Main Office
 JBFCS - Pride of Judea Counseling Center
 Samuel Field YM & YWHA - Youth Programs
 St. John's University - PARTNERS
 Queens Community House
 Catholic Charities of Brooklyn and Queens - Therese Cervini Family Day Care
 Catholic Charities of Brooklyn and Queens - Therese Cervini Early Childhood Development Center
 Asociacion Benefica Cultural Padre Billini
 Jerome Hardeman Child Care Center
 Families Building Community - Elmhurst Community Partnership
 Voces Latinas
 Queens Pride House
 Make the Road New York - Elmhurst Center
 Goodwill Industries - PS 149 Beacon Program
 New Life Community Development Corporation
 New York Asian Women's Center (NYAWC) - Center for Asian Women Empowerment Center
 Mateando
 JCCA - Two Together Tutoring - Queens Office
 TheraCare - Queens
 Queens Community House - Forest Hills
 Queens Community House - Generation Q
 Central Queens YM & YWHA
 Woodside on the Move
 New York Junior Tennis and Learning
 Emerald Isle Immigration Center of New York - Queens Office
 YAI - New York League for Early Learning - Forest Hills West Preschool
 Greater Ridgewood Youth Council, Inc - Main
 RidgeWood YMCA
 Haitian Americans United for Progress (HAUP)
 Jamaica NAACP Day Care Center
 HeartShare - First Step Early Childhood Center
 Queens Community House - Young Adult Borough Center
 Dress for Success - Queens Branch
 South Queens Boys and Girls Club
 Safe Horizon - Queens Family Court Program
 Cross Island YMCA

Catholic Charities of Brooklyn and Queens - Colin-Newell Head Start
 Catholic Charities Behavioral Health Center
 Administration for Children's Services - Family Assessment Program (Queens)
 Hands Across Long Island (HALI) - Jamaica
 Queens Library - Health Information Programs
 Jamaica YMCA
 The Child Center of NY - Jamaica Clinic
 Jamaica Community Partnership
 Community Mediation Services, Inc.
 Safe Space - Transitional Living Programs
 Queens Educational Opportunity Center (EOC)
 Ruby S. Couche Big Sister Educational Action and Service Center, Inc.
 Southern Queens Park Association, Inc. - After-School Program
 Southern Queens Park Association, Inc. - Beacon Program at MS 8
 Southern Queens Park Association, Inc. - Cornerstone at the South Jamaica Development (NYCHA)
 It Takes A Community To Raise A Child Daycare Center
 Child Center of New York - PS/MS 43 Beacon Community School Program
 Catholic Charities - Rockaway PROS
 Rockaway Development and Revitalization Corporation
 Community Parents, Inc. - Community and Family Head Start
 Rockaway YMCA at Arverne by the Sea
 The Action Center - Cornerstone Location
 St. John's Episcopal Hospital - Family Resource Center (Satellite Office)
 St. John's Episcopal Hospital - Blended Case Management

Community Based Resources – Community Service Organizations, Nassau

Nassau



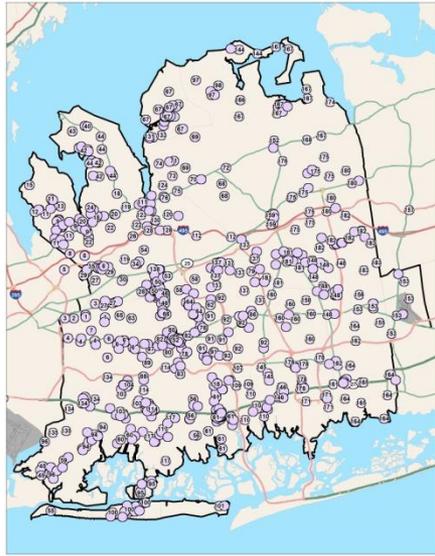
FLORAL PARK VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF FLORAL PARK
 FLORAL PARK PUBLIC LIBRARY
 FLORAL PARK PUBLIC LIBRARY
 COVERT AVENUE CHAMBER OF COMMERCE
 BELLEROSE VILLAGE FIRE DEPARTMENT
 INCORPORATED VILLAGE OF BELLEROSE
 FLORAL PARK CENTRE FIRE DEPARTMENT
 BELLEROSE TERRACE FIRE DEPARTMENT
 FLORAL PARK FIRE DEPARTMENT
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 NASSAU UNIVERSITY MEDICAL CENTER
 THE ZUCKER HILLSIDE HOSPITAL
 NASSAU COUNTY OFFICE FOR THE AGING
 ELMONT PUBLIC LIBRARY
 ELMONT FIRE DEPARTMENT
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 COMMUNITY COUNSELING SERVICES OF WEST NASSAU, INC.
 GARDEN CARE CENTER
 FRANKLIN SQUARE PUBLIC LIBRARY
 FRANKLIN SQUARE SENIOR COMMUNITY SERVICE CENTER
 FRANKLIN SQUARE AND MUNSON FIRE DEPARTMENT
 CHILD CARE COUNCIL OF NASSAU, INC.
 COOLEY'S ANEMIA FOUNDATION-LONG ISLAND CHAPTER
 INCORPORATED VILLAGE OF SOUTH FLORAL PARK
 LAKE SUCCESS VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF LAKE SUCCESS
 MUSCULAR DYSTROPHY ASSOCIATION/NASSAU COUNTY
 NORTH HEMPSTEAD TOWN HOUSING AUTHORITY
 GREAT NECK ESTATES VILLAGE POLICE DEPARTMENT
 GREAT NECK CHAMBER OF COMMERCE
 GREAT NECK CENTER FOR THE VISUAL AND PERFORMING ARTS, INC.
 KENSINGTON VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF KENSINGTON
 COPAY, INC.
 GREAT NECK COMMUNITY SCHOOL

GREAT NECK LIBRARY-STATION BRANCH
 INCORPORATED VILLAGE OF GREAT NECK ESTATES
 NYS GOVERNMENT
 GREAT NECK LIBRARY-LAKEVILLE BRANCH
 WATER AUTHORITY OF GREAT NECK NORTH
 UNITED COMMUNITY FUND OF GREAT NECK AND NORTH NEW HYDE PARK
 NATIONAL ADRENAL DISEASES FOUNDATION
 ATRIA GREAT NECK
 INCORPORATED VILLAGE OF RUSSELL GARDENS
 BRAIN AND BEHAVIOR RESEARCH FOUNDATION
 CLASP CHILDREN'S CENTER
 CLASP CHILDREN'S CENTER
 GREAT NECK SENIOR CENTER, INC.
 OPEN DOOR PARENT CHILD CARING CENTER
 ATRIA/CUTTER MILL
 INCORPORATED VILLAGE OF GREAT NECK PLAZA
 INCORPORATED VILLAGE OF THOMASTON
 TEMPLE ISRAEL OF GREAT NECK (CONSERVATIVE)
 GREAT NECK PARK DISTRICT
 GREAT NECK LIBRARY
 INCORPORATED VILLAGE OF SADDLE ROCK
 GREAT NECK BREAST CANCER COALITION
 GREAT NECK ALERT ENGINE, HOOK LADDER AND HOSE CO. #1
 INCORPORATED VILLAGE OF GREAT NECK
 GREAT NECK SENIOR CENTER, INC.
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF KINGS POINT
 KINGS POINT VILLAGE POLICE DEPARTMENT
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-NORTH SHORE BRANCH
 INCORPORATED VILLAGE OF FLOWER HILL
 PATHWAYS WOMEN'S HEALTH
 TRANSPLANT RECIPIENTS INTERNATIONAL/LONG ISLAND TRIO CHAPTER
 MANHASSET-LAKEVILLE FIRE DEPARTMENT
 INCORPORATED VILLAGE OF MUNSEY PARK
 FRIENDS OF HOSPICE
 NORTH HEMPSTEAD TOWN DEPARTMENT OF BUILDING, SAFETY INSPECTION AND ENFORCEMENT
 NORTH HEMPSTEAD TOWN CLERK
 MANHASSET PUBLIC LIBRARY
 HARBOR CHILD CARE
 NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
 INCORPORATED VILLAGE OF PLANDOME HEIGHTS
 FIRST CLASS CHILD CARE, INC.
 JOYCE CENTER
 INCORPORATED VILLAGE OF PLANDOME MANOR
 NASSAU COUNTY LIBERTARIAN PARTY
 MANHASSET/GREAT NECK ECONOMIC OPPORTUNITY COUNCIL
 INCORPORATED VILLAGE OF PLANDOME
 PLANDOME FIRE DEPARTMENT
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 HUGS ACROSS AMERICA
 THE SAFE CENTER LI
 GREAT NECK LIBRARY-PARKVILLE BRANCH
 PRECIOUS SPIRIT CHILD CARE CENTER
 INCORPORATED VILLAGE OF NEW HYDE PARK
 NYS GOVERNMENT
 HILLSIDE PUBLIC LIBRARY
 NEW HYDE PARK FIRE DEPARTMENT
 FECS HEALTH & HUMAN SERVICES
 TUTOR TIME CHILD CARE LEARNING CENTER-NEW HYDE PARK
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
 LONG ISLAND JEWISH MEDICAL CENTER
 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
 LONG ISLAND WATER CONFERENCE
 THE ZUCKER HILLSIDE HOSPITAL
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
 DENTON GREEN HOUSING CORPORATION
 THE BRISTAL ASSISTED LIVING
 HARBOR CHILD CARE
 HERRICKS UNION FREE SCHOOL DISTRICT
 PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION
 MAKE-A-WISH FOUNDATION OF METRO NEW YORK
 IPRO
 NATIONAL ALLIANCE FOR THE MENTALLY ILL-QUEENS/NASSAU
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK

LONG ISLAND JEWISH MEDICAL CENTER
 LONG ISLAND JWF
 NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
 LONG ISLAND JEWISH MEDICAL CENTER
 LONG ISLAND HEARING AND SPEECH SOCIETY
 MUSCULAR DYSTROPHY ASSOCIATION/NASSAU COUNTY
 HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS (HKNC)
 PORT WASHINGTON HEARING CENTER
 PORT WASHINGTON CHILD CARE PARTNERSHIP
 NATIONAL MARFAN FOUNDATION
 PORT COUNSELING CENTER, INC.
 PORT WASHINGTON CHILDREN'S CENTER
 THE PARENT RESOURCE CENTER
 INCORPORATED VILLAGE OF SANDS POINT
 SANDS POINT POLICE DEPARTMENT
 INCORPORATED VILLAGE OF BAXTER ESTATES
 PORT WASHINGTON CHAMBER OF COMMERCE
 INCORPORATED VILLAGE OF MANORHAVEN
 THE LONG ISLAND ADVERTISING CLUB, INC.
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 PORT WASHINGTON COMMUNITY ACTION COUNCIL
 INSTITUTE FOR SAFETY AND PREPAREDNESS
 PORT WASHINGTON FIRE DEPARTMENT
 LONG ISLAND ALZHEIMER'S FOUNDATION
 PORT WASHINGTON POLICE DEPARTMENT
 IMAGINE EARLY LEARNING CENTERS-PORT WASHINGTON
 INCORPORATED VILLAGE OF PORT WASHINGTON NORTH
 LITIG HOUSE COMMUNITY CENTER, INC.
 PORT WASHINGTON SENIOR CITIZENS, INC.
 PORT WASHINGTON PUBLIC LIBRARY
 EAC NETWORK
 FIVE TOWNS EARLY LEARNING CENTER, INC.
 INWOOD FIRE DEPARTMENT
 CATHOLIC CHARITIES
 NASSAU COUNTY PLANNING COMMISSION
 FAMILY AND CHILDREN'S ASSOCIATION
 NYSSUPREME COURT-MINEOLA
 SEAFIELD CENTER
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./NASSAU
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./SUFFOLK
 SEAFIELD CENTER
 WINTHROP UNIVERSITY HOSPITAL
 LUTHERAN COUNSELING CENTER
 SPENCE CHAPIN SERVICES TO FAMILIES AND CHILDREN
 NASSAU COUNTY POLICE GEORGE F. MAHER MUSEUM
 NASSAU COUNTY AUXILIARY POLICE
 NASSAU COUNTY POLICE DEPARTMENT
 INCORPORATED VILLAGE OF MINEOLA
 NASSAU COUNTY EXECUTIVE'S OFFICE
 NASSAU COUNTY GOVERNMENT
 JEWISH ASSOCIATION SERVING THE AGING
 BAR ASSOCIATION OF NASSAU COUNTY, INC.
 NYS INSURANCE DEPARTMENT-LONG ISLAND OFFICE
 MINEOLA FIRE DEPARTMENT
 MINEOLA MEMORIAL LIBRARY
 THE AMERICAN RED CROSS ON LONG ISLAND
 ISLAND HARVEST
 NASSAU COUNTY OFFICE OF CONSUMER AFFAIRS
 WINTHROP UNIVERSITY HOSPITAL
 NYS GOVERNMENT
 UNITED STATES GOVERNMENT/SOCIAL SECURITY ADMINISTRATION-NEW YORK REGION
 NATIONAL CONFERENCE OF CPA PRACTITIONERS-NASSAU/SUFFOLK CHAPTER
 WINTHROP UNIVERSITY HOSPITAL
 NASSAU COUNTY CLERK'S OFFICE
 NASSAU COUNTY DEPARTMENT OF ASSESSMENT
 NASSAU COUNTY COMPTROLLER'S OFFICE
 NASSAU COUNTY COMPTROLLER'S OFFICE
 NASSAU COUNTY DEPARTMENT OF ASSESSMENT
 NASSAU COUNTY COMMISSION ON HUMAN RIGHTS
 WINTHROP UNIVERSITY HOSPITAL
 NASSAU COUNTY DISTRICT ATTORNEY
 NASSAU COUNTY DISTRICT ATTORNEY
 FAMILY PROMISE OF NASSAU COUNTY, INC.
 HUMANISTIC CONSULTANTS, INC.
 WINTHROP UNIVERSITY HOSPITAL
 THE ZUCKER HILLSIDE HOSPITAL

Community Based Resources – Community Service Organizations, Nassau Continued

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WORD OF LIFE MINISTRIES/FREEPORT
 FREEPORT MEMORIAL LIBRARY
 FREEPORT FIRE DEPARTMENT
 LITERACY NASSAU
 FREEPORT ANIMAL SHELTER
 FREEPORT CHAMBER OF COMMERCE
 FREEPORT PRIDE, INC.
 CATHOLIC CHARITIES
 FREEPORT VILLAGE POLICE DEPARTMENT
 BETHEL AME CHURCH/FREEPORT
 EAGER TO SERVE, INC.
 FREEPORT COMMUNITY DEVELOPMENT AGENCY
 INCORPORATED VILLAGE OF FREEPORT
 SCO FAMILY OF SERVICES
 PROJECT REAL
 UNITED WAY OF LONG ISLAND
 THE SALVATION ARMY IN GREATER NEW YORK
 WORD OF LIFE MINISTRIES/FREEPORT
 UNITED STATES GOVERNMENT/SOCIAL SECURITY ADMINISTRATION-NEW YORK REGION
 LONG ISLAND CARES, INC., THE HARRY CHAPIN FOOD BANK
 MERCY MEDICAL CENTER
 SOUTH SHORE CHILD GUIDANCE CENTER, INC.
 MERCY MEDICAL CENTER
 CHARITY BEGINS AT HOME, INC.
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 LONG ISLAND ARTS COUNCIL AT FREEPORT
 NASSAU COUNTY LIBRARY ASSOCIATION
 NEW YORK PUBLIC INTEREST RESEARCH GROUP, INC.-GARDEN CITY
 ADELPHI UNIVERSITY
 NASSAU COMMUNITY COLLEGE CONTINUING EDUCATION DEPARTMENT OF LIFELONG LEARNING
 VISITING NURSE ASSOCIATION OF LONG ISLAND, INC.
 UNITED STATES DEPARTMENT OF THE TREASURY
 LONG ISLAND CHILDREN'S MUSEUM
 GIRL SCOUTS OF NASSAU COUNTY, INC.
 INCORPORATED VILLAGE OF STEWART MANOR
 STEWART MANOR FIRE DEPARTMENT
 NASSAU COUNTY MEDICAL SOCIETY
 NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS-LONG ISLAND CHAPTER
 LIFE'S WORC, INC.
 THE MIRACLE FOUNDATION
 GARDEN CITY CHAMBER OF COMMERCE
 UNITED STATES GOVERNMENT
 GARDEN CITY FIRE DEPARTMENT
 GARDEN CITY VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF GARDEN CITY
 NASSAU COUNTY DENTAL SOCIETY
 ETHICAL HUMANIST SOCIETY OF LONG ISLAND
 LONG ISLAND ALLIANCE FOR PEACEFUL ALTERNATIVES
 MERCY MEDICAL CENTER
 CROHN'S AND COLITIS FOUNDATION OF AMERICA-LONG ISLAND CHAPTER
 NYS COUNCIL ON DIVORCE MEDIATION
 NATIONAL LEUKEMIA RESEARCH ASSOCIATION
 NYSGOVERNMENT
 GARDEN CITY PUBLIC LIBRARY
 FATHER'S RIGHTS ASSOCIATION OF NEW YORK STATE-LONG ISLAND CHAPTER
 METROPOLITAN TRANSPORTATION AUTHORITY
 NYSDPARTMENT OF MOTOR VEHICLES
 MERCY MEDICAL CENTER
 ASSOCIATION OF BLACK WOMEN IN HIGHER EDUCATION-NASSAU COUNTY CHAPTER
 NASSAU COUNTY WOMEN'S BAR ASSOCIATION
 NASSAU COMMUNITY COLLEGE
 GLEN COVE POLICE DEPARTMENT
 GLEN COVE CHILD DAY CARE CENTER, INC.
 LA FUERZA UNIDA, INC.
 GLEN COVE FIRE DEPARTMENT
 GLEN COVE HOSPITAL
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 MELILLO CENTER FOR MENTAL HEALTH
 MELILLO CENTER FOR MENTAL HEALTH
 LIFE'S WORC, INC.
 YMCA OF LONG ISLAND, INC.
 CITY OF GLEN COVE-GLEN COVE OFFICE OF SENIOR SERVICES
 ATRIA GLEN COVE
 GLEN COVE CHAMBER OF COMMERCE
 LOYAL ORDER OF MOOSE

SUNRISE SENIOR LIVING GLEN COVE
 GLEN COVE PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NYSGOVERNMENT
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 GLEN COVE INDUSTRIAL DEVELOPMENT AGENCY
 SAFE, INC.
 REGENCY AT GLEN COVE
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 LA FUERZA UNIDA, INC.
 INTERFAITH NUTRITION NETWORK
 INCORPORATED VILLAGE OF BROOKVILLE
 THE FAY J. LINDNER CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES
 INCORPORATED VILLAGE OF OLD BROOKVILLE
 NATIONAL LEAGUE OF AMERICAN PEN WOMEN, INC.
 THE GREEN VALE SCHOOL
 GOLD COAST PUBLIC LIBRARY
 OLD BROOKVILLE VILLAGE POLICE DEPARTMENT
 HARBOR CHILD CARE
 HUMAN GROWTH FOUNDATION
 GLENWOOD FIRE CO. INC.
 ST. FRANCIS HOSPITAL-THE HEART CENTER
 SID JACOBSON JEWISH COMMUNITY CENTER
 LIU POST
 MAURICE A. DEANE SCHOOL OF LAW
 CENTER FOR CHILDREN, FAMILIES AND THE LAW
 HOFSTRA UNIVERSITY
 NASSAU SUFFOLK LAW SERVICES COMMITTEE, INC./HEMPSTEAD
 MILITARY ORDER OF THE PURPLE HEART
 MAYFAIR CARE CENTER, INC.
 NASSAU UNIVERSITY MEDICAL CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 AFRICAN AMERICAN MUSEUM OF NASSAU COUNTY
 HEMPSTEAD PUBLIC LIBRARY
 FAMILY AND CHILDREN'S ASSOCIATION
 NASSAU COUNTY DEPARTMENT OF PROBATION-FAMILY DIVISION
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 NYSDEPARTMENT OF LABOR/NASSAU
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 NASSAU COUNTY TRAFFIC AND PARKING VIOLATIONS AGENCY
 VETERANS HEALTH ALLIANCE OF LONG ISLAND
 MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, INC.
 NYSWORKERS COMPENSATION BOARD-HEMPSTEAD
 EAC NETWORK
 COMMUNITY HOUSING INNOVATIONS, INC./NASSAU
 FAMILY AND CHILDREN'S ASSOCIATION
 EAC NETWORK
 NYSDIVISION OF HUMAN RIGHTS
 FECS HEALTH & HUMAN SERVICES
 FECS HEALTH & HUMAN SERVICES
 PILGRIM PSYCHIATRIC CENTER
 THE SALVATION ARMY IN GREATER NEW YORK
 NYS COALITION FOR THE AGING, INC.
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 HEMPSTEAD UNION FREE SCHOOL DISTRICT
 NCDOH-PUBLIC HEALTH LABORATORIES
 S.T.R.O.N.G. YOUTH, INC.
 NEW GROUND, INC.
 HEMPSTEAD HISPANIC CIVIC ASSOCIATION, INC.
 LONG ISLAND EDUCATIONAL OPPORTUNITY CENTER
 HARBOR CHILD CARE
 THE CENTER FOR RAPID RECOVERY
 NYSGOVERNMENT
 NEW YORK CIVIL LIBERTIES UNION, NASSAU CHAPTER
 HISPANIC COUNSELING CENTER
 HEMPSTEAD TOWN INDUSTRIAL DEVELOPMENT AGENCY
 NASSAU COUNTY CIVIL SERVICE COMMISSION
 NASSAU COUNTY INDUSTRIAL DEVELOPMENT AGENCY
 NASSAU COUNTY OFFICE OF COMMUNITY DEVELOPMENT
 NASSAU COUNTY COORDINATING AGENCY FOR SPANISH AMERICANS
 NASSAU COUNTY HOMEOWNERSHIP CENTER
 THE TIME OUT CLUB OF HEMPSTEAD, INC
 EXECUTIVE WOMEN'S GOLF ASSOCIATION-L.I. CHAPTER
 EAC NETWORK

NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 NASSAU COUNTY OFFICE OF ECONOMIC DEVELOPMENT
 NASSAU COUNTY DEPARTMENT OF PROBATION-CRIMINAL DIVISION
 NASSAU COUNTY DEPARTMENT OF PROBATION
 NY SUPREME COURT-MINOLEA
 LISTNET
 NEW BEGINNINGS FAMILY AND CHILDREN'S SERVICES
 NASSAU COUNTY POLICE BENEVOLENT ASSOCIATION
 WINTHROP UNIVERSITY HOSPITAL
 FAMILY AND CHILDREN'S ASSOCIATION
 LONG ISLAND CHESS NUTS ASSOCIATION
 ALBERTSON FIRE DEPARTMENT
 SHELTER ROCK PUBLIC LIBRARY
 INCORPORATED VILLAGE OF ATLANTIC BEACH
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 SOUTH SHORE ASSOCIATION FOR INDEPENDENT LIVING, INC.
 SOUTH NASSAU COMMUNITIES HOSPITAL
 BALDWIN PUBLIC LIBRARY
 BALDWIN FIRE DEPARTMENT
 TUTOR TIME CHILD CARE LEARNING CENTER-BALDWIN
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-NASSAU BRANCH
 BALDWIN COUNCIL AGAINST DRUG ABUSE, INC.
 BALDWIN CHAMBER OF COMMERCE
 THE LINKS, INC.
 NASSAU COUNTY DEMOCRATIC COMMITTEE
 CARLE PLACE FIRE DEPARTMENT
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 INCORPORATED VILLAGE OF CEDARHURST
 JCC OF THE GREATER FIVE TOWNS
 EAST ROCKAWAY CHAMBER OF COMMERCE
 TUTOR TIME CHILD CARE LEARNING CENTER-EAST ROCKAWAY
 AMERICAN FOUNDATION OF SUICIDE PREVENTION
 INCORPORATED VILLAGE OF EAST ROCKAWAY
 EAST ROCKAWAY FIRE DEPARTMENT
 EAST ROCKAWAY PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 EAST ROCKAWAY GRIST MILL MUSEUM
 SOUTH OCEAN CARE, L.L.C.
 LONG ISLAND ARTS COUNCIL AT FREEPORT

Community Based Resources – Community Service Organizations, Nassau Continued

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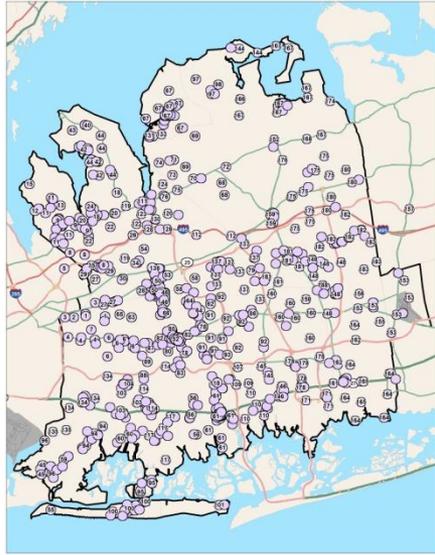
URBAN LEAGUE OF LONG ISLAND, INC.
 NYS OFFICE OF CHILDREN AND FAMILY SERVICES
 GOODWILL INDUSTRIES OF GREATER NEW YORK AND NORTHERN NEW JERSEY
 HEMPSTEADWORKS
 HEMPSTEAD VILLAGE COMMUNITY DEVELOPMENT AGENCY
 SELFHELP COMMUNITY SERVICES, INC.-LONG ISLAND OFFICE
 LEADERSHIP TRAINING INSTITUTE
 NYSOFFICE OF CHILDREN AND FAMILY SERVICES-COMMISSION FOR THE BLIND AND VISUALLY HANDICAPPED
 CENTRO SALVADORENO, INC.
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 SOUTH HEMPSTEAD FIRE DEPARTMENT
 LONG ISLAND VOLUNTEER HALL OF FAME
 LONG ISLAND VOLUNTEER CENTER
 THE SALVATION ARMY IN GREATER NEW YORK
 MOMMA'S, INC.
 BLACK WOMEN ENTERPRISES, INC.
 HEMPSTEAD FIRE DEPARTMENT
 LONG ISLAND ACORN
 CIRCULO DE LA HISPANIDAD, INC.
 HEMPSTEAD VILLAGE POLICE DEPARTMENT
 INCORPORATED VILLAGE OF HEMPSTEAD
 NYSDEPARTMENT OF LABOR/NASSAU
 FECS HEALTH & HUMAN SERVICES
 HOFSTRA UNIVERSITY-SALTZMAN COMMUNITY SERVICES CENTER
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 SCORE COUNSELORS TO AMERICA'S SMALL BUSINESS
 NCDOMH,CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 LEGAL AID SOCIETY OF NASSAU COUNTY
 HEMPSTEAD TOWN DEPARTMENT OF PUBLIC SAFETY
 HEMPSTEAD TOWN OFFICE OF TOWN CLERK
 EAC NETWORK
 NYSOFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 NYSREADING ASSOCIATION
 PILGRIM PSYCHIATRIC CENTER
 HEBREW ACADEMY OF NASSAU COUNTY
 WEST HEMPSTEAD FIRE DEPARTMENT
 NASSAU INTERGROUP OF ALCOHOLICS ANONYMOUS
 FAMILY AND CHILDREN'S ASSOCIATION
 INSTITUTE OF INDUSTRIAL ENGINEERS

WEST HEMPSTEAD PUBLIC LIBRARY
 MERCYFIRST
 THE ZUCKER HILLSIDE HOSPITAL
 LAKEVIEW FIRE DEPARTMENT
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 HOFSTRA UNIVERSITY BIG BROTHERS/BIG SISTERS PROGRAM
 LUTHERAN SOCIAL SERVICES OF NEW YORK
 UNIONDALE EARLY CHILDHOOD CENTER, INC.
 DOVES DAYCARE AND LEARNING CORNER
 NASSAU COUNTY OFFICE FOR THE AGING
 NASSAU COUNTY OFFICE FOR THE PHYSICALLY CHALLENGED
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES
 NASSAU COUNTY YOUTH BOARD
 NASSAU PERFORMING ARTS, INC.
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 HEMPSTEAD TOWN HOUSING AUTHORITY
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 NASSAU COUNTY FIRE MARSHAL'S OFFICE
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 UNIONDALE PUBLIC LIBRARY
 NASSAU COUNTY OFFICE OF EMERGENCY MANAGEMENT
 NASSAU COUNTY SHERIFF'S DEPARTMENT
 NCDOH-DIVISION OF COMMUNITY AND MATERNAL CHILD HEALTH SERVICES
 NASSAU COUNTY SHERIFF'S DEPARTMENT
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 EAST MEADOW PUBLIC LIBRARY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 EAST MEADOW FIRE DEPARTMENT
 NYSGOVERNMENT
 NASSAU COUNTY FIREFIGHTERS BURN CENTER FOUNDATION
 NASSAU UNIVERSITY MEDICAL CENTER-COMMUNITY SUPPORT GROUPS
 NORTHPORT VA MEDICAL CENTER
 NASSAU COUNTY VETERANS SERVICE AGENCY
 BIG CHIEF NURSERY AND KINDERGARTEN
 THE BRISTAL ASSISTED LIVING
 NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 CORNELL COOPERATIVE EXTENSION OF NASSAU COUNTY
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 NCDOMH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 NCDOMH,, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 LONG ISLAND ROAD RUNNERS CLUB
 HARBOR CHILD CARE
 HEWLETT-WOODMERE PUBLIC LIBRARY
 HEWLETT-WOODMERE PUBLIC LIBRARY
 NYSLIBERAL PARTY
 SOUTH NASSAU COMMUNITIES HOSPITAL
 HEWLETT FIRE DEPARTMENT
 INCORPORATED VILLAGE OF HEWLETT BAY PARK
 INCORPORATED VILLAGE OF HEWLETT NECK
 INCORPORATED VILLAGE OF WOODSBURGH
 INCORPORATED VILLAGE OF HEWLETT HARBOR
 PSEG LONG ISLAND
 1 IN 9: THE LONG ISLAND BREAST CANCER ACTION COALITION
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF ISLAND PARK
 ISLAND PARK UNION FREE SCHOOL DISTRICT
 ISLAND PARK PUBLIC LIBRARY
 ISLAND PARK FIRE DEPARTMENT
 FULL GOSPEL CHURCH/ISLAND PARK
 MEADOWMERE PARK FIRE DEPARTMENT
 INCORPORATED VILLAGE OF LAWRENCE
 HEMPSTEAD TOWN DEPARTMENT OF RECREATION AND CONSERVATION-PARKS AND RECREATION
 FIVE TOWNS COMMUNITY CENTER, INC.
 PENINSULA PUBLIC LIBRARY
 LAWRENCE-CEDARHURST FIRE DEPARTMENT
 LOCUST VALLEY LIBRARY
 LOCUST VALLEY FIRE DEPARTMENT
 INCORPORATED VILLAGE OF LATTINGTOWN
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF MATINECOCK
 CITY OF LONG BEACH DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
 LONG BEACH FIRE DEPARTMENT
 LONG BEACH POLICE DEPARTMENT
 LONG BEACH PUBLIC LIBRARY

INTERFAITH NUTRITION NETWORK
 NYSGOVERNMENT
 LONG BEACH REACH, INC.
 S J K LISTENING THERAPY PROGRAM
 UNITED STATES GOVERNMENT/SOCIAL SECURITY ADMINISTRATION-NEW YORK REGION
 CIRCULO DE LA HISPANIDAD, INC.
 HOFFMAN MANOR OF LONG BEACH
 FRIEDBERG JCC
 LONG BEACH CHAMBER OF COMMERCE
 PARK AVENUE EXTENDED CARE CENTER
 CITY OF LONG BEACH HOUSING AUTHORITY
 JEWISH ASSOCIATION SERVING THE AGING
 LONG BEACH MARTIN LUTHER KING JR. CENTER
 GRANDELL REHABILITATION AND NURSING CENTER
 LONG BEACH RECREATION DEPARTMENT
 LONG BEACH MEDICAL CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 AMERICAN SOCIETY OF TRAVEL AGENTS
 JEWISH ASSOCIATION SERVING THE AGING
 LONG BEACH BREAST CANCER COALITION
 INCORPORATED VILLAGE OF LYNBROOK
 LYNBROOK VILLAGE POLICE DEPARTMENT
 ATRIA LYNBROOK
 LYNBROOK CHAMBER OF COMMERCE
 ATRIA/TANGLEWOOD
 NATHAN HALE HOUSING COMPANY, INC.
 CREATIVE ART SPACE FOR KIDS FOUNDATION
 SUNRISE SENIOR LIVING NORTH LYNBROOK
 LYNBROOK PUBLIC LIBRARY
 INCORPORATED VILLAGE OF MALVERNE
 CATHOLIC CHARITIES
 LYNBROOK FIRE DEPARTMENT
 MALVERNE VILLAGE POLICE DEPARTMENT
 MALVERNE FIRE DEPARTMENT
 NATIONAL AMPUTATION FOUNDATION, INC.
 MALVERNE AFTERSCHOOL CENTER
 MALVERNE PUBLIC LIBRARY
 NASSAU COUNTY COUNCIL OF SCHOOL SUPERINTENDENTS
 COMMUNITY WELLNESS COUNCIL OF THE BELLMORE AND MERRICKS
 JEWEL QUINN SENIOR CENTER AT NORTH MERRICK
 BELLMORE-MERRICK CHILD CARE PROGRAMS
 NORTH MERRICK PUBLIC LIBRARY
 NORTH MERRICK FIRE DEPARTMENT
 LONG ISLAND INFANT DEVELOPMENTAL PROGRAM/SUFFOLK
 FRIEDBERG JCC
 MERRICK LIBRARY
 SKY RIDING LONG ISLAND
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 CATHOLIC CHARITIES
 THE ALLIANCE TO RESTORE INTEGRITY IN DIVORCE
 CAPS-CHILD ABUSE PREVENTION SERVICES
 INCORPORATED VILLAGE OF OLD WESTBURY
 OLD WESTBURY VILLAGE POLICE DEPARTMENT
 UNITED STATES DEPARTMENT OF COMMERCE - INTERNATIONAL TRADE ADMINISTRATION
 DISTRICT EXPORT ASSISTANCE CENTER
 NEW YORK INSTITUTE OF TECHNOLOGY
 AMERICAN PARKINSON DISEASE ASSOCIATION, INC.
 NEW YORK PUBLIC INTEREST RESEARCH GROUP, INC.-OLD WESTBURY
 POINT LOOKOUT-LIDO FIRE DEPARTMENT
 INCORPORATED VILLAGE OF ROCKVILLE CENTRE
 CENTER FOR SCIENCE TEACHING AND LEARNING (CSTL)
 FEEL BETTER KIDS, INC.
 MEMORIAL SLOAN-KETTERING CANCER CENTER
 MERCY MEDICAL CENTER
 LAKEVIEW PUBLIC LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 DR. MARTIN LUTHER KING, JR. COMMUNITY CENTER
 ROCKVILLE CENTRE PUBLIC LIBRARY
 CONFIDE COUNSELING AND CONSULTATION CENTER, INC.
 ROCKVILLE CENTRE VILLAGE POLICE DEPARTMENT
 ROCKVILLE NURSING CENTER
 DIOCESE OF ROCKVILLE CENTRE
 INCORPORATED VILLAGE OF ROCKVILLE CENTRE-DEPARTMENT OF SENIOR SERVICES

Community Based Resources – Community Service Organizations, Nassau Continued

Nassau



NYS GOVERNMENT
 ROCKVILLE CENTRE FIRE DEPARTMENT
 HISPANIC BROTHERHOOD OF ROCKVILLE CENTRE, INC.
 MOLLOY COLLEGE
 FRIEDBERG JCC
 SOUTH NASSAU COMMUNITIES HOSPITAL
 FOREVER FAMILY FOUNDATION, INC.
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 OCEANSIDE LIBRARY
 SOUTH NASSAU COMMUNITIES HOSPITAL
 TABOR RETREAT CENTER
 OCEANSIDE FIRE DEPARTMENT
 OCEANSIDE COUNSELING CENTER INC.
 OCEANSIDE SENIOR COMMUNITY SERVICE CENTER
 HEARING LOSS ASSOCIATION OF AMERICA/SOUTH NASSAU CHAPTER
 HEARING LOSS ASSOCIATION OF AMERICA/SOUTH NASSAU CHAPTER
 SOUTH NASSAU COMMUNITIES HOSPITAL
 FAMILY AND CHILDREN'S ASSOCIATION
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 ROOSEVELT PUBLIC LIBRARY
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 OBLATE SISTERS OF THE MOST HOLY REDEEMER
 NASSAU UNIVERSITY MEDICAL CENTER
 UNITED CEREBRAL PALSY ASSOCIATION OF NASSAU COUNTY, INC.
 SOUTH SHORE CHILD GUIDANCE CENTER, INC.
 NASSAU UNIVERSITY MEDICAL CENTER
 INCORPORATED VILLAGE OF NORTH HILLS
 ATRIA ON ROSLYN HARBOR
 ST. FRANCIS HOSPITAL-THE HEART CENTER
 INCORPORATED VILLAGE OF ROSLYN
 JUNIOR LEAGUE OF LONG ISLAND
 THE GROWING TREE NURSERY SCHOOL
 HABITAT FOR HUMANITY IN NASSAU COUNTY
 LILLIAN M. PIERCE SENIOR CENTER
 CAPS-CHILD ABUSE PREVENTION SERVICES
 ROSLYN TRINITY COOPERATIVE DAY SCHOOL
 BRYANT LIBRARY
 INCORPORATED VILLAGE OF EAST HILLS

NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 INCORPORATED VILLAGE OF ROSLYN ESTATES
 PIERCE COUNTRY DAY SCHOOL
 INCORPORATED VILLAGE OF ROSLYN HARBOR
 NASSAU COUNTY MUSEUM OF ART
 NUTRITIONAL INTERVENTION FOR VETS
 ROSLYN FIRE DEPARTMENT
 PSEG LONG ISLAND
 NORTH HEMPSTEAD TOWN COMMUNITY DEVELOPMENT AGENCY
 CONCERNED CITIZENS FOR ROSLYN YOUTH, INC.
 E JOY COMMUNITY RESOURCE CENTER, INC.
 NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 COMMUNITY ADVOCATES, INC.
 INCORPORATED VILLAGE OF SEA CLIFF
 SEA CLIFF FIRE DEPARTMENT
 HARBOR CHILD CARE
 SCO FAMILY OF SERVICES
 SEA CLIFF VILLAGE LIBRARY
 INCORPORATED VILLAGE OF VALLEY STREAM
 VALLEY STREAM FIRE DEPARTMENT
 PENINSULA COUNSELING CENTER
 FRIENDS OF BRIDGE, INC.
 FRANKLIN HOSPITAL
 NORTHPORT VA MEDICAL CENTER
 SOUTH NASSAU COMMUNITIES HOSPITAL
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 THE BRISTAL ASSISTED LIVING
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 HENRY WALDINGER MEMORIAL LIBRARY
 THE BRISTAL ASSISTED LIVING
 NEW YORK WATER ENVIRONMENT ASSOCIATION, LONG ISLAND CHAPTER
 NASSAU COUNTY TRAFFIC SAFETY BOARD
 NASSAU BOCES ADULT CAREER AND EDUCATIONAL SERVICES
 NASSAU COUNTY DEPARTMENT OF PROBATION-FAMILY DIVISION
 NASSAU COUNTY FAMILY COURT
 LONG ISLAND BLOOD SERVICES
 MPOWERING KIDS
 NASSAU COUNTY REPUBLICAN COMMITTEE
 INTERNATIONAL ASSOCIATION OF BUSINESS COMMUNICATORS-LI CHAPTER
 INCORPORATED VILLAGE OF WESTBURY
 WESTBURY FIRE DEPARTMENT
 SENIOR CITIZENS OF WESTBURY, INC.
 WESTBURY MEMORIAL PUBLIC LIBRARY
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 LONG ISLAND HISPANIC CHAMBER OF COMMERCE
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-JUVENILE DETENTION CENTER
 NASSAU UNIVERSITY MEDICAL CENTER
 MEDICAL SOCIETY OF THE STATE OF NEW YORK
 EATING DISORDER ASSOCIATES TREATMENT AND REFERRAL CENTERS-WESTBURY
 NATIONAL EATING DISORDERS ASSOCIATION-LONG ISLAND
 NORTH SHORE CHILD AND FAMILY GUIDANCE CENTER
 EAC NETWORK
 NCDOMH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICES
 UNITED STATES DEPARTMENT OF LABOR-WAGE AND HOUR DIVISION
 NORTH HEMPSTEAD TOWN-DEPARTMENT OF COMMUNITY SERVICES-SENIOR SERVICES
 THE SAFE CENTER LI
 PROJECT GRAD LONG ISLAND
 DIVORCE MEDIATION CENTER OF LONG ISLAND-NASSAU
 EAST WILLISTON PUBLIC LIBRARY
 INCORPORATED VILLAGE OF EAST WILLISTON
 WILLISTON PARK FIRE DEPARTMENT
 EAST WILLISTON FIRE DEPARTMENT
 INCORPORATED VILLAGE OF WILLISTON PARK
 WILLISTON PARK PUBLIC LIBRARY
 FIVE TOWNS COMMUNITY CHEST
 WOODMERE FIRE DEPARTMENT
 BAYVILLE FIRE DEPARTMENT
 BAYVILLE FREE LIBRARY
 INCORPORATED VILLAGE OF BAYVILLE
 JONES MANOR ON THE SOUND
 LUTHERAN DISASTER RESPONSE OF NEW YORK
 CHAMBER OF COMMERCE OF THE BELLMORES
 NORTH BELLMORE PUBLIC LIBRARY
 ALPHABETLAND DAY SCHOOL & CAMP

HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 NASSAU-SUFFOLK SCHOOL BOARDS ASSOCIATION, INC.
 LUPUS ALLIANCE OF AMERICA-LONG ISLAND/QUEENS AFFILIATE
 BELLMORE MEMORIAL LIBRARY
 BELLMORE FIRE DEPARTMENT
 PSEG LONG ISLAND
 AMT CHILDREN OF HOPE FOUNDATION
 LONG ISLAND CRISIS CENTER
 NYS GOVERNMENT
 NORTH BELLMORE FIRE DEPARTMENT
 BETHPAGE MULTI-SERVICE SENIOR CENTERS
 FAIR MEDIA COUNCIL
 FAIR MEDIA COUNCIL
 LUSTGARTEN FOUNDATION FOR PANCREATIC CANCER RESEARCH
 THE SAFE CENTER LI
 BETHPAGE FIRE DEPARTMENT
 SOCIETY OF ST. VINCENT DE PAUL
 UNITED ADULT MINISTRIES
 NYS DEPARTMENT OF MOTOR VEHICLES
 BRIDGE BACK TO LIFE CENTER, INC.
 LONG ISLAND DEVELOPMENT CORPORATION
 IRISH FAMILY HISTORY FORUM, INC.
 BETHPAGE PUBLIC LIBRARY
 LONG ISLAND FORUM FOR TECHNOLOGY
 KNIGHTS OF COLUMBUS
 WOMEN ON THE FAST TRACK
 EPISCOPAL HEALTH SERVICES, INC.
 ADULTS AND CHILDREN WITH LEARNING AND DEVELOPMENTAL DISABILITIES, INC.
 PEOPLE/BETHPAGE ADOLESCENT DEVELOPMENT ASSOCIATION, INC.
 DEBT REDUCTION SERVICES
 SEPA MUJER
 YOUNG PEOPLE'S DAY CAMP
 EAST NORWICH FIRE DEPARTMENT
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 BERKSHIRE FARM CENTER AND SERVICES FOR YOUTH
 LONG ISLAND VOLUNTEER ENTERPRISE
 FARMINGDALE PUBLIC LIBRARY
 AMERICAN AIRPOWER MUSEUM AT REPUBLIC AIRPORT
 UNITED STATES SMALL BUSINESS ADMINISTRATION
 FARMINGDALE STATE UNIVERSITY OF NEW YORK
 NYS VETERANS BUSINESS OUTREACH CENTER
 INCORPORATED VILLAGE OF FARMINGDALE
 FARMINGDALE FIRE DEPARTMENT
 SUSTAINABLE LONG ISLAND
 LONG ISLAND BETTER BUSINESS BUREAU
 FARMINGDALE ADULT DAY CARE CENTER
 LONG ISLAND UNITED STATES BOWLING CONGRESS ASSOCIATION
 NYS POLICE
 SOUTH FARMINGDALE FIRE DEPARTMENT
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 LONG ISLAND COMMUNITY FOUNDATION
 ISLAND TREES PUBLIC LIBRARY
 LONG ISLAND PASE (PARTNERSHIP FOR AFTER SCHOOL EDUCATION)
 THE NATIONAL ASSOCIATION OF MOTHERS' CENTERS
 MOMMA'S, INC.
 DIABETES RESEARCH INSTITUTE FOUNDATION-LONG ISLAND REGIONAL OFFICE
 JERICO FIRE DEPARTMENT
 THE ARBORS ASSISTED LIVING AT WESTBURY
 JERICO PUBLIC LIBRARY
 LONG ISLAND REEF ASSOCIATION
 LEVITTOWN PUBLIC LIBRARY
 LEVITTOWN FIRE DEPARTMENT
 YES COMMUNITY COUNSELING CENTER
 PILGRIM PSYCHIATRIC CENTER
 THE LONG ISLAND CENTER FOR INDEPENDENT LIVING, INC. (LICIL)
 ISLAND TREES PUBLIC LIBRARY
 BENEVOLENT AND PROTECTIVE ORDER OF ELKS
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 LONG ISLAND BARIATRIC CENTER
 LEVITTOWN PUBLIC LIBRARY
 MASSAPEQUA FIRE DEPARTMENT
 NORTH MASSAPEQUA FIRE DEPARTMENT
 PLAINEDGE PUBLIC LIBRARY

Community Based Resources – Community Service Organizations, Nassau Continued

Nassau

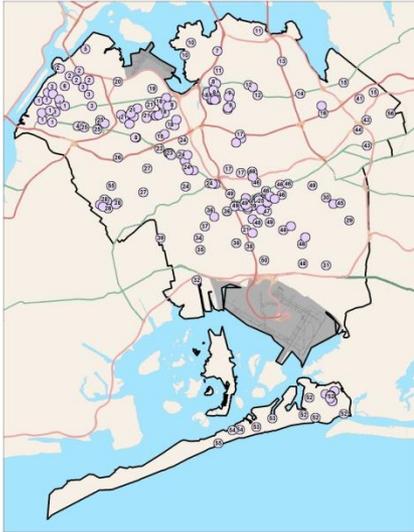


MOMMA'S, INC.
 NYS GOVERNMENT
 BENEVOLENT AND PROTECTIVE ORDER OF ELKS
 NATIONAL LEAGUE OF AMERICAN PEN WOMEN, INC.
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 AAA PREGNANCY OPTIONS
 THE BRISTAL ASSISTED LIVING
 MASSAPEQUA PUBLIC LIBRARY
 BOY SCOUTS OF AMERICA/THEODORE ROOSEVELT COUNCIL
 NYS GOVERNMENT
 MASSAPEQUA CHAMBER OF COMMERCE
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-MASSAPEQUA BRANCH
 YES COMMUNITY COUNSELING CENTER
 LONG ISLAND PROGRESSIVE COALITION
 NYS DEPARTMENT OF MOTOR VEHICLES
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 UNITED STATES GOVERNMENT
 INCORPORATED VILLAGE OF MASSAPEQUA PARK
 MASSAPEQUA PUBLIC LIBRARY
 MASSAPEQUA PARK SENIOR COMMUNITY SERVICE CENTER
 INCORPORATED VILLAGE OF MILL NECK
 MILL NECK FAMILY OF ORGANIZATIONS
 INCORPORATED VILLAGE OF OYSTER BAY COVE
 BOYS AND GIRLS CLUB OF OYSTER BAY/EAST NORWICH
 CENTRE ISLAND VILLAGE POLICE
 INCORPORATED VILLAGE OF COVE NECK
 FRIENDS OF THE BAY, INC.
 SAGAMORE HILL NATIONAL HISTORIC SITE
 AIR CONDITIONING CONTRACTORS OF AMERICA-GREATER NY CHAPTER
 INCORPORATED VILLAGE OF UPPER BROOKVILLE
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 OYSTER BAY FIRE DEPARTMENT
 YOUTH AND FAMILY COUNSELING AGENCY OF OYSTER BAY/EAST NORWICH, INC.
 NYS GOVERNMENT
 INCORPORATED VILLAGE OF CENTRE ISLAND
 THE LIFE ENRICHMENT CENTER AT OYSTER BAY
 OYSTER BAY-EAST NORWICH PUBLIC LIBRARY
 OYSTER BAY LIONS CLUB
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 OYSTER BAY TOWN OFFICE
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./SUFFOLK
 SOUTHEAST NASSAU GUIDANCE CENTER, INC.
 SEAFORD FIRE DEPARTMENT
 SEAFORD SENIOR COMMUNITY SERVICE CENTER
 SEAFORD PUBLIC LIBRARY
 SEAFORD CHAMBER OF COMMERCE
 TODDLER TIME AT THE ENRICHMENT CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 ORDER SONS OF ITALY IN AMERICA GRAND LODGE OF NEW YORK
 ISLAND HARVEST
 INCORPORATED VILLAGE OF LAUREL HOLLOW
 OYSTER BAY TOWN
 OYSTER BAY TOWN COMMISSIONER OF PUBLIC WORKS
 NYS PUBLIC HEALTH ASSOCIATION-LONG ISLAND REGION
 NORTH SHORE UNIVERSITY HOSPITAL AT SYOSSET
 SYOSSET PUBLIC LIBRARY
 EMMAUS HOUSE FOUNDATION, INC.
 CHILDREN OF THE WORLD ADOPTION AGENCY, INC.
 SYOSSET CHAMBER OF COMMERCE
 VARIETY CHILD LEARNING CENTER
 SYOSSET FIRE DEPARTMENT
 MERCYFIRST
 FROM THE ASHES, INC.
 CANCERCARE LONG ISLAND OFFICE
 ERASE RACISM
 FECS HEALTH & HUMAN SERVICES
 INCORPORATED VILLAGE OF MUTTONTOWN
 MUTTONTOWN VILLAGE POLICE DEPARTMENT
 FECS HEALTH & HUMAN SERVICES
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 HEMPSTEAD TOWN DEPARTMENT OF SENIOR ENRICHMENT
 WANTAGH SENIOR DEAF CLUB
 WANTAGH MUSEUM AND PRESERVATION SOCIETY

BIRTHRIGHT OF NASSAU/SUFFOLK
 JOHN THEISSEN CHILDREN'S FOUNDATION
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 WANTAGH FIRE DEPARTMENT
 WANTAGH PUBLIC LIBRARY
 NASSAU COUNTY HIGH SCHOOL PRINCIPALS' ASSOCIATION
 BIDEAWE, INC.
 PET SAFE COALITION, INC.
 SOUTHEAST NASSAU GUIDANCE CENTER, INC.
 GREATER LONG ISLAND WHEELCHAIR ATHLETIC CLUB, INC.
 NASSAU COUNSELORS ASSOCIATION
 NYS UNITED TEACHERS NASSAU COUNTY REGIONAL OFFICE
 MARCH OF DIMES-NYS CHAPTER
 COLD SPRING HILLS CENTER FOR NURSING AND REHABILITATION
 PET PEEVES, INC.
 WOODBURY CENTER FOR HEALTH CARE
 HOSPICE CARE NETWORK-WOODBURY
 NYS OFFICE OF PARKS, RECREATION, AND HISTORIC PRESERVATION/LONG ISLAND REGION
 HICKSVILLE GREGORY MUSEUM
 HICKSVILLE CHAMBER OF COMMERCE
 NYS GOVERNMENT
 HICKSVILLE PUBLIC LIBRARY
 NASSAU COUNTY TRAFFIC SAFETY BOARD
 PSEG LONG ISLAND
 ASSOCIATION OF RECORDS MANAGERS AND ADMINISTRATORS-LONG ISLAND CHAPTER
 FAMILY AND CHILDREN'S ASSOCIATION
 HICKSVILLE FIRE DEPARTMENT
 LONG ISLAND GREYHOUND TRANSFER
 THE SARAH GRACE FOUNDATION FOR CHILDREN WITH CANCER, INC.
 NASSAU DAY TRAINING PROGRAM
 NYS DEPARTMENT OF LABOR/NASSAU
 CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC.
 FOR OUR CHILDREN AND US, INC./NASSAU OFFICE
 HICKSVILLE BOYS AND GIRLS CLUB
 CATHOLIC CHARITIES
 NASSAU COUNTY MOTHERS OF TWINS CLUB
 PARKWAY COMMUNITY CHURCH
 CENTRAL NASSAU GUIDANCE AND COUNSELING SERVICES, INC.
 THE MORGAN CENTER
 PARENTS WITHOUT PARTNERS-NASSAU COUNTY CHAPTER 14
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 THE CENTER FOR DEVELOPMENTAL DISABILITIES, INC.
 AHRC NASSAU
 ATRIA PLAINVIEW
 AMERICAN HEART ASSOCIATION
 MERCY MEDICAL CENTER
 SOMERSET GARDENS SENIOR LIVING AT PLAINVIEW
 COMPUTER GENEALOGY SOCIETY OF LONG ISLAND
 BIRTHPARENT SUPPORT NETWORK OF LONG ISLAND
 MID-ISLAND Y-JCC
 MID-ISLAND Y-JCC
 AMERICAN ASSOCIATION OF UNIVERSITY WOMEN-MID-ISLAND BRANCH
 GASP OF NEW YORK
 GREATER NEW YORK COUNCIL AGAINST PUBLIC SMOKING
 CENTRAL ISLAND HEALTHCARE
 PLAINVIEW VOLUNTEER FIRE DEPARTMENT
 NORTH SHORE UNIVERSITY HOSPITAL AT PLAINVIEW
 LONG ISLAND WOMEN'S AGENDA
 PLAINVIEW-OLD BETHPAGE PUBLIC LIBRARY
 PLAINVIEW-OLD BETHPAGE SENIOR CLUB
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC.
 HARVEY WEISENBERG RESOURCE CENTER
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 LADY REELERS FISHING CLUB

Community Based Resources – Community Service Organizations, Queens

Queens



Woodside on the Move
 East Side WIC Program (Sunnyside)
 New York Junior Tennis and Learning
 Emerald Isle Immigration Center of New York - Queens Office
 Neighborhood Housing Services of Northern Queens, Inc.
 BFFY Woodside Clinic and Mobile Outreach Team
 Mental Health Providers of Western Queens - Western Queens Recovery Services
 Neighborhood Housing Services of Northern Queens, Inc.
 Selfhelp Maspeth Senior Center
 YAI - New York League for Early Learning - Forest Hills West Preschool
 Middle Village Adult Center
 Polonians Organized to Minister to Our Community (POMOC)
 Ridgewood Older Adult Center
 Bushwick Center for Rehabilitation and Healthcare - Ridgewood Center
 Greater Ridgewood Youth Council - IS 93 Beacon Program
 RidgeWood YMCA
 Salvation Army - Ridgewood Corps Community Center
 Ridgewood Communicare Clinic
 Health Insurance Enrollment Program - Ridgewood
 Haitian Americans United for Progress (HAUP)
 Forestdale Fathering Initiative - Jamaica Office
 Phoenix House - Springfield Gardens Mental Health Community Residence
 CCNS Howard Beach Senior Center
 Special Kids Intervention
 Legal Aid Society of New York - Queens Neighborhood Office
 American Cancer Society - Queens Region
 YAI Center for Specialty Therapy - Kew Gardens
 Arms Acres - Queens Outpatient Clinic
 Catholic Charities - Ozone Park Senior Center & Southwest Queens Home
 Delivered Meals Program
 Queens Community House - Young Adult Borough Center
 Outreach Project - Outreach Family Services
 Samaritan Village - Residential Methadone-to-Abstinence Detoxification
 The River Fund New York
 South Queens Boys and Girls Club
 United Hindu Cultural Council Senior Center
 Faith Mission Alcohol Crisis Center
 It Takes A Community To Raise A Child Daycare Center
 Safe Horizon - Queens Family Court Program
 Queens Vet Center
 SNAP Rosedale Senior Center
 Quality Services for the Autism Community - Hollis Day Habilitation
 Center for Women of New York
 Cross Island YMCA
 New York City Children's Center - Queens
 Queens Parent Resource Center - Community Habilitation
 North Flushing Senior Center
 Creedmoor Addiction Treatment Center - Alcoholism Inpatient Rehab Program
 SNAP of Eastern Queens Senior Center
 Miss Millie's Group Family Day Care
 Daytop Village - Queens Center
 Catholic Charities Behavioral Health Center
 AIDS Center of Queens County - Main Site
 Counseling Service of EDNY - Queens
 Safe Space Mental Health Clinic
 SingleStop Services - Child Center of NY
 Chapin Home for the Aging
 Catholic Charities - Hillcrest Senior Center
 Workforce1 Career Center - Queens
 Workforce1 Industrial & Transportation Career Center
 The Afrikan Poetry Theatre
 Jamaica Hospital Medical Center - Jamaica Estates Advanced Center for
 Psychotherapy
 Hillside Home Health Program
 Senior Navigator Helpline - North Shore-LIJ Health System
 Jamaica Community Partnership
 Queens Centers for Progress - Community Connections Center

Queens Centers for Progress - Children's Center
 Queens Centers for Progress - Adult Center
 Queens Hospital Center - Outpatient Chemical Dependency Services
 Queens Hospital Center - Harm Reduction Program
 Jamaica YMCA
 AIDS Center of Queens County - Jamaica/Queens HIV Care Networks
 The Child Center of NY - Jamaica Family Center
 The Child Center of NY - Jamaica Clinic
 Community Mediation Services, Inc.
 Safe Space - Headquarters
 Community Healthcare Network - Family Health Center
 Early Intervention Service Coordination Program - Queens
 Parsons Communicare Clinic
 Goodwill Industries - Beyond Jobs
 Queens Educational Opportunity Center (EOC)
 J-CAP - New Spirit Outpatient Substance Abuse Services
 Allen A.M.E. Church - Food and Clothing Pantry/Soup Kitchen
 Friendship Center - Jamaica Service Program for Older Adults (JSPOA)
 JSPOA Theodora Jackson Senior Center
 Jamaica Service Program for Older Adults, Inc. (JSPOA)
 J-CAP - Living Proof HIV/AIDS Services
 Robert Couche Senior Citizen Center
 Allen Senior Citizens Community Center
 Rochdale Senior Center
 Clergy United for Community Empowerment
 Bushwick Center for Rehabilitation and Healthcare - Bushwick Center at Trinity
 Southern Queens Park Association, Inc. - Families in Need Preventive Services Program
 Southern Queens Park Association, Inc. - After-School Program
 HELP/PSI - Queens Adult Day Health Care Program
 Southern Queens Park Association, Inc. - Cornerstone at the South Jamaica Development
 (NYCHA)
 Damian Family Care Center
 Samaritan Village, Inc.
 Brooks Senior Center
 Samaritan Village - Jamaica Intensive Outpatient Program
 St. Vincent's Medical Center - Methadone Treatment Clinic I & 2
 Daytop Village - Queens Brightside Center
 St. John's Episcopal Hospital - Family Resource Center
 Business Leaders of Tomorrow Leadership Empowerment Center, Inc. - Program Site
 Samaritan Village - Van Wyck Residential Treatment Program
 Queens Legal Services Corporation - Jamaica Office
 Queens Adult and Continuing Education
 Rockaway Boulevard Senior Center - Jamaica Service Program for Older Adults (JSPOA)
 York College Small Business Development Center
 AIDS Center of Queens County - Far Rockaway
 Joseph P. Addabbo Family Health Center - Far Rockaway
 Joseph P. Addabbo Health Insurance Assistance
 Rockaway Development and Revitalization Corporation
 Catholic Charities - Rockaway Mental Health Services/PROS Program
 Jewish Community Council of the Rockaway Peninsula (JCCRP)
 Child Center of New York - PS/MS 43 Beacon Community School Program
 Far Rockaway Family Services Center - Harlem Dowling
 CNR Health Care - Long-term Home Care and AIDS Home Care
 CenterLight Healthcare System - Far Rockaway
 Rockaway Development and Revitalization Corporation
 Young Israel of Wavecrest and Bayswater Senior League
 Margert Community Corporation
 Joseph P. Addabbo Family Health Center - WIC Program
 JASA Far Rockaway/Brookdale Village Senior Center
 Rockaway YMCA at Arverne by the Sea
 Joseph P. Addabbo Family Health Center - Arverne
 Visiting Nurse Service of New York (VNSNY) - Early Steps Family Center
 Catholic Charities - Seaside Senior Center
 JASA Rockaway Park Senior Center
 JASA Roy Reuther Senior Center
 St. John's Episcopal Hospital - Home Based Crisis Intervention Program
 North Shore Long Island Jewish Health System - The Zucker Hillside Hospital

Community Based Resources – Education, Nassau

Nassau



FLORAL PARK-BELLEROSE UNION FREE SCHOOL DISTRICT
 OUR LADY OF VICTORY ROMAN CATHOLIC CHURCH
 ELMONT UNION FREE SCHOOL DISTRICT
 MEACHAM CHILD CARE AND LEARNING CENTER
 GATEWAY YOUTH OUTREACH, INC.
 SEWANNAHKA CENTRAL HIGH SCHOOL DISTRICT
 VALLEY STREAM CENTRAL HIGH SCHOOL DISTRICT
 VALLEY STREAM UNION FREE SCHOOL DISTRICT THIRTEEN
 CHILD CARE COUNCIL OF NASSAU, INC.
 GREAT NECK UNION FREE SCHOOL DISTRICT
 GREAT NECK CENTER FOR THE VISUAL AND PERFORMING ARTS, INC.
 NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM
 COPAY, INC.
 GREAT NECK SENIOR CENTER, INC.
 NORTH SHORE HEBREW ACADEMY
 UNITED STATES MERCHANT MARINE ACADEMY
 GREAT NECK PRE SCHOOL
 MANHASSET AFTERSCHOOL XPERIENCE, INC.
 RECONSTRUCTIONIST SYNAGOGUE OF THE NORTH SHORE
 ST. MARY'S ELEMENTARY SCHOOL
 SCIENCE MUSEUM OF LONG ISLAND
 THE CONGREGATIONAL CHURCH OF MANHASSET (UCC)
 OUR LADY OF GRACE MONTESSORI SCHOOL
 NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
 ST. MARY'S HIGH SCHOOL
 BROOKVILLE CENTER FOR CHILDREN'S SERVICES
 MANHASSET/GREAT NECK ECONOMIC OPPORTUNITY COUNCIL
 NORTH SHORE NURSERY SCHOOL
 MINEOLA UNION FREE SCHOOL DISTRICT
 HERRICKS UNION FREE SCHOOL DISTRICT
 NEW HYDE PARK-GARDEN CITY PARK UNION FREE SCHOOL DISTRICT
 NOTRE DAME ROMAN CATHOLIC CHURCH
 NASSAU COUNTY SAFE KIDS COALITION OF NEW YORK
 CHRIST LUTHERAN CHURCH/NEW HYDE PARK
 YOUNG INDIAN CULTURAL GROUP
 STEVEN AND ALEXANDRA COHEN CHILDREN'S MEDICAL CENTER OF NEW YORK
 PORT WASHINGTON UNION FREE SCHOOL DISTRICT
 ST. PETER OF ALCANTARA ROMAN CATHOLIC CHURCH

HELEN KELLER NATIONAL CENTER FOR DEAF-BLIND YOUTHS AND ADULTS (HKNC)
 NATIONAL MARFAN FOUNDATION
 THE BIBLE CHURCH OF PORT WASHINGTON
 HAPPY MONTESSORI SCHOOL
 GRASSROOTS ENVIRONMENTAL EDUCATION
 LITTTIG HOUSE COMMUNITY CENTER, INC.
 CHABAD OF PORT WASHINGTON
 YESHIVA KETANA OF LONG ISLAND
 NASSAU COUNTY DEPARTMENT OF PROBATION-ADMINISTRATION
 WINTHROP UNIVERSITY HOSPITAL
 LONG ISLAND COUNCIL ON ALCOHOLISM AND DRUG DEPENDENCE, INC./NASSAU
 MAURER FOUNDATION FOR BREAST HEALTH EDUCATION, INC.
 BAR ASSOCIATION OF NASSAU COUNTY, INC.
 ISLAND HARVEST
 CHAMINADE HIGH SCHOOL
 ADVISORY COUNCIL FOR THE YOUTH OF MINEOLA, INC.
 YAI NETWORK
 NASSAU BOCES ADULT CAREER AND EDUCATIONAL SERVICES
 ABILITIES, INC.
 THE LEARNING PLACE
 CHURCH OF ST. CHRISTOPHER
 BALDWIN UNION FREE SCHOOL DISTRICT
 LITTLE RAINBOW, INC.
 COMMUNITY NURSERY SCHOOL OF BALDWIN
 NASSAU COUNTY DEMOCRATIC COMMITTEE
 CARLE PLACE UNION FREE SCHOOL DISTRICT
 HEBREW ACADEMY OF LONG BEACH
 HEBREW ACADEMY HIGH SCHOOL
 EAST ROCKAWAY UNION FREE SCHOOL DISTRICT
 AMERICAN SOCIETY FOR TRAINING AND DEVELOPMENT-LI CHAPTER
 ST. RAYMOND'S PARISH
 LONG ISLAND ARTS COUNCIL AT FREEPORT
 HI-HELLO CHILD CARE CENTER 2
 FREEPORT UNION FREE SCHOOL DISTRICT
 WOODWARD CHILDREN'S CENTER
 HI-HELLO CHILD CARE CENTER, INC.
 FREEPORT CHRISTIAN ACADEMY AND DAY CARE
 WORD OF LIFE MINISTRIES/FREEPORT
 THE DE LA SALLE SCHOOL
 NASSAU COMMUNITY COLLEGE
 NASSAU COMMUNITY COLLEGE CONT.ED DEPARTMENT OF LIFELONG LEARNING
 ADELPHI UNIVERSITY
 ADELPHI UNIVERSITY-UNIVERSITY COLLEGE
 GARDEN CITY UNION FREE SCHOOL DISTRICT
 WALDORF SCHOOL OF GARDEN CITY
 ST. ANNE'S CHURCH - GARDEN CITY
 ST. JOSEPH ROMAN CATHOLIC CHURCH/GARDEN CITY
 NASSAU BOCES DEPARTMENT OF REGIONAL SCHOOLS AND INSTRUCTIONAL PROGRAMS
 NASSAU COUNTY DEPARTMENT OF PARKS, RECREATION AND MUSEUMS
 LA FUERZA UNIDA, INC.
 SCHOOL FOR LANGUAGE AND COMMUNICATION DEVELOPMENT
 ALL SAINTS REGIONAL CATHOLIC SCHOOL
 ST. PAUL'S EPISCOPAL CHURCH/GLEN COVE
 WEBB INSTITUTE
 KIDS BY THE BUNCH CHILD CARE LEARNING CENTER-GLEN COVE
 NORTH SHORE DAY SCHOOL
 GLEN COVE CITY SCHOOL DISTRICT
 LONG ISLAND LUTHERAN MIDDLE AND HIGH SCHOOL
 NASSAU BOCES DEPARTMENT OF SPECIAL EDUCATION
 ROSLYN UNION FREE SCHOOL DISTRICT
 LIU POST
 LIU POST-SCHOOL OF CONTINUING EDUCATION
 MAURICE A. DEANE SCHOOL OF LAW
 CENTER FOR CHILDREN, FAMILIES AND THE LAW
 HOFSTRA UNIVERSITY CONTINUING EDUCATION
 HOFSTRA UNIVERSITY-SALTZMAN COMMUNITY SERVICES CENTER
 HEMPSTEAD PUBLIC LIBRARY
 HEMPSTEAD UNION FREE SCHOOL DISTRICT
 FAMILY AND CHILDREN'S ASSOCIATION

ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY, INC.
 MENTAL HEALTH ASSOCIATION OF NASSAU COUNTY, INC.
 LITTLE RED TRAIN PRIVATE SCHOOL
 LUTHERAN CHURCH OF THE EPIPHANY
 ROCKVILLE CENTRE UNION FREE SCHOOL DISTRICT
 SACRED HEART ACADEMY
 EAC NETWORK
 HEMPSTEADWORKS
 LEADERSHIP TRAINING INSTITUTE
 CENTRO SALVADORENO, INC.
 PLANNED PARENTHOOD OF NASSAU COUNTY, INC.
 CIRCULO DE LA HISPANIDAD, INC.
 KIDS ARE PEOPLE TWO DAY CARE
 HELEN KELLER SERVICES FOR THE BLIND
 ST. THOMAS THE APOSTLE ROMAN CATHOLIC CHURCH
 WEST HEMPSTEAD UNION FREE SCHOOL DISTRICT
 HEBREW ACADEMY OF NASSAU COUNTY
 KELLENBERG MEMORIAL HIGH SCHOOL
 D AND D DAYCARE, INC.
 ST. MARTIN DE PORRES MARIANIST SCHOOL
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-ADULT SERVICES
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-COMMISSIONERS OFFICE AND
 ADMINISTRATION-PERSONNEL
 NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES-MEDICAID/MEDICAL SERVICES
 NASSAU COUNTY DEPARTMENT OF MENTAL HEALTH, CHEMICAL DEPENDENCY AND
 DEVELOPMENTAL DISABILITIES SERVICES
 NASSAU COUNTY OFFICE FOR THE AGING
 PAT-KAM SCHOOL AND EARLY CHILDHOOD CENTER
 NASSAU COUNTY OFFICE OF EMERGENCY MANAGEMENT
 EAST MEADOW UNION FREE SCHOOL DISTRICT
 EPIC LONG ISLAND
 NASSAU UNIVERSITY MEDICAL CENTER
 CALVARY LUTHERAN CHURCH
 CORNELL COOPERATIVE EXTENSION OF NASSAU COUNTY
 YESHIVA OF SOUTH SHORE
 HEWLETT-WOODMERE UNION FREE SCHOOL DISTRICT
 ISLAND PARK UNION FREE SCHOOL DISTRICT
 ISLAND PARK UNITED METHODIST CHURCH
 JCC OF THE GREATER FIVE TOWNS
 THE BRANDEIS SCHOOL
 LOCUST VALLEY CENTRAL SCHOOL DISTRICT
 FRIENDS ACADEMY
 PORTLEDGE SCHOOL
 ROOSEVELT UNION FREE SCHOOL DISTRICT
 LONG BEACH REACH, INC.
 TORAH HIGH SCHOOL OF LONG BEACH
 LONG BEACH CITY SCHOOL DISTRICT
 FRIEDBERG JCC
 LONG BEACH YOUTH AND FAMILY SERVICES
 LONG BEACH CATHOLIC REGIONAL SCHOOL
 INTERCOMMUNITY NURSERY SCHOOL
 OUR LADY OF PEACE SCHOOL
 KIDS CAMPUS
 CATHERINE'S CARE
 LYNBROOK UNION FREE SCHOOL DISTRICT
 MALVERNE UNION FREE SCHOOL DISTRICT
 GRACE LUTHERAN CHURCH
 OUR LADY OF LOURDES CHURCH
 MEROKEE DAY SCHOOL
 MERRICK WOODS COUNTRY DAY SCHOOL
 MERRICK UNION FREE SCHOOL DISTRICT
 BELLMORE-MERRICK CENTRAL HIGH SCHOOL DISTRICT
 TEMPO GROUP, INC.- BELLMORE/MERRICK
 PROGRESSIVE SCHOOL OF LONG ISLAND
 NORTH BELLMORE UNION FREE SCHOOL DISTRICT
 TLC DAY CARE CENTER
 SOUTH SHORE MONTESSORI SCHOOL
 HOMEMAKERS COUNCIL OF NASSAU COUNTY-FRANKLIN SQUARE/FLORAL PARK CHAPTER

Community Based Resources – Education, Nassau Continued

Nassau

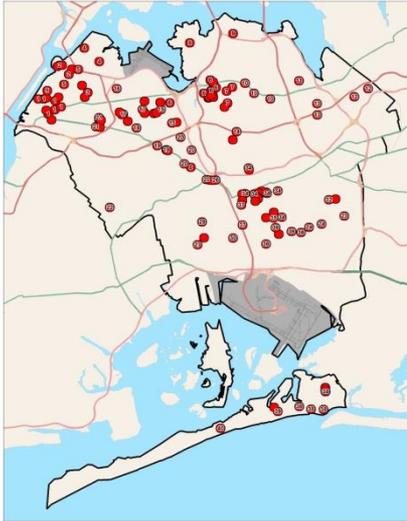


WESTBURY UNION FREE SCHOOL DISTRICT
 EAST WILLISTON UNION FREE SCHOOL DISTRICT
 WHISPERING PINES SDA SCHOOL
 HOLY CHILD ACADEMY
 NEW YORK INSTITUTE OF TECHNOLOGY
 NEW YORK INSTITUTE OF TECHNOLOGY SCHOOL OF EXTENDED EDUCATION
 NEW YORK COLLEGE OF OSTEOPATHIC MEDICINE OF NEW YORK INSTITUTE OF TECHNOLOGY
 CENTER FOR SCIENCE TEACHING AND LEARNING (CSTL)
 MERCY MEDICAL CENTER
 ROSA LEE YOUNG CHILDHOOD CENTER
 AMERICANA STUDENT CENTER
 ANNE FRANK MONTESSORI SCHOOL
 UNITED CHURCH OF ROCKVILLE CENTRE
 HISPANIC BROTHERHOOD OF ROCKVILLE CENTRE, INC.
 ST. AGNES CATHEDRAL SCHOOL
 MOLLOY COLLEGE-DIVISION OF CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT
 MOLLOY COLLEGE
 OCEANSIDE UNION FREE SCHOOL DISTRICT
 FOREVER FAMILY FOUNDATION, INC.
 LOVING AND LEARNING CHILD CARE
 PEE-WEE FOLKS
 TOT SPOT, INC.
 MISS SHELLY'S UPWARD PREP SCHOOL
 CAPS-CHILD ABUSE PREVENTION SERVICES
 BUCKLEY COUNTRY DAY SCHOOL
 JUNIOR ACHIEVEMENT OF NEW YORK, INC.
 E JOY COMMUNITY RESOURCE CENTER, INC.
 ROSLYN AFTER-SCHOOL PROGRAM
 WOODEN SHOE NURSERY SCHOOL
 CHURCH OF THE BLESSED SACRAMENT
 VALLEY STREAM UNION FREE SCHOOL DISTRICT THIRTY
 HOLY NAME OF MARY ROMAN CATHOLIC CHURCH
 VALLEY STREAM UNION FREE SCHOOL DISTRICT TWENTY-FOUR
 ST. BRIGID'S PARISH
 WOMEN'S COALITION OF THE MILLENNIUM
 THE REHABILITATION INSTITUTE
 SENIOR CITIZENS OF WESTBURY, INC.
 WESTBURY FRIENDS SCHOOL
 RED ROBIN COUNTRY DAY SCHOOL AND CAMP
 ST. AIDAN PARISH
 LAWRENCE WOODMERE ACADEMY
 CARPENTER MEMORIAL UNITED METHODIST CHURCH
 SOUTH SHORE COUNTRY DAY SCHOOL AND CAMP
 LUPUS ALLIANCE OF AMERICA-LONG ISLAND/QUEENS AFFILIATE
 ST. ELIZABETH ANN SETON REGIONAL SCHOOL
 ROSE GARDEN DAY CARE
 BELLMORE UNION FREE SCHOOL DISTRICT
 BETHPAGE UNION FREE SCHOOL DISTRICT
 FAIR MEDIA COUNCIL
 BRIARCLIFFE COLLEGE-BETHPAGE CAMPUS
 LONG ISLAND DEVELOPMENT CORPORATION
 PLAINEDGE UNION FREE SCHOOL DISTRICT
 CENTER ISLAND PRESCHOOL
 OYSTER BAY-EAST NORWICH CENTRAL SCHOOL DISTRICT
 ST. LUKE'S EARLY CHILDHOOD CENTER
 FARMINGDALE UNION FREE SCHOOL DISTRICT
 LONG ISLAND EDUCATIONAL OPPORTUNITY CENTER
 WOMEN ECONOMIC DEVELOPERS OF LI (WEDLI)
 AMERICAN SOCIETY FOR QUALITY-LONG ISLAND
 SOLOMON SCHECHTER DAY SCHOOL-ELEMENTARY SCHOOL
 ISLAND TREES UNION FREE SCHOOL DISTRICT
 LISA'S LOVING CARE
 LEVITTOWN UNION FREE SCHOOL DISTRICT
 HUNTER BUSINESS SCHOOL
 MARIA MONTESSORI SCHOOL
 THE TRAINING CENTER FOR EARLY CHILDHOOD PROFESSIONALS

MASSAPEQUA UNION FREE SCHOOL DISTRICT
 GRACE EPISCOPAL CHURCH
 ST. ROSE OF LIMA SCHOOL
 MONTESSORI CHILDREN'S SCHOOL, INC.
 ST. DAVID'S EVANGELICAL LUTHERAN CHURCH
 MASSAPEQUA PARK CHURCH OF THE NAZARENE
 BOYS AND GIRLS CLUB OF OYSTER BAY/EAST NORWICH
 ST. DOMINIC ROMAN CATHOLIC CHURCH
 EAST WOODS SCHOOL
 BRIARCLIFFE COLLEGE
 ST. GREGORY OF NYSSA ORTHODOX CHURCH
 SEAFORD UNION FREE SCHOOL DISTRICT
 ST. WILLIAM THE ABBOT R.C. CHURCH
 OUR REDEEMER LUTHERAN CHURCH-SEAFORD
 NASSAU COUNTY ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN
 UNITED METHODIST CHURCH OF SEAFORD
 MARIA REGINA R. C. CHURCH
 SYOSSET CENTRAL SCHOOL DISTRICT
 ST. EDWARD THE CONFESSOR ROMAN CATHOLIC CHURCH
 GREENTREES COUNTRY DAY SCHOOL AND CAMP
 COMMUNITY CHURCH OF SYOSSET, UNITED CHURCH OF CHRIST
 VARIETY CHILD LEARNING CENTER
 KIDS BY THE BUNCH CHILD CARE LEARNINHG CENTER-SYOSSET
 FECS HEALTH & HUMAN SERVICES
 OUR LADY OF MERCY ACADEMY
 MAPLEWOOD SCHOOL AND SUMMER PROGRAM
 WANTAGH UNION FREE SCHOOL DISTRICT
 HICKSVILLE UNION FREE SCHOOL DISTRICT
 KIDDIE ACADEMY OF HICKSVILLE
 HOLY FAMILY ELEMENTARY SCHOOL
 ST. IGNATIUS LOYOLA PARISH
 NEW YORK STATE DEPARTMENT OF LABOR/NASSAU
 TRINITY LUTHERAN SCHOOL AND EARLY CHILDHOOD CENTER
 OUR LADY OF MERCY PARISH
 CAROUSEL DAY SCHOOL AND SUMMER PROGRAM
 HOLY TRINITY DIOCESAN HIGH SCHOOL
 PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT
 MISS SUE'S NURSERY SCHOOL AND KINDERGARTEN
 PLAINVIEW CHINESE CULTURAL CENTER
 HICKORY HILL DAY SCHOOL AND KINDERGARTEN
 MANETTO HILL JEWISH CENTER
 ASSOCIATION FOR CHILDREN WITH DOWN SYNDROME (ACDS)
 MID-ISLAND Y-JCC
 SHALOM DAY CARE CENTER
 GOOD SHEPHERD LUTHERAN SCHOOL

Community Based Resources – Education, Queens

Queens



Jacob A. Riis Neighborhood Settlement
 Urban Upbound (formerly East River Development Alliance)
 Queens Adult Learning Center (QALC)
 LaGuardia Community College Home to Work Center
 CUNY Fatherhood Academy
 The Fortune Society
 Goodwill Industries - Peer Advocacy Leadership Program
 HANAC - Taxi Academy
 Goodwill Industries - Bridges to Success
 Catholic Charities - Queensbridge Early Childhood Development Center
 Workforce1 Career Center - Long Island City
 HANAC - Youth Services
 HANAC - Extended Services
 Catholic Charities - Catholic Community Center of Northern Queens
 AHRC - Astoria Blue Feather Head Start Program
 Urban Upbound - Jobs Plus
 Catholic Charities of Brooklyn and Queens - St. Margaret Mary Early Childhood Dev Center
 St. Margaret Mary Food Pantry & Social Services
 Astoria Community Church - ESL Program
 Goodwill Industries - IS 10 Beacon Program
 Salvation Army - Astoria Community Center
 Federation of Italian-American Organizations of Queens
 Goodwill Industries - IS 141 Beacon Program
 Catholic Charities - Dellamonica-Steinway Senior Center
 HANAC - JVL Senior Center / Adult Literacy & Civics Program
 HANAC - Adult Literacy & Civics Programs
 Catholic Charities of Brooklyn and Queens - Joseph DiMarco Universal Pre-K&Day Care Center
 Asian Americans for Equality - Citizenship Program
 Chinese-American Planning Council - Queens Community Service Center
 Chinese-American Planning Council - Youth Services
 Flushing YMCA
 Korean Immigrant Services of New York, Inc.
 Selfhelp Latimer Gardens Senior Center
 Asian Youth Center of New York

Macedonia Child Center
 The Boys' Club of New York - Marion McMahon Abbe Clubhouse
 Chinese Culture Center of T.E.C.O. of New York
 Minkwon Center for Community Action
 Flushing Jewish Community Council
 South Asian Council for Social Services
 Flushing YMCA - Beacon Center at JHS 189
 Korean American Senior Citizens Society of Greater New York, Inc.
 Workforce1 Career Center - Flushing Library
 Selfhelp Benjamin Rosenthal Prince Street Senior Center
 PSCH - Intensive Psychiatric Rehabilitation Treatment Program (IPRT)
 YAI - New York League for Early Learning - Clearview Preschool
 Quality Services for the Autism Community - Day School
 Korean Community Services of Metropolitan New York, Inc - Flushing Senior Center
 Korean Community Services of Metropolitan New York - Main Office
 Korean Community Services of Metropolitan New York, Inc - Flushing Senior Center
 Resurrection Lutheran Church - ESL Program
 The Shield Institute - Bayside Center
 Quality Services for the Autism Community - Preschool & Early Childhood Center
 Samuel Field YM & YWHA - Youth Programs
 Queensborough Community College - Literacy Department
 ANIBIC - Association for Neurologically Impaired and Brain Injured Children
 Chinese Christian Herald Crusades - Flushing Branch
 Queens Community House - Pomonok Senior Center
 Queens Community House
 Latin Women In Action
 RAICES Corona Senior Center
 Transitional Services for New York - Opportunities/Self-Help Program
 Catholic Charities of Brooklyn & Queens - Therese Cervini Family Day Care
 Catholic Charities of Brooklyn & Queens - Therese Cervini Early Childhood Dev Center
 Dominico-American Society
 HANAC - Queens Community Services/Corona Beacon
 Lexington School & Center for the Deaf
 VetsFirst - United Spinal Association
 New Immigrant Community Empowerment (NICE)
 Ecuadorian International Center
 Queens Community House - Jackson Heights
 Catholic Charities of Brooklyn and Queens - Corona PROS Program
 Make the Road New York - Elmhurst Center
 Goodwill Industries - PS 149 Beacon Program
 Elmhurst Hospital Center - Community Follow Up Program
 NYAsian Women's Center (NYAWWC) - Center for Asian Women Empowerment Center
 Rego Park Senior Center
 JCCA - Two Together Tutoring - Queens Office
 JCCA - Family Day Care Program
 TheraCare - Queens
 Selfhelp Austin Street Senior Center
 Queens Community House - Forest Hills
 Queens Jewish Community Council
 Forestdale Preventive Services
 American Immigrants
 Woodside on the Move
 New York Junior Tennis and Learning
 Emerald Isle Immigration Center of New York - Queens Office
 The Child Center of New York - Main Office
 Head Start Program - The Child Center of NY
 Neighborhood Housing Services of Northern Queens, Inc.
 Greater Ridgewood Youth Council, Inc - Main
 Haitian Americans United for Progress (HAUP)
 Quick Start Day Care Center, Inc.
 St. Albans Baptist Church - Outreach Services
 Jamaica NAACP Day Care Center
 Fitzgerald House
 HeartShare - First Step Early Childhood Center
 New York City Family Justice Center - Queens
 Queens Community House - Kew Gardens

Queens Community House - Young Adult Borough Center
 Safe Space - Richmond Hill Preventive Services
 Dress for Success - Queens Branch
 South Queens Boys and Girls Club
 It Takes A Community To Raise A Child Daycare Center
 Center for Women of New York
 Queens Parent Resource Center - Community Habilitation
 Miss Millie's Group Family Day Care
 Queens Library - New Americans Program
 Venture House
 Catholic Charities of Brooklyn and Queens - Colin-Newell Head Start
 Catholic Charities of Brooklyn and Queens - WIC Program Site (Jamaica)
 Administration for Children's Services - Family Assessment Program (Queens)
 Workforce1 Career Center - Queens
 Workforce1 Industrial & Transportation Career Center
 The Afrikan Poetry Theatre
 Queens Centers for Progress - Adult Center
 Queens Centers for Progress - Children's Center
 Queens Library - JOBMAP
 The Child Center of NY - Jamaica Clinic
 Cornell Cooperative Extension - Queens
 Community Mediation Services, Inc.
 Safe Space - Headquarters
 Early Intervention Service Coordination Program - Queens
 Goodwill Industries - Queens Back to Work Center
 Goodwill Industries - Beyond Jobs
 All My Children Day Care - 164th Place
 Queens Educational Opportunity Center (EOC)
 South Jamaica Center for Children and Parents Head Start
 Myrtle P. Jarmon Child Care Center
 Ruby S. Couche Big Sister Educational Action and Service Center, Inc.
 All My Children Day Care Center - Sutphin Boulevard
 Southern Queens Park Association, Inc. - Families in Need Preventive Services Program
 Allen Women's Resource Center
 Business Leaders of Tomorrow Leadership Empowerment Center, Inc. - Program Site
 Southern Queens Park Association, Inc. - Beacon Program at MS 8
 Southern Queens Park Association, Inc. - Cornerstone at the South Jamaica Development (NYCHA)
 St. John's Episcopal Hospital - Family Resource Center
 Queens Adult and Continuing Education
 Sunshine Developmental School
 The United Methodist Center in Far Rockaway
 JASA Far Rockaway/Brookdale Village Senior Center
 Child Center of New York - PS/MS 43 Beacon Community School Program
 Safe Space - Far Rockaway
 Rockaway Development and Revitalization Corporation
 Jewish Community Council of the Rockaway Peninsula (JCCRP)
 Queens Library Rockaway Peninsula Literacy Zone
 The Action Center - Cornerstone Location
 St. John's Episcopal Hospital - Family Resource Center (Satellite Office)

Community Based Resources – Community Based Health Education Programs, Nassau

Nassau



NORTH SHORE UNIVERSITY HOSPITAL-MANHASSET
THE AMERICAN RED CROSS ON LONG ISLAND
WINTHROP UNIVERSITY HOSPITAL
GREAT ESCAPE SUBSTANCE ABUSE TRAINING AND INFORMATION
NASSAU COMMUNITY COLLEGE CONTINUING EDUCATION DEPARTMENT OF LIFELONG LEARNING
HOFSTRA UNIVERSITY CONTINUING EDUCATION
NASSAU UNIVERSITY MEDICAL CENTER-COMMUNITY EDUCATIONAL PROGRAMS
LONG BEACH MEDICAL CENTER
LONG ISLAND EDUCATIONAL OPPORTUNITY CENTER

Community Based Resources – Community Based Health Education Programs, Queens

Queens



The Icla da Silva Foundation
 NYC Hepatitis Services Online Site Locator
 Steinway Child and Family Services (SCFS) - Main Office
 Queens Adult Learning Center (QALC)
 Arab-American Family Support Center - Queens Office
 YAI Center for Specialty Therapy - Astoria
 Narco Freedom - Primary Care Clinic - Queens
 The Floating Hospital - Shelter Clinic
 The Floating Hospital - LIC Community Health Center
 HANAC - JVL Senior Center / Adult Literacy & Civics Program
 Urban Upbound - Jobs Plus
 JASA Holliswood Senior Center
 Greater Ridgewood Youth Council - IS 93 Beacon Program
 Goodwill Industries - IS 10 Beacon Program
 Salvation Army - Astoria Community Center
 Goodwill Industries - IS 141 Beacon Program
 Mount Sinai Queens - Family Health Associates
 HANAC - Archbishop Iakovos Senior Center
 Community Healthcare Network - Long Island City Health Center
 Catholic Charities of Brooklyn and Queens - WIC Program Site (Woodside)
 Promoting Specialized Care and Health (PSCCH), Inc.
 Neighborhood WIC Program - Flushing
 Chinese-American Planning Council - Nan Shan Senior Citizens Center
 Chinese-American Planning Council - Youth Services
 Charles B. Wang Community Health Center - Flushing
 Flushing YMCA
 Asian Youth Center of New York
 The Boys' Club of New York - Marion McMahon Abbe Clubhouse
 Sanford Avenue Clinic
 Minkwon Center for Community Action
 Specialty Care Center - NYHQ
 South Asian Council for Social Services
 Korean American Senior Citizens Society of Greater New York, Inc.
 American Cancer Society - Asian Initiative
 Queens/Long Island Counseling Services of FRMH - Flushing
 Selfhelp Benjamin Rosenthal Prince Street Senior Center
 Theresa Lang Children's Center
 New York Hospital Queens - HealthOutreach
 HANAC Angelo Petromelis Senior Center
 PSCH - Mental Health Services - College Point
 Korean Community Services of Metropolitan New York, Inc. - Workforce Development
 Korean Community Services of Metropolitan New York - Main Office
 Selfhelp Clearview Senior Center
 YAI Center for Specialty Therapy/Premier HealthCare - Bayside
 Samuel Field YM & YWHA - Youth Programs
 Samuel Field YM & YWHA - Older Adult Services
 Catholic Charities - Bayside Senior Center

Queensborough Community College - Literacy Department
 Cardiac Health Center
 Young Israel of Queens Valley Senior League
 St. John's University - PARTNERS
 Catholic Charities - Alzheimer's Adult Day Care Program
 Jewish Center of Kew Gardens - Golden Age Club
 Queens Community House - Pomonok Senior Center
 Queens Community House
 Neighborhood WIC Program - Corona
 Health Insurance Enrollment Program - Corona
 NYC Dept. of Health/Public Health Solutions - Nurse-Family Partnership
 Corona Child Health Clinic
 Our Lady of Sorrows
 IPR/HE Corona Senior Center
 Urban Health Plan - Plaza del Sol Family Health Center
 South Asian Marrow Association of Recruiters
 Elmcors - Lefrak Senior Citizens Center
 Elmcors Senior Citizen Center - East Elmhurst
 United Spinal Association - National Headquarters
 Junction Boulevard Child Health Clinic
 NYC Dept. of Health - Free STD Clinic - Corona
 NYC Dept. of Health - Immunization Clinic - Corona
 Catholic Charities - Catherine Sheridan Senior Center
 EmblemHealth Live Healthy Program - Jackson Heights
 Ecuadorian International Center
 Voces Latinas
 Desis Rising Up and Moving (DRUM)
 Jackson Heights Family Health Center
 Queens Community House - Jackson Heights
 Queens Pride House
 Women's Medical Center - The Queens Health Network
 Catholic Charities of Brooklyn and Queens - Corona POS Program
 Goodwill Industries - PS 149 Beacon Program
 Elmhurst Jackson Heights Senior Center
 Elmhurst Hospital Center - Chemical Dependency Program
 Elmhurst Hospital Center - Ambulatory Care
 Elmhurst Hospital WIC Program
 Newtown Italian Senior Center
 Rego Park Senior Center
 FEGS - Nassau Supported Apartment Program
 Forest Hills Hospital - Adult Primary Care Center
 Jamaica Hospital Medical Center - Forest Hills Advanced Center for Psychotherapy
 Selfhelp Austin Street Senior Center
 Queens Community House - Forest Hills
 Queens Community House - Generation Q
 Queens Jewish Community Council
 Young Israel Forest Hills Senior League
 Central Queens YM & YWHA
 Forestdale Foster Boarding Home and Adoption Program
 Queens Rape Counseling Center
 Woodside Senior Center
 Kalusugan Coalition
 East Side WIC Program (Sunnyside)
 Woodside Houses Child Health Clinic
 Emerald Isle Immigration Center of New York - Queens Office
 The Child Center of New York - Main Office
 Head Start Program - The Child Center of NY
 AIDS Center of Queens County - Woodside Office
 Selfhelp Maspeth Senior Center
 Adult Day Habilitation Program - Middle Village - Services for the Underserved
 Polonians Organized to Minister to Our Community (POMOC)
 Ridgewood Older Adult Center
 Peter Cardella Senior Center
 RidgeWood YMCA
 Ridgewood Communicare Clinic
 Neighborhood WIC Program - Ridgewood
 Health Insurance Enrollment Program - Ridgewood
 Haitian Americans United for Progress (HAUP)
 Quick Start Day Care Center, Inc.
 Forestdale Fathering Initiative - Jamaica Office
 Jamaica NAACP Day Care Center
 Springfield Gardens Medical Center
 CCNS Howard Beach Senior Center
 Brooks Senior Center
 American Cancer Society - Queens Region

YAI Center for Specialty Therapy - Kew Gardens
 Queens Community House - Kew Gardens
 Catholic Charities - Ozone Park Senior Center & Southwest Queens Home Delivered Meals Program
 Medisys Family Care Center - Atlantic Avenue
 Safe Space - Richmond Hill Preventive Services
 Medisys - Richmond Hill Family Practice
 Medisys - Women's Health
 Jamaica Hospital WIC Program
 Jamaica Hospital Medical Center - Support Groups and Community Programs
 HIV Prevention Services - Jamaica Hospital Medical Center
 The River Fund New York
 United Hindu Cultural Council Senior Center
 Catholic Charities - Woodhaven-Richmond Hill Senior Center
 Center for Women of New York
 Cross Island YMCA
 New York City Children's Center - Queens
 North Flushing Senior Center
 SNAP of Eastern Queens Senior Center
 Queens Library - Mail a Book Service for the Home Bound
 Queens Parent Resource Center - Community Habilitation
 Venture House
 Catholic Charities of Brooklyn and Queens - WIC Program Site (Jamaica)
 Administration for Children's Services - Family Assessment Program (Queens)
 AIDS Center of Queens County - Main Site
 City-Pro Group Inc. - Queens
 Safe Space Mental Health Clinic
 Hands Across Long Island (HALI) - Jamaica
 Catholic Charities - Hillcrest Senior Center
 Queens Hospital Center - WIC Program
 Queens Hospital Center - Outpatient Department
 Queens Hospital Center - Health Homes
 Queens Hospital Center - Harm Reduction Program
 Empire Gate Medical Group - Jamaica
 Senior Navigator Helpline - North Shore-LIJ Health System
 Queens Library - Health Information Programs
 St. John's Episcopal Hospital - Classes and Support Groups
 Jamaica YMCA
 AIDS Center of Queens County - Jamaica/Queens HIV Care Networks
 HELP/PSI - Queens Health Home Case Management
 AIDS Center of Queens County - Jamaica Harm Reduction Program
 The Child Center of NY - Jamaica Clinic
 Firehouse Health Center
 Cornell Cooperative Extension - Queens
 Safe Space - Headquarters
 Community Healthcare Network - Family Health Center
 Tabernacle of Prayer for All People - Hope Hall Ministries
 Parsons Communicare Clinic
 NYC Dept. of Health - Free STD Clinic - Jamaica
 Neighborhood WIC Program - Jamaica
 Southern Queens Park Association, Inc. - Cornerstone at the South Jamaica Development (NYCHA)
 Queens Comprehensive Perinatal Council
 Medisys Family Care Center - St. Albans
 JSPOA Theodora Jackson Senior Center
 Joseph P. Addabbo Health Center - Jamaica
 Rochdale Senior Center
 RAICES Astoria Senior Center
 HELP/PSI - Queens Adult Day Health Care Program
 J-CAP - Living Proof HIV/AIDS Services
 Multi-Diagnostic Services
 Choices Women's Medical Center
 Community Healthcare Network - Queens Health Center
 Rockaway Boulevard Senior Center - Jamaica Service Program for Older Adults (JSPOA)
 AIDS Center of Queens County - Far Rockaway
 Joseph P. Addabbo Family Health Center - Far Rockaway
 Safe Space - Far Rockaway
 CenterLight Healthcare System - Far Rockaway
 St. John's Episcopal Hospital, South Shore Division - Outpatient Department
 Joseph P. Addabbo Family Health Center - WIC Program
 Rockaway YMCA at Arverne by the Sea
 Joseph P. Addabbo Family Health Center - Arverne
 Visiting Nurse Service of New York (VNSNY) - Early Steps Family Center
 Catholic Charities - Seaside Senior Center
 St. John's Episcopal Hospital - Home Based Crisis Intervention Program
 Doctors of the World - Rockaways Free Clinic

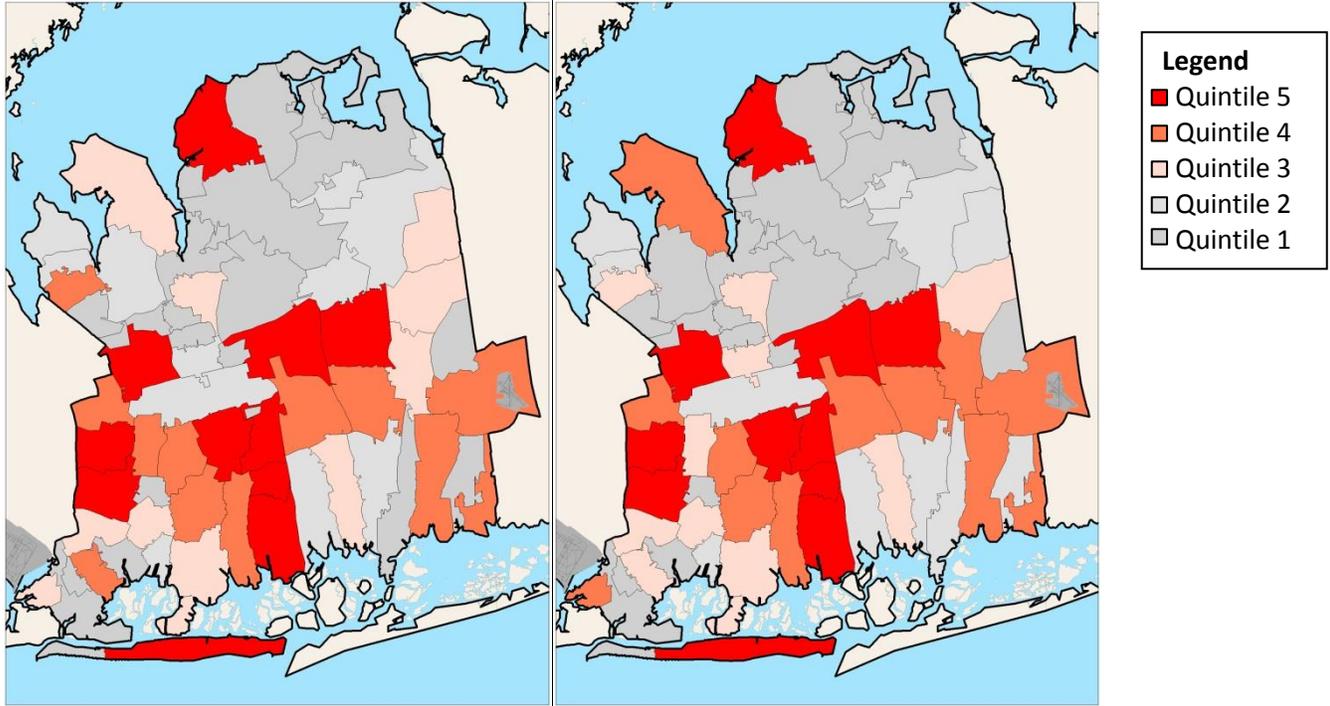
Nassau Queens PPS

Appendix: Section B

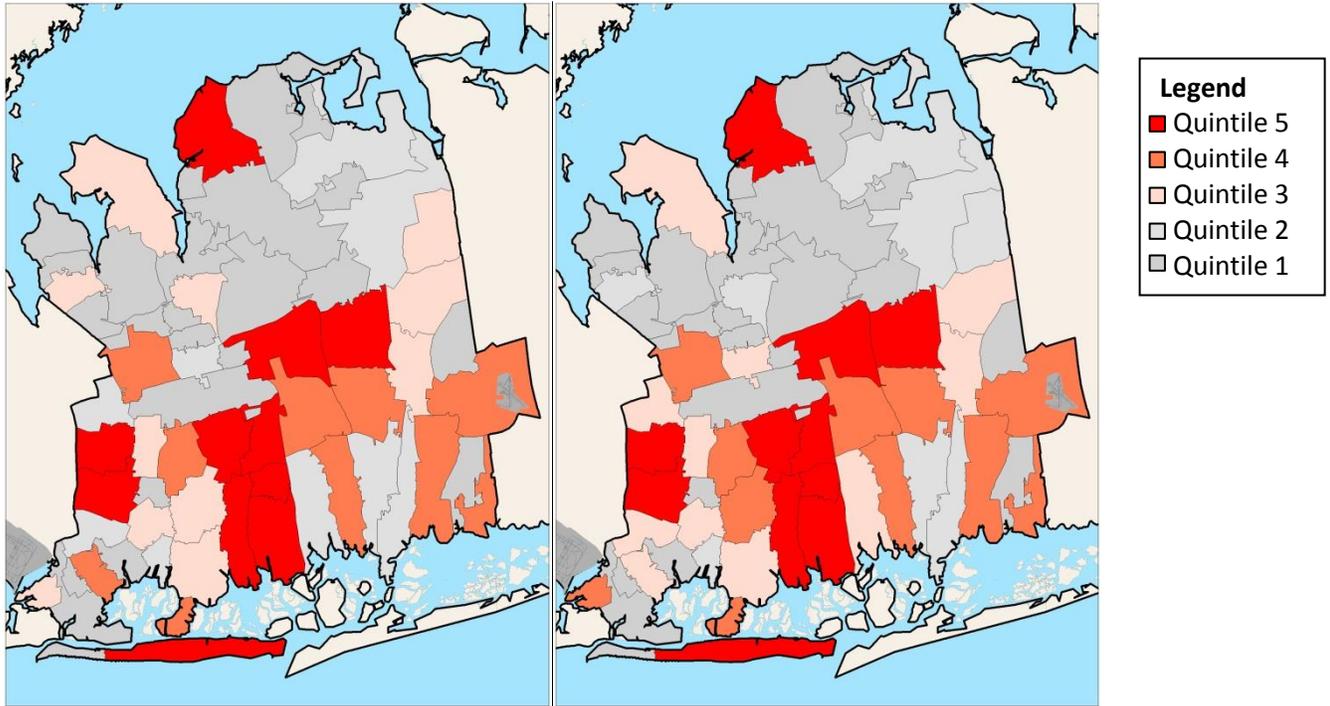
Community Needs Assessment

Appendix A.

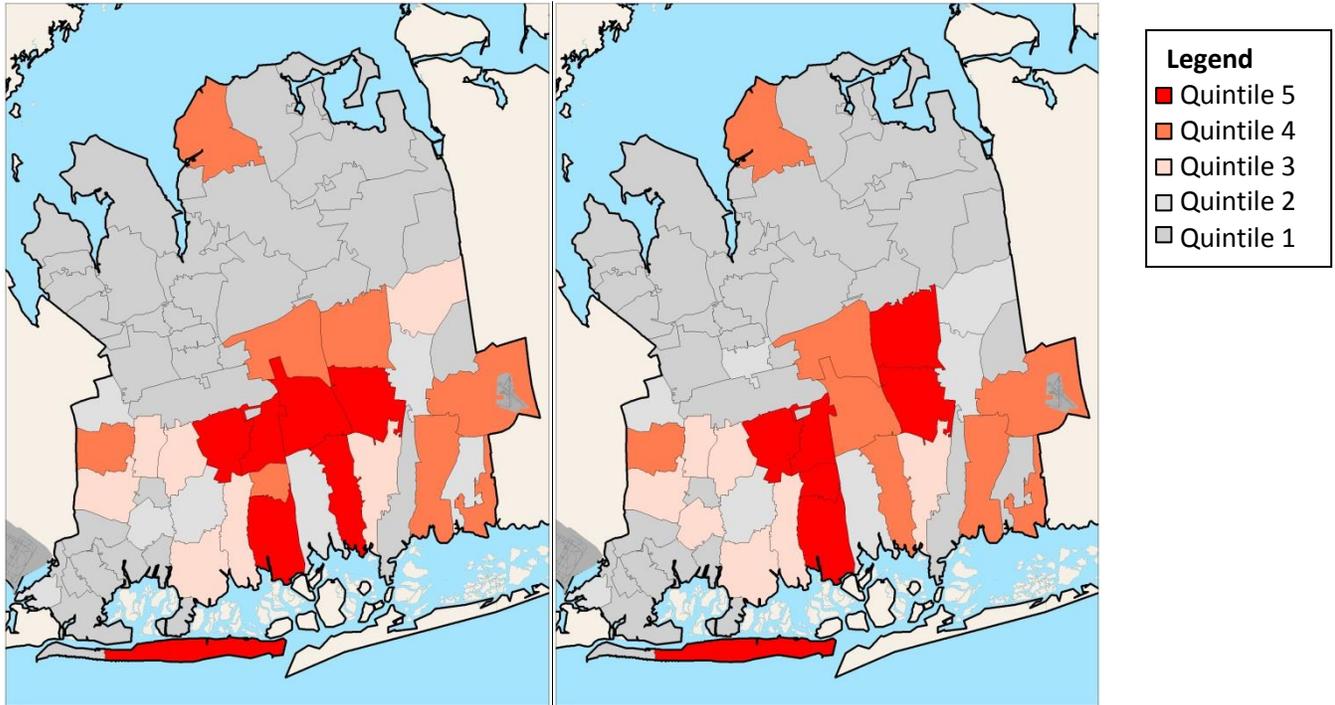
A.i Nassau IP Admissions & ER Visits (Observed – Expected) for Beneficiaries with Diabetes by Zip Code



A.ii Nassau IP Admissions & ER Visits (Observed – Expected) for Beneficiaries with Respiratory Disease by Zip Code

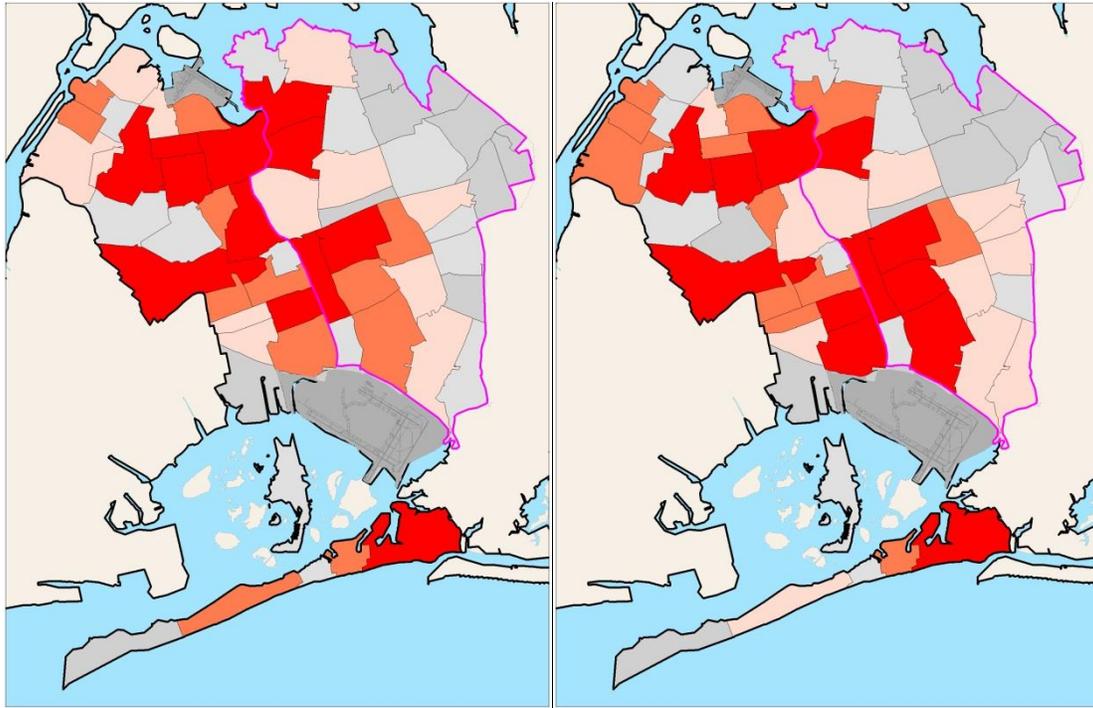


A.iii Nassau IP Admissions & ER Visits (Observed – Expected) for Beneficiaries with Substance Abuse by Zip Code

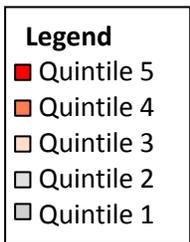
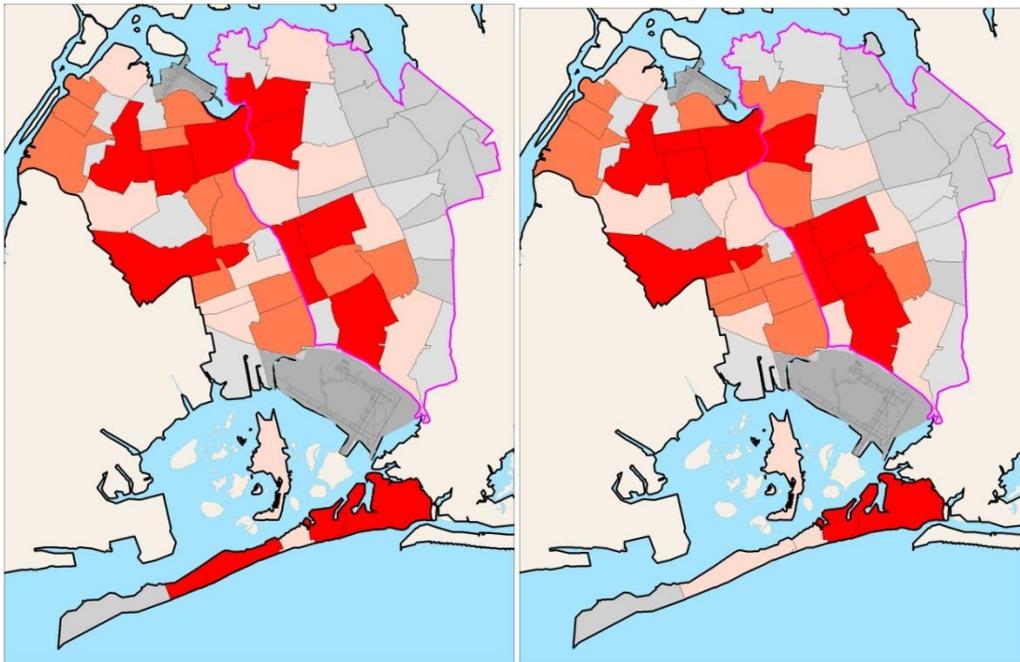


Appendix B

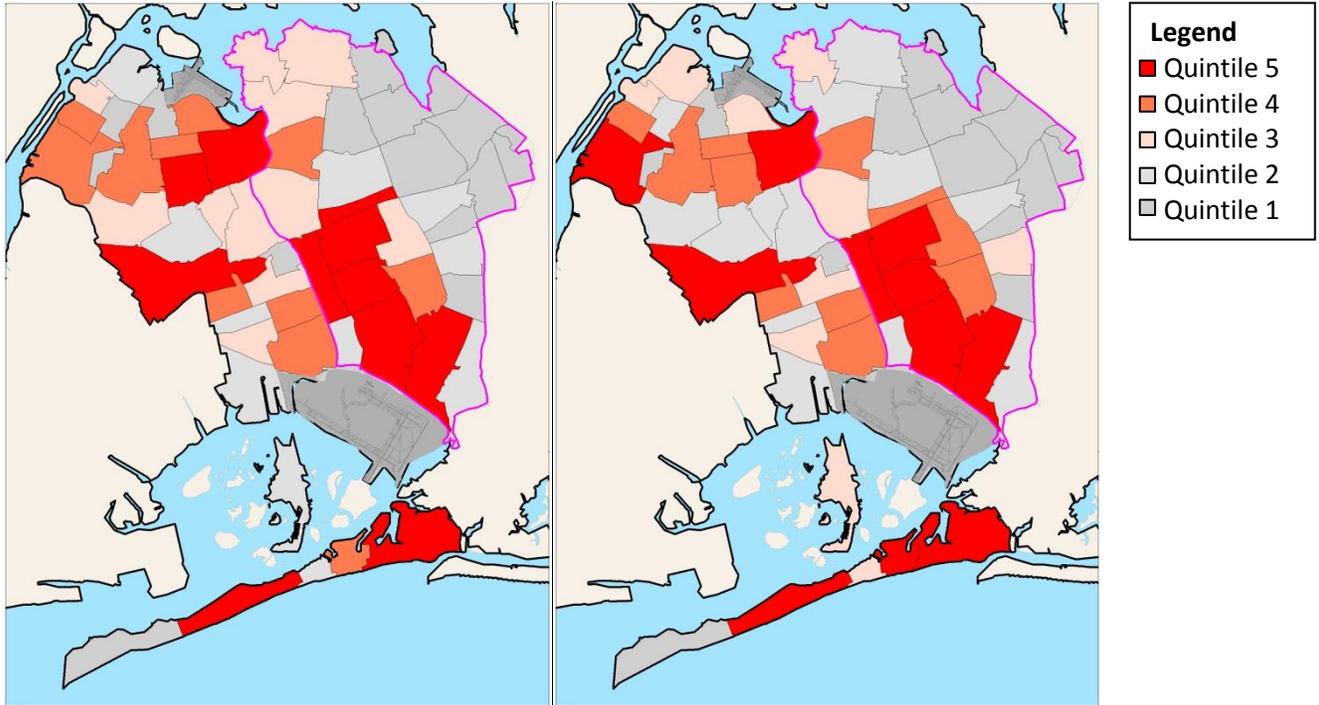
B.i Queens IP Admissions & ER Visits (Observed – Expected) for Beneficiaries with Diabetes by Zip Code



B.ii Queens IP Admissions & ER Visits (Observed – Expected) for Beneficiaries with Respiratory Disease by Zip Code

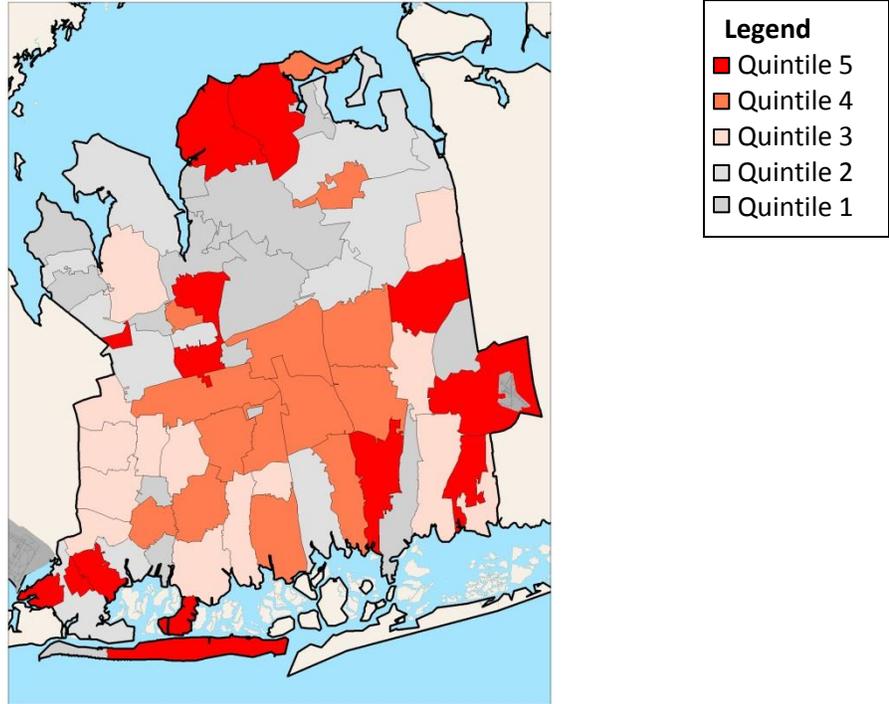


B.iii Queens IP Admissions & ER Visits (Observed – Expected) for Beneficiaries with Substance Abuse by Zip Code

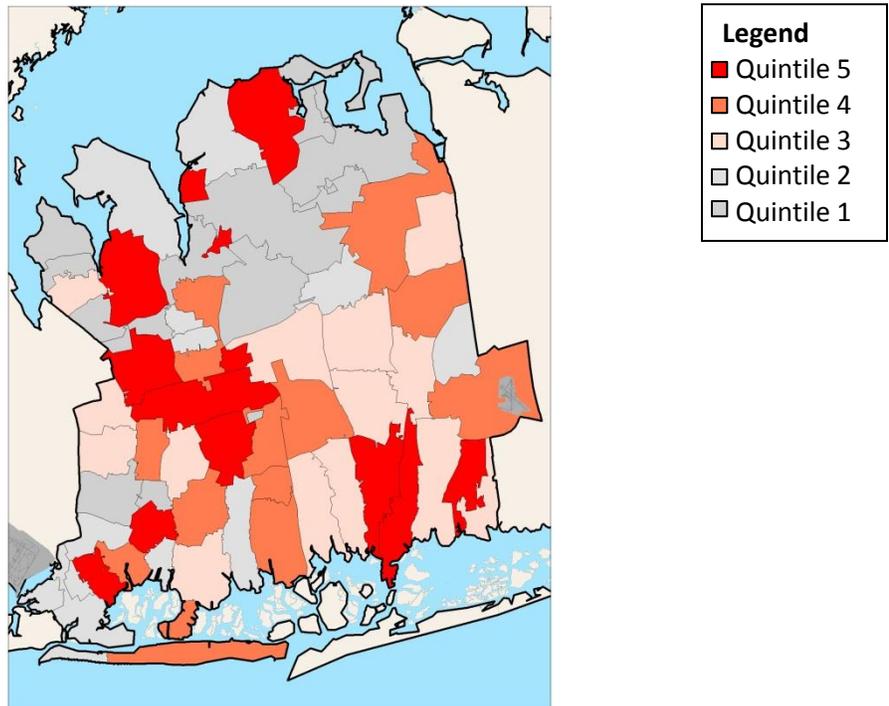


Appendix C

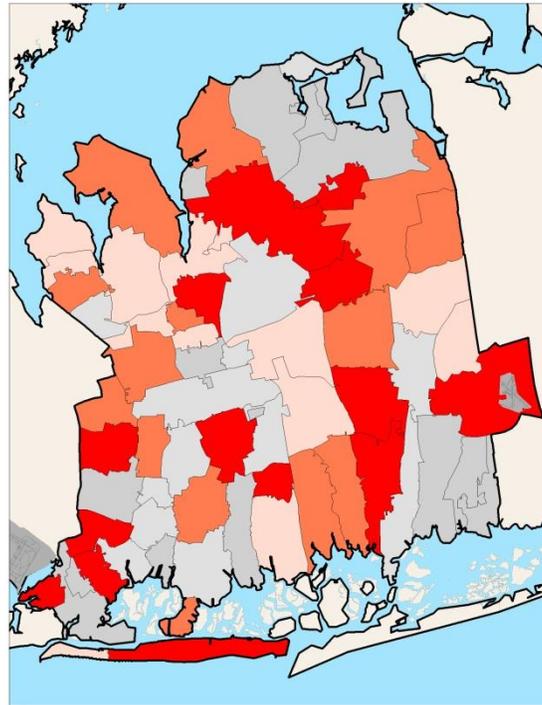
C.i Nassau Medicaid PQI Hospitalizations (Observed – Expected), Bacterial Pneumonia by Zip Code



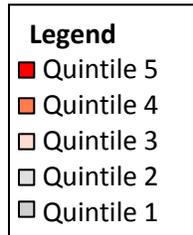
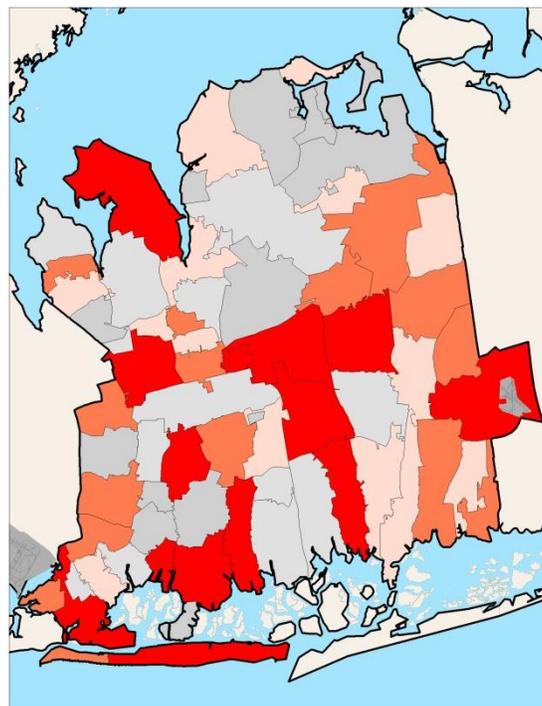
C. ii Nassau Medicaid PQI Hospitalizations (Observed – Expected), Diabetes Long-term Complications by Zip Code



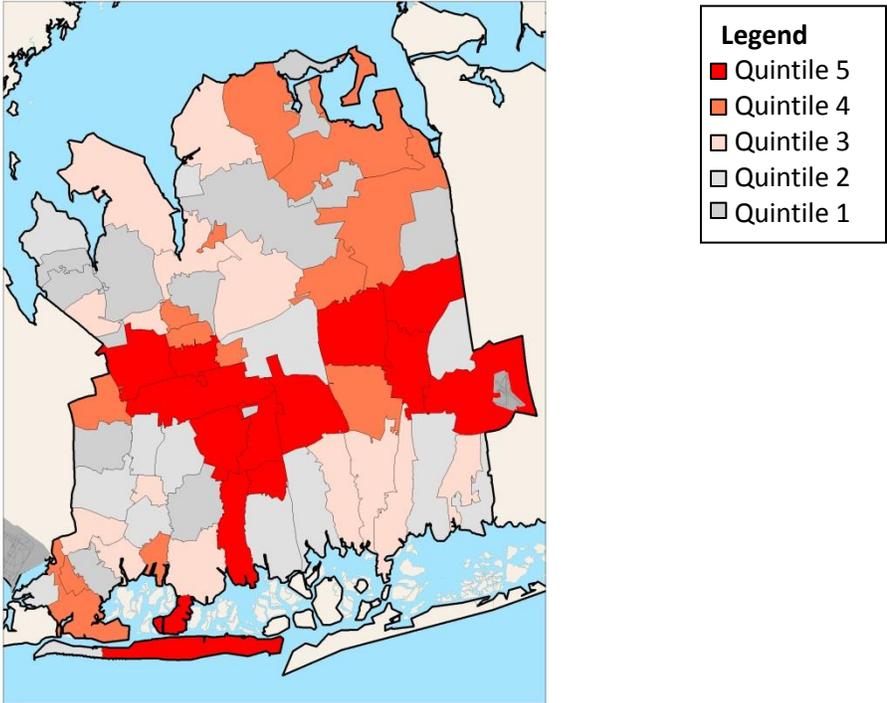
C.iii Nassau Medicaid PQI Hospitalizations (Observed – Expected), Diabetes Short-term Complications by Zip Code



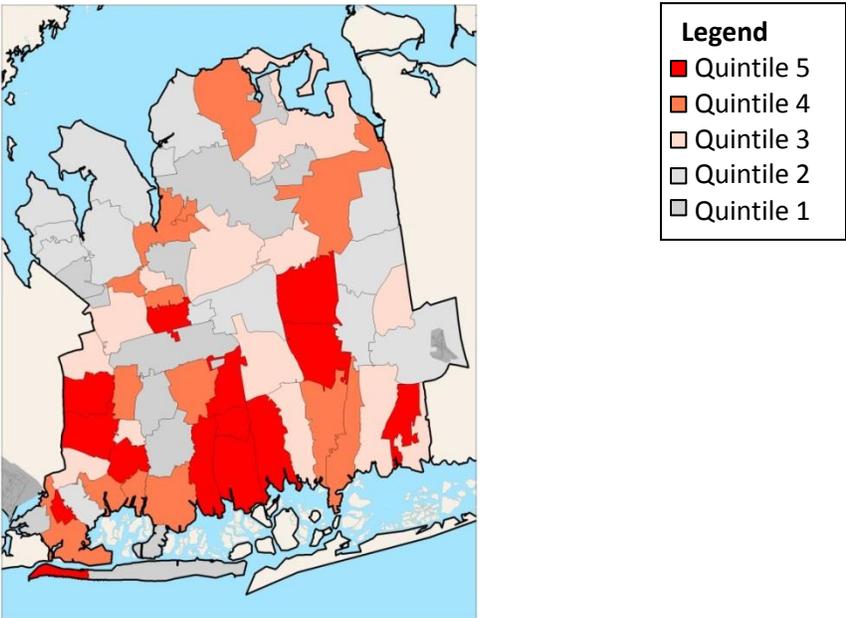
C.iv Nassau Medicaid PQI Hospitalizations (Observed – Expected), Asthma in Younger Adults by Zip Code



C. v Nassau Medicaid PQI Hospitalizations (Observed – Expected), Lower-Extremity Amputation (Diabetes) by Zip Code

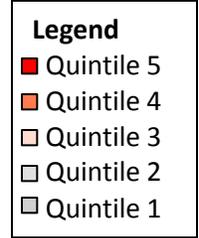
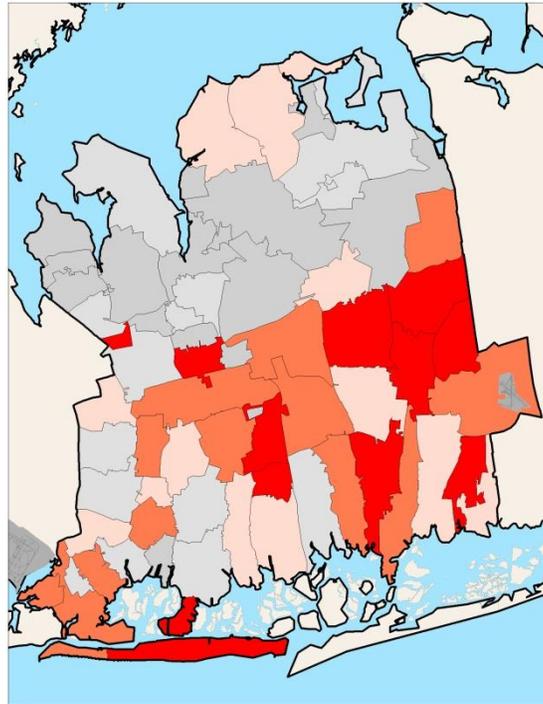


C. vi Nassau Medicaid PQI Hospitalizations (Observed – Expected), Angina Without Procedure by Zip Code

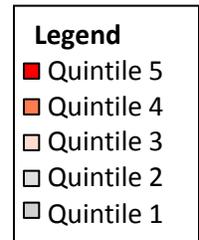
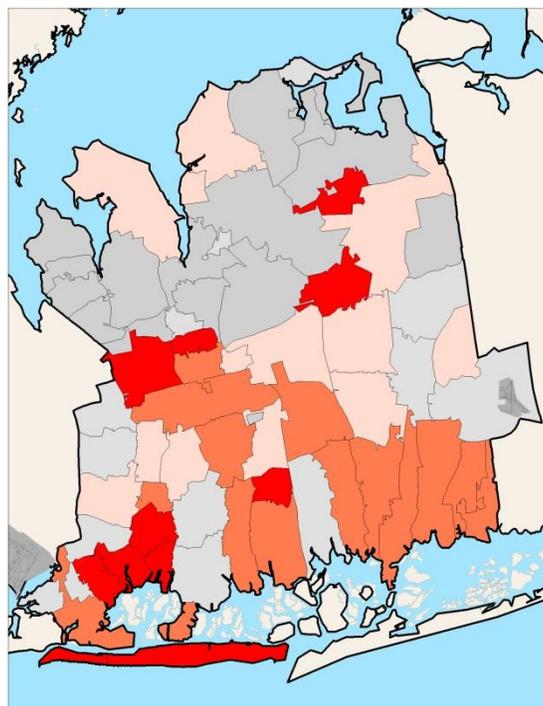


Appendix D.

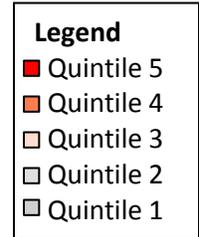
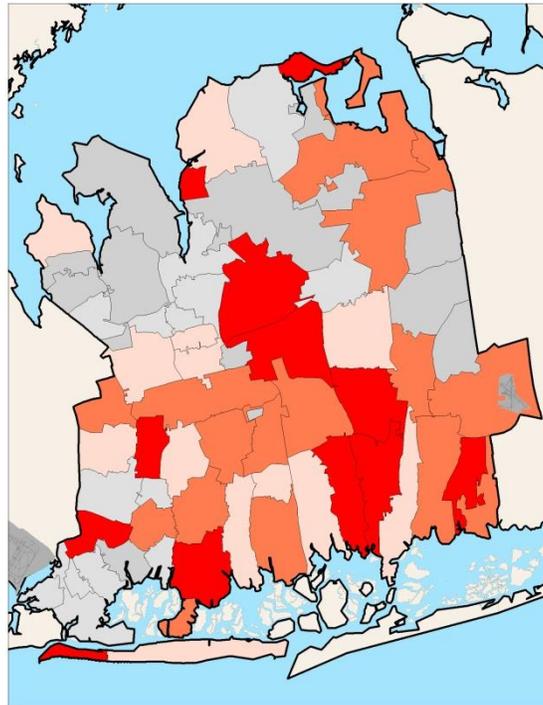
D.i Nassau PQI Acute Composite (Observed – Expected) by Zip Code



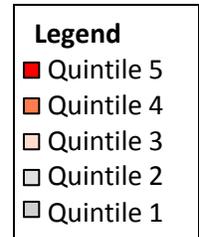
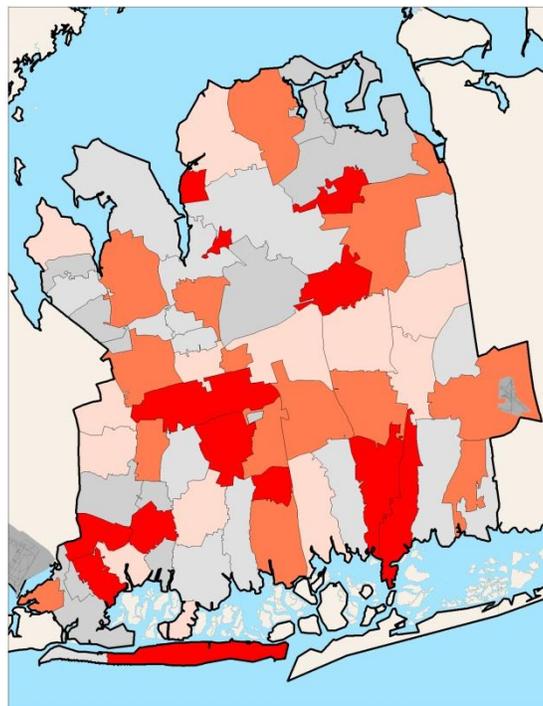
D.ii Nassau PQI Respiratory Composite (Observed – Expected) by Zip Code



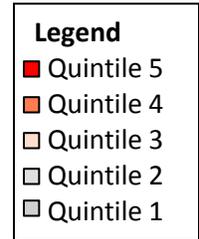
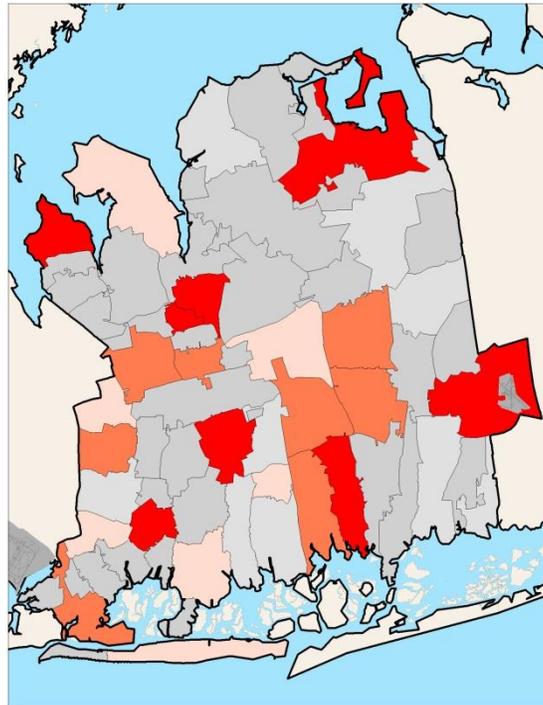
D.iii Nassau PQI All Circulatory Composite (Observed – Expected) by Zip Code



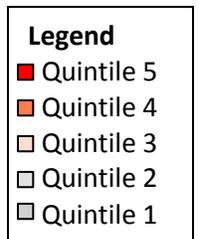
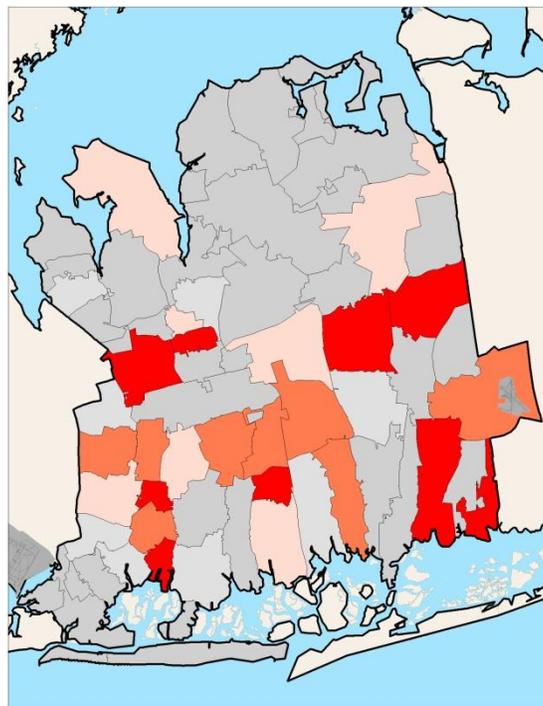
D.iv Nassau PQI All Diabetes Composite (Observed – Expected) by Zip Code



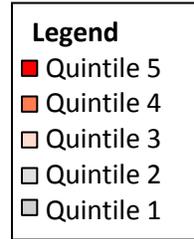
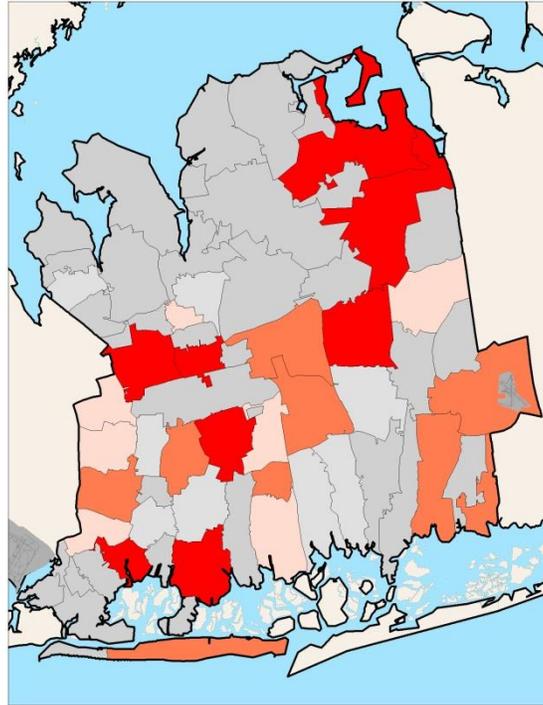
D. v. PDI Hospitalizations (Observed – Expected), Asthma by Zip Code



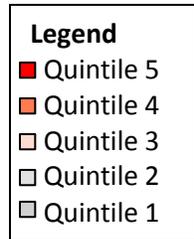
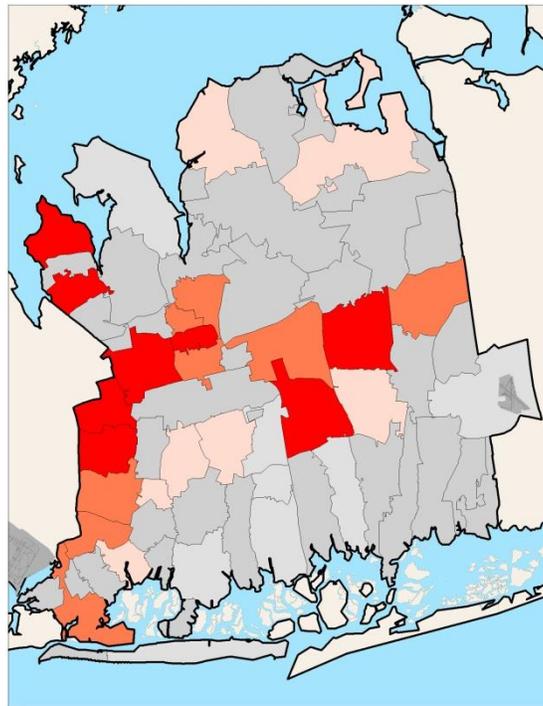
D. vi. PDI Hospitalizations (Observed – Expected), Gastroenteritis by Zip Code



D. vii. PDI Hospitalizations (Observed – Expected), Urinary Tract Infection by Zip Code

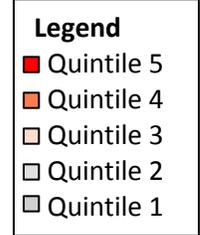
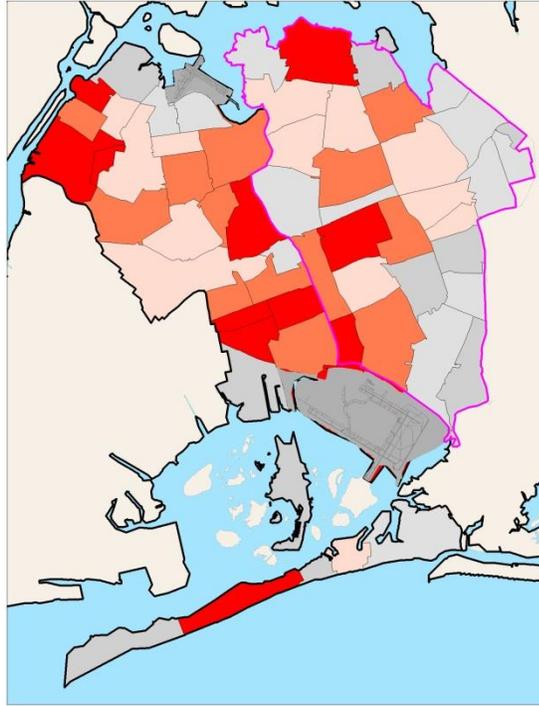


D. viii. PDI Hospitalizations (Observed – Expected), Diabetes Short-term Complications by Zip Code

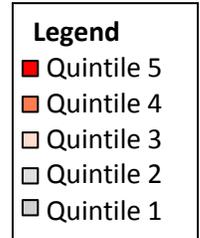
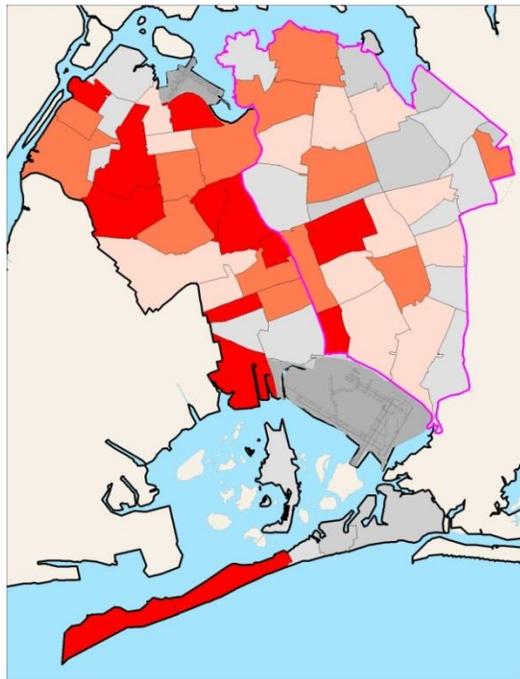


Appendix E.

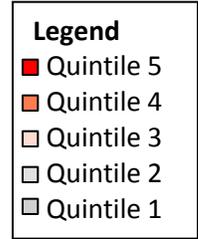
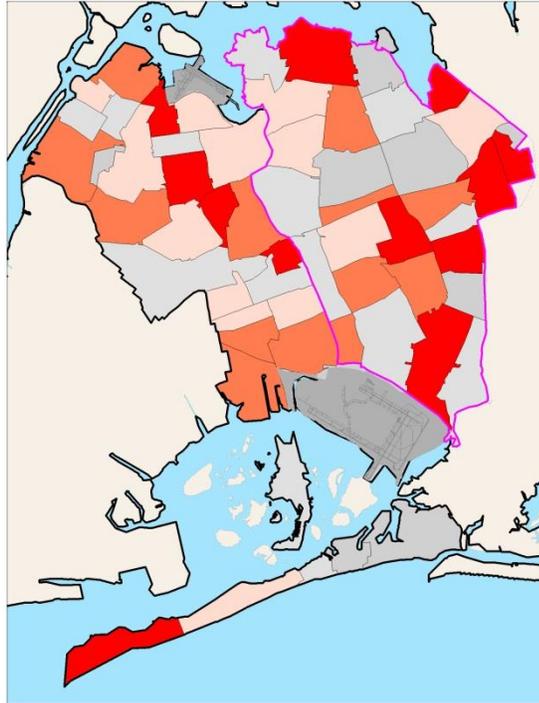
E.i. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Diabetes Long-term Complications by Zip Code



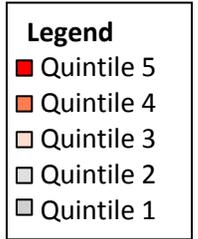
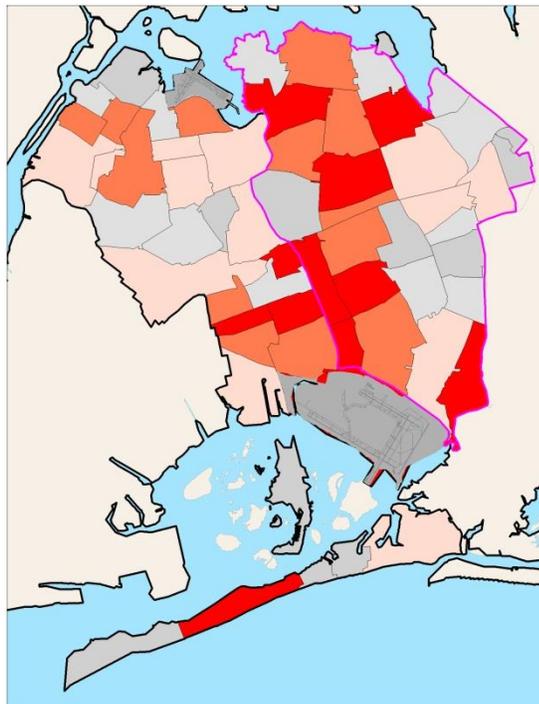
E.ii. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Urinary Tract Infection by Zip Code



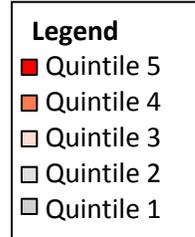
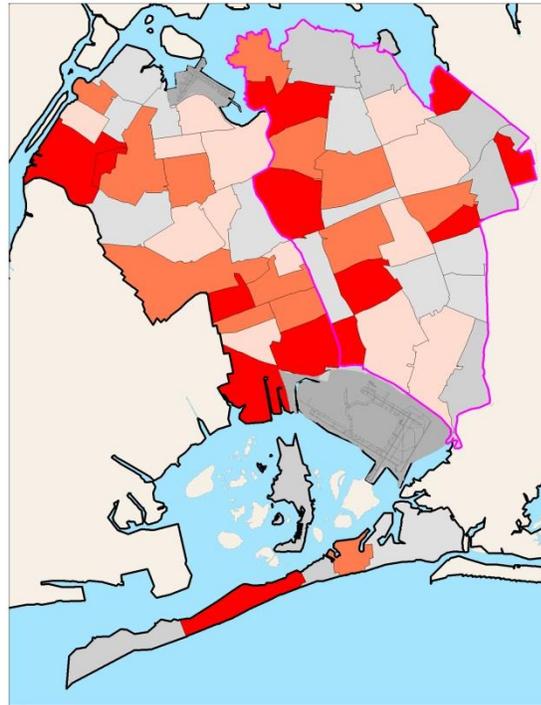
E.iii. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Hypertension by Zip Code



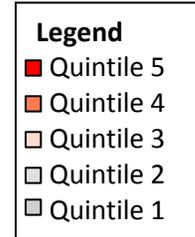
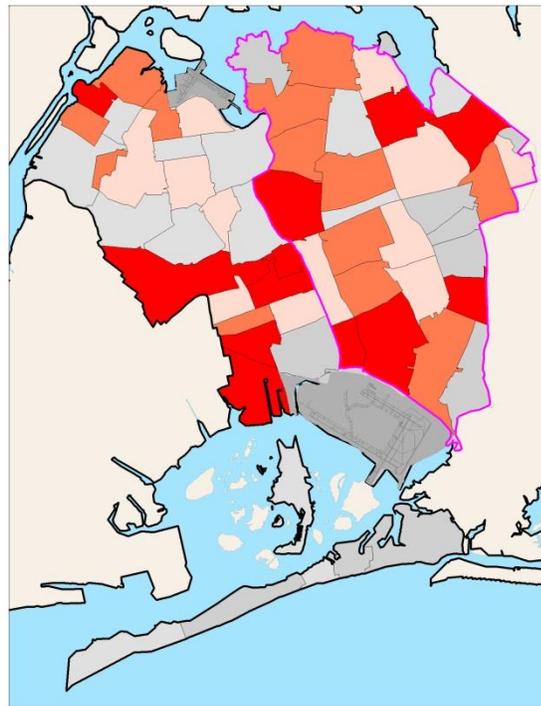
E. iv. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Diabetes Short-term Complications by Zip Code



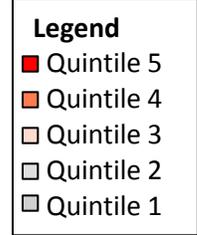
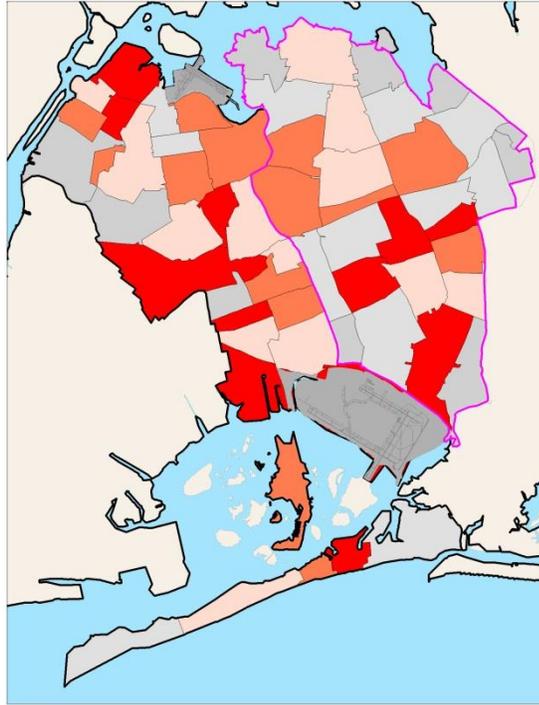
E.v. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Dehydration by Zip Code



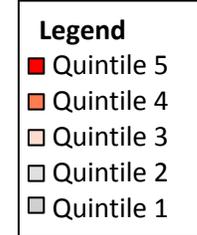
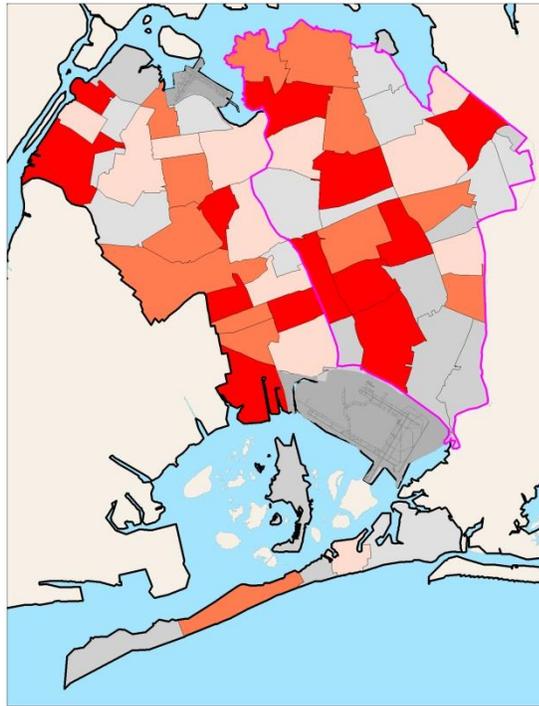
E.vi. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Asthma in Younger Adults by Zip Code



E.vii. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Angina Without Procedure by Zip Code

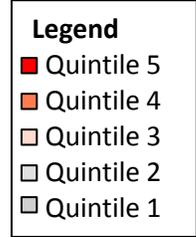
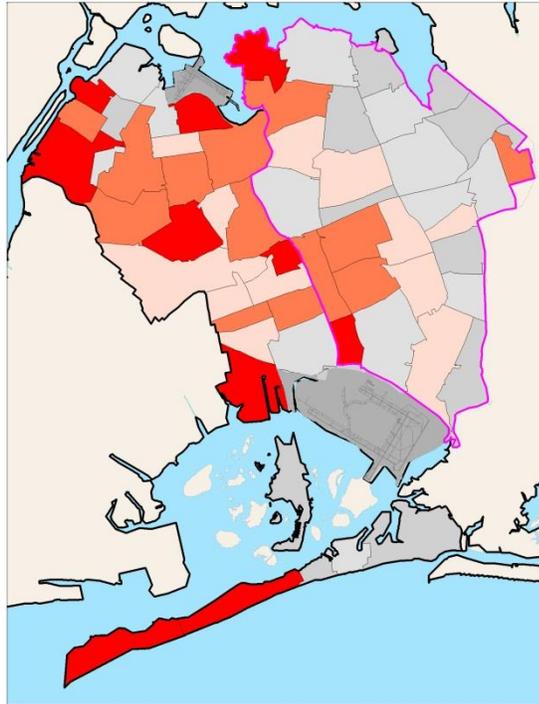


E.viii. Eastern Queens Medicaid PQI Hospitalizations (Observed – Expected), Lower-Extremity Amputation (Diabetes) by Zip Code

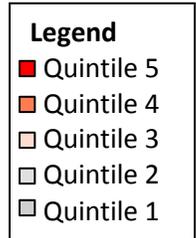
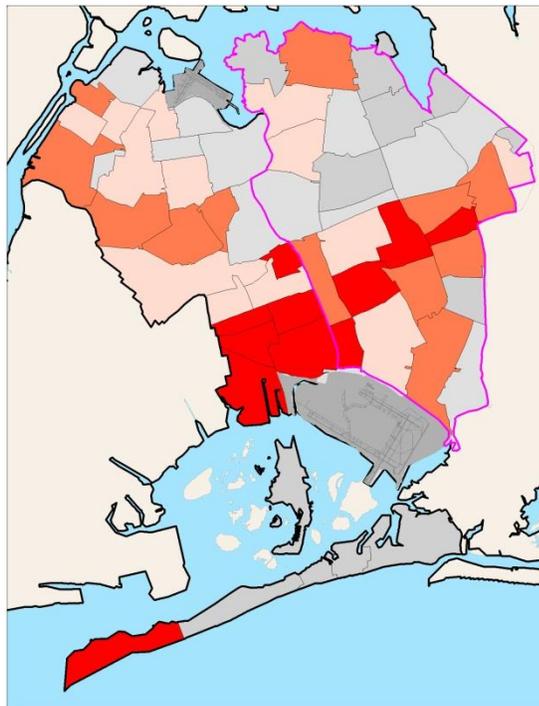


Appendix F.

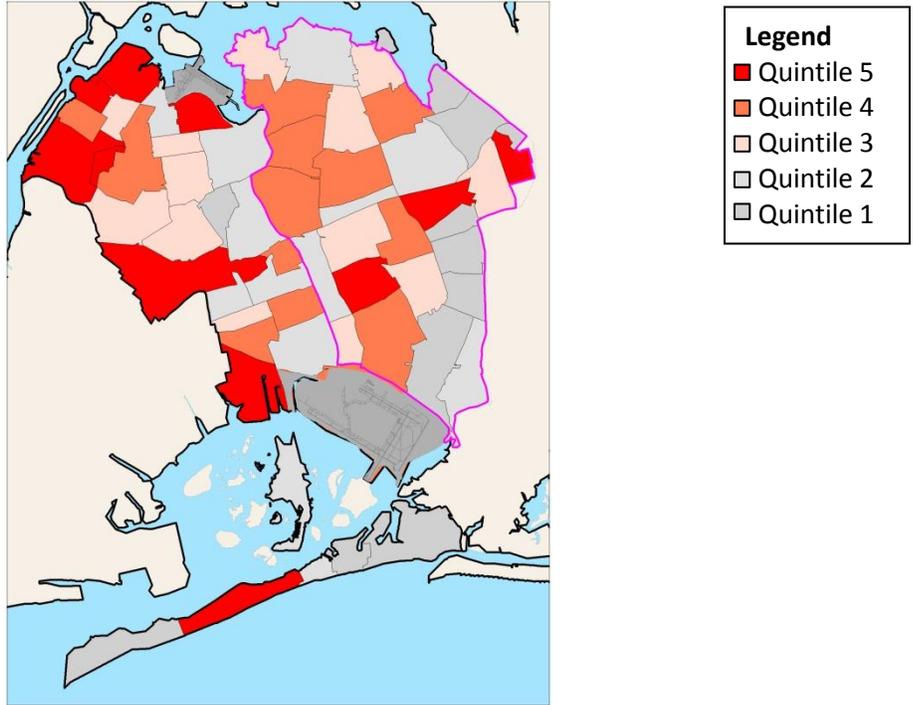
F.i. Eastern Queens PQI Acute Composite (Observed – Expected) by Zip Code



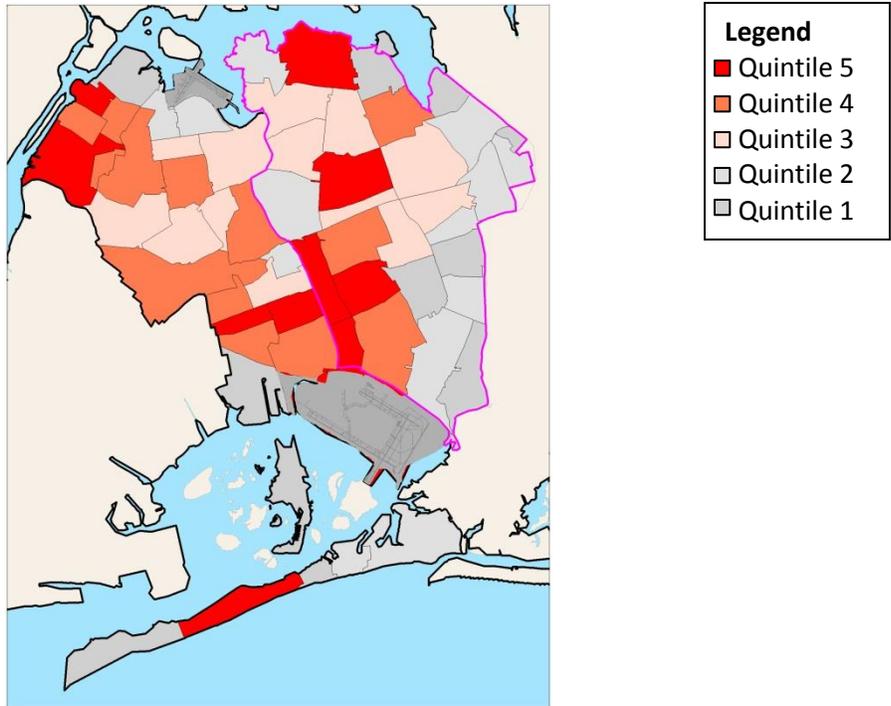
F.ii. Eastern Queens PQI All Circulatory Composite (Observed – Expected) by Zip Code



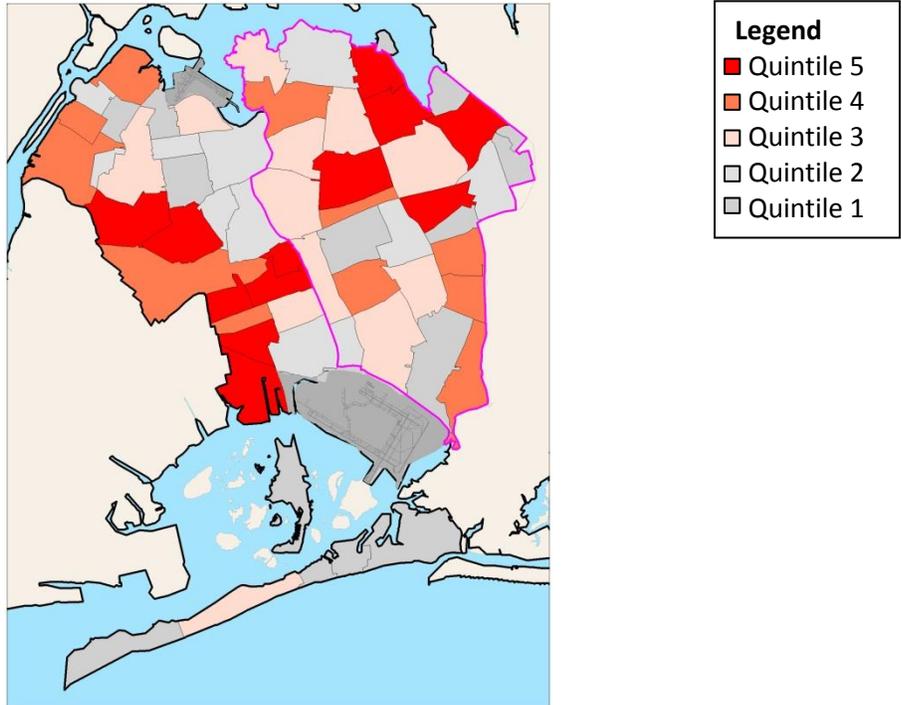
F.iii. Eastern Queens PQI All Respiratory Composite (Observed – Expected) by Zip Code



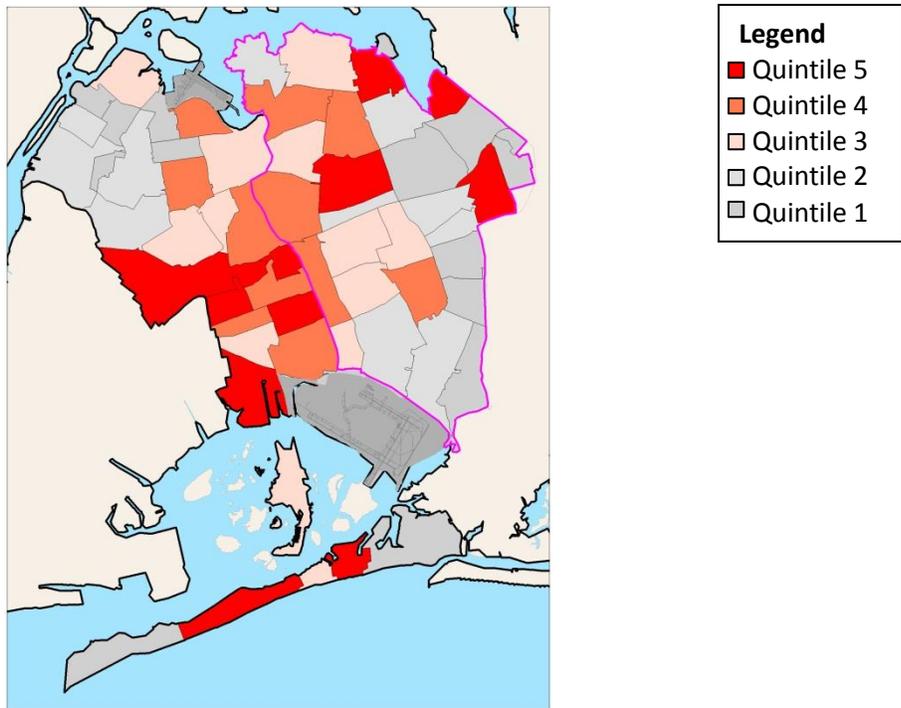
F.iv. Eastern Queens PQI All Diabetes Composite (Observed – Expected) by Zip Code



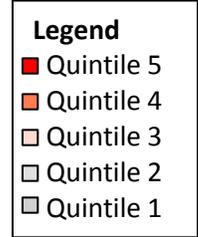
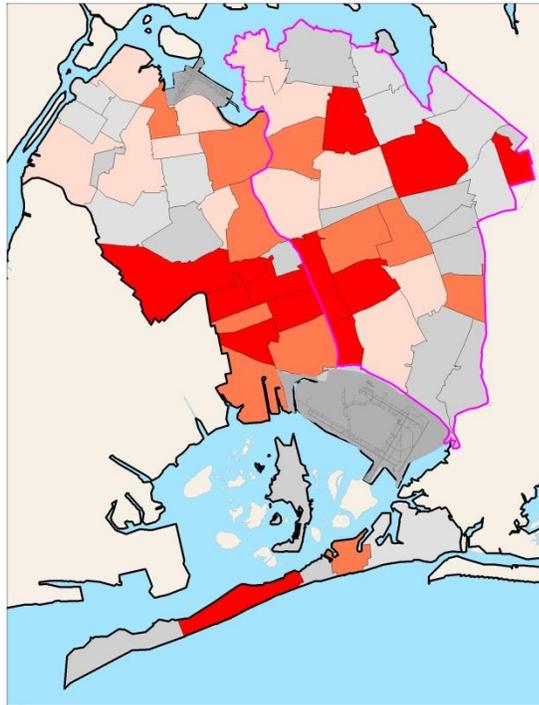
F.v. Eastern Queens PDI Hospitalizations Asthma (Observed – Expected) by Zip Code



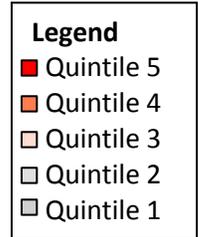
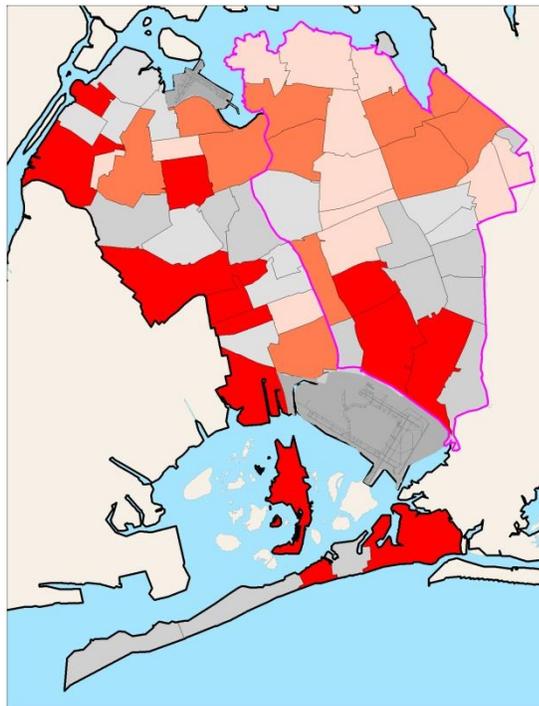
F.vi. Eastern Queens PDI Hospitalizations Gastroenteritis (Observed – Expected) by Zip Code

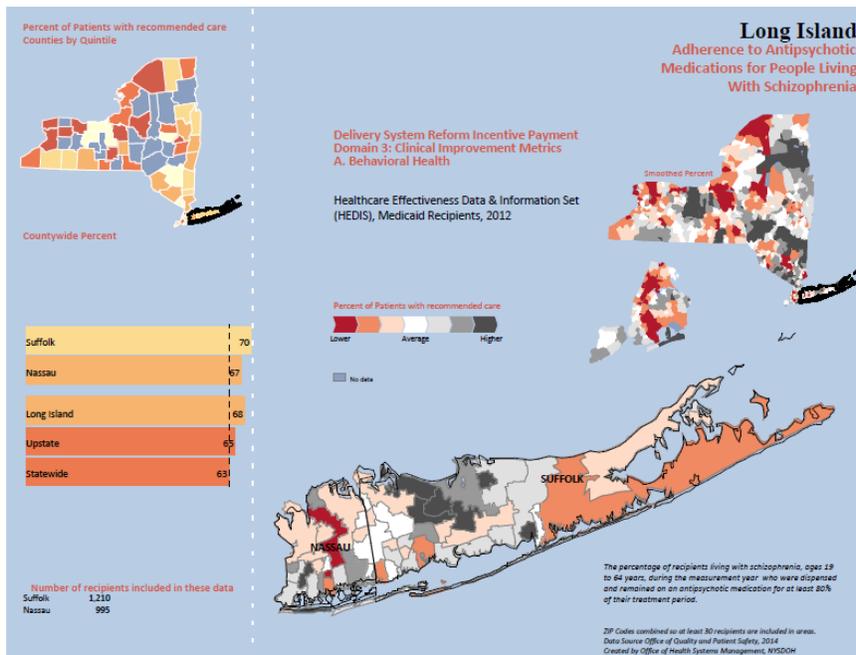
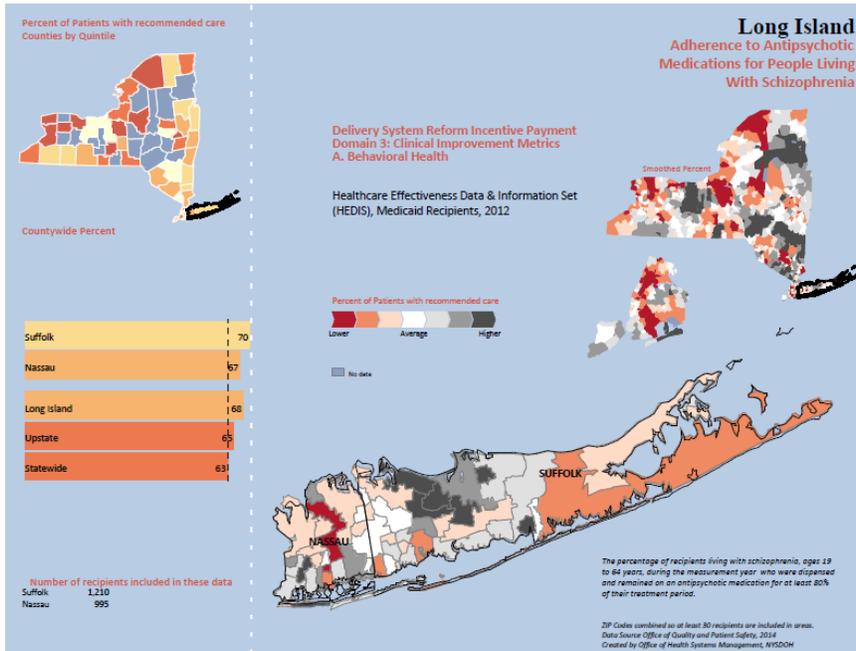


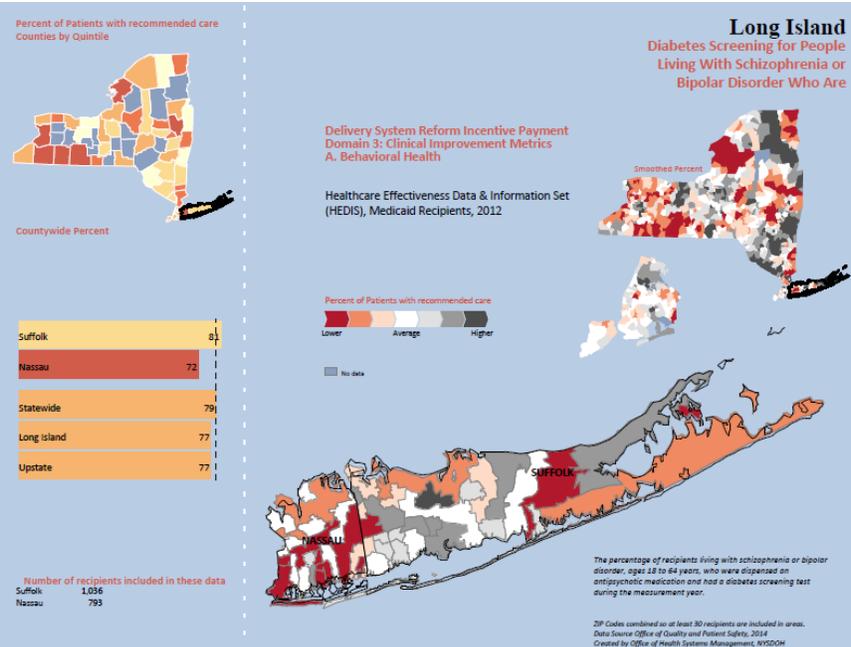
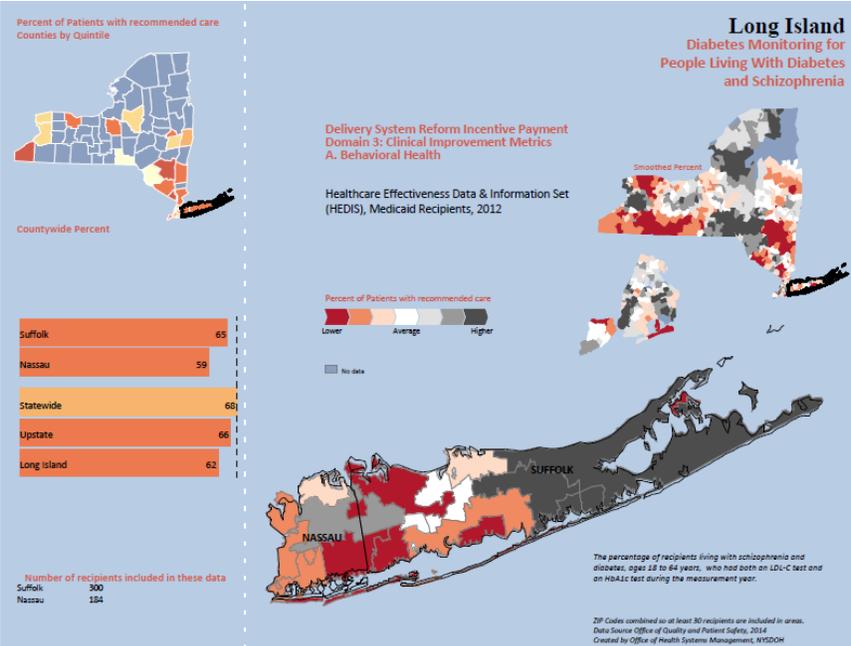
F.vii. Eastern Queens PDI Hospitalizations Urinary Tract Infection (Observed – Expected) by Zip Code



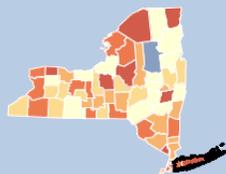
F.viii. Eastern Queens PDI Hospitalizations Diabetes Short-term Complications (Observed – Expected) by Zip Code







Percent of Patients with recommended care Counties by Quintile



Countywide Percent



Number of recipients included in these data
 Suffolk 1,947
 Nassau 1,456

Long Island Follow-up After Hospitalization for Mental Illness within 30 Days

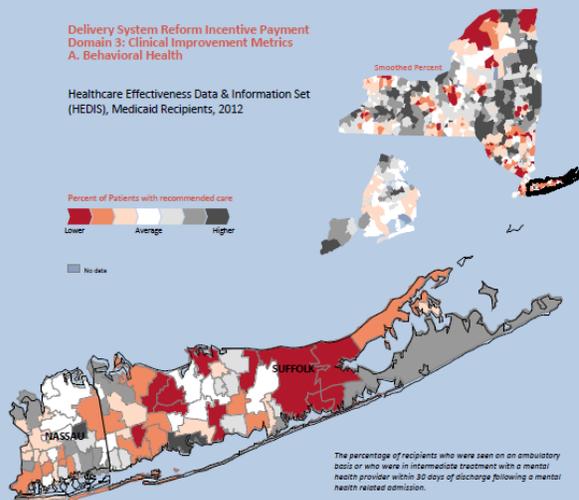
Delivery System Reform Incentive Payment
 Domain 3: Clinical Improvement Metrics
 A. Behavioral Health

Healthcare Effectiveness Data & Information Set
 (HEDIS), Medicaid Recipients, 2012

Percent of Patients with recommended care



No data (grey)



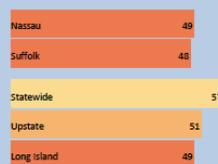
The percentage of recipients who were seen on an ambulatory basis or who were in intermediate treatment with a mental health provider within 30 days of discharge following a mental health-related admission.

ZIP Codes combined so at least 30 recipients are included in area.
 Data Source: Office of Quality and Patient Safety, 2014
 Created by Office of Health Systems Management, NYSDOH

Percent of Patients with recommended care Counties by Quintile



Countywide Percent



Number of recipients included in these data
 Suffolk 537
 Nassau 374

Long Island Follow-Up Care for Children Prescribed ADHD Medication- Initiation Phase

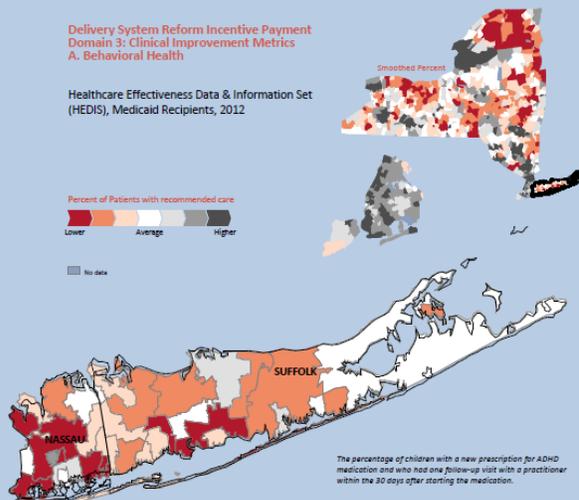
Delivery System Reform Incentive Payment
 Domain 3: Clinical Improvement Metrics
 A. Behavioral Health

Healthcare Effectiveness Data & Information Set
 (HEDIS), Medicaid Recipients, 2012

Percent of Patients with recommended care



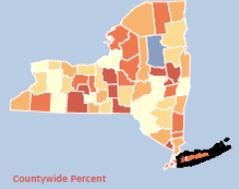
No data (grey)



The percentage of children with a new prescription for ADHD medication and who had one follow-up visit with a practitioner within the 30 days after starting the medication.

ZIP Codes combined so at least 30 recipients are included in area.
 Data Source: Office of Quality and Patient Safety, 2014
 Created by Office of Health Systems Management, NYSDOH

Percent of Patients with recommended care
Counties by Quintile



Countywide Percent

Suffolk	76
Nassau	71
Statewide	78
Upstate	76
Long Island	74

Number of recipients included in these data
Suffolk 5,384
Nassau 3,089

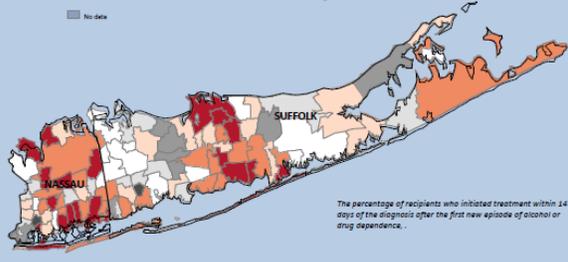
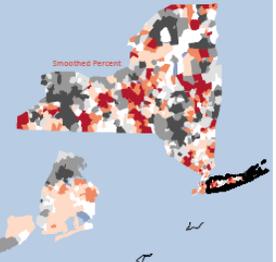
Long Island Initiation of Alcohol and Other Drug Dependence Treatment

Delivery System Reform Incentive Payment
Domain 3: Clinical Improvement Metrics
A. Behavioral Health

Healthcare Effectiveness Data & Information Set
(HEDIS), Medicaid Recipients, 2012

Percent of Patients with recommended care
Lower Average Higher

No data



The percentage of recipients who initiated treatment within 14 days of the diagnosis after the first new episode of alcohol or drug dependence.

ZIP Codes combined so at least 30 recipients are included in area.
Data Source: Office of Quality and Patient Safety, 2014
Created by Office of Health Systems Management, NYSDOH

Percent of Patients with recommended care
Counties by Quintile



Countywide Percent

Nassau	74
Suffolk	74
Statewide	80
Upstate	76
Long Island	74

Number of recipients included in these data
Nassau 7,069
Suffolk 6,985

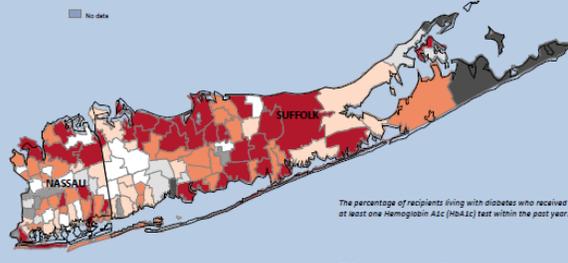
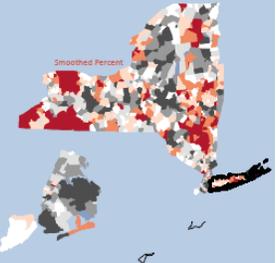
Long Island Comprehensive Diabetes Care HbA1c Testing

Delivery System Reform Incentive Payment
Domain 3: Clinical Improvement Metrics
C. Diabetes

Healthcare Effectiveness Data & Information Set
(HEDIS), Medicaid Recipients, 2012

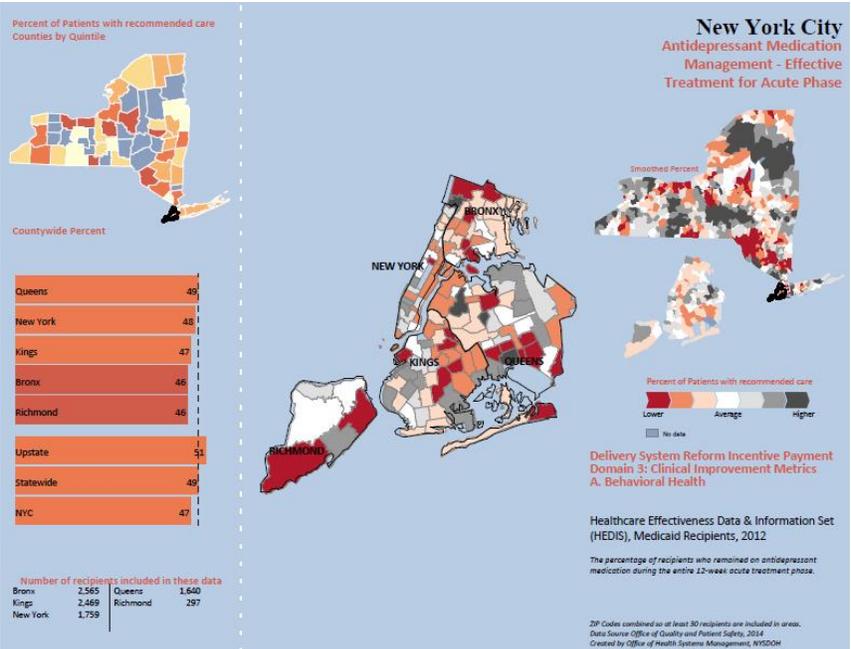
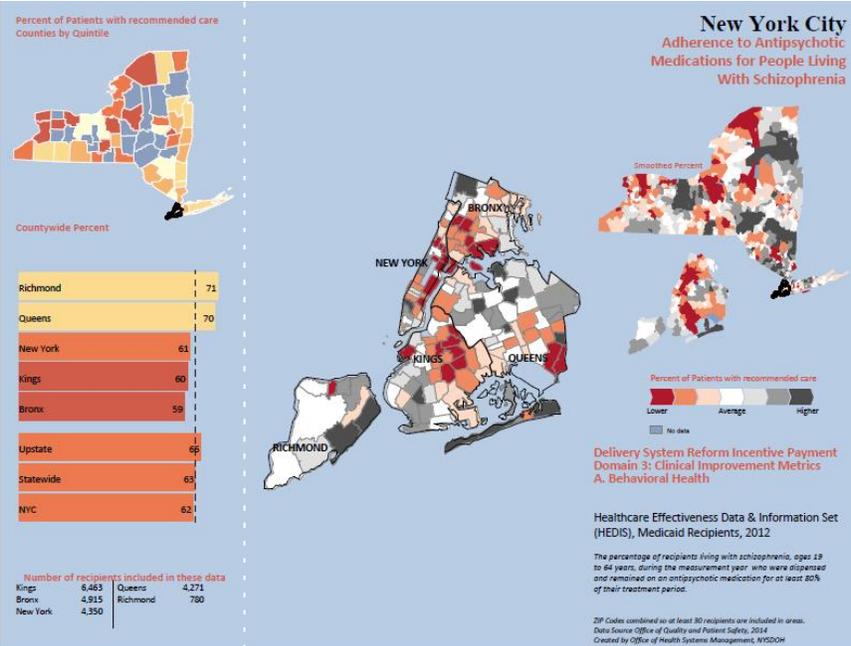
Percent of Patients with recommended care
Lower Average Higher

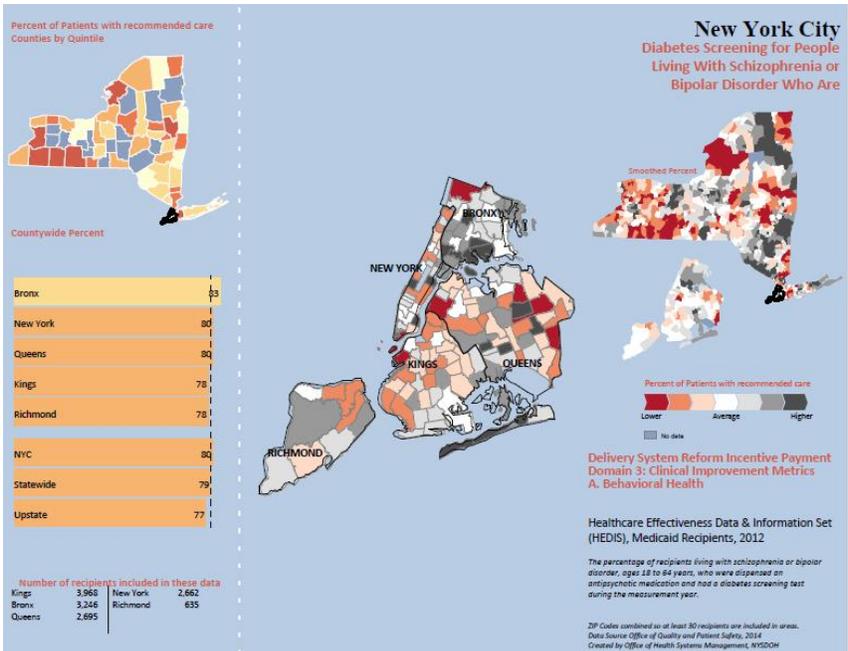
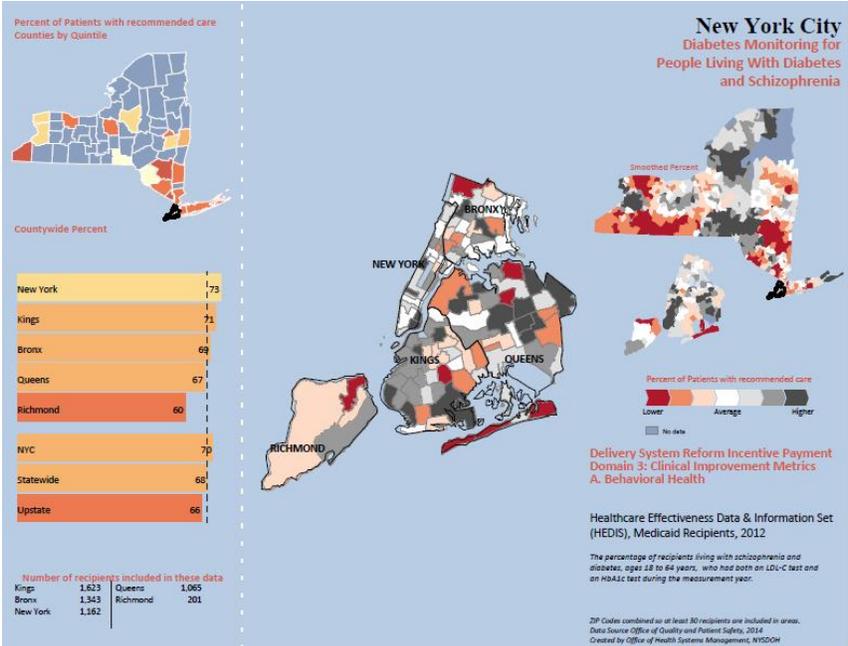
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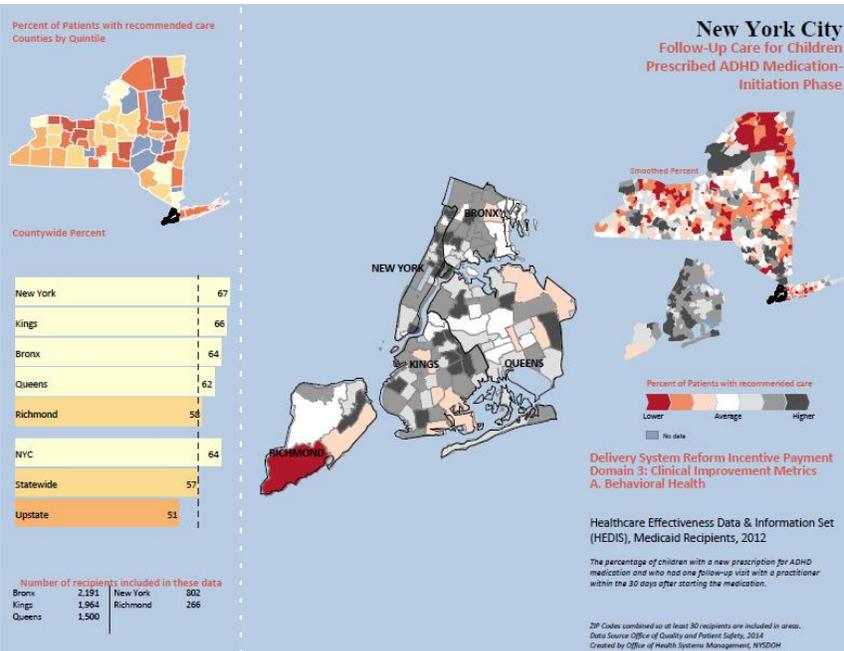
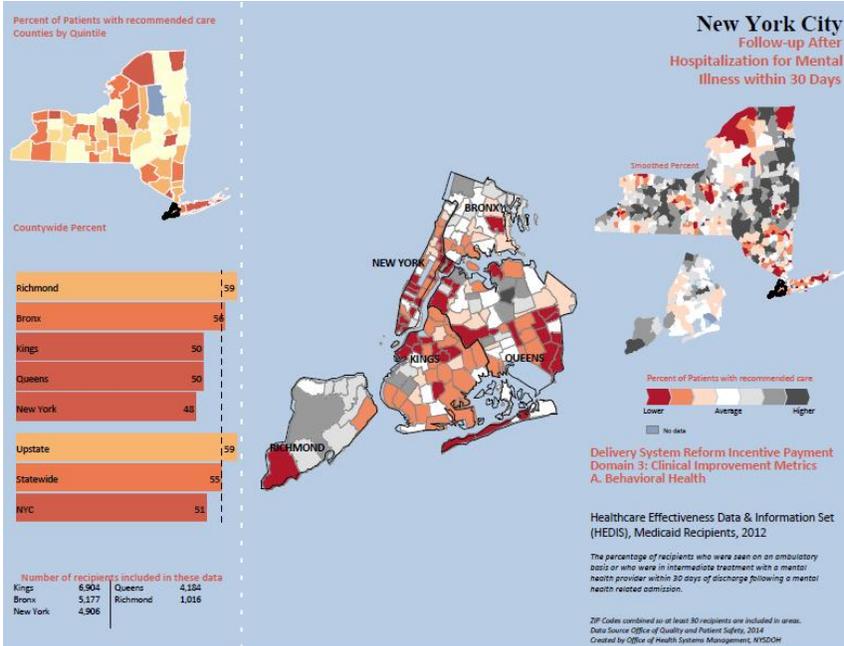


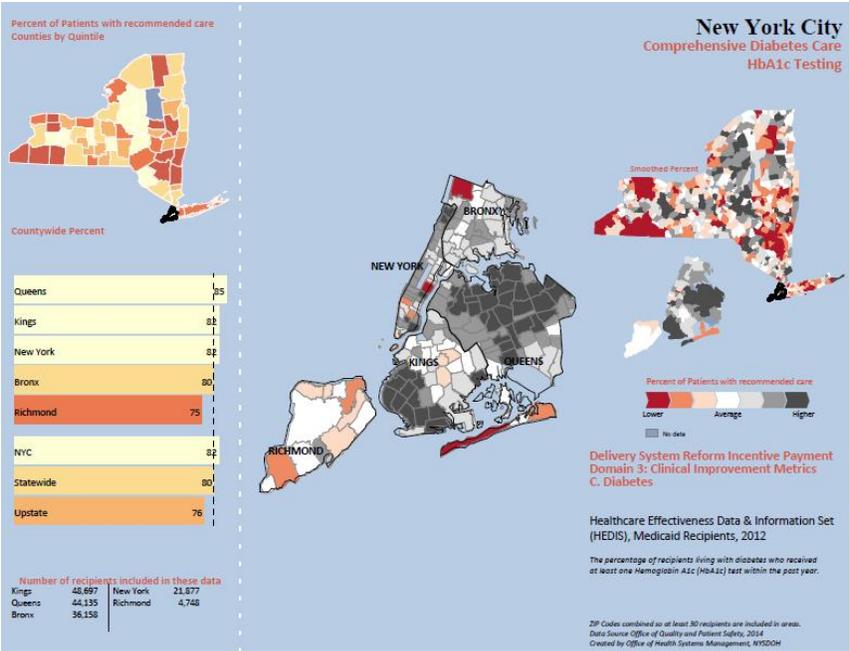
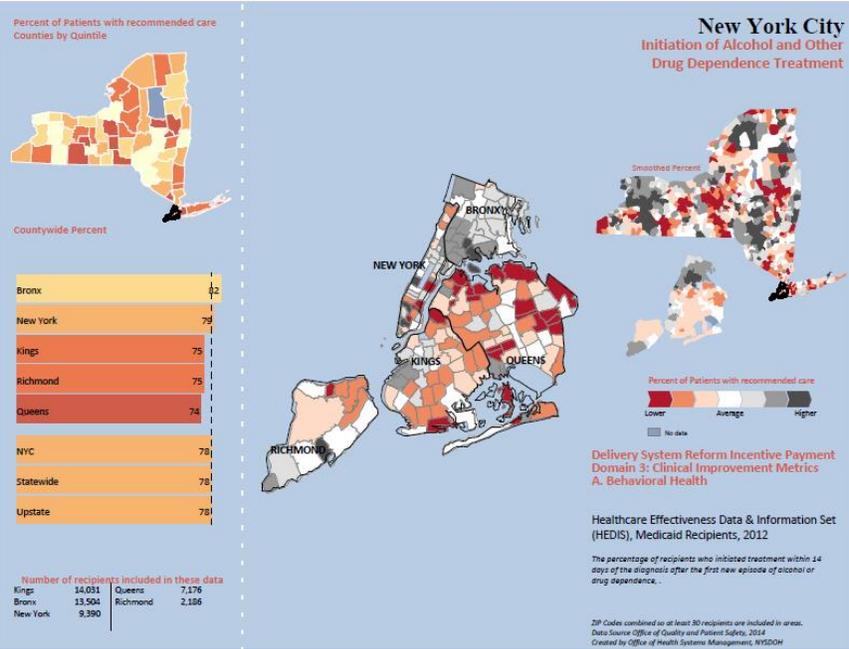
The percentage of recipients living with diabetes who received at least one Hemoglobin A1c (HbA1c) test within the past year.

ZIP Codes combined so at least 30 recipients are included in area.
Data Source: Office of Quality and Patient Safety, 2014
Created by Office of Health Systems Management, NYSDOH









Nassau Queens PPS

Appendix: Section C

Community Needs Assessment

Queens Nassau PPS Stakeholder Forums for Community Health Needs Assessment

The Delivery System Reform Incentive Payment Program (DSRIP) is a federally-sponsored initiative that strives to move the healthcare delivery system toward the “Triple Aim” -- better health outcomes, improved patient experience and lower cost. DSRIP Performing Provider Systems – collaboratives of hospitals, community-based providers, social service organizations) develop projects that support the Triple Aim, and receive incentive payments for successfully achieving project goals and outcomes. DSRIP in NY is particularly focused on reducing avoidable hospital use, including avoidable emergency department visits, avoidable hospital readmissions, and admissions for conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease (based on AHRQ’s Prevention Quality Indicators).

NuHealth, North Shore Long Island Jewish Health System, and Catholic Health Services of Long Island are working together to conduct a community health needs assessment as part of their DSRIP applications which are due to the State by the end of 2014. Projects funded with DSRIP dollars include activities that are directly responsive to the needs and characteristics of the populations and communities they serve. To help ensure this, the partners are undertaking a community needs assessment that includes the assessment of demographics, health status, lists of community assets and resources, a consumer survey and these stakeholder forums.

To attain the triple aim, and to reduce avoidable hospital use, we recognize that the healthcare delivery system needs to be coordinated and it needs also to work with other sectors -- public health and social services among others. We are holding these stakeholder forums to obtain input from health care, public health, social service and other community leaders to get your perspective on how well the system’s components – both within these sectors, and also between these sectors -- are working together to improve health.

We are interested in learning what works well, but we are most interested in identifying things that can be improved: disconnects, inefficiencies, duplications, and gaps in the delivery system for the people you serve. A key goal of DSRIP is to reduce avoidable hospital use. The statewide plan is designed to reduce avoidable hospitalizations by 25% over five years, so we really want to make sure we spend some time discussing this as well.

Information gleaned from this session will be included as part of the CNA, which will help Performing Provider Systems identify the most appropriate DSRIP projects and strategies, addressing the most pressing health care challenges facing Nassau County and focusing on how the delivery system can better meet those challenges.

Population of focus and discussion questions

1-Population of focus: dual eligible clients residing in skilled nursing facilities

- Early identification and management of acute changes in residents' conditions that can be feasibly and safely managed in the SNF. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- How well is connectivity between SNF and hospital, between SNF and community-based providers working? Care coordination/transition care to reduce avoidable hospital readmissions. What works? What doesn't work?
- Prevention/wellness/patient safety. What works? What doesn't work? How can we increase patient activation and self-management?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for dual eligibles residing in SNFs?

2-Population of focus: dual eligible clients receiving community-based long-term services and supports and enrolled in an MLTC.

- Ambulatory care sensitive conditions well-managed to avoid unnecessary exacerbations, ED visits and hospitalizations. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- How well is connectivity between home care and hospital, between home care and community-based providers working? Care coordination/transition care to reduce hospital readmissions. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced??
- Care coordination between primary care providers, home care and other providers. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Prevention/wellness/patient safety. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for dual-eligibles requiring community-based long-term care services and supports?

3-Population of focus: individuals with Intellectual/Developmental Disabilities

- Prevention/wellness/safety. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Ambulatory care sensitive conditions well-managed to avoid unnecessary exacerbations, ED visits and hospitalizations. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Care coordination/transition care to reduce hospital readmissions. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Care coordination between primary care providers and residential facilities (direct services providers.) What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for individuals with I/DD?

4-Population of focus: individuals with chronic conditions, including diabetes, chronic lung conditions, chronic heart conditions.

- Prevention/wellness. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Ambulatory care sensitive conditions well-managed to avoid unnecessary exacerbations, ED visits and hospitalizations. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Care coordination/transition care to reduce hospital readmissions. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Referral and coordination between primary care providers and community support services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?

- Integration and coordination between behavioral health and physical health services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for individuals with significant chronic health problems?

5-Population of focus: Individuals with Serious Mental Illness.

- Prevention/wellness. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Care coordination/transition care to reduce hospital readmissions. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Referral and coordination between primary care providers and community support services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Integration and coordination between behavioral health and physical health services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- To what extent are principles of recovery guiding the provision of mental health services? Are peer services readily available?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for people with serious mental illness?

6-Population of focus: Individuals with Substance Use Disorders

- Prevention/wellness. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?

- Care coordination/transition care to reduce hospital readmissions. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Referral and coordination between primary care providers and community support services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Integration and coordination between behavioral health and physical health services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- To what extent are principles of recovery guiding the provision of mental health services? Are peer services readily available?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for people with substance use disorders?

7-Populations of focus: Individuals who are uninsured (focus on immigrants/undocumented.)

- Access to care. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Referral and coordination between primary care providers and community support services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Is the problem that services don't exist, that services exist but the population is unaware of them, or that services exist but people find them inaccessible/unapproachable/unaffordable?
- Are linguistically/culturally appropriate services available for all immigrants? Are certain sub-populations experiencing greater challenges obtaining needed services and navigating the delivery system (language, country of origin, age, type of health care needed)?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for uninsured individuals, particularly immigrants?

8-Population of focus: People with HIV/AIDS.

- Prevention/wellness/medication adherence. What works? What doesn't work? What health care services are missing or under-resourced? What social services are missing or under-resourced? How can we increase patient activation and self-management?
- Referral and coordination between primary care providers and community support services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Integration and coordination between behavioral health and physical health services. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced?
- Do you see ethnic or racial disparities in access for this population? Do you see ethnic or racial disparities in care for this population?
- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for people with HIV?

9-Population of focus: Economically disadvantaged individuals/families requiring support for basic needs.

- Access to services. What works? What doesn't work? Are housing services adequate to meet the need? Are food security services adequate to meet the need?
- Is the problem that services don't exist, that services exist but the population is unaware of them, or that services exist but people find them inaccessible/unapproachable/unaffordable?
- Referral and coordination between homeless services (shelter and emergency housing) and primary care providers. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced? Are providers of homeless services linked to primary care providers; integrated with the health care delivery system?
- Referral and coordination between food security and hunger resources and primary care providers. What works? What doesn't? What health care services are missing or under-resourced? What social services are missing or under-resourced? Are providers of food security and hunger services linked to primary care providers; integrated with the health care delivery system?
- Are linguistically/culturally appropriate services available? Are certain sub-populations experiencing greater challenges obtaining needed services and navigating the delivery system (language, country of origin, age, type of health care needed)? Do you see ethnic or racial

disparities in access for this population? Do you see ethnic or racial disparities in care for this population?

- What would it take to transform the delivery system to ensure better health outcomes and more appropriate healthcare utilization for individuals struggling to meet basic needs of shelter and food?

Nassau County Stakeholder Forums

Key Themes and Take-Aways

1. Communication – between physical health provider and behavioral health provider, even within a single institution; between inpatient service and community-based health provider; between inpatient service and community agencies; between County and the health care provider system; between behavioral health providers and the criminal justice system; between mental health and chemical dependence providers; between providers and health home.
 - Very few have electronic linkages; agencies use different EHRs, and only a limited number have interfaces.
 - People are afraid to share information because of confidentiality concerns.
 - Systemic barriers remain a problem – health home consents, HIPAA consents, and concerns about liability issues.
 - No centralized source of information about community resources exists, so it is hard to provide one-stop support for a family with multiple needs.
 - Everything is siloed. The history of communication between siloes isn't great, and largely relies on personal relationships. Informal relationships sometimes exist between hospitals and agencies/community-based providers, but no formal protocols are in place to alert others when an individual is hospitalized.
 - Getting medical feedback about an individual receiving chemical dependence services is very difficult, regardless of where they're receiving primary care (hospital clinic vs. FQHC vs. private physician – "They're all bad.")
 - Poor communication between hospital and SNF contributes to hospitalizations and readmissions for concerns that could be resolved with a phone call.
2. High quality clinical assessment/triage needs to be available 24/7
 - If a home care patient needs clinical advice after hours, frequently the person answering the phone at the agency is not a clinician.
 - When someone in a residential I/DD setting needs care after hours, the only option is to go to the ED. The availability of urgent care specifically for this population in one center 24/7 would reduce both ED visits and admissions. Medical back-up to assist RNs in triage decisions would support decisions not to hospitalize.
 - Many admissions from SNFs occur on the weekends because no physician is available to assess them in the facility.
 - Co-location of psychiatric social workers in an urgent care setting.
3. Care coordination needs to be strengthened

- Care coordination is increasingly shifting to a telephonic interface, which is not typically sufficient to support the management of chronic conditions.
 - A disconnect exists between different siloes; regular communication between MLTC, health home, and CBOs involved in an individual's care is necessary.
 - Linkages between behavioral health and physical health services are not working well. Behavioral health providers need information about the physical health needs of their patients, but do not find receptivity, from either the hospital or the primary care setting.
 - Health homes are an incomplete solution. Health homes were meant to expand case management, but lack of shared EHRs and inadequate resources has limited their impact. Health homes have not developed consistent connections with hospitals and other providers. The HIV community is particularly unhappy with health homes, as it has led to a significant reduction in case management (by increasing case load size.)
 - Connections between care management and social service supports are largely informal, and follow-up is not consistent.
4. Patient education and self-management support need to be enhanced
- Patients with chronic conditions do not know what to do when they experience signs and symptoms of a worsening condition, so they call 911.
 - Family members need to be included in treatment planning for people with I/DD, making sure they can explain back the information and instructions given. This extends to care-givers as well, who frequently have a low level of education and for whom English may not be their first language.
 - Patient education needs to reflect language/culture/ literacy of the communities.
 - Additional patient/family education is needed on the capabilities and limitations of a SNF, with better communication about advance directives.
 - There is a need to raise awareness about I/DD, especially within the Latino and Haitian communities, to improve early diagnosis and intervention. Language access, especially for families of origin and for care-givers, is a challenge for those managing complex chronic conditions.
 - Targeted educational interventions are needed to reduce unnecessary ED visits, e.g., not necessary to send everyone who has had a seizure to the ED.
5. Medication adherence can be a problem
- Cost can be a barrier, especially for uninsured. But even for Medicaid patients, co-pays can be onerous for those taking multiple medications.
 - Physicians are not aware of what drugs are on the formulary. Unless a pharmacist intervenes with the provider, patients facing prior authorization requirements will fail to fill a prescription.
 - Literacy and health literacy, especially for individuals where English is not their first language, presents communication challenges in managing complex chronic conditions.
 - Remote medication management would be a big help in addressing chronic conditions.

- Many immigrant communities are afraid of medication and resistant to on-going reliance on medication.

6. Housing – the lack of stable, affordable housing was mentioned in every session.

- The ability to manage chronic illness and avoid hospital care is much more difficult when housing is sub-standard.
- For homeless, challenge of maintaining connections to providers as a result of transience.
- Housing vouchers are inadequate to meet the cost of housing, and all emergency housing programs have wait lists.
- Home environmental triggers exacerbate certain conditions.
- Being able to maintain care coordination is difficult when population is transient. Patients change address and phone frequently, contributing to high no-show rates.
- The number of people seeking shelter through the emergency shelter system with substance use and mental health complications is up sharply in recent years.
- In order for ambulatory detox to work, you need to have a stable home to go back to.

7. Transportation

- The size of the county, the limits of the public transportation system, and the limitations of the available transportation programs (Access-a-Ride, Able-Ride, Medicaid transportation) restrict access to care, make treatment adherence more difficult, and lead to reliance on 911.
- Transportation for services that are not medical/treatment-related do not exist, and so valuable programs are unavailable for many people.

8. Language/Cultural Issues

- Lack of services in languages other than English is a problem across the board. It contributes to disparities in outcomes, as well as to compliance with treatment.
- Language barriers are a particular problem in behavioral health services.

DSRIP Community Health Needs Assessment

Summary

**Eastern Queens and the Rockaways Stakeholder
Forums
October 2014**



Session 1: Skilled Nursing Facilities (SNFs), Long Term Care (LTC) and Home Care

What is working?

- Staffing at higher clinical levels (i.e. RNs, NPs, and MDs) has helped SNFs care for more severely ill patients; this includes staffing a full time medical director on-site: *“Having a strong clinical presence in the SNF is critical because ... [SNFs] are getting the really difficult patients [those with multiple chronic conditions].”*
- The INTERACT project helps sensitize staff to high risk readmission conditions; however, it is more effective with nursing staff than with physicians: *“I think in the nursing homes, regarding the 30 day readmissions, we found that using INTERACT ... it’s a very good program, it helps the facilities, it’s very simple, it’s user-friendly, it tells you the 3 (and now 5) diagnoses that Medicare doesn’t want to return to the nursing homeI found that the biggest hurdle has been the physicians, and not the nurses.”*
- Transitional care interventions, medication reconciliation, the education of patients and caregivers on continuum of care, and the use of health navigators and health coaches are essential to preventing unnecessary ED utilization: *“The use of the care navigators, for the bundled payment, really has been quite a boon...The advanced NP who shepherds the patient along the continuum, they are the care concierge, they will answer the phone at all times of day. The degree of confidence and trust among those patients and their families with those NPs is remarkable.”*
- There is an art to communication; “warm-hand offs,” such as phone calls, are essential and can facilitate a patient’s transition more efficiently.
- Community based services (i.e. NORCS, Meals on Wheels) can help transition patients back to the community; however, they are not being fully utilized by providers.

What’s not working?

- Communication between hospital, home care, and SNF is poor: *“Sometimes the communication between, say, hospitals and nursing homes, is not sufficient to reduce rehospitalizations.”*
- There are a greater number of complex cases in the community.
- Physicians are not easily available by phone.
- Public transportation infrastructure is inefficient and ambulette services are poorly run.
- Language barriers prevent effective communication between patient and clinical teams.
- RHIOs help facilitate exchange of information, but are not fully optimized yet; there are large technological barriers and financial costs associated with RHIOs.
- Adequate support at home is essential for successful transition to the community; providers may overestimate a patient’s functional status and support availability: *“Families frequently overestimate a person’s functional status when they are sent*

home, it's as much the functional status that drives that readmission back to the hospital as it is some change in the medical condition...families are not prepared frequently to take on that responsibility [of helping the person in need of care]."

- Authorization of managed care services is cumbersome.
- Community based services are being stretched thin; some providers cannot increase their service capacity to meet the growing need in the community.
- Patients who seek care in a clinic setting see a different physician each time; there may not be a PCP available who is familiar with the case.
- Patients and families are not dealing with clinical decline well and are not familiar with what services (i.e. visiting nurse, SNF) are appropriate for the patient. The mentality is that the patient can only get better in the hospital. More patient education is needed in advance directives, hospice and palliative care.
- Increase in the number of patients with mental health problems in the community has left SNFs responsible for picking up fall-out from the closure of state mental health hospitals.
- Providers report losing time on addressing regulatory hurdles and reimbursement

What is needed?

- Increased cultural competency among providers.
- Better communication with community physicians, including: partnering with community physicians, greater availability of physicians after-hours, and effective call centers to try and avoid the response from physicians: 'I don't know this patient, send them to the ER.'
- Greater use of health care navigators
- Data analysis
- Regulatory relief: *"[To adequately care for psychiatric patients] we need regulatory relief. They are asking us to care for [mental health] patients, yet we are shackled, we can't do what they do, we can't use chemical restraints, or physical restraints, under our licensure, [hospitals] can, we can't [successfully] treat psych patients, so we send them back to the ER."*

Session 2: Mental Health and Substance Abuse

What is working?

- Assisted outpatient treatment (AOT) can be successful, but requires a court-order and support from the case manager.
- Home visits by a visiting psychiatrist are successful.
- “In-house” transportation funded by grants to providers helps patients access appointments; however, there is a high out-of-pocket cost to the provider.

What is not working?

- Heroin epidemic in Queens is overwhelming the substance abuse facilities.
- Coordination of substance abuse efforts with NYPD is poor; synthetic marijuana, while illegal, is still being sold in corner stores.
- It is difficult following a patient without a court order and support from a case manager.
- Other than the ED, there is no place for “care in crisis.” *“...people are not getting aggressive psychiatric care because there is nowhere other than the ER and the nursing homes to send them, because there is no support in the state.”*
- Managed care reimbursement for mental health is inadequate, especially FIDA: *“The MLTCs are reducing hours [of care available to these patients]. It’s just across the board.”*
- There is poor communication between providers who care for patients with mental health problems: *“I have large building almost entirely filled with behavioral issues... some of them are behaviorally sophisticated enough to know to behave in the ER. They know if they intimidate their roommate, maybe they’ll get a private room... from there they go to the ER, in the ER they seem like little angels [and the ER staff says] ‘ugh, send them back, what the hell is this nursing home doing?’”*
- Crisis team wait times of 2-3 days are too long, and all crises must go through NYC Lifenet (a mental health crisis I & R hotline).
- Outreach teams are referring cases to emergency services and overloading EMS.
- Detox solutions are needed for opiate drug users with prescription opiates.
- Changes to patient care are mediated by the patient and not “office to office” (mental health and primary care).
- Availability of transportation to get patients to outpatient mental health visits is insufficient.
- Patients are being discharged too soon from the hospital.
- Personalized Recovery Oriented Services (PROS) are not sufficient for chronically ill patients: *“We created a [mental health] system where you can only get help when you are off the deep end.”*

What is needed?

- Education of the patient and family about the nature and progression of mental illness.
- Greater transportation reliability for patients to attend outpatient treatment.
- Increase in the number of detox beds.
- Congregate treatment programs available 24/7.
- Increased use of field-based care managers.
- Addition of mental health caregiver support programs.
- Engaging community programs in mental health delivery, including events to draw patients to engage with mental health services.
- Wider use of social day centers and peer support programs.
- Increase in the number of supportive housing units: *“The state wants us to discharge all the psychiatric patients they think might manage in the community, but there aren’t enough supportive housing situations out there that are appropriate to discharge them to. And it takes forever, it can take 6 months to a year or two until anything happens.”*
- Job placement and vocational training.
- Improved prior approval for medications.
- Regulatory relief: *“Something has to be done [for mental health patients], and it can be done, and a lot of us are doing it. We are putting “one to ones,” we are using Ativan when we have to, but again, it’s not the right way to do it, and until there is that relief, it’s going to [continue to] be difficult.”*

What would it take?

- Walk-in mental health clinics and co-located services.
- Integrated mental health services with primary care.
- Improved communication between providers so that interventions can be tailored to the individual patient.

Session 3: Providers to Patients with Chronic Disease

What is working?

- The Matter of Balance program is an interactive, evidence-based, easy-to-understand falls prevention program.
- Health related lectures that are engaging.
- Employer incentives for chronic disease prevention and access to telephonic coaching.

What is not working?

- There are too many overlapping and disconnected chronic disease management programs.
- Secure funding for chronic disease management and prevention are difficult to come by. Tobacco cessation products and community-based cessation programs are cut during budget shortages, as are prevention and education programs: *“I’ve worked on a lot of tobacco related initiatives, and obviously, [tobacco] affects a lot of chronic diseases, and if we can handle that, we can solve a lot of problems.”*
- Tobacco dependence should be documented in the EMR.
- Smoking prevalence is particularly problematic in the psychiatric population: *“The most referrals I received from the hospital (for smoking cessation) were always from the psych department, because the smoking rate is higher than the general population, and the smoking cessation program was least effective on this group.”*
- Younger people are more difficult to engage with on chronic care disease management: *“Asthmatic kids are a good population for smoking education and [we need to] make sure they don’t initiate, because they already have issues.”*
- Health literacy (and literacy in general) needs to be taken into account when communicating chronic disease management and educational interventions, including consideration of cultural competency (e.g. health workers should not assume a person can read in their native language).
- Oncology needs to be treated as a chronic disease, including integration of survivorship programs, population screenings, and continued recommended screenings of other cancers by the PCP.
- Patient characteristics which act as barriers to communication across providers include: patient’s level of social support, education level, language, and culture.
- Provider awareness of where to send patients with chronic illness for support and education is lacking.
- Medical Homes lack the resources to coordinate chronic disease management.

What is needed?

- Chronic disease self-management providers need to partner with primary and subspecialty care.

- Greater number of referrals to home care (e.g. telehealth).
- Environmental management and smoke-free residential buildings: *“Smoke-free housing has a very big impact on individuals with chronic diseases.”*
- Incentives for chronic disease education and symptom management.
- Intensive education programs which use teach-back or reciprocal learning to teach disease management: *“The patient education program was successful because most of the education was hands on. We let them hold the insulin pen. We gave each one of them a glucose meter, and spent 45 minutes to really teach each one of them how to use a glucose meter. That’s time that nobody in the hospital, or in the clinic, has time to do... so the key is to partner with a community organization that has the staff with time to actually do this [type of education].”*
- Working in the framework of patient-centered goals of care; patient-focused results help reinforce chronic care management.
- A population health level approach to healthy eating.
- Secure funding for chronic disease management and prevention: *“Free smoking cessation products...are a very cheap investment for a huge return. If we made them more accessible, if health systems provided those not only while the patient was in the hospital, but to take home as well, that’s something that is very important for preventing a lot of diseases.”*
- Integration of chronic disease management and prevention in schools and referral to community based programs (e.g. senior centers) from primary care.
- Peer level coordination (i.e. health coaches) for patients with chronic disease.
- Educating the patient on cultural competence (e.g. teaching that it’s okay to ask for services and question the clinician).

What would it take?

- Get practitioners to use evidence based guidelines for treating chronic illness in order to provide continuity of messaging between settings: *“Asthma is a chronic disease, not a series of acute episodes.”*
- Addressing disparities in the community, including regional disparities and racial/ethnic disparities.
- A diverse workforce to accommodate cultural differences in health care engagement.
- A family-level approach to chronic disease management and prevention.
- Enhanced, regular communication between community care providers

Session 4: Basic Needs

What is working?

- Senior housing case managers that link seniors up to services.
- Caregiver programs for family caregivers (UHF has an up-to-date resource list).

What is not working?

- The transportation infrastructure in Eastern Queens and the Rockaways is inefficient. While problematic for the community in general, this was especially evident with providers of mental health services who recognized that a patient's inability to attend outpatient appointments due to transportation costs and time lead to a decline in mental health and contribute to unnecessary ED utilization.
- There are a limited number of available resources from basic needs providers, where demand far outweighs supply. Providers in the Rockaways have to refer clients to Brooklyn, which can be inaccessible for many residents: *"A lot of the problem we encounter is the limited number of resources that are available in the Rockaways. Mental health services are hard to come by, transportation is an issue, even since the hurricane, there are a lot of medical services that aren't there, there is only one hospital."*
- There is lack of communication between basic needs providers and primary care as well as a lack of communication between basic needs providers; Superstorm Sandy helped providers widen their communication strategy and begin working with each other: *"The hospitals and providers try to go directly to the communities, but they are not going through the agencies that already have the relationship with the particular community members and the trust."*
- Queens is the most diverse region in the world, with nearly 140 different languages spoken in the borough. Access to culturally competent translation services, including the need to staff a culturally diverse workforce, was recognized as important by forum participants. Additionally, clinical and social services must be delivered in a culturally competent manner. Providers must work with community organizations and health navigators and health coaches to engage community members in the health care system.
- There is a deficiency of access to safe and affordable housing in the Eastern Queens and Rockaway community. Unsanitary conditions in apartment complexes or units with prevalent smoking may contribute to unnecessary ED utilization, particularly for children with asthma. Additionally, there is an inadequate supply of supportive housing available for residents transitioning from correctional facilities, mental health facilities and skilled nursing facilities. Forum members recognized the need for an increase in affordable low- and no-income housing.
- Community members are delaying care due to out of pocket costs; in a model of need hierarchy, safe, affordable housing and availability of food come before

healthcare: *“To hear ‘I couldn’t fill my prescription yet because I’m not getting paid till the end of the month’... it really puts it in a whole new perspective.”*

- Increased cost of insurance co-pays for low wage employees (including employees of the provider organizations themselves) leaves many working poor families without insurance or without sufficient coverage after New York City limited funding for the Central Insurance Program (CIP) which covers insurance needs of not-for-profit NYC contractors.

What is needed?

- Increasing engagement with patients in the community.
- Decreased waiting times for primary care.
- Improved care coordination and communication between discharge coordinators and community services providers.
- Care providers need to continue to build relationships with organizations that have ties to the community (e.g. houses of worship) to build links in a chain to healthcare access.
- Improved trust from the immigrant community.
- Staff of community partnerships need more education on how to navigate the health system. There is a 12-week training for health workers at Maimonides and a class offered at Hunter College that could be useful to community organizers and navigators.

What would it take?

- Provider involvement in a patients’ plan of care, setting and escorting them to appointments, counseling, marketing to parishes, and establishing satellite healthcare sites.
- Community resource meetings (i.e. bring all housing providers together to piece together the best solutions for the community).
- Increase in volunteer opportunities with community partners.
- Addressing the factors that are associated with poor access to Medicaid benefits. These include direct access barriers, such as limited education about the available benefits and Medicare/Medicaid enrollment options for other family members. Also included are indirect access barriers, such as a need for social-psychological counseling and support, securing affordable and safe housing, mobility problems (i.e. getting up stairs), and consistency between care systems (i.e. making the healthcare system easier to navigate).

Session 5: Behavioral Health

What is working?

- Integration of behavioral health and physical health: Catholic Charities co-locates their Article 31 provision with Adabbo Clinic physicians four (4) hours a week and uses the same EMR for both services.

What's not working?

- There are insufficient resources in the community, including a lack of culturally sensitive services.
- There is poor public awareness of mental disease; lack of direct referrals from physicians to local behavioral health and substance abuse providers, and poorly integrated IT systems.
- The uninsured and undocumented are fearful of accessing available services.
- Many patients who do manage to access health services have trouble accessing medications due to cost.
- Care coordination and transitional care: Providers function in silos; there are no incentives for integrated care; lack of communication between medical and social services; lack of an interconnected IT platform; insufficient reimbursement for substance abuse treatment (e.g., some physicians do not accept Medicaid); no detox beds in the Rockaways; lack of hospital access; few substance abuse services available.

What is needed?

- Improved patient activation and engagement. Strategies include increased patient follow-up and outreach and access points in nontraditional spaces (e.g. supermarkets, food pantries).
- Increased healthcare promotion and community awareness/education.
- Increase availability of walk-in services and urgent care centers.
- Culturally appropriate access to services for the Jewish Orthodox, Russian, Hispanic, undocumented, uninsured populations.
- Use of peers to facilitate access to healthcare services integrated with programs for employment readiness.
- Education of medical students about available providers and services in the community. Strategies include providing them with a community rotation and building a directory for care access and referrals.
- Employ best practices screenings for every client (i.e. PHQ9, GAD7, MAST).
- Help establish tenants associations (NYCHA).
- Increased insurance coverage for behavioral health.

What would it take?

- Local programs and services with easy access points (e.g. supermarkets, food pantries), co-location of primary care in the ED, and availability of family resource centers.
- Improved communication practices between providers.
- The use of local media for healthcare promotion and education.
- Increased services' hours of operation, including weekends and evenings.
- Use of lay workers to connect patients to the healthcare system for improved access and communication. Examples include: peer/recovery coaches, wellness workers, community liaisons, care coordinators, and patient navigators.
- Faith-based leader endorsements of clinical services.
- Improved access to translation services.
- Improved transportation.
- Retraining and educating the community workforce.
- Stakeholder meetings.
- Improved health information technology (e.g. providing alerts when patients are hospitalized).
- Customary screenings for mental health and substance abuse.
- More low-income housing.
- Neighborhood improvements (i.e. parks, gyms, neighborhood investments).

Session 6: Providers in the Rockaways

What is working?

- Prevention and wellness programs are successful, including: VNSNY flu shots and early Head Start immunizations; Rockaway Wellness Partnership, which links residents to resources; 101 Precinct and Emblem Health to provide education on Medicare and ACA; Catholic Charities basic health check-ups; and Harlem Dowling home visits.

What's not working?

- Rockaway residents are apathetic toward healthcare.
- Families are not informed about available services.
- There are a limited number of prevention and wellness services, leaving some residents with gaps in care.
- There are language and cultural barriers to providing services in the Hispanic, African-American, and Haitian communities.
- Providers operate in silos leading to poor communication. Additionally, it is difficult to get physicians on the phone.
- Physicians treat illness, not whole system of problems that lead to illness, sometimes creating a revolving door to ED use.
- It is difficult to get appointments with clinicians; Adabbo is the only FQHC in the community.
- Lack of HIPPA training prevents appropriate information sharing and coordination between providers. Some providers will not release patient information due to misunderstanding about how HIPPA works.
- Undocumented population is fearful of accessing preventative services and uses ED when their health situation gets out of control.
- Uninsured and undocumented do not have the ability to pay for medications or lab tests.

What is needed?

- Cultural competency experts can be used as liaisons to interface with the community.
- Health education can be provided in schools directly to students and parents, including early childhood education.
- Community workers can be used to help with coordination and care planning, including onsite care managers at physician practices, health navigators, and community wellness workers.
- Greater accountability from primary care providers.
- Urgent care centers with on-site mental health crisis services.
- Greater availability of HIV testing and pregnancy testing for adolescents.
- More unified system of managed care, such as the same benefits across companies.

- Mobile health care.
- Another hospital in the Rockaways and improved ED services.
- Culturally competent nutrition education, cooking classes, more farmers markets, and access to healthy fast food.
- Improved environmental infrastructure (housing) and improved access to recreation, including gyms.

What would it take?

- Improve public awareness through campaigns that reach each ethnic/racial subgroup.
- Technology to support data sharing.
- Community outreach.
- A uniform credentialing and contracting process to cut down on administrative costs.
- More CBOs and social/health services brought to high utilizers and more accessibility for high need services.

Session 7: Hospital Social Workers

What is working?

- Feedback from managed care companies (e.g. CenterLight) about what the company is doing to service the care needs of the patients has been helpful.

What is not working?

- There is a shortage of providers in the community, making it difficult for patients to follow up with primary care post-discharge: *“Another thing to do when you discharge is not depend on the patient to make their first [follow-up] appointment.”*
- The application for Medicaid may start at the Addabbo Clinic (FQHC), however, poor communication with St. John’s can leave the status of an application unknown. Often a patient does not know the status of their Medicaid.
- There is a lack of access to long term residential psychiatric treatment for patients with managed care.
- The Rockaways has a large population of vulnerable patients (e.g. uninsured, mentally ill, undocumented, seniors) without adequate community support, which requires patients to stay in the hospital longer than what is medically necessary, or to return to the hospital unnecessarily: *“We know that the [psychiatric] patient will come back from the nursing home to the hospital, but we send them anyway. We call those “planned readmissions.” We have it on the medical side as well. We send patients home because they are stable but we know they are coming back. We have certain patients we [all] know by name just when they show up.”*
- State regulation hurdles in mental health, specifically the long wait times for IPRO review, make discharge planning for patients with mental illness difficult: *“When you have a psychiatric patient, you have to get approval from the state, or IPRO to send them to a nursing facility. So you have to send a PRI, a screen, notes, and we can’t start this process until the patient is stable, and at that point, we aren’t getting paid, or paid as much, and the process is about 10 days once you start, and it seems like every time you do a level 2 [paperwork to effect this transfer] they want something different next time you do it, and my impression is they don’t want these people to go back to the nursing homes, they want them to go to community facilities [which don’t exist, so they stay in the hospital].”*
- Creedmor Psychiatric Center fills available spaces with referrals from prison facilities first, leaving little space for referrals from the hospital.
- There is a shortage of funding and providers from the effects of Superstorm Sandy.
- Closure of Holliswood Hospital has left a gap in care for the younger population; patients are being transferred to Brunswick, Bellevue, and NSLIJ.
- SNFs are sending mental health patients back to the emergency room without adequate information about their mental health status.

- Nursing homes are unnecessarily sending palliative care patients back to the ED when care can be safely provided at the facility. This is a problem with the reimbursement system.

What is needed?

- Rebuild outpatient system and increase primary care capacity: *“There is a shortage of providers and shortage of services and care. Mainly primary care [is what is needed], because patients are told to see their provider, and they are telling us that when they go, the doctor’s offices are crowded [or full or inaccessible].”*
- Fix the entire mental health system, including state regulations.
- Address the basic needs of the family and the caregiver.
- Central information systems that manage transitions in patient care.
- Patient education about primary care (Who is your primary care doctor? Where were you seen last?).
- There is a huge need for dialysis treatment facilities; there are not enough facilities to meet the community’s needs.
- Need to address the growing racial/ethnic diversity of the community.
- Home care and SNFs should communicate back to the hospital care manager more often; when it happens, it’s very helpful to the discharge coordinators.
- Chronic disease management education.
- Access to healthy food options.
- Speedier process for getting undocumented patients status.

What would it take?

- Having a wellness center on site (at St. John’s Hospital, for example).
- Standardized insurance authorizations.
- Educating patients and families about the continuum of care (e.g. what services are most appropriate during a patient’s clinical decline).
- Follow, monitor, and help transition the “frequent fliers.”
- Better hours of operation for authorizations.

Session 8: Nursing Homes

What is working?

- Prevention efforts at SNFs, including in-house GYN care, eye exams, and flu shots, are effective
- Staffing at higher clinical levels (i.e. RNs, NPs, and MDs) has helped SNFs care for more severely ill patients; this includes staffing a full time medical director on-site.

What is not working?

- Getting timely diagnostic results in a SNF is not possible, and in order to get information for treatment, a patient is sent to the ED to receive a diagnostic workup.
- Physicians are unwilling to provide treatment telephonically, resulting in a transfer to the ED.
- SNFs are not getting reimbursed for behavior diagnoses.
- Hospital-affiliated SNFs are cherry-picking admissions; standalone facilities are seeing more complex cases.
- Some patients that return to the hospital from an SNF are not ready for the hospital discharge: *“We have a high turnaround rate [nursing homes], and it has nothing to do with the nursing homes; it has to do with the hospitals being very quick to get people out. And then, we are not getting all the information from the hospitals [about the patient] and we get penalized [with patients who aren’t ready] because the state says they should only be there [at the hospital] so long or the hospital needs to be creative with the diagnoses they are using. But when you get the patient, they are completely different, then you try to manage them, and you see the biggest turnaround within the first 48 hours.”*
- SNFs are not receiving enough information from the hospital about a patient, particularly information about mental health diagnoses, or a patient is too medicated in the hospital and begins to become aggressive after the discharge: *“[One problem with this is] the inaccuracy of the PRIs we are getting from the hospitals that leaves out the behavioral information that we need to get, to decide if we can even handle them, and they are very good at leaving out aggression. Or, you get 3 days good notes, but they neglect to mention they pulled a knife on someone.”*
- Reimbursement for an in-person visit is better than a phone visit or consult.
- Duplication of information for regulatory purposes is cumbersome (IPRO, state, and federal regulation).

What is needed?

- Diagnostic support in SNFs, possibly including mobile diagnostic support or specialized SNF urgent care center available 24/7: *“Everyone in this room will tell you that there are systems in place in every single nursing home to prevent hospitalization. To be more aggressive. Why are we doing IVs? Not because we*

had an empty shelf, it's because we don't want to send patients to the hospitals. The problem is, we have the capabilities, but we don't have them in the time frame that gives the comfort or the ability to save a life, as an emergency room does. If we had that ability, rapid labs test..."

- Supportive housing in the community is needed, somewhere between a nursing home and independent living.
- Need to manage the expectations of families about the care and prognosis of the patient.

Eastern Queens Stakeholder Forums

SNF, LTC, HOME CARE (10/20/14)

Barbara Geraghty	NS/LIJ Health System
Sue Zimet	Park Nursing Home
Jack Deutsch	CFW Health Care Group
Maureen McClusky	North Shore/LIJ
Roan Kane (sp.?)	MSL Homecare Agency
Kathleen Pelc	Visiting Nurse Service of NY
Mary Farren	Visiting Nurse Service of NY
Yanick Martelly-Kebreau	Visiting Nurse Service of NY
Rick Schaefer	Better Home Better Health
Nathene Cruz	PSCH—Promoting Specialized Care & Health
Dorothy Wolff	Better Home Better Health
Mary Dionson	Visiting Nurse Service of NY
Shmuel Friedman	Cliffside Rehab
Meredith Desimone	NS/LIJ Health System
Lynda Cooper	NS/LIJ Health System
V. Gonzalez	CFW Healthcare Centers
Alex Sajdak	Hempstead Park Nursing Home
Jay Taub	Woodcrest Rehab
Mitchell Teller	Hillside Manor Rehab & Extended Care Center
Margaret Murphy	Hillside Manor
Paula Goldstein	Phoenix House
Violene Desplantes	Visiting Nurse Service of NY
Donna Marchiseotto	Visiting Nurse Service of NY

Mental Health and Substance Abuse (10/20/14)

Nathene Cruz	PSCH—Promoting Specialized Care & Health
Sue Zimet	Park Nursing Home
Joseph Scotto	Catholic Charities
Paula Goldstein	Phoenix House
Donna Marchiseotto	Visiting Nurse Service of NY
Nancy Tartakoff	Long Island Consultation Center
Paul Creary	Cornerstone
Sherlene John	Cornerstone
Jeff Onifather	Cornerstone
Elizabeth Galati	Federation of Organizations
Kelly Christ	NYC DOHMH
Rebecca Fishman	Catholic Charities
Art Weiner	JBFCs, Pride of Judea
Barbara Silverstein	Road to Recovery
Michael Upston	CAPS/SFY
Jane Bardavid	CAPS/SFY

Phyllis Alvarado	Catholic Charities
Jeanette Wells	Parish Health Ministry
Siveem El Nashar	Catholic Charities

Providers to Individuals with Chronic Diseases (10/20/14)

Cynthia Rosen	American Lung Assoc.
Mary Dionson	Visiting Nurse Service of NY
Violene Desplantes	Visiting Nurse Service of NY
Yanick Martelly-Kebreau	Visiting Nurse Service of NY
Debra Hoffer	Catholic Charities
Beverly Collier	Jamaica Service Prog. for Older Adults
Ted Lehmann	NS/LIJ Health System
Sheldon Peters	Catholic Charities
Isabel Rodriguez	Health Solutions
Madeleine Preau	NS/LIJ Health System

Basic Needs (10/20/14)

Sheldon Peters	Catholic Charities
Paola Micheli	Services Now for Adult Persons
Martha Pollack	JASA--Jewish Assoc. Serving the Aging
Elizabeth Bonner	EAC--Empowerment, Assistance, & Caring
Madeleine Preau	NS/LIJ Health System
Daniel Donoghue	TSINY--Transitional Services for New York
Sonia Sarmiento	NYC Housing Authority

Rockaways Stakeholder Forums (10/22/14)

Behavioral Health (10/22/14)

Michelle Demott	HELP/PSI
Debbie Mankita-Lewis	New Horizons Counseling Center
Anita Mancini	NS/LIJ Health System
Patricia Bowles	Catholic Charities
Karen Bassuk	VNSNY Rockaway Wellness Partnership
Eleni Mathioudalis	New Horizons
Julie Livingston	New Horizons
Lois Cohen	Far Rockaway Treatment Center NS/LIJ Health System
Alberto Barreto	North Shore/LIJ Health System
Rebecca Fishman	Catholic Charities
Liana Sventoraitis	Catholic Charities
Yolanda Garcia	Catholic Charities
Sharona Yamini	New Horizons
Alycia Clarke	New Horizons
Flora Bienstock	New Horizons

Robert Robinson	New Horizons
Susan Appelman	New Horizons
Samuel Zisu	New Horizons
Susan Clayton	St. John's Episcopal Hospital

Providers in the Rockaways (10/22/14)

Manuela Ramsey	Visiting Nurse Service of NY
Deirdre DeLeo	Visiting Nurse Service of NY)
Marcelle Dinnall	1199 SEIU Funds
Felicia Minerva	FEGS Health and Human Services
Eric Landregan	Catholic Charities
Trevor Gyles	AIDS Center of Queens County
Nadine Schalen	St. John's Episcopal Hospital
David Rood Ojalvo	Catholic Charities
Nedra Whyte	Visiting Nurse Service of NY
Denean Ferguson	101 Precinct CC/COGCA
Jomael Young	Visiting Nurse Service of NY
Susan Clayton	St. John's Episcopal Hospital

Hospital Social Workers (10/28/14)

Kimberley Garrett	St. John's Episcopal Hospital
Kinshasha Dash	St. John's Episcopal Hospital
Jacqueline Lutchmi	St. John's Episcopal Hospital
Joshua Mirsky	St. John's Episcopal Hospital
Emma Hopkins	Visiting Nurse Service of NY

Nursing Homes (10/28/14)

Sue Zimet	Park Nursing Home
Mitchell Wechter	Rockaway Care Center
Elliott Norman	Peninsula General Nursing & Rehab Center
V. Gonzalez	CFW Healthcare Centers
Michael Biderman	Bishop MacClean Episcopal Nursing Home
Chris Masteridis	Visiting Nurse Service of NY
Alex Skutzka	Peninsula General Nursing & Rehab Center
Emma Hopkins	Visiting Nurse Service of NY

Rockaway, Queens Community Needs Assessment

Data on Participants in the *Rockaway Wellness Partnership (RWP)* Presented by the Center for Home Care and Research, VNSNY

Background on the Rockaways & the Rockaway Wellness Partnership

The Rockaways Peninsula is a geographically isolated area of Queens, New York. It is medically underserved, with a shortage of primary care providers and recent hospital and clinic closings, leaving St. John's Episcopal as the only hospital and Addabbo Family Health Clinic as the sole FQHC on the peninsula. Half of the residents travel outside the Rockaways for inpatient care, usually to Nassau County or Brooklyn. There is a large concentration of nursing homes on the peninsula, and it has the largest concentration of public housing in New York City, with 40,000 residents.

The Rockaways are a community that was hit very hard by Superstorm Sandy. During the storm and its aftermath, VNSNY was very involved in protecting the most vulnerable residents affected by the storm. At the end of 2013, VNSNY received a \$1.4 million Social Services Block Grant from New York State to create the Rockaway Wellness Partnership, a health coaching program involving nurses, social workers, and community health workers who facilitate access to primary care and other resources for program participants; promote lifestyle changes to improve participants' health status; support them to set and achieve wellness goals; and boost their confidence to make healthy lifestyle changes.

Residents living within three zip codes (11691, 11692, and 11693) are being enrolled in the program, although no one from other areas of the Rockaways is turned away. Within this service area, the total population is approximately 90,500. It is predominately African American and Hispanic, but there is a growing Russian and Chinese population. In the service area, 45% of households have annual incomes below \$35,000, and 17% of households have annual incomes under \$10,000. The unemployment rate is 12%.

The Rockaway Wellness Partnership started enrolling participants in the spring of 2014, and as of Oct. 15, 2014, 234 residents have enrolled. With each new participant, a nurse or social worker conducts a comprehensive health assessment, using a tool developed by the VNSNY Research Center based on the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire. This particular health assessment tool was chosen because: 1) It offers a basis for comparing Rockaway findings with findings for New York City as a whole (because NYC regularly participates in the BFRSS) and 2) It was recommended by the Institute for Healthcare Improvement 2013-2014 Triple Aim Collaborative, in which VNSNY participated.

The three attached reports with findings from the RWP participant assessments cover more or less the same topic areas as the findings from the Nassau County member surveys that were analyzed and presented by the Krasnoff Quality

Management Institute. The attached reports include findings for the whole sample (N=234); for persons who have Medicaid (N=95); and for the uninsured (N=69), using the templates developed by the Krasnoff Institute .

Below are some additional findings that may be of interest.

Top Needs

The top needs of the participants in the RWP include:

- Linkages to a primary health provider
- Legal and immigration Issues
- Job opportunities
- Healthy eating/obesity reduction
- Medication management
- Diabetic counseling
- Counseling around depression

Selected Additional Findings

The following selected findings are based on all 234 assessments:

- 49% rate their health as fair or poor
- Of those with hypertension, 24% are not taking medications; 27% say that their hypertension symptoms are under control only some of the time or not at all
- Of those with diabetes, 38% say that their diabetes symptoms are under control only some of the time or not at all
- Of those with heart disease, 24% say that their heart disease symptoms are under control only some of the time or not at all
- 24% have been told by a health professional that they have depression
- 16% take 6 or more medications
- 50% are smokers
- 33% have difficulty walking or climbing stairs
- 19% say that they are dissatisfied or very dissatisfied with life
- 21% have difficulty concentrating and/or remembering
- 42% rate their diet as fair or poor
- 21% say that they do not always have access to transportation
- 17% say they rarely or never get the social/emotional support they need

Nassau Queens DSRIP PPS

Community Member

Survey Report

Prepared by KQMI

December 2014



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Community Member Survey Methodology

The Nassau and Queens DSRIP PPS CNA Steering Committee members collaborated in developing two community-wide surveys for Nassau and Queens (see Appendices 1 and 2). The team agreed that the use of a uniform survey distributed widely throughout communities in Queens and Nassau Counties would help ascertain the health perceptions and key concerns of residents, as well as identify service needs and barriers to care.

The format of the survey was derived from several community needs surveys used on Long Island and in the metropolitan New York City area. Criteria for developing key questions and multiple choice responses included Prevention Agenda priorities, goals and barriers to health, strategies, and demographic information. Health literate terminology was used to ensure clear communication. The surveys were available in three languages (Creole, English, and Spanish). The survey was distributed through an electronic link, hospital outreach programs, ambulatory health centers with high volumes of Medicaid recipients including hospital-based, free standing and Federally Qualified Health Centers, community-based organizations providing services to Medicaid recipients, county agencies, and other outlets such as faith-based organizations and community centers. A convenience sample was used to administer the survey. The survey was distributed in as many locations as possible in an effort to gain a representation of the Nassau and Eastern Queens population. It reached a broad spectrum of community residents from many zip codes. The majority of responses came through health care providers, and may not fully reflect the experience of individuals who are disconnected from the health care delivery system.

Demographic information was collected, asking respondents to identify their sex, age, race/ethnicity, home zip code, insurance status, preferred language for health information, educational attainment and number of persons in their household. All surveys were anonymous. Completed surveys were entered into a secure electronic database for analysis by the Krasnoff Quality Management Institute. A standardized data collection tool was developed online using Qualtrics. Data was exported to Microsoft Excel to analyze frequencies and percentages. Crystal Reports was used for the development of graphics and tables. Individuals were asked to identify health conditions from a selected list of answers based on the New York

Community Member Survey Methodology

State Department of Health Prevention Agenda as well as the conditions that they sought care for and the barriers to accessing health care. Questions were designed to determine the individual's perceptions regarding their personal and household health concerns, disease self-management, and what they considered as barriers to treatment. Additionally, they were asked to identify if they had visited an emergency department, the number of times they visited the emergency department and the reasons they accessed the emergency department.

Queens County Analysis (see Appendix 3 for detailed analytics)

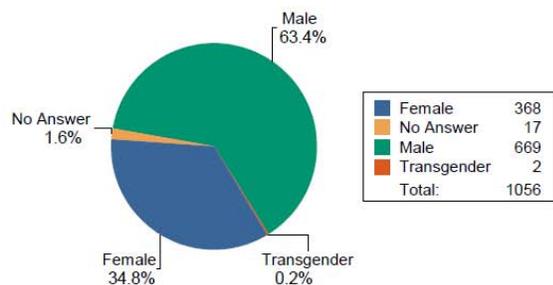
Methodology:

A standardized data collection tool was developed online using Qualtrics. Data was exported to Microsoft Excel to analyze frequencies and percentages. Crystal Reports was used for the development of graphics and tables.

Demographics:

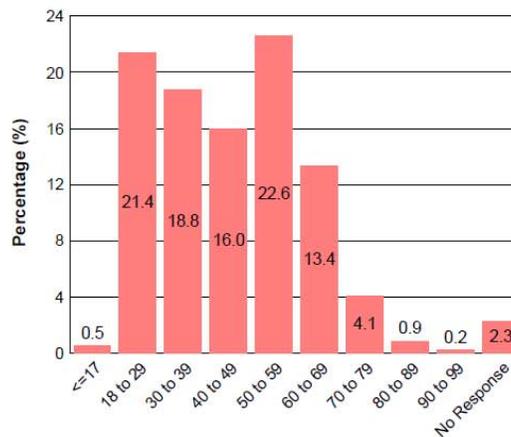
A total of 1,056 survey responses were collected from people living in Queens. In terms of gender, 669 or 63.5% were male and 368 or 34.8% were female. The average age of the total population was 44 years old with a standard deviation of 15.7 years. The ranges of age varied from 1 year old to 92 years old. The majority of the sample ranged between 18-59 years old with the following breakdown by age groups: 22.6% were between 50-59 years old, 21.4% were between 18-29 years old, 18.8% were between 30-39 years old, and 16.0% were between 40-49 years old.

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

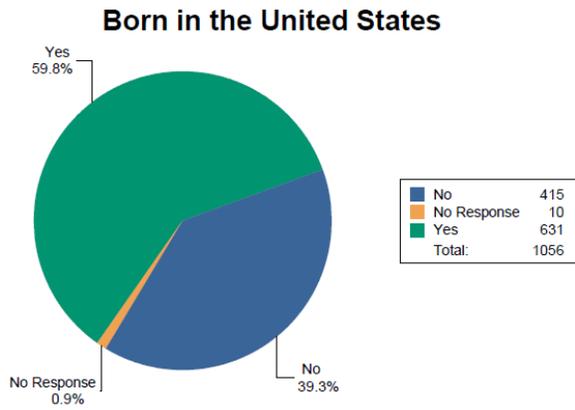
Responses by Age



Average Age	44.5
Median Age	44
Standard Deviation	15.7
Minimum Age	1
Maximum Age	92

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

The majority of the group, namely 631 out of 1,056 respondents, was born in the United States (59.8%). When looking at the 415 or 39.3% of the sample that was not born in the United States, a total of 46 out of 415 or 11.1% originated from Guyana. When looking at the remaining countries of origin, the ones listed were below 10%. Among the list of countries, many of them were from Central American, the Caribbean, and South America.



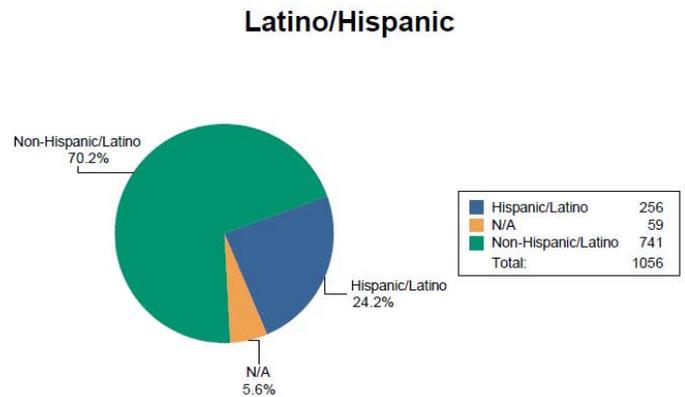
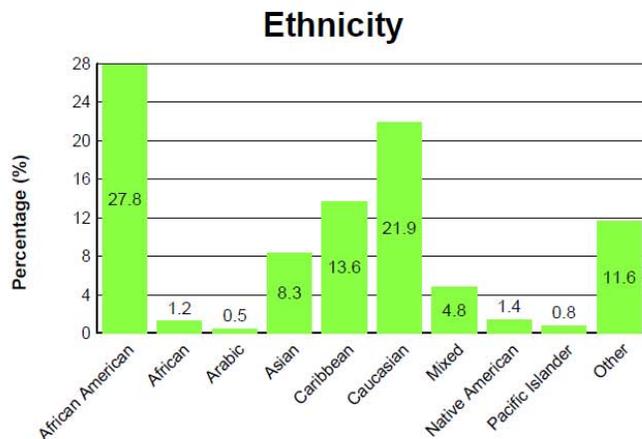
Top 10 Countries

	Total	
Guyana	46	11.08%
Jamaica	36	8.67%
	28	6.75%
India	25	6.02%
Dominican Republic	21	5.06%
Ecuador	19	4.58%
Haiti	17	4.10%
Trinidad	17	4.10%
Puerto Rico	16	3.86%
El Salvador	15	3.61%

Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (415)

Note: Percents may not add up to 100% due to rounding.

When looking at the ethnic breakdown of the sample, the largest ethnic groups in this population were African American (27.8%), Caucasian (21.9%), Caribbean (13.6%), and Asian respondents (8.3%). A separate question was also asked about respondents being Latino/Hispanic. A total of 256 out of 1,056 or 24.2% indicated they were Hispanic or Latino.

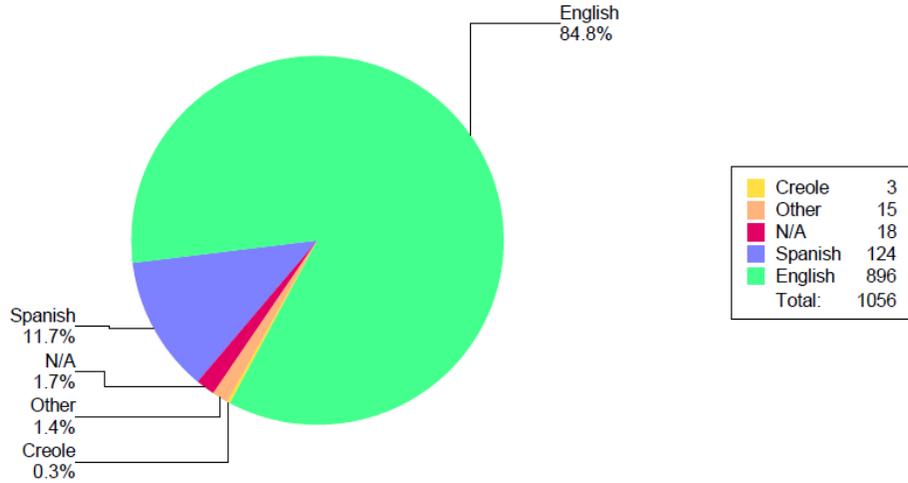


Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Note: Percents may not add up to 100% due to rounding.

A critical component with delivering health care is to assess the preferred language that respondents would prefer to communicate. When this question was asked to the 1,056 respondents, they indicated that their preferred language was English. A total of 896 out of 1,056 or 84.8% selected English and 124 or 11.7% selected Spanish.

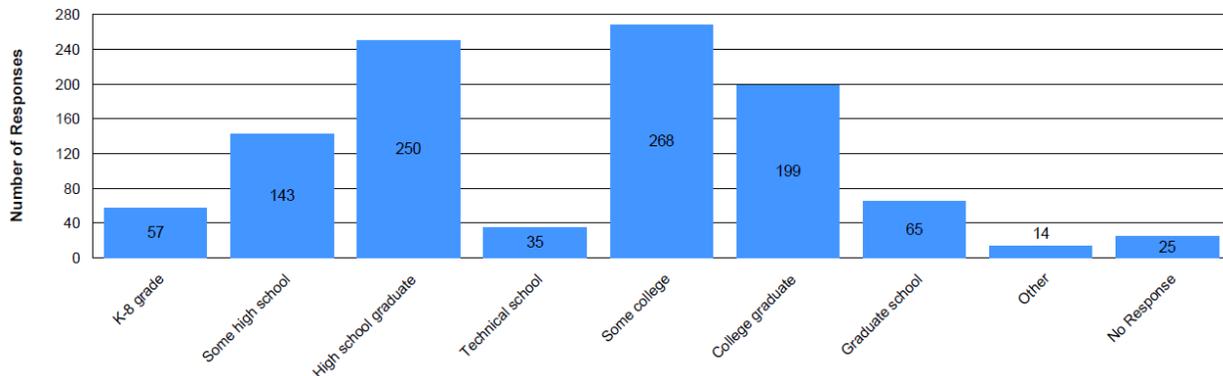
Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

When looking at the sample it is important to take into consideration the level of education. The level of education can be divided into high school education and below or college and above. When looking at these two broad categories, 485 out of 1,056 or 45.9% have a high school education or below and 532 or 50.4% had college or above. When looking at each of the categories listed below, 250 or 23.7% were high school graduates. The next largest category was 268 or 25.4% with some college.

Highest Level of Education

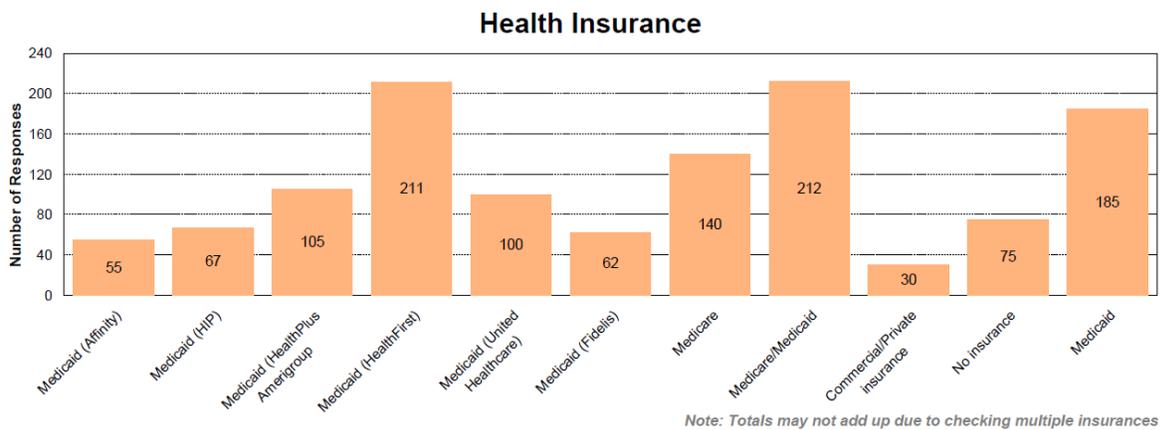


When looking at the number of people in the household, the respondents indicated that the majority of households ranged from 1 to 4 people. A total of 184 or 17.42% indicated 1 person in their household, 195 or 18.47% had 2 people, 154 or 14.58% had 3 people, and 149 or 14.11% had 4 people. Of equal importance is the fact that 193 or 18.28% did not respond to this question.

10. How many people are in your household?

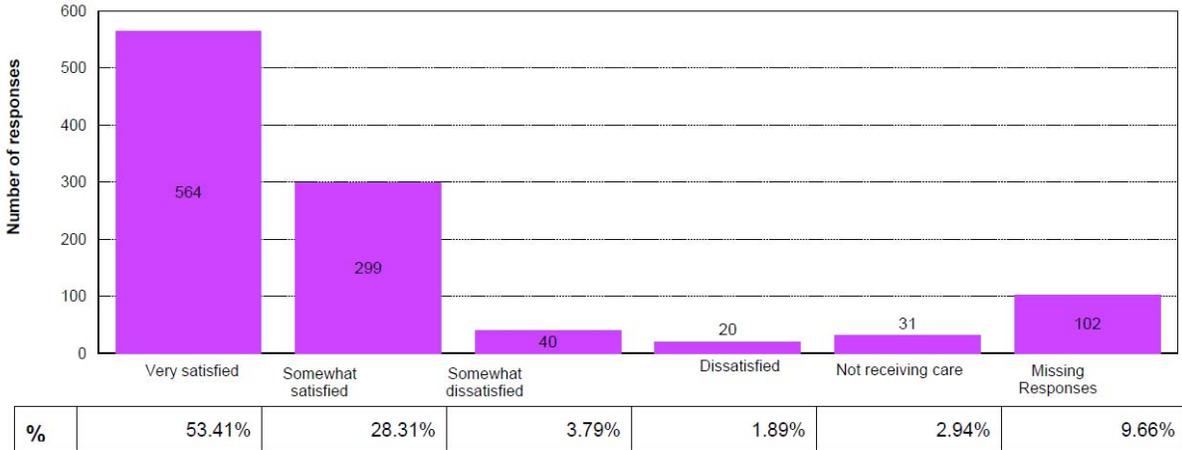
Number of Household Members		
0	5	0.47%
1	184	17.42%
2	195	18.47%
3	154	14.58%
4	149	14.11%
5	70	6.63%
6	50	4.73%
7	22	2.08%
8	13	1.23%
9	8	0.76%
10 +	13	1.23%
Missing Responses	193	18.28%

It was also important to ask respondents about their current health insurance. Participants were able to select multiple types of insurance that they have, so the total number of insurances exceeds the 1,056 respondents to the survey. When examining the results, 212 out of the 1,056 or 20.1% of the respondents indicated that they had Medicare/Medicaid. The next top 4 health insurances selected were as follows: Medicaid (Health first) had 211 or 20.0%, Medicaid had 185 or 17.5%, Medicare had 140 or 13.3%, and Medicaid (United Health care) had 100 or 9.5%.



The last few questions on the community health needs assessment was geared towards asking respondents about their health care experience. More than half of the respondents, 564 out of 1,056, were 'Very Satisfied' with their health care (53.41%). A total of 299 out of 1,056 were 'Somewhat Satisfied' (28.31%). In general, this indicates that a total of 81.7% of respondents were at least 'Very Satisfied' or 'Somewhat Satisfied'.

21. Satisfaction and dissatisfaction of health care



Access to Care:

In addition to looking at the overall sample, there were two groups of respondents that stood out and they were the African American or Caribbean population, which accounted for 294 or 27.8%, and the Asian population, which accounted for 88 or 8.3%. When respondents were asked who makes the health care decisions within their household, 749 or 70.9% had indicated that they make their own health care decisions. When comparing this to the African American or Caribbean and Asian population the results are similar with 214 or 72.8% of African American or Caribbean and 45 or 51.1% of the Asian population make their own decisions regarding health care. When looking at the next top selection for health care decision making in their household, the overall population selected that the parent as the decision maker, which was 133 or 12.6% and in the African American or Caribbean 35 or 11.9% indicated the parent. However, Asian population, the second choice was spouse, with 24 or 27.3% the spouse made health care decisions.

12. Health Care Decision Maker of the Household

Number of Responses

Decision Maker	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
You	70.9% (749)	72.8% (214)	51.1% (45)
Parent	12.6% (133)	11.9% (35)	20.5% (18)
Spouse	11.3% (119)	9.2% (27)	27.3% (24)
Adult Child	2.9% (31)	2.4% (7)	3.4% (3)
Partner	2.7% (29)	2.4% (7)	3.4% (3)
Sibling	2.1% (22)	1.0% (3)	5.7% (5)
Friend	1.4% (15)	1.4% (4)	2.3% (2)

The next question was asking about the reason that the respondent had a visit to the health care provider. Looking at the overall population, 568 or 53.8% indicated their main reason for visiting a health care provider was a regular check-up. This is the same for the African American or Caribbean, which was 169 or 57.5%, and Asian population, which was 43 or 48.9%. There were multiple other reasons that were selected within each of the populations, which were for a follow-up visit, didn't feel well, medical emergency, medication refill, and a medical test. Each one of these reasons were distributed fairly equally among each group.

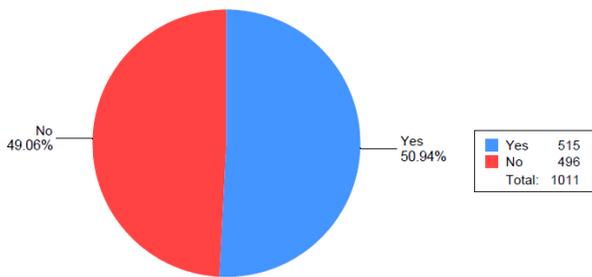
13. Reason for Health Care Provider Visit

Reason	Number of Responses		
	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Regular Check-up	53.8% (568)	57.5% (169)	48.9% (43)
Follow-up Visit	30.5% (322)	35.7% (105)	20.5% (18)
Medical Emergency	26.6% (281)	30.6% (90)	22.7% (20)
Didn't Feel Well	23.3% (246)	25.5% (75)	21.6% (19)
Medical Test	21.4% (226)	20.1% (59)	19.3% (17)
Medication Refill	21.1% (223)	18.0% (53)	17.0% (15)
Didn't go to a Health Care Provider	7.5% (79)	7.5% (22)	9.1% (8)
Needed a Note from a Health Care Provider	7.3% (77)	9.2% (27)	3.4% (3)

When looking to see if there are any differences between the overall, Hispanic, and uninsured populations and whether or not they went to the ED, they all utilized the ED similarly. Half of respondents of the overall population, 515 out of 1,011 or 50.9% indicated they went to the ED. This is the same for the Asian population with 42 out of 82 or 51.2% respondents saying they have been to the ED in the past year. However, looking at the African American and Caribbean populations, a total of 167 out of 282 or 59.2% had been to the ED. This percentage of ED visits is almost 10% higher than those in the Asian and the overall population.

Overall:

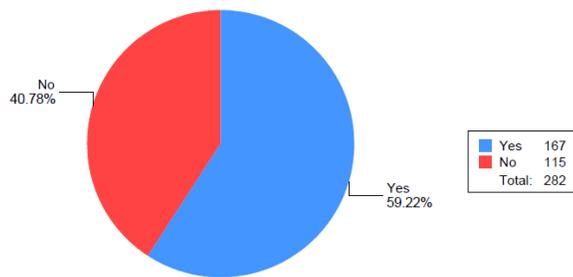
14. Visit to the ED



Note: there are 45 missing responses

African American and Caribbean:

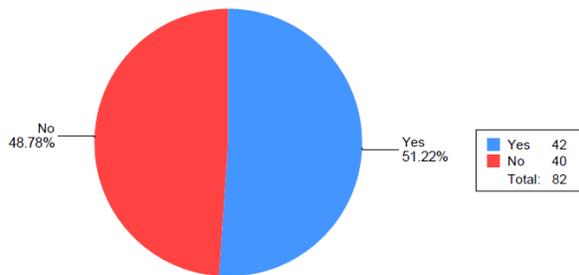
14. Visit to the ED



Note: there are 12 missing responses

Asian:

14. Visit to the ED



Note: there are 6 missing responses

In addition to looking at the respondents visits to the ED in the past year, it is important to understand the reasons for the visits. To do this the overall sample was broken down into an African American or Caribbean and Asian population to determine if there were differences between reasons for an ED visit. A total of 141 out of the 1,056 or 13.4% of overall respondents indicated that the main reason for visiting the ED was that the problem was too serious for the doctor's office. The second reason was selected by 129 out of 1,056 or 12.2% of respondents, which was they believed only the hospital could help. In the African American and Caribbean population the main reason was no different with 49 out of the 294 or 16.7% indicating the problem was too serious for a doctor's office. However as the second reason for an ED visit in the African American and Caribbean population was because they believed the emergency room was the closest provider (14.6%). In the Asian population the main reason was different. A total of 11 out of 88 or 12.5% of Asians indicated that the emergency room was the closest provider. There was a three way tie for the second reason that the Asian population went to the ED, which were believing the problem was too serious for the doctor's office, arriving by ambulance, and believing most care would be given in the emergency room (11.4% answered each of those answers).

15. Reason for ED visit

Reason	Number of Responses		
	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Problem too serious for Doctor's office	13.4% (141)	16.7% (49)	11.4% (10)
Only hospital could help	12.2% (129)	14.3% (42)	8.0% (7)
Emergency room is closest provider	10.4% (110)	14.6% (43)	12.5% (11)
Arrived by ambulance	10.2% (108)	12.2% (36)	11.4% (10)
Doctor's office not open	8.1% (86)	9.5% (28)	8.0% (7)
Most care is at emergency room	7.0% (74)	8.5% (25)	11.4% (10)
Health provider said to go	6.3% (66)	5.8% (17)	10.2% (9)
Could not get an appointment with health care provider	4.6% (49)	5.8% (17)	3.4% (3)
No other place to go	4.5% (48)	5.8% (17)	6.8% (6)

Health Status:

It is important to examine the health conditions that were selected by the respondents in Nassau County. Respondents were asked to indicate all the health conditions that they had. For the overall group, a total of 349 out of 1,056 or 33.0% had mental health issues/depression and 264 or 25.0% had diabetes. These same two conditions were also the top two for the African American and Caribbean population with 91 out of 294 or 31.0% had diabetes and 85 or 28.9% had mental health issues/depression. In the Asian populations, the most prominent diagnosis was diabetes, which was indicated by 26 or 29.5% of the population. The next two health conditions for the Asian population were similar with 20 or 22.7% indicating pregnancy and 19 or 21.6% indicating mental health issues/depression.

16. Distribution of Health Conditions

Health Condition	Number of Responses		
	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Mental Health Issues/Depression	33.0% (349)	28.9% (85)	21.6% (19)
Diabetes	25.0% (264)	31.0% (91)	29.5% (26)
Asthma/Lung Disease	17.3% (183)	22.4% (66)	10.2% (9)
Other	13.3% (140)	11.6% (34)	14.8% (13)
Obesity/Weight Loss Issues	10.0% (106)	12.2% (36)	3.4% (3)
Pregnancy	9.8% (104)	8.2% (24)	22.7% (20)
Heart Disease/Stroke	9.2% (97)	10.2% (30)	11.4% (10)
Drugs and Alcohol abuse	6.9% (73)	7.8% (23)	1.1% (1)
Cancer	5.2% (55)	5.1% (15)	8.0% (7)
Vaccine Preventable Disease	4.0% (42)	5.8% (17)	2.3% (2)
Kidney Disease	2.9% (31)	3.1% (9)	5.7% (5)

In addition to looking at the health conditions of Queens, it was important to find out which of these health conditions that respondents were getting treatment for. As expected, the largest group of overall respondents, 336 out of 1,056 or 31.8%, received treatment for mental health issues/depression and 233 or 22.1% received treatment for diabetes. When looking at the African American or Caribbean population, both mental health issues/depression, which had 82 out of 294 or 27.9%, and diabetes, which had 81 or 27.6%, of respondents seeking treatment. In the Asian population a total of 22 out of 88 or 25% received treatment for pregnancies and 21 or 23.9% received treatment for diabetes, and 18 or 20.5% received treatment for mental health issues/depression.

17. Distribution of Health Care Treatments

Health Care Treatment	Number of Responses		
	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Mental Health Issues/Depression	31.8% (336)	27.9% (82)	20.5% (18)
Diabetes	22.1% (233)	27.6% (81)	23.9% (21)
Asthma/Lung Disease	14.3% (151)	19.4% (57)	6.8% (6)
Other	12.5% (132)	11.2% (33)	14.8% (13)
Pregnancy	9.8% (103)	6.1% (18)	25.0% (22)
Heart Disease/Stroke	8.1% (86)	9.2% (27)	9.1% (8)
Drugs and Alcohol abuse	6.3% (67)	7.5% (22)	0.0% (0)
Obesity/Weight Loss Issues	5.7% (60)	6.8% (20)	1.1% (1)
Cancer	3.6% (38)	3.4% (10)	4.5% (4)
Vaccine Preventable Disease	4.1% (43)	4.8% (14)	1.1% (1)
Kidney Disease	2.1% (22)	2.0% (6)	4.5% (4)

The next question focused on where respondents were being treated. In the overall population the largest group of respondents, 476 out of the total 1,056 or 45.1%, sought treatment in a health care provider's office. Additionally, 132 out of the 294 or 44.9% of the African American and Caribbean population sought seek treatment in a health care provider's office. The same was also true for the Asian population with 34 out of 88 or 38.6% seeking treatment at a health care provider's office. All three groups, Overall population, African American or Caribbean population and Asian population, indicated that the second place of treatment was a clinic in hospital. (23.1%, 23.5% and 31.8%, respectively).

18. Distribution of Place of Treatment

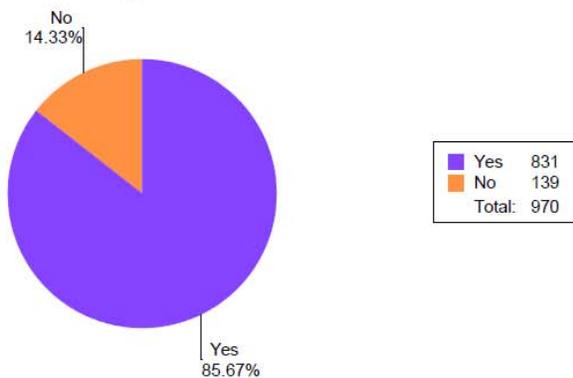
Place	Number of Responses		
	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Health Care Provider's Office	45.1% (476)	44.9% (132)	38.6% (34)
Clinic in Hospital	23.1% (244)	23.5% (69)	31.8% (28)
Hospital Emergency Department	9.9% (105)	12.9% (38)	11.4% (10)
Community Health Center or Clinic	8.0% (84)	6.8% (20)	5.7% (5)
Did not Get Treatment	6.3% (66)	7.1% (21)	3.4% (3)
Other	3.6% (38)	2.4% (7)	0.0% (0)
Urgent Care Center	2.4% (25)	2.4% (7)	4.5% (4)
Traditional Healer's Office	1.4% (15)	2.0% (6)	1.1% (1)

Self Management:

It was important to understand how the respondents within Nassau County handled self-management of their health conditions. Respondents in all groups had indicated that they had the knowledge of what to do with a worsening health condition and would call a doctor's office for help if they didn't know what to do. When looking at these responses in more detail, the overall population indicated that 831 out of the 970 or 85.67% knew what to do if a household member's health condition gets worse. A similar portion of respondents would call their doctor's office for help if they didn't know what to do (80.2%). These numbers are similar in the African American and Caribbean populations with 242 out of the 274 or 88.32% indicated they knew what to if a household members health condition worsens and 182 out of 225 or 80.89% knew to call the doctor's office for help if they didn't know what to do. In the Asian population these numbers are a little lower. A total of 62 out of the 80 or 77.5% knew what to do when a household members health conditions worsens and 55 out of 71 or 77.46% knew to call the doctor's office if they didn't know what to do.

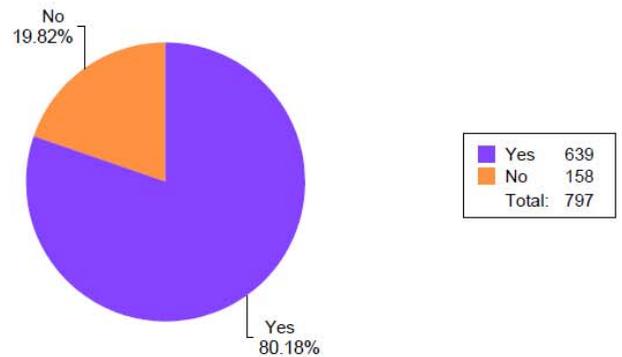
Overall:

19. Knowledge of what to do if a household members health condition gets worse



Note: there are 86 missing responses

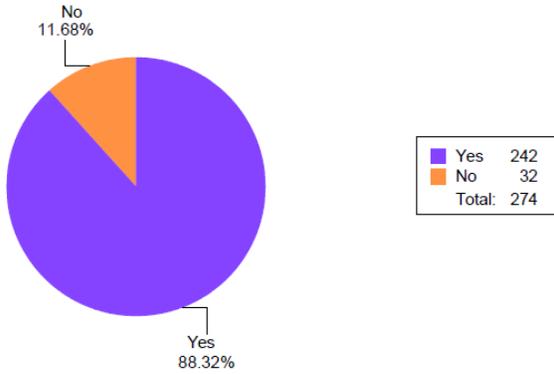
20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 259 missing responses

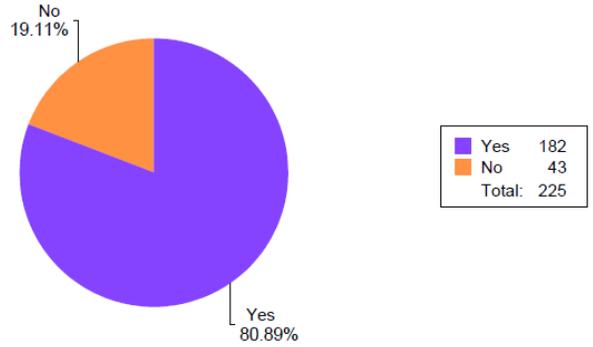
African American and Caribbean:

19. Knowledge of what to do if a household members health condition gets worse



Note: there are 20 missing responses

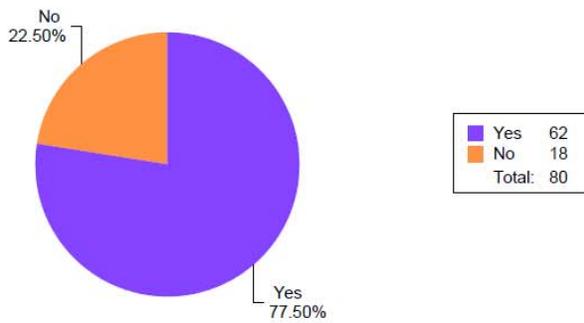
20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 69 missing responses

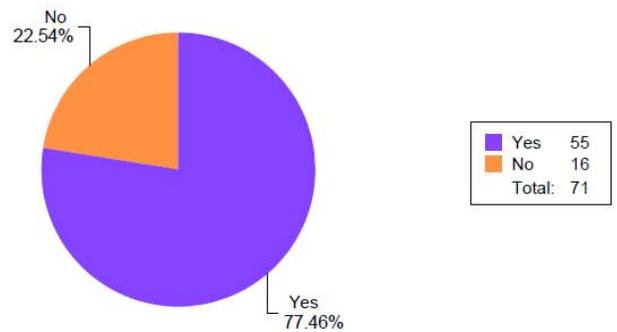
Asian:

19. Knowledge of what to do if a household members health condition gets worse



Note: there are 8 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 17 missing responses

Access to Providers and Services:

The next few questions focused on the respondents access to providers and services. When asked about access to health care providers all three groups indicated they had no difficulty getting access. With respect to the overall population, 445 out of 1,056 or 42.1% had no difficulty getting access. As for the African American and Caribbean population, 122 out of 294 or 41.5% indicated they did not have difficulty getting access and 43 out of 88 or 48.9% of the Asian population did not have any difficulty getting access.

22. Distribution of Difficulty of Access to Health Care Providers

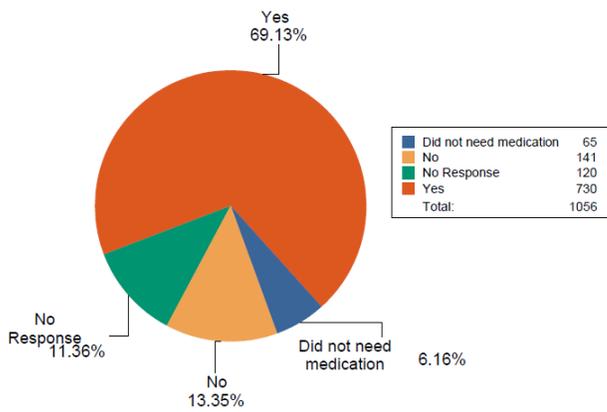
Number of Responses

Health Care Providers	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
No difficulty Getting Access	42.1% (445)	41.5% (122)	48.9% (43)
Dentist	11.3% (119)	10.2% (30)	6.8% (6)
A Doctor or Nurse	10.0% (106)	13.3% (39)	5.7% (5)
Mental Health Counselor	3.5% (37)	5.1% (15)	1.1% (1)
Any Other Providers	3.0% (32)	3.4% (10)	0.0% (0)
Prenatal Care Provider/Mid-wife/OB-GYN	2.5% (26)	2.7% (8)	3.4% (3)
Family Planning Services	1.4% (15)	1.0% (3)	0.0% (0)
Pediatrician/Baby Doctor	0.9% (9)	0.7% (2)	3.4% (3)
Traditional Healer	0.6% (6)	1.0% (3)	1.1% (1)
Drug Counselor	0.6% (6)	1.0% (3)	0.0% (0)

One particular service that was looked at was whether or not respondents were able to get their prescriptions filled. A total of 730 out of 1,056 or 69.13% of the overall population did not have any problems getting their prescriptions filled. When looking at the other two populations, the African American and Caribbean populations where 220 out of 294 or 74.8% and 53 out of 55 or 60.23% of the Asian population had no problem getting their prescription filled.

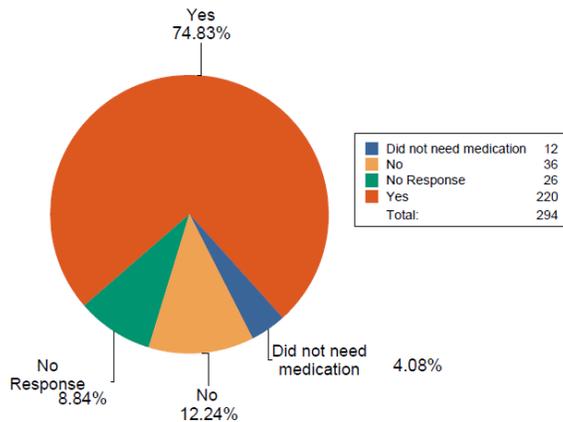
Overall:

25. Prescriptions Filled



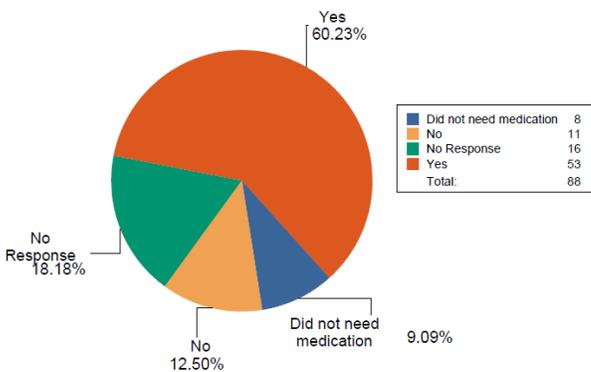
African American and Caribbean:

25. Prescriptions Filled



Asian:

25. Prescriptions Filled



Although most of the three groups did not have any problems getting their prescriptions filled, there were still respondents in each group that did have problems. In the event that a prescription couldn't be filled, the main reason given by the overall respondents was costs being too high, which accounted for 66 out of 1,056 or 6.3%. Despite there being a small percentage of the Asian population that were unable to fill their prescriptions, costs too much was selected by 7 out of 88 or 8% followed by 6 or 6.8% indicated there was a health insurance problem. In the African American and Caribbean populations the main reason given was other, which accounted for 18 out of 294 or 6.1%, followed by 10 or 3.4% indicating that the prescription cost too much.

26. Reason for No Prescriptions

Reason	Number of Responses		
	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Costs too much	6.3% (66)	3.4% (10)	8.0% (7)
Other	4.3% (45)	6.1% (18)	3.4% (3)
No health insurance	3.9% (41)	4.1% (12)	4.5% (4)
Health insurance plan problem	3.7% (39)	2.0% (6)	6.8% (6)
Did not know where to get prescription filled	1.7% (18)	1.7% (5)	3.4% (3)
Transportation problem	0.9% (10)	2.0% (6)	1.1% (1)
Cannot find a pharmacy that accepts my health insurance	0.6% (6)	0.3% (1)	0.0% (0)
No time to fill prescription	0.4% (4)	0.0% (0)	0.0% (0)
No pharmacy in the area	0.3% (3)	0.0% (0)	0.0% (0)
Pharmacy hours are a problem	0.2% (2)	0.3% (1)	0.0% (0)

Nassau County Analysis (see Appendix 4 for detailed analytics)

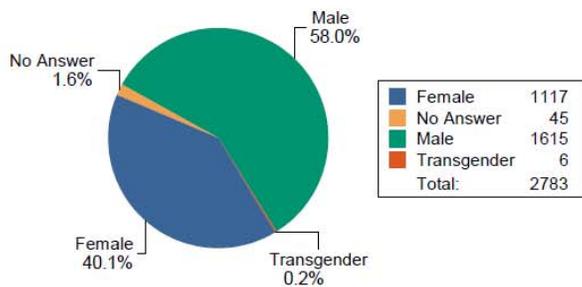
Methodology:

A standardized data collection tool was developed online using Qualtrics. Data was exported to Microsoft Excel to analyze frequencies and percentages. Crystal Reports was used for the development of graphics and tables.

Demographics:

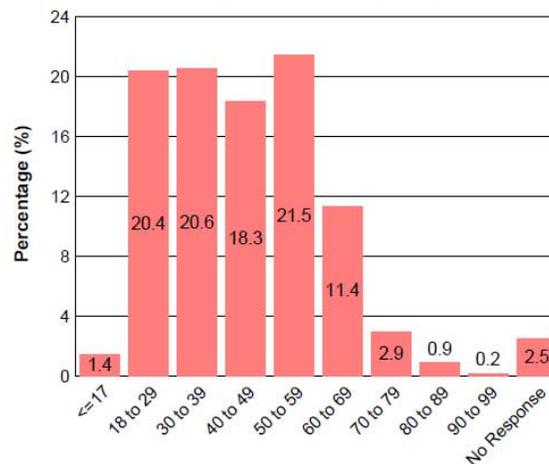
A total of 2,783 survey responses were collected from people living in Nassau County. In terms of gender, 1,615 or 58.0% were male and 1,117 or 40.1% were female. The average age of the total sample was 43 years old and a standard deviation of 15.3. The ranges of ages in the sample varied from 1 year old to 93 years old. The majority of the sample ranged between 18-59 years old with the following breakdown by age groups: 21.5% were between 50-59 years old, 20.6% were between 30-39 years old, 20.4% were between 18-29 years old, and 18.3% were between 40-49 years old.

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

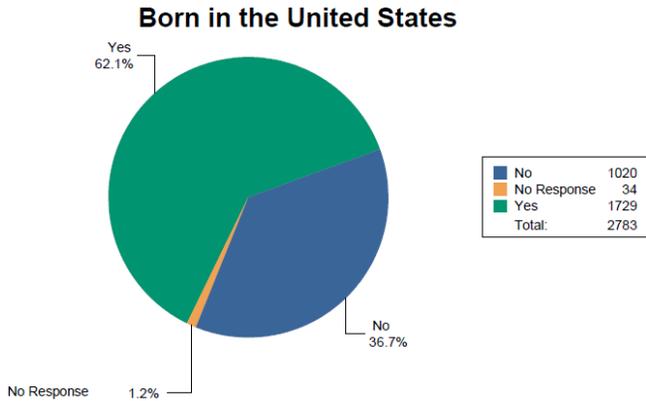
Responses by Age



Average Age	43.4
Median Age	43
Standard Deviation	15.3
Minimum Age	1
Maximum Age	93

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

The majority of the group, namely 1,729 out of 2,783 respondents, was born in the United States (62.1%). When looking at the 1,020 or 36.7% of the sample that was not born in the United States, a total of 259 out of 1,020 originated from El Salvador (25.39%). The remaining countries of origin varied and were all less than 10%. When looking through the list of countries, many of them were from Central America, the Caribbean, and South America.



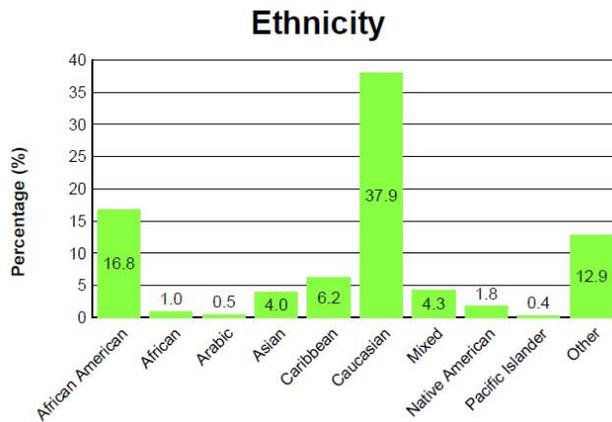
Top 10 Countries

Country	Count	Percentage
El Salvador	259	25.39%
Honduras	73	7.16%
Dominican Republic	68	6.67%
	65	6.37%
GUATEMALA	51	5.00%
Jamaica	43	4.22%
Peru	38	3.73%
Ecuador	37	3.63%
Haiti	37	3.63%
Colombia	36	3.53%

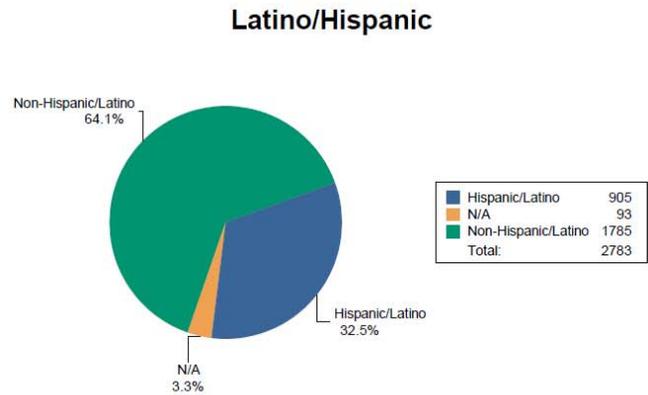
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (1,020)

Note: Percents may not add up to 100% due to rounding.

When looking at the ethnic breakdown of the sample, the two largest groups were Caucasian (37.9%) and African American (16.8%). A separate question was asked to further identify the sample as being Latino/Hispanic. From this question, 905 respondents indicated that they were Hispanic/Latino, which equates to 32.5% of the sample.

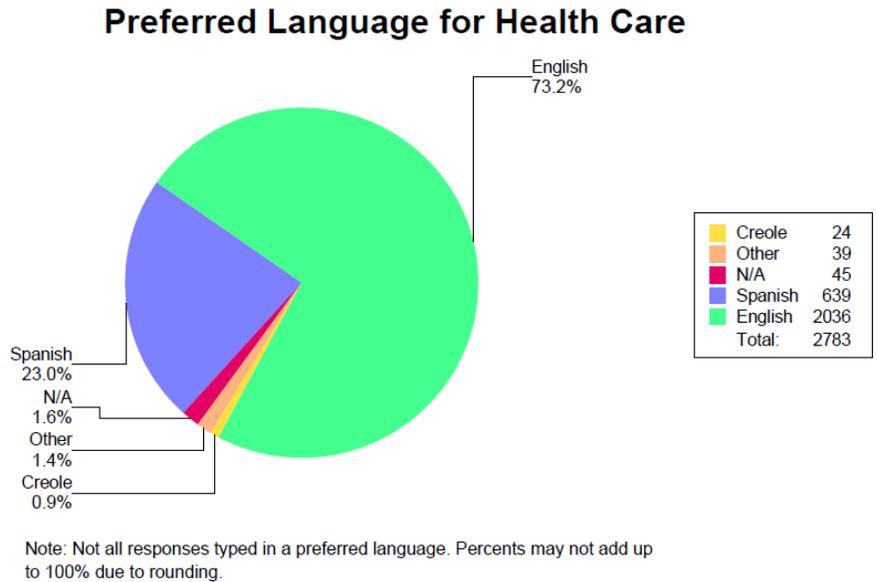


Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

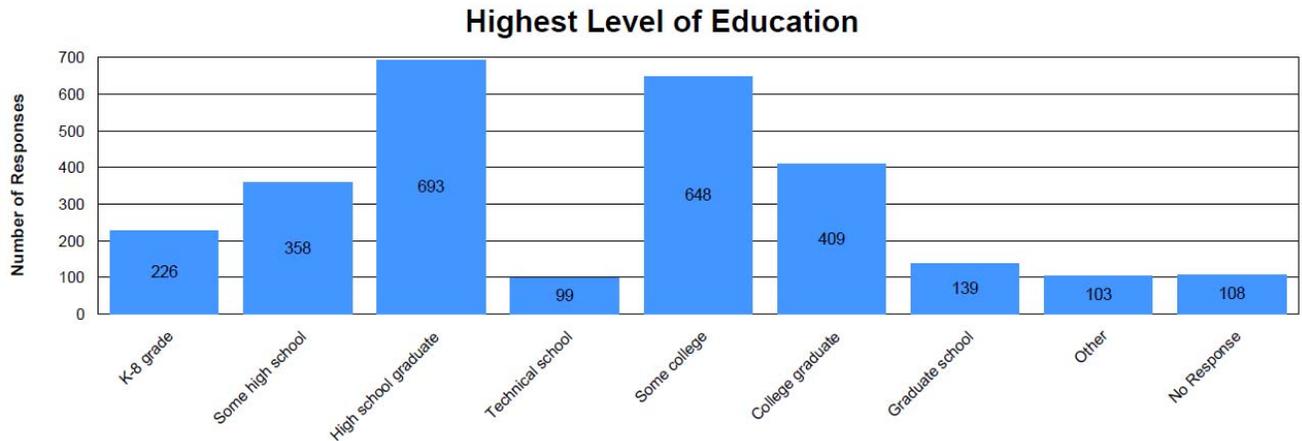


Note: Percents may not add up to 100% due to rounding.

A critical component with delivering health care is to assess the preferred language that respondents would prefer to communicate. When this question was asked to the 2,783 respondents, they indicated that the primary preference was English. A total of 73.2% or 2,036 of the respondents selected English as the preferred language. The next language that was selected was Spanish, which accounted for 23% or 639 of the respondents.



When looking at the sample it is important to take into consideration the level of education. The level of education can be divided into high school education and below or college and above. When looking at these two broad categories, 1,376 or 49.4% have a high school education or below and 1,193 or 42.9% had college or above. When looking at each of the categories listed below, 693 or 24.9% were high school graduates. The next largest category was 648 or 23.3% with some college.



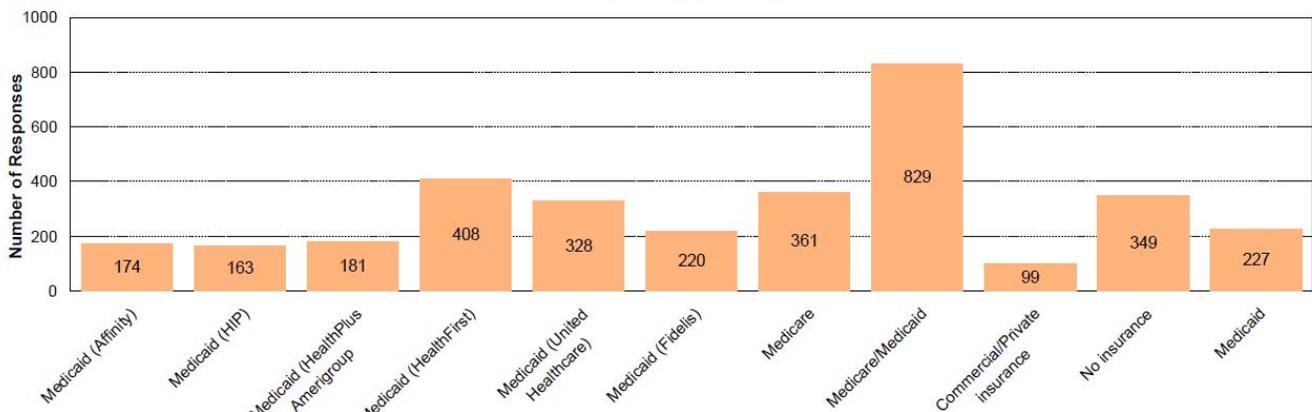
When looking at the number of people in the household, the respondents indicated that the majority of households ranged from 1 to 5 people. A total of 477 or 17.14% indicated 1 person in their household, 517 or 18.58% had 2 people, 434 or 15.59% had 3 people, 415 or 14.91% had 4 people, and 236 or 8.48% had 5 people. Of equal importance is the fact that 340 or 12.22% did not respond to this question.

10. How many people are in your household?

Number of Household Members		
0	5	0.18%
1	477	17.14%
2	517	18.58%
3	434	15.59%
4	415	14.91%
5	236	8.48%
6	139	4.99%
7	63	2.26%
8	52	1.87%
9	28	1.01%
10 +	77	2.77%
Missing Responses	340	12.22%

It was also important to ask respondents about their current health insurance. Participants were able to select multiple types of insurance that they have, so the total number of insurances exceeds the 2,783 respondents to the survey. When examining the results, 829 out of the 2,783 or 29.8% of the respondents indicated that they had Medicare/Medicaid. The next top four health insurances selected were as follows: Medicaid (Health first) had 408 or 14.7%, Medicare had 361 or 13.0%, no insurance had 349 or 12.5%, and Medicaid (United Health care) had 328 or 11.8%.

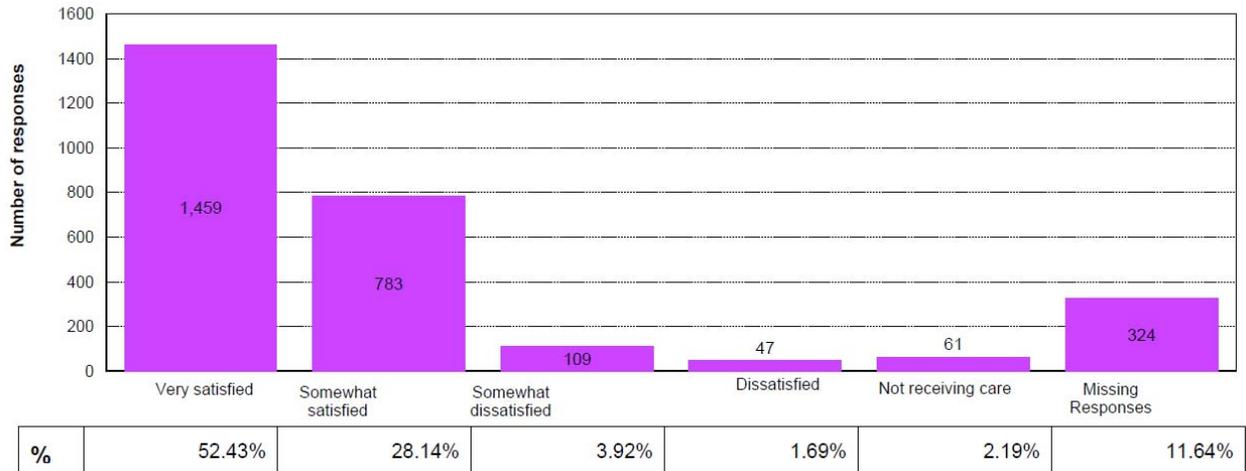
Health Insurance



Note: Totals may not add up due to checking multiple insurances

The last few questions on the community health needs assessment was geared towards asking respondents about their health care experience. More than half of the respondents, 1,459 out of 2,783, were 'Very Satisfied' with their health care (52.4%). A total of 783 out of 2,783 were 'Somewhat Satisfied' (28.1%). In general, this indicates that a total of 80.5% of respondents were at least 'Very Satisfied' or 'Somewhat Satisfied' with their health care.

21. Satisfaction and dissatisfaction of health care



Access to Care:

In addition to looking at the overall sample, there were two groups of respondents that stood out and they were the Hispanic population, which accounted for 905 or 32.5%, and the no insurance population, which accounted for 349 or 12.5%. When respondents were asked who makes the health care decisions within their household, 2,062 or 74.1% had indicated that they make their own health care decisions. When comparing this to the Hispanic and no insurance population the results are similar with 648 or 71.6% of Hispanics and 261 or 74.8% of the no insurance population make their own decisions regarding health care. When looking at the next top selection for health care decision making in their household, the overall population selected that the parent as the decision maker, which was 348 or 12.5%. However, in the Hispanic population and uninsured population, the second choice was spouse. In the Hispanic population this was 87 or 9.6% and in the uninsured population was 43 or 12.3%.

12. Health Care Decision Maker of the Household

Decision Maker	Number of Responses		
	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
You	74.1% (2,062)	71.6% (648)	74.8% (261)
Parent	12.5% (348)	7.5% (68)	5.2% (18)
Spouse	7.5% (209)	9.6% (87)	12.3% (43)
Partner	3.4% (94)	6.9% (62)	6.6% (23)
Adult Child	2.7% (76)	3.4% (31)	2.9% (10)
Sibling	2.5% (69)	1.5% (14)	0.9% (3)
Friend	1.1% (31)	0.4% (4)	0.3% (1)

The next question was asking about the reason that the respondent had a visit to the health care provider. Looking at the overall population, 1,496 or 53.8% indicated their main reason for visiting a health care provider was a regular check-up. This is the same for the Hispanic population, which was 411 or 45.4%, and the uninsured population, which was 125 or 35.8%. There were multiple other reasons that were selected within each of the populations, which were for a follow-up visit, didn't feel well, medical emergency, medication refill, and a medical test. Each one of these reasons were distributed fairly equally among each group. However, it is important to note that 39 or 11.2% of the no insurance population did not go to a health care provider.

13. Reason for Health Care Provider Visit

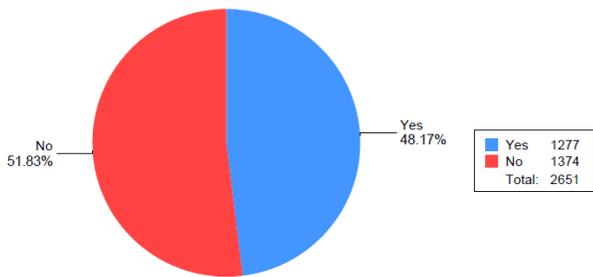
Number of Responses

Reason	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
Regular Check-up	53.8% (1,496)	45.4% (411)	35.8% (125)
Follow-up Visit	31.4% (873)	23.0% (208)	18.6% (65)
Didn't Feel Well	27.5% (765)	22.8% (206)	20.9% (73)
Medical Emergency	25.9% (721)	24.3% (220)	18.1% (98)
Medication Refill	25.2% (700)	10.6% (96)	9.7% (34)
Medical Test	24.0% (667)	13.0% (118)	12.0% (42)
Needed a Note from a Health Care Provider	7.3% (202)	3.8% (34)	2.9% (10)
Didn't go to a Health Care Provider	6.1% (169)	7.7% (70)	11.2% (39)

When looking to see if there are any differences between the overall, Hispanic, and uninsured populations and whether or not they went to the ED, they all utilized the ED similarly. A little under half of the overall respondents, 1,277 out of 2,651 or 48.17% went to the ED in the past year. As for the Hispanic population, a total of 411 out of 857 or 47.96% indicated they have been to the ED in the past year and 164 out of 336 or 48.81% of the uninsured went to the ED.

Overall:

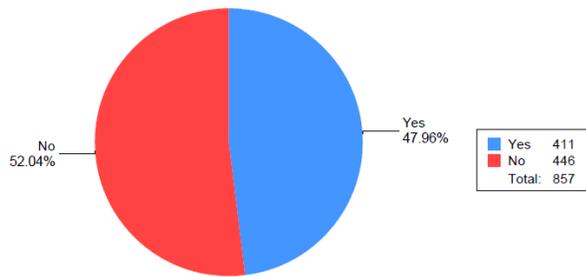
14. Visit to the ED



Note: there are 132 missing responses

Hispanic:

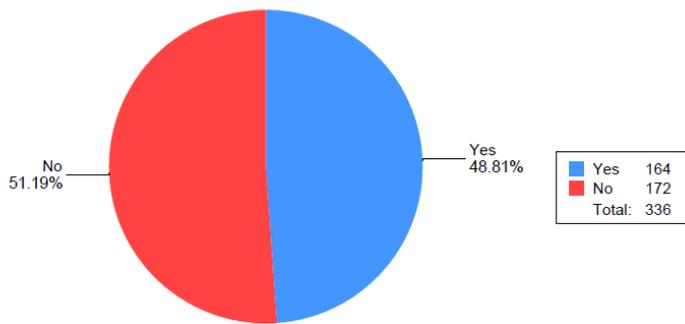
14. Visit to the ED



Note: there are 48 missing responses

Uninsured:

14. Visit to the ED



Note: there are 13 missing responses

In addition to looking at the respondents visits to the ED in the past year, it is important to understand the reasons for the visits. To do this the overall sample was broken down into a Hispanic and no insurance population to determine if there were differences between reasons for an ED visit. For the overall sample, a total of 381 out of the 2,783 or 13.7% indicated that the main reason for visiting the ED was that the problem was too serious for the doctor's office. A total of 325 out of 2,783 or 11.7% of the overall population believed only the hospital could help as the next top reason. In the Hispanic population and in the uninsured population the main reason for an ED visit was that they believed only the hospital could help. In the Hispanic population this reason was selected by 114 out of 905 or 12.6% and in the uninsured population this was 42 out of 349 or 12.0%. Approximately, 10% of all three groups indicated that the reason for the ED visit was because the emergency room was the closest provider with the overall being 277 or 10.0%, Hispanic being 99 or 10.9%, and no insurance being 36 or 10.3%.

15. Reason for ED visit

Reason	Number of Responses		
	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
Problem too serious for Doctor's office	13.7% (381)	8.5% (77)	7.2% (25)
Only hospital could help	11.7% (325)	12.6% (114)	12.0% (42)
Emergency room is closest provider	10.0% (277)	10.9% (99)	10.3% (36)
Arrived by ambulance	9.3% (260)	5.6% (51)	4.6% (16)
Doctor's office not open	8.0% (224)	6.9% (62)	7.4% (26)
Health provider said to go	7.7% (213)	6.9% (62)	6.0% (21)
Most care is at emergency room	5.3% (148)	6.9% (62)	7.4% (26)
No other place to go	4.3% (120)	3.2% (29)	6.3% (22)
Could not get an appointment with health care provider	3.7% (102)	4.4% (40)	3.7% (13)

Health Status:

It is important to examine the health conditions that were selected by the respondents in Nassau County. Respondents were asked to indicate all the health conditions that they had. For the overall population, a total of 1,182 out of 2,783 or 42.5% indicated that they had mental health issues/depression and 593 or 21.3% had diabetes. These same two conditions were also the top conditions for the Hispanic population with 179 out of 905 or 19.8% having diabetes and 164 or 18.1% having mental health issues/depression. With respect to the no insurance population, diabetes and mental health issues/depression were on the list, but not the top reason. A total of 55 out of 349 or 15.8% indicated diabetes and 46 or 13.5% indicated mental health issues/depression. For the no insurance population, the top health condition selected by 66 out of 349 or 18.9% was other.

16. Distribution of Health Conditions

Number of Responses			
Health Conditions	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Mental Health Issues/Depression	42.5% (1,182)	18.1% (164)	13.5% (46)
Diabetes	21.3% (593)	19.8% (179)	15.8% (55)
Asthma/Lung Disease	15.1% (420)	13.9% (126)	10.9% (38)
Obesity & Weight Loss Issues	13.4% (374)	6.6% (60)	3.7% (13)
Drugs & Alcohol Abuse	12.4% (345)	5.4% (49)	4.6% (16)
Other	11.5% (321)	10.9% (99)	18.9% (66)
Heart Disease & Stroke	7.9% (220)	6.3% (57)	4.0% (14)
Cancer	5.1% (141)	5.3% (48)	5.2% (18)
Pregnancy	3.5% (98)	6.9% (62)	0.9% (3)
Vaccine Preventable Diseases	3.3% (92)	3.5% (32)	2.0% (7)
Kidney Disease	2.7% (76)	2.9% (26)	3.4% (12)
HIV/AIDS/STDs	1.8% (49)	1.0% (9)	0.6% (2)

In addition to looking at the health conditions of Nassau County, it was important to find out which of these health conditions that respondents were getting treatment for. As expected, the largest group of overall respondents, 1,121 out of 2,783 or 40.3%, received treatment for mental health issues/depression and 528 or 19.0% being treated for diabetes. The same is also true for the Hispanic population with 159 out of 905 or 17.6% being treated for diabetes and 148 or 16.4% being treated for mental health issues/depression. When looking at the no insurance population, the same conditions they indicated having were also being treated for, which were 55 out of 349 or 15.5% for other health conditions, 48 or 13.8% being treated for diabetes and 38 or 10.9% being treated for mental health issues/depression.

17. Distribution of Health Care Treatment

Health Conditions	Number of Responses		
	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Mental Health Issues/Depression	40.3% (1,121)	16.4% (148)	10.9% (38)
Diabetes	19.0% (528)	17.6% (159)	13.8% (48)
Asthma/Lung Disease	12.9% (360)	11.0% (100)	9.7% (34)
Drugs & Alcohol Abuse	11.7% (326)	4.5% (41)	3.4% (12)
Other	10.3% (288)	10.2% (92)	15.8% (55)
Obesity & Weight Loss Issues	9.9% (275)	4.6% (42)	1.1% (4)
Heart Disease & Stroke	7.4% (206)	5.0% (45)	3.2% (11)
Cancer	4.0% (110)	3.5% (32)	3.4% (12)
Pregnancy	3.8% (105)	7.2% (65)	1.4% (5)
Vaccine Preventable Diseases	3.6% (99)	3.3% (30)	1.7% (6)
Kidney Disease	2.6% (72)	2.7% (24)	3.4% (12)
HIV/AIDS/STDs	1.6% (44)	0.9% (8)	0.6% (2)

The next question focused on where respondents were being treated. In the overall population, a total of 1,290 out of 2,783 or 46.4% sought treatment in a health care provider's office. As for the Hispanic population, a total of 266 out of 905 or 29.4% indicated they received treatment in a health care provider's office. However, in the no insurance population, 70 out of 349 or 20.1% indicated they received treatment at a clinic in hospital.

18. Distribution of Place of Treatment

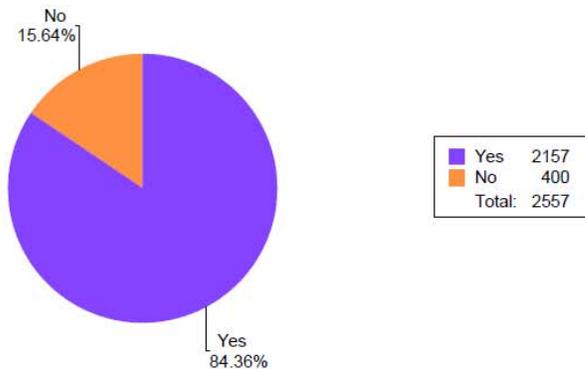
Place of Treatment	Number of Responses		
	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Health Care Provider's Office	46.4% (1,290)	29.4% (266)	17.2% (60)
Clinic in Hospital	20.1% (559)	19.1% (173)	20.1% (70)
Community Health Center or Clinic	16.2% (450)	15.5% (140)	14.6% (51)
Hospital Emergency Department	9.3% (258)	5.9% (53)	7.4% (26)
Did Not Get Treatment	5.0% (138)	7.0% (63)	10.3% (36)
Other	4.3% (119)	3.2% (29)	2.3% (8)
Urgent Care Center	3.7% (102)	2.0% (18)	2.6% (9)
Traditional Healer's Office	1.4% (38)	0.9% (8)	0.9% (3)

Self Management:

It was important to understand how the respondents within Nassau County handled self-management of their health conditions. Respondents in all groups had indicated that they had the knowledge of what to do with a worsening health condition and would call a doctor's office for help if they didn't know what to do. When looking at these responses in more detail, the overall population indicated that 2,157 out of 2,557 or 84.36% knew what to do if a household member's health condition got worse and 372 out of 1,953 or 80.95% would call a doctor's office for help. When looking at the Hispanic population, 637 or 78.06% indicated they had the knowledge of what to do with a worsening health condition and 457 out of 634 or 72.08% indicated they would call a doctor's office for help. As for the no insurance population, 226 out of 318 or 71.07% indicated they had the knowledge of what to do with a worsening condition and 146 out of 237 or 61.60% would call a doctor's office for help.

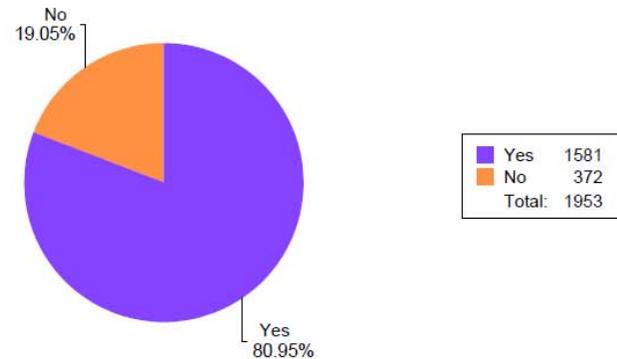
Overall:

19. Knowledge of what to do if a household members health condition gets worse



Note: there are 226 missing responses

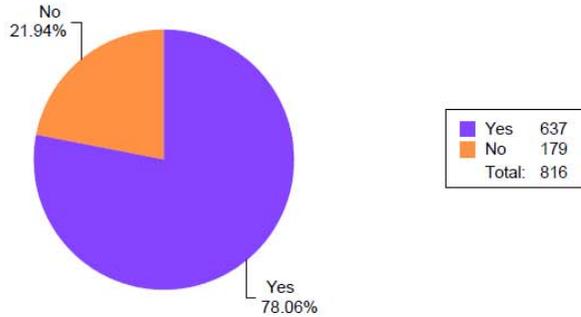
20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 830 missing responses

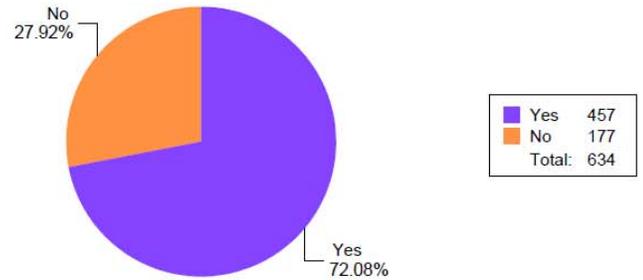
Hispanic:

19. Knowledge of what to do if a household members health condition gets worse



Note: there are 89 missing responses

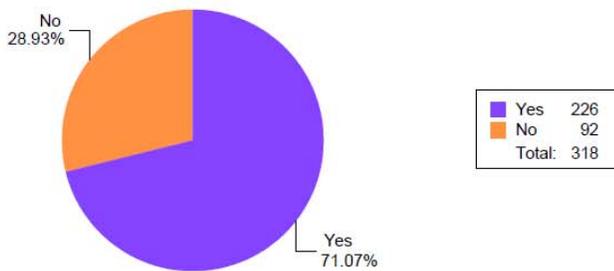
20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 271 missing responses

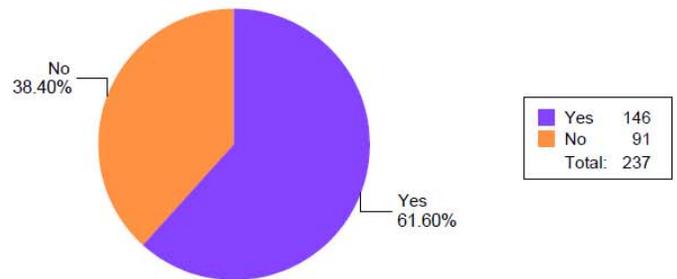
Uninsured:

19. Knowledge of what to do if a household members health condition gets worse



Note: there are 31 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 112 missing responses

Access to Providers and Services:

The next few questions focused on the respondent's access to providers and services. When asked about access to health care providers, the overall, Hispanic and no insurance populations indicated that they did not have any difficulty getting access. With respect to the overall population, 1,177 out of 2,783 or 42.3% had no difficulty getting access. The percentages were slightly lower for the Hispanic population, which was 340 out of 905 or 37.6%, and the no insurance population, which was 108 out of 349 or 30.9%.

22. Distribution of Difficulty of Access

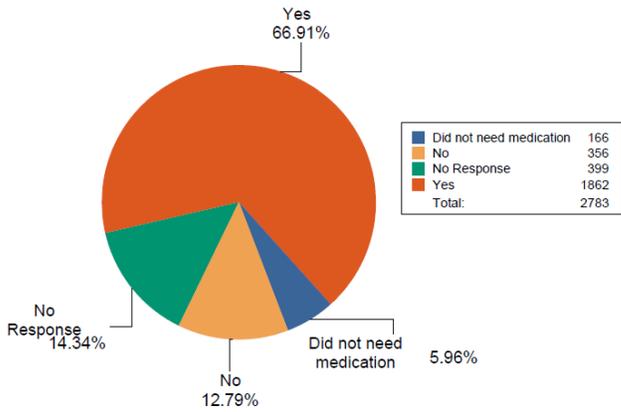
Number of Responses

Health Care Provider	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Have Not Had Difficulty Getting Access	42.3% (1,177)	37.6% (340)	30.9% (108)
Dentist	12.7% (353)	15.1% (137)	17.5% (61)
Doctor or Nurse	8.1% (226)	7.8% (71)	10.3% (36)
Mental Health Counselor	4.1% (114)	2.5% (23)	3.4% (12)
Any Other Providers	3.2% (89)	2.4% (22)	4.3% (15)
Prenatal Care Provider/Mid-Wife/OB-GYN	1.5% (43)	2.3% (21)	2.3% (8)
Drug Counselor	1.2% (34)	0.6% (5)	0.9% (3)
Family Planning Services	1.1% (30)	1.4% (13)	1.7% (6)
Pediatrician/Baby Doctor	0.8% (23)	1.5% (14)	1.4% (5)
Traditional Healer	0.8% (21)	0.9% (8)	1.1% (4)

One particular service that was looked at was whether or not respondents were able to get their prescriptions filled. A total of 1,862 out of 2,783 or 66.91% of the overall population had no problem getting their prescriptions filled. When looking at the other two populations, a total of 537 out of 905 or 59.34% of the Hispanic population and 175 out of 349 or 50.14% of the no insurance population had no problem getting their prescriptions filled.

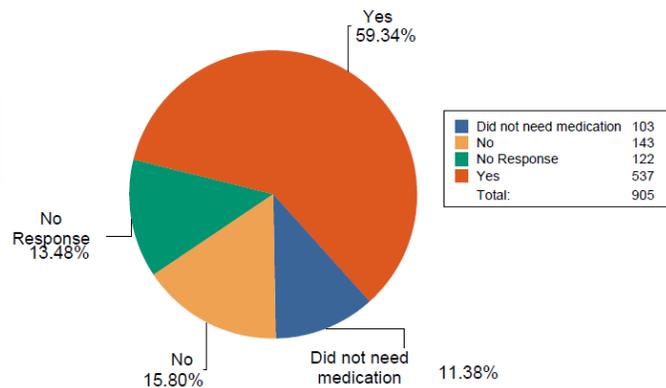
Overall:

25. Prescriptions Filled



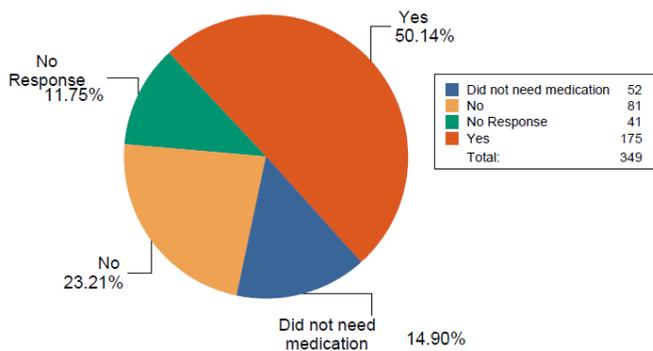
Hispanic:

25. Prescriptions Filled



Uninsured:

25. Prescriptions Filled



Although the majority of all three groups indicated they had no problems getting their prescriptions filled, there were still some reasons as to why the rest of the groups were unable to fill their prescriptions. In the event that a prescription couldn't be filled, the main reason given by the overall respondents for not getting their prescriptions filled was costs being too high, which was for 174 out of 2,783 or 6.3% of the sample. In the Hispanic population, the top two reasons were no health insurance, which was 81 out of 905 or 9.0%, and costs too much, which was 74 or 8.2%. These same two reasons were also the top two for the no insurance population with 66 out of 349 or 18.9% having no health insurance and 47 or 13.5% indicating the prescriptions cost too much.

26. Reasons for No Prescriptions

Reason	Number of Responses		
	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Costs too much	6.3% (174)	8.2% (74)	13.5% (47)
No health insurance	4.7% (131)	9.0% (81)	18.9% (66)
Health insurance plan problem	3.5% (97)	2.8% (25)	3.2% (11)
Other	2.0% (57)	1.2% (11)	1.1% (4)
Did not know where to go to get the prescription filled	1.3% (35)	1.0% (9)	0.9% (3)
Transportation problems	1.1% (32)	1.3% (12)	1.4% (5)
Cannot find a pharmacy who accepts my health insurance	0.8% (21)	0.9% (8)	0.6% (2)
No time to fill prescription	0.5% (13)	1.1% (10)	0.6% (2)
No pharmacy in the area	0.4% (10)	0.3% (3)	0.6% (2)
Pharmacy hours are a problem	0.2% (5)	0.0% (0)	0.0% (0)

COMMUNITY HEALTH ASSESSMENT SURVEY

Please complete our survey!

We want to learn what it is like for you and your family to get health care services in Queens County. Catholic Health Services of Long Island and North Shore-LIJ Health System will use the survey results to improve the way health care is provided in the County. You must be 18 years of age or older to participate.

Thank you.

1. **What is your zip code?** _____

2. **What is your age?** _____

3. **What gender do you identify with?**
 Female Male Transgender

4. **Were you born in the United States?**
 Yes No

5. **If you were not born in the US, in which country were you born?** _____

6. **In what language do you prefer to speak about your health care?**
 English Spanish Creole Other _____

7. **What is your ethnicity? (check all that apply)**
 African American Caucasian
 African Pacific Islander
 Asian Native American
 Arabic/Middle Eastern Mixed race/ethnicity
 Caribbean/ West Indian Other _____

8. **Are you Latino/Hispanic?**
 Yes No

9. **What is your highest level of education? (check one)**
 K-8 grade Some college
 Some high school College graduate
 High school graduate Graduate school
 Technical school Other (please specify) _____

- #

10. **How many people are in your household?** _____

11. What type of health insurance do you and those living in your household have? (check all that apply)

- Medicaid **(check Medicaid plan types below)**
 - Affinity
 - HealthPlus Amerigroup
 - HIP
 - HealthFirst
 - Fidelis
 - United Healthcare
- Medicare
- Medicare/Medicaid
- Commercial/Private insurance
- No insurance

12. Who in your household makes health care decisions for you and your household?

- You Sibling Partner
- Spouse Parent Adult Child Friend

13. In the past year, if you or members of your household went to a health care provider, what was the reason? (check all that apply)

- Medical emergency Needed a note from a health care provider
- Medical test Regular check-up
- Didn't feel well Follow-up visit
- Medication refill Did not go to a health care provider

14. In the past year, have you or members of your household been to an Emergency Department?

- Yes If yes, how many times? _____
- No

15. If you or members of your household went to the Emergency Department, what was the reason that you or members of your household went to the Emergency Department? (check all that apply)

- Emergency room is closest provider Health care provider said to go
- No other place to go Doctor's office not open
- Arrived by ambulance Problem too serious for doctor's office
- Only hospital could help Most care is at emergency room
- Could not get an appointment with a health care provider

16. Do you or members of your household have any of the following health conditions?

(check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

17. Which of the following conditions do you or your household members get health care treatment for? (check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

18. If you and members of your household get treatment for these conditions, where do you/they go? (check all that apply)

- Health care provider's office (Doctor or other)
- Traditional healer's office (holistic health clinic)
- Community health center or clinic
- Clinic in hospital
- Urgent care center
- Hospital emergency department
- Other: _____
- Do not get treatment

19. Do you know what to do for you or members of your household if a health condition gets worse? Yes No

20. If you don't know what to do when your or a member of your households condition is getting worse, is there someone at your doctor's office you would call to help you?

- Yes No

21. Are you and members of your household satisfied or dissatisfied with your health care?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Dissatisfied
- Not receiving care

22. In the past year, did you or any member of your household have difficulty getting access to any of the following health care providers? (check all that apply)

- A doctor or nurse you go to for basic health care needs
- Dentist
- Mental health counselor
- Traditional healer (holistic health care)
- Drug counselor
- Prenatal care provider/mid-wife/ OB/GYN
- Pediatrician/baby doctor
- Family planning services
- Any other providers
- Have not had difficulty getting access

23. Did any of the reasons below prevent you or a member of your household from getting care from a healthcare provider? (check all that apply)

- No health insurance
- Could not afford to pay the bill
- Insurance would not pay
- Could not find a health care provider that took my health insurance
- Did not know how to find a healthcare provider
- Did not know how to make an appointment
- They were hard to reach by phone
- Had to wait too long to get an appointment
- No time to go to appointment
- Office hours are a problem
- Could not find a healthcare provider who spoke my language
- Transportation
- Office was not physically accessible
- Did not have any problems getting care from a healthcare provider
- Other _____

24. If you or a member of your household does not have health insurance, do you know about a health care provider that will offer a reduced rate and/or payment schedule?

- Yes No

25. In the past year, have you or a member of your household been able to get all of your prescriptions filled?

- Yes No Did not need medication

26. If no, why not? (check all that apply)

- Costs too much
- No health insurance
- Health insurance plan problem
- Cannot find a pharmacy who accepts my health insurance
- No time to fill prescription
- Pharmacy hours are a problem
- No pharmacy in the area
- Transportation problems
- Did not know where to go to get the prescription filled
- Other _____

Thank you for your time in completing this survey.

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 Caribbean/ West Indian Other _____

8. **Are you Latino/Hispanic?**
 Yes No

9. **What is your highest level of education? (check one)**
 K-8 grade Some college
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- Medical test Regular check-up
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14. In the past year, have you or members of your household been to an Emergency Department?

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- No

15. If you or members of your household went to the Emergency Department, what was the reason that you or members of your household went to the Emergency Department? (check all that apply)

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- No other place to go Doctor's office not open
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- Only hospital could help Most care is at emergency room
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(check all that apply)

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- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

17. Which of the following conditions do you or your household members get health care treatment for? (check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
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18. If you and members of your household get treatment for these conditions, where do you/they go? (check all that apply)

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- Community health center or clinic
- Clinic in hospital
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- Hospital emergency department
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- Do not get treatment

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20. If you don't know what to do when your or a member of your households condition is getting worse, is there someone at your doctor's office you would call to help you?

- Yes No

21. Are you and members of your household satisfied or dissatisfied with your health care?

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- Family planning services
- Any other providers
- Have not had difficulty getting access

23. Did any of the reasons below prevent you or a member of your household from getting care from a healthcare provider? (check all that apply)

- No health insurance
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- Insurance would not pay
- Could not find a health care provider that took my health insurance
- Did not know how to find a healthcare provider
- Did not know how to make an appointment
- They were hard to reach by phone
- Had to wait too long to get an appointment
- No time to go to appointment
- Office hours are a problem
- Could not find a healthcare provider who spoke my language
- Transportation
- Office was not physically accessible
- Did not have any problems getting care from a healthcare provider
- Other _____

24. If you or a member of your household does not have health insurance, do you know about a health care provider that will offer a reduced rate and/or payment schedule?

- Yes No

25. In the past year, have you or a member of your household been able to get all of your prescriptions filled?

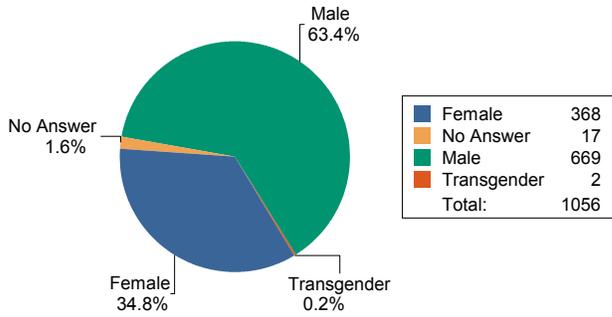
- Yes No Did not need medication

26. If no, why not? (check all that apply)

- Costs too much
- No health insurance
- Health insurance plan problem
- Cannot find a pharmacy who accepts my health insurance
- No time to fill prescription
- Pharmacy hours are a problem
- No pharmacy in the area
- Transportation problems
- Did not know where to go to get the prescription filled
- Other _____

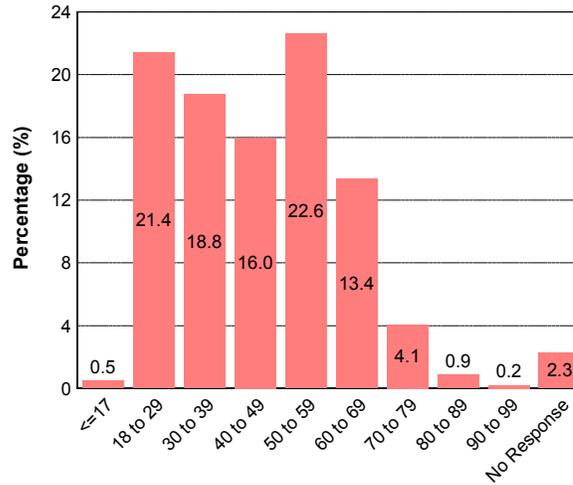
Thank you for your time in completing this survey.

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

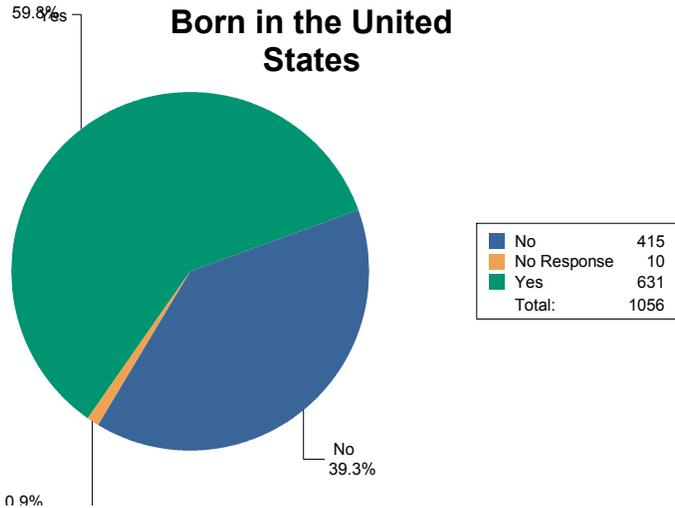
Responses by Age



Average Age	44.5
Median Age	44
Standard Deviation	15.7
Minimum Age	1
Maximum Age	92

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

Born in the United States



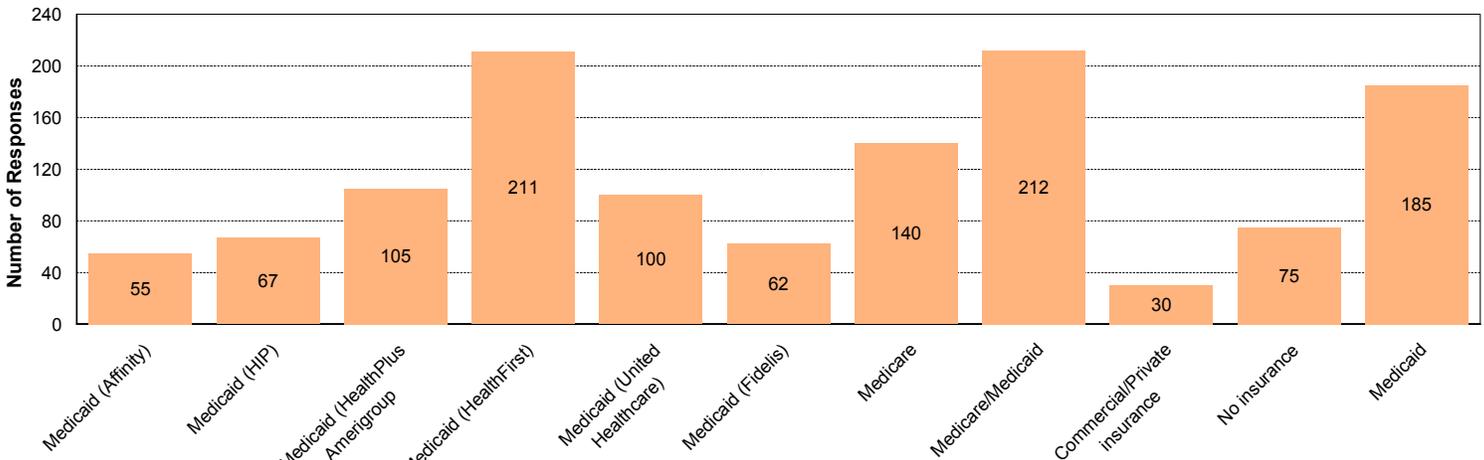
Note: Percents may not add up to 100% due to rounding.

Top 10 Countries

	Total	
Guyana	46	11.08%
Jamaica	36	8.67%
	28	6.75%
India	25	6.02%
Dominican Republic	21	5.06%
Ecuador	19	4.58%
Haiti	17	4.10%
Trinidad	17	4.10%
Puerto Rico	16	3.86%
El Salvador	15	3.61%

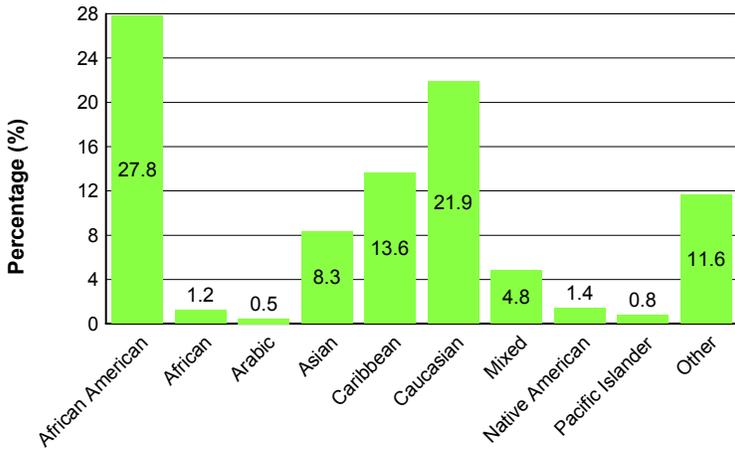
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (415)

Health Insurance



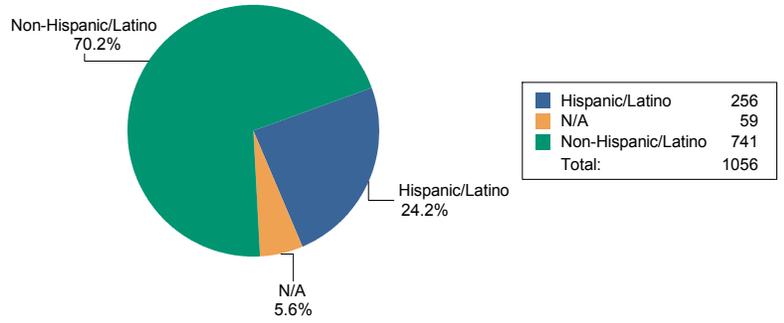
Note: Totals may not add up due to checking multiple insurances

Ethnicity



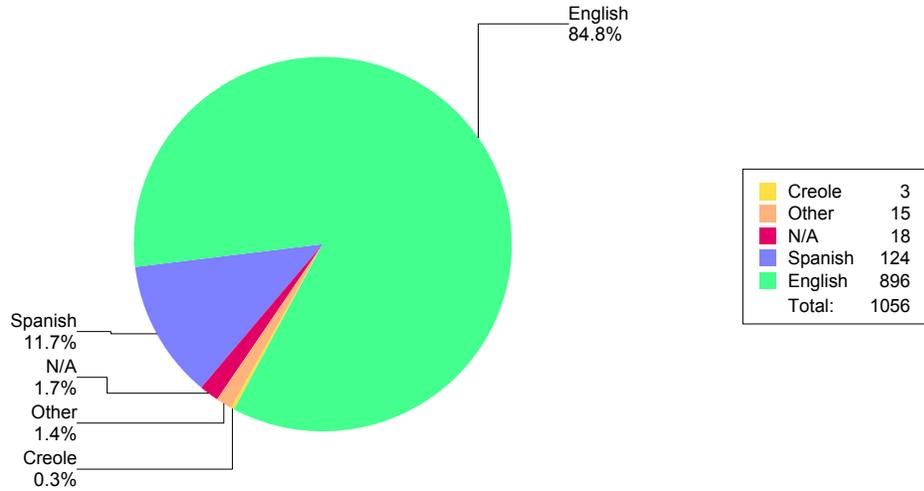
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



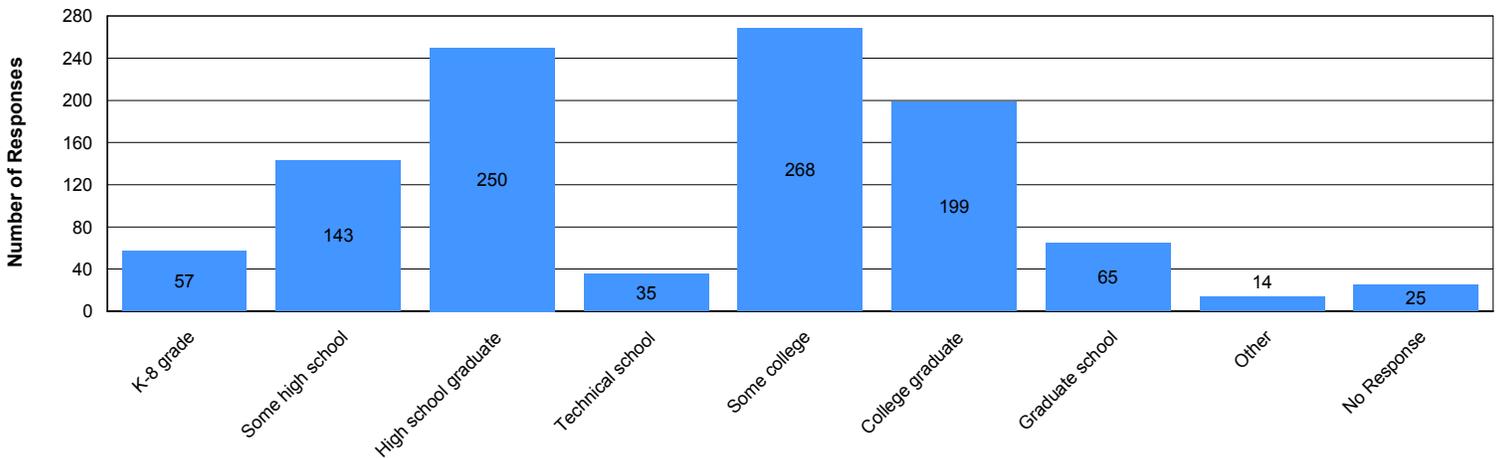
Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

Highest Level of Education



12. Who makes the health care decisions in your household

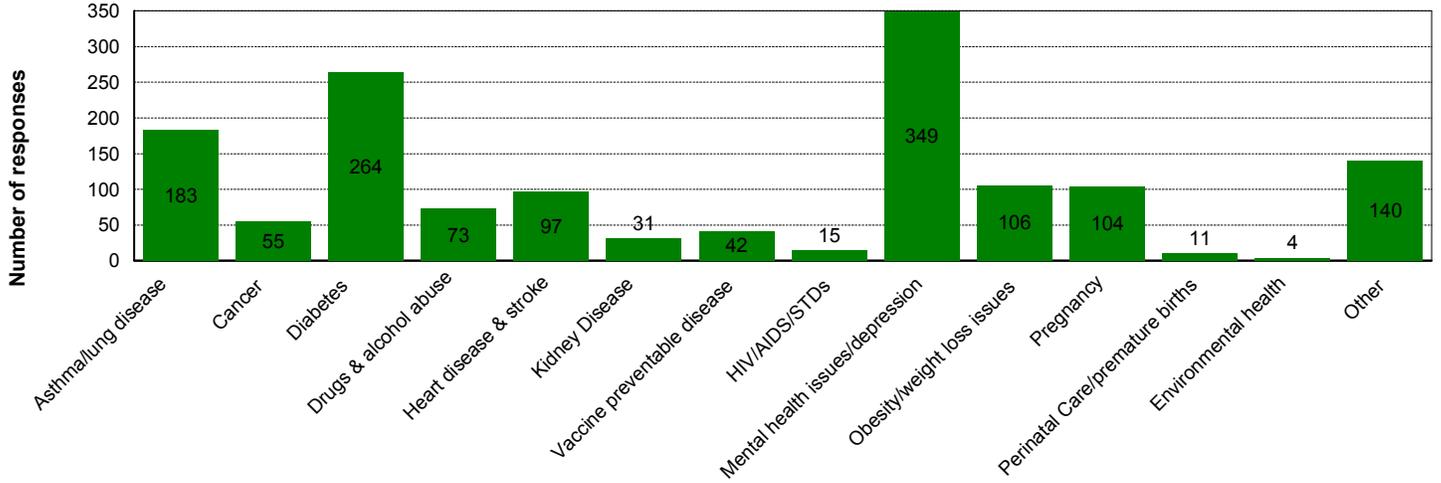
You	749
Sibling	22
Partner	29
Spouse	119
Parent	133
Adult child	31
Friend	15

10. How many people are in your household?

Number of Household Members

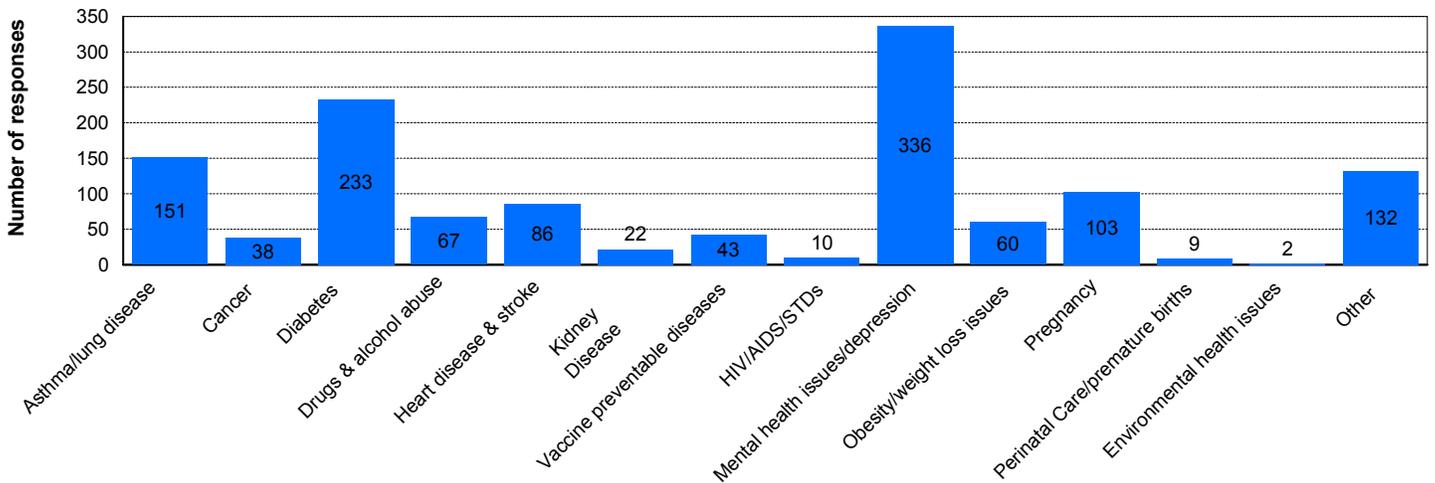
0	5	0.47%
1	184	17.42%
2	195	18.47%
3	154	14.58%
4	149	14.11%
5	70	6.63%
6	50	4.73%
7	22	2.08%
8	13	1.23%
9	8	0.76%
10+	13	1.23%
Missing Responses	193	18.28%

16. Distribution of Health Conditions



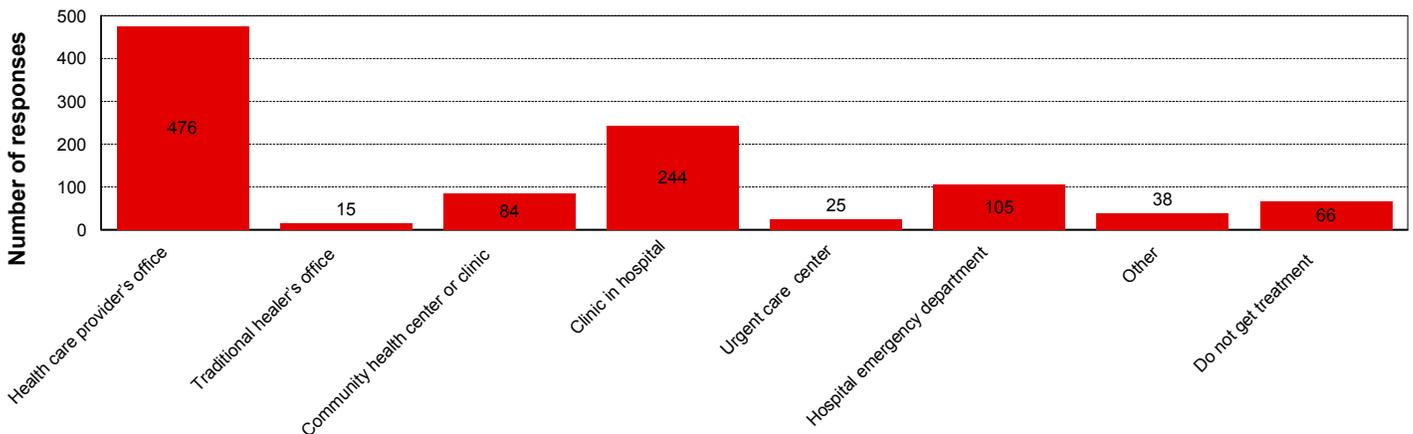
Note: Totals may not add up due to checking multiple responses

17. Distribution of Health Care Treatment



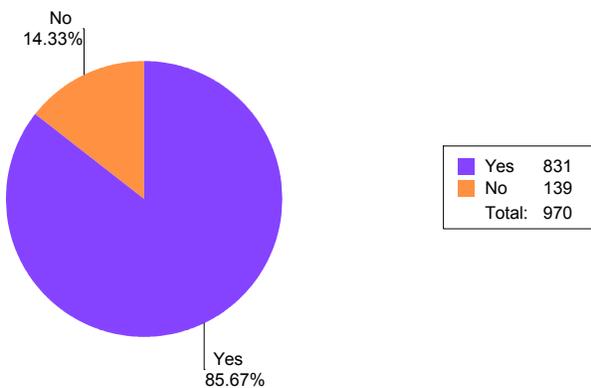
Note: Totals may not add up due to checking multiple responses

18. Distribution of Place of Treatment



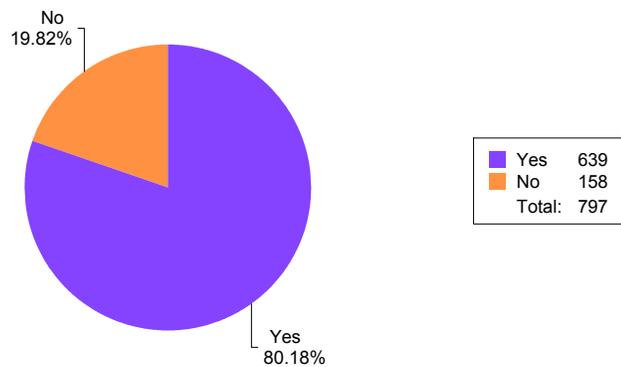
Note: Totals may not add up due to checking multiple responses

19. Knowledge of what to do if a household members health condition gets worse



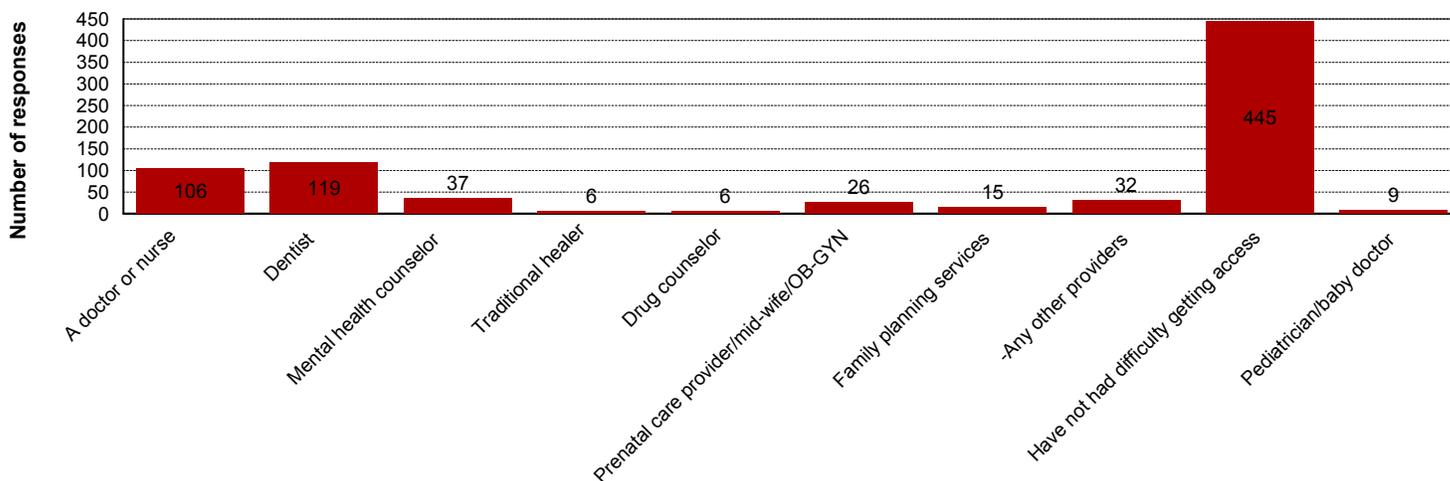
Note: there are 86 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 259 missing responses

22. Distribution of Difficulty of Access

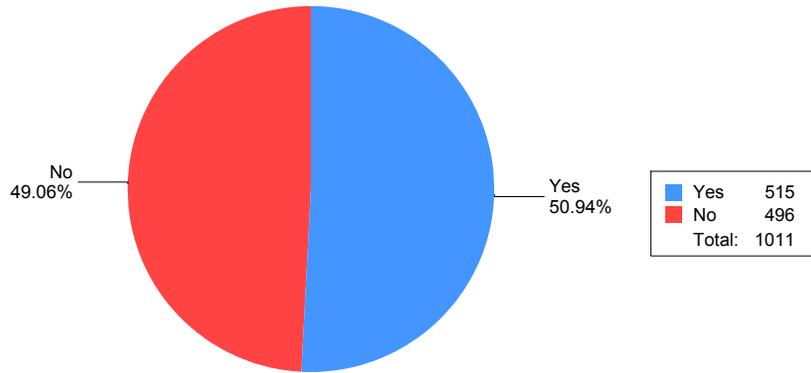


Note: Totals may not add up due to checking multiple responses

23. Reasons for preventing a member of your household to get care from a healthcare provider

No health insurance	101
Could not afford to pay	71
Insurance would not pay	57
Could not find a healthcare provider that took my insurance	42
Did not know how to find a healthcare provider	12
Did not know how to make an appointment	8
They were hard to reach by phone	48
Had to wait too long to get an appointment	74
Office hours are a problem	18
Could not find a health care provider who spoke my language	7
Transportation	57
Office was not physically accessible	9
Did not have any problems getting care from a healthcare provider	311
No time to go to appointment	11
Other	47

14. Visit to the ED



14. Frequency of visits to ED

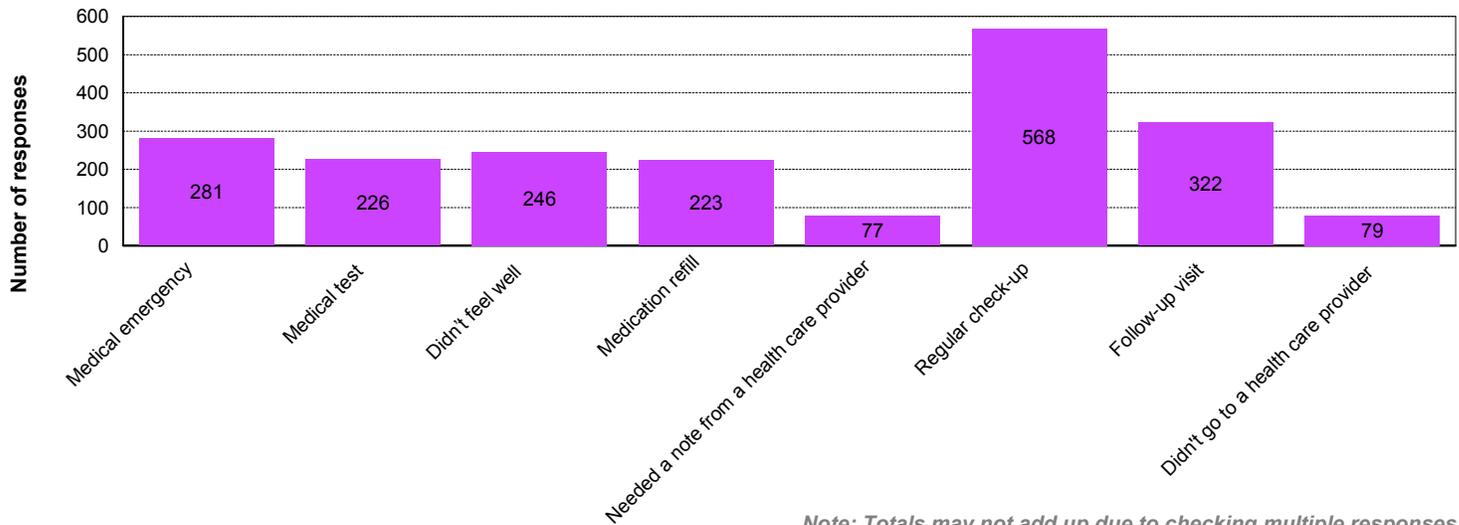
1	188
2	115
3	51
4	20
5	10
6	12
7	1
8	1
10	3
41673	1

Note: there are 45 missing responses

15. Reason for ED Visit

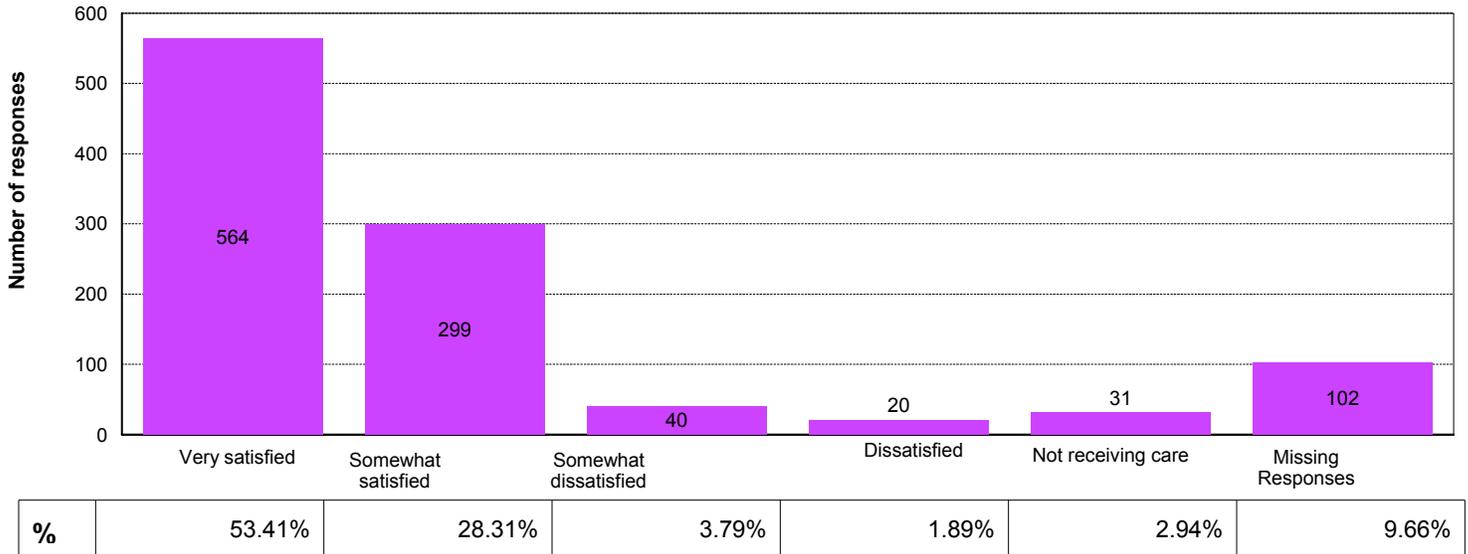
	Total
Emergency room is closest provider	110
No other place to go	48
Arrived by ambulance	108
Only hospital could help	129
Could not get an appointment with health care provider	49
Health care provider said to go	66
Doctor's office not open	86
Problem too serious for doctor's office	141
Most care is at emergency room	74

13. Reason for visit to health care provider

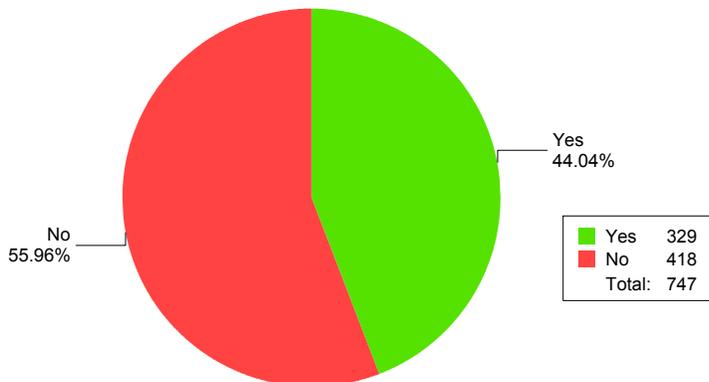


Note: Totals may not add up due to checking multiple responses

21. Satisfaction and dissatisfaction of health care

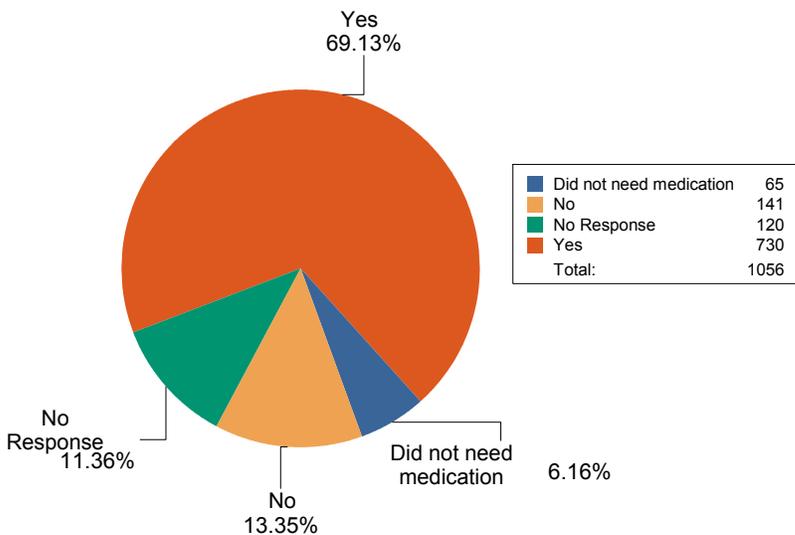


24. Knowledge of health care provider with reduced rates or payment schedule



Note: there are 309 missing responses

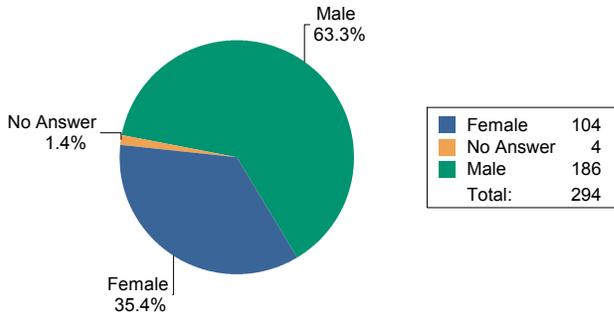
25. Prescriptions Filled



26. Reasons for No Prescriptions

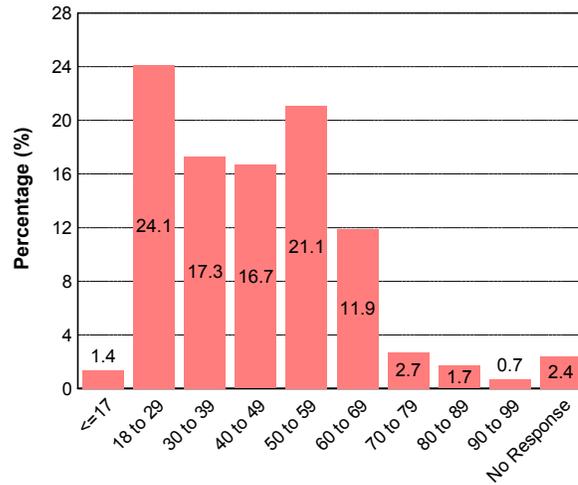
Reason	Total
Costs too much	66
No health insurance	41
Health insurance plan problem	39
Cannot find a pharmacy who accepts my health insurance	6
No time to fill prescription	4
Pharmacy hours are a problem	2
No pharmacy in the area	3
Transportation problems	10
Did not know where to go to get the prescription filled	18
Other	45

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

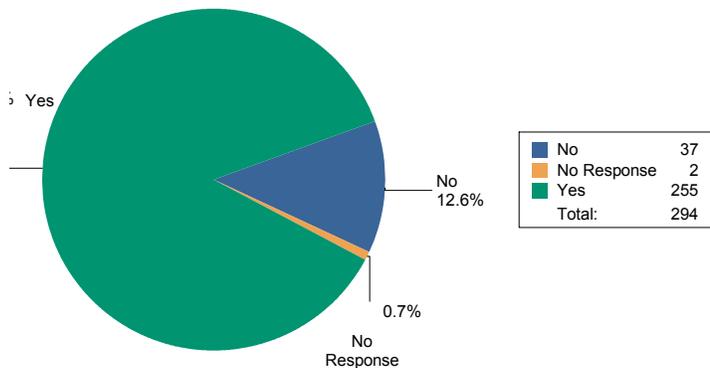
Responses by Age



Average Age	43.4
Median Age	42
Standard Deviation	16.6
Minimum Age	1
Maximum Age	92

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

Born in the United States



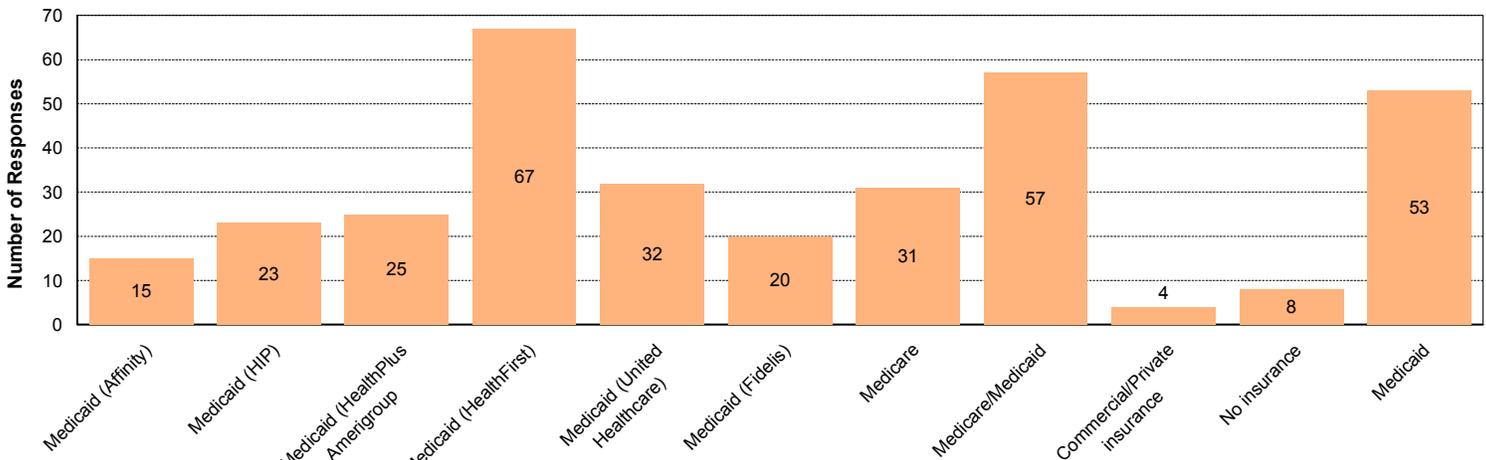
Note: Percents may not add up to 100% due to rounding.

Top 10 Countries

Country	Total	Percentage
	6	16.22%
Guyana	6	16.22%
Haiti	6	16.22%
Jamaica	4	10.81%
Nigeria	4	10.81%
Panama	2	5.41%
Barbadoes	1	2.70%
CANADA	1	2.70%
Caribbean	1	2.70%
Jamacia	1	2.70%

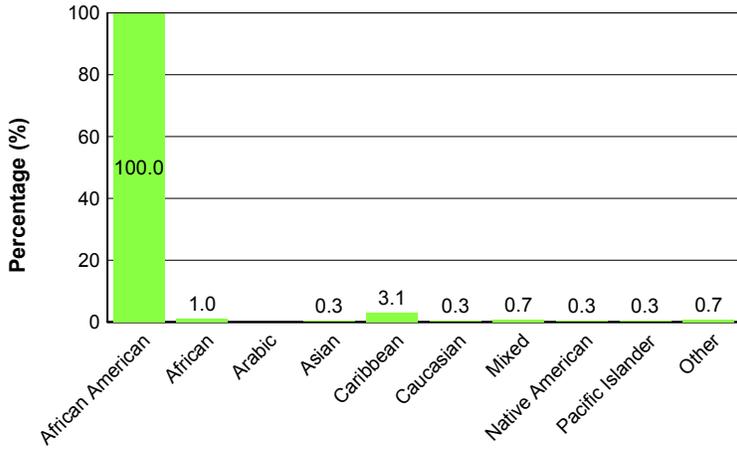
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (37)

Health Insurance



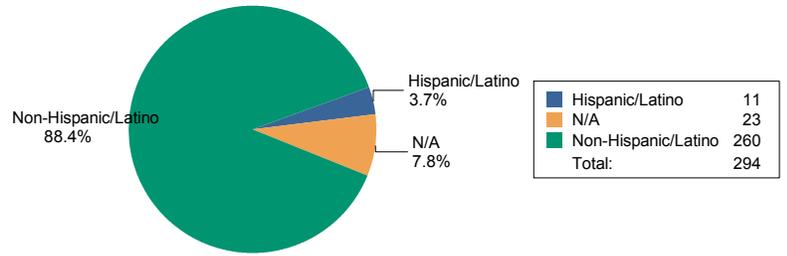
Note: Totals may not add up due to checking multiple insurances

Ethnicity



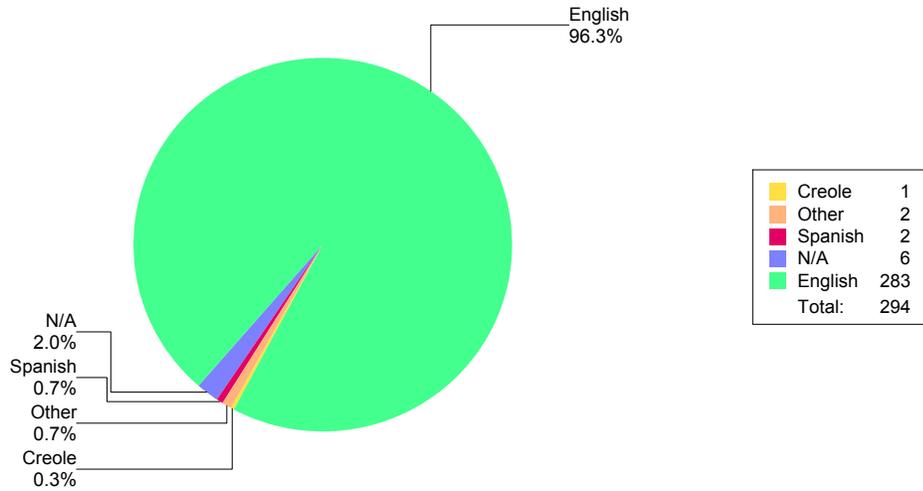
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



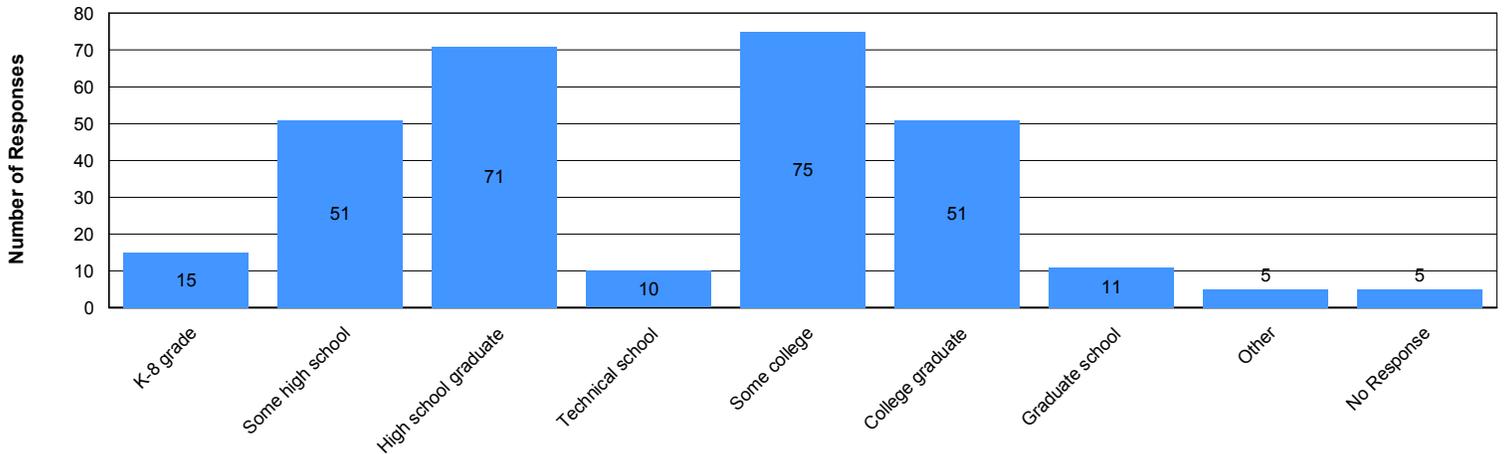
Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

Highest Level of Education



12. Who makes the health care decisions in your household

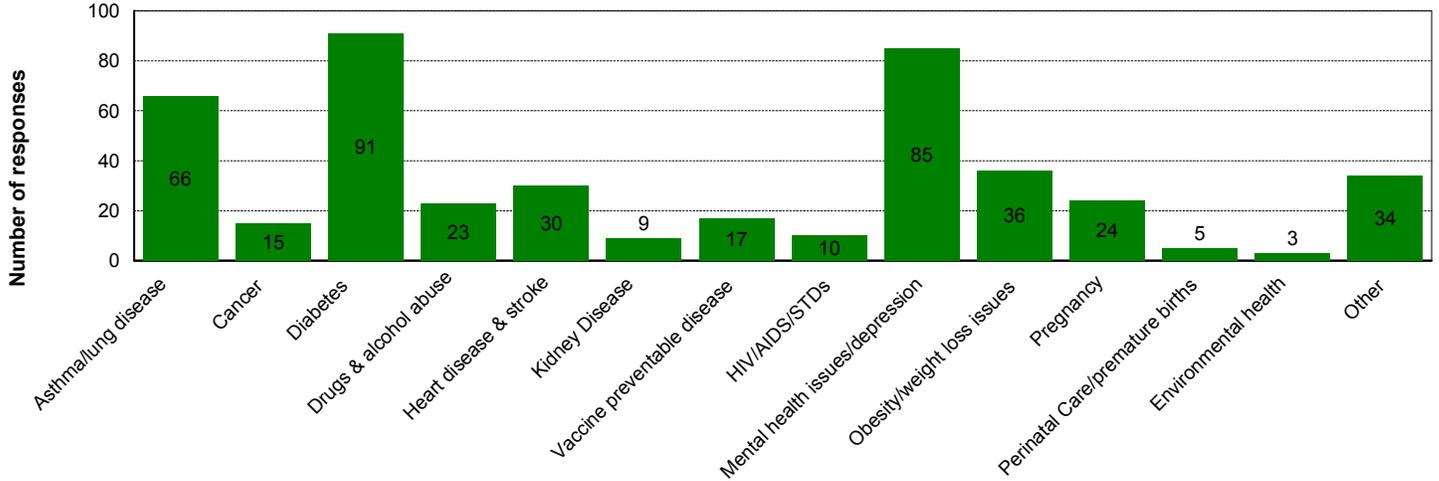
You	214
Sibling	3
Partner	7
Spouse	27
Parent	35
Adult child	7
Friend	4

10. How many people are in your household?

Number of Household Members

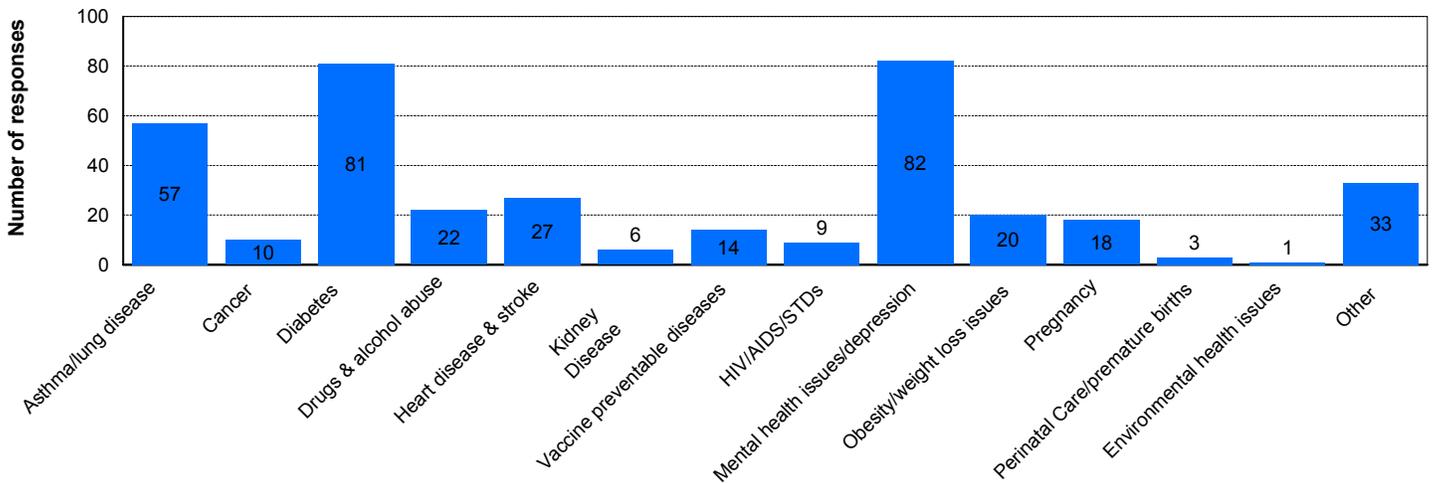
1	57	19.39%
2	58	19.73%
3	38	12.93%
4	39	13.27%
5	16	5.44%
6	14	4.76%
7	7	2.38%
8	3	1.02%
9	2	0.68%
10+	3	1.02%
Missing Responses	57	19.39%

16. Distribution of Health Conditions



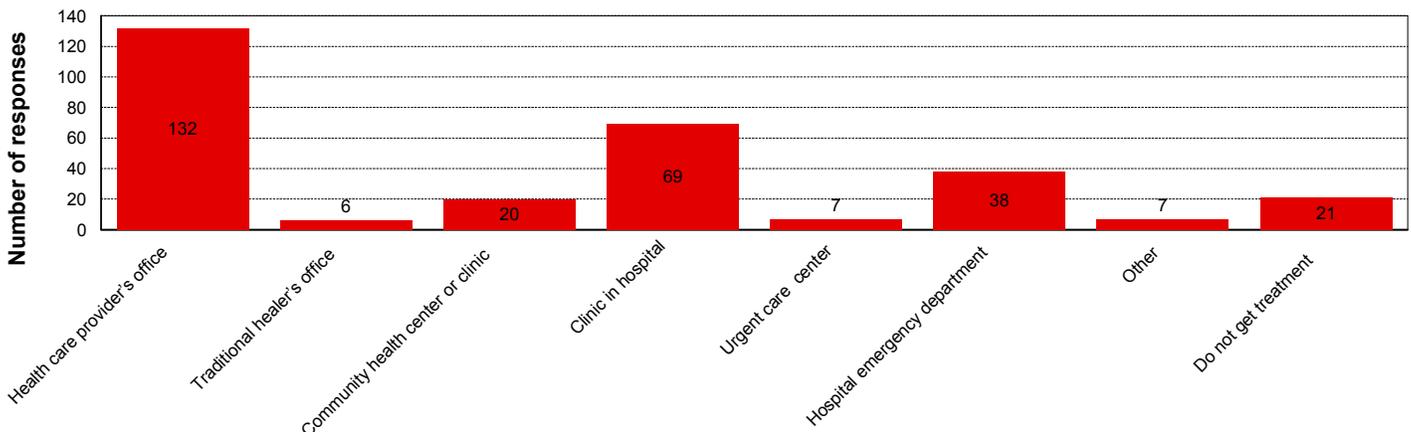
Note: Totals may not add up due to checking multiple responses

17. Distribution of Health Care Treatment



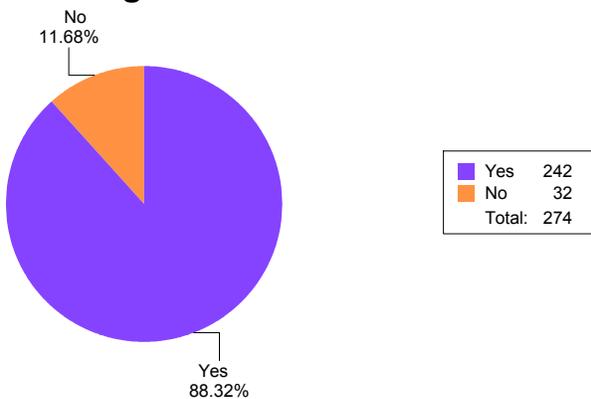
Note: Totals may not add up due to checking multiple responses

18. Distribution of Place of Treatment



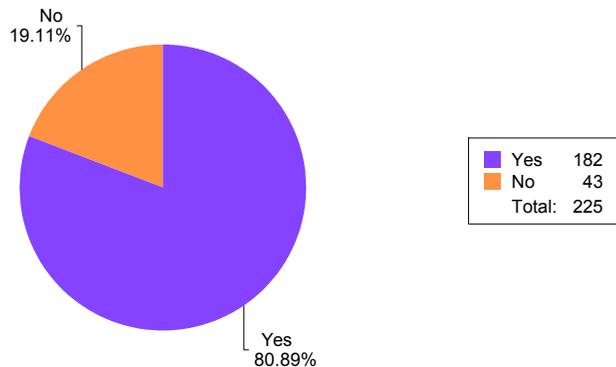
Note: Totals may not add up due to checking multiple responses

19. Knowledge of what to do if a household members health condition gets worse



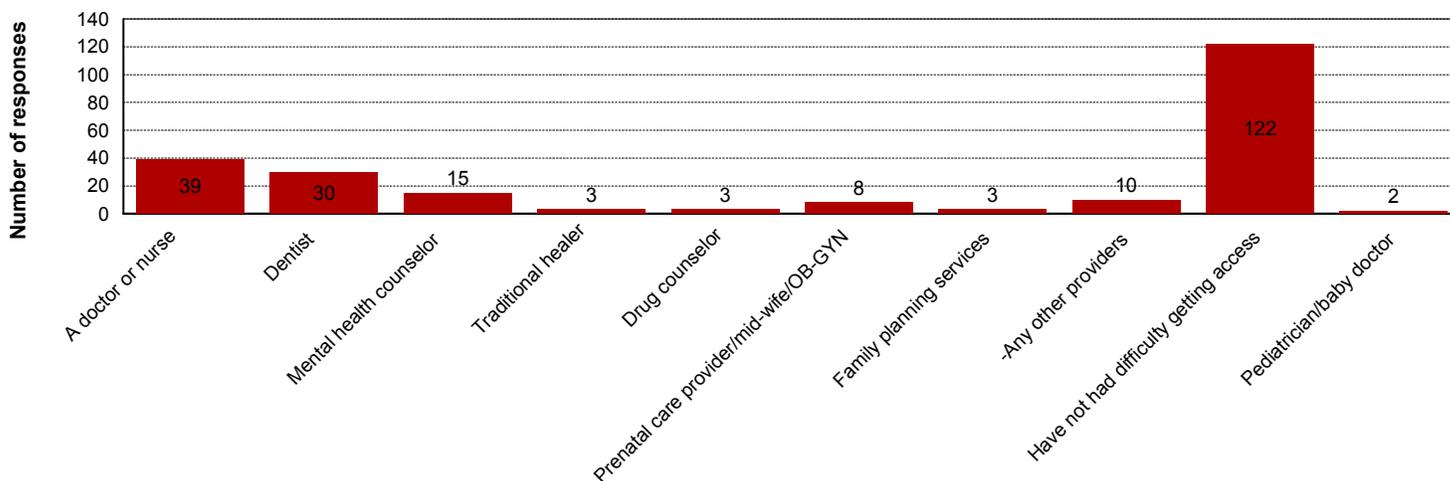
Note: there are 20 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 69 missing responses

22. Distribution of Difficulty of Access

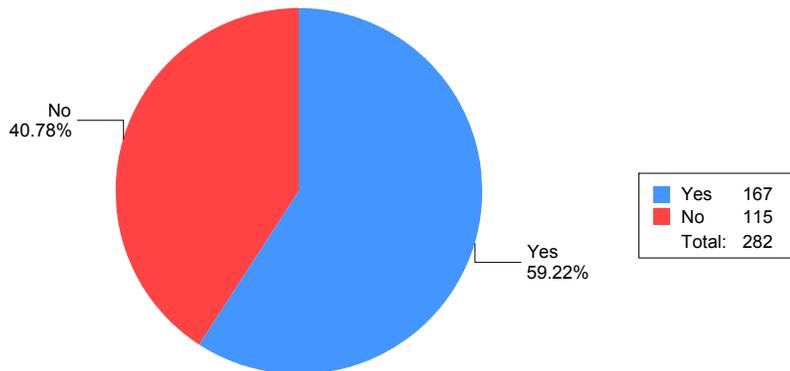


Note: Totals may not add up due to checking multiple responses

23. Reasons for preventing a member of your household to get care from a healthcare provider

No health insurance	16
Could not afford to pay	15
Insurance would not pay	9
Could not find a healthcare provider that took my insurance	11
Did not know how to find a healthcare provider	1
Did not know how to make an appointment	1
They were hard to reach by phone	15
Had to wait too long to get an appointment	22
Office hours are a problem	6
Could not find a health care provider who spoke my language	2
Transportation	21
Office was not physically accessible	3
Did not have any problems getting care from a healthcare provider	96
No time to go to appointment	2
Other	12

14. Visit to the ED



14. Frequency of visits to ED

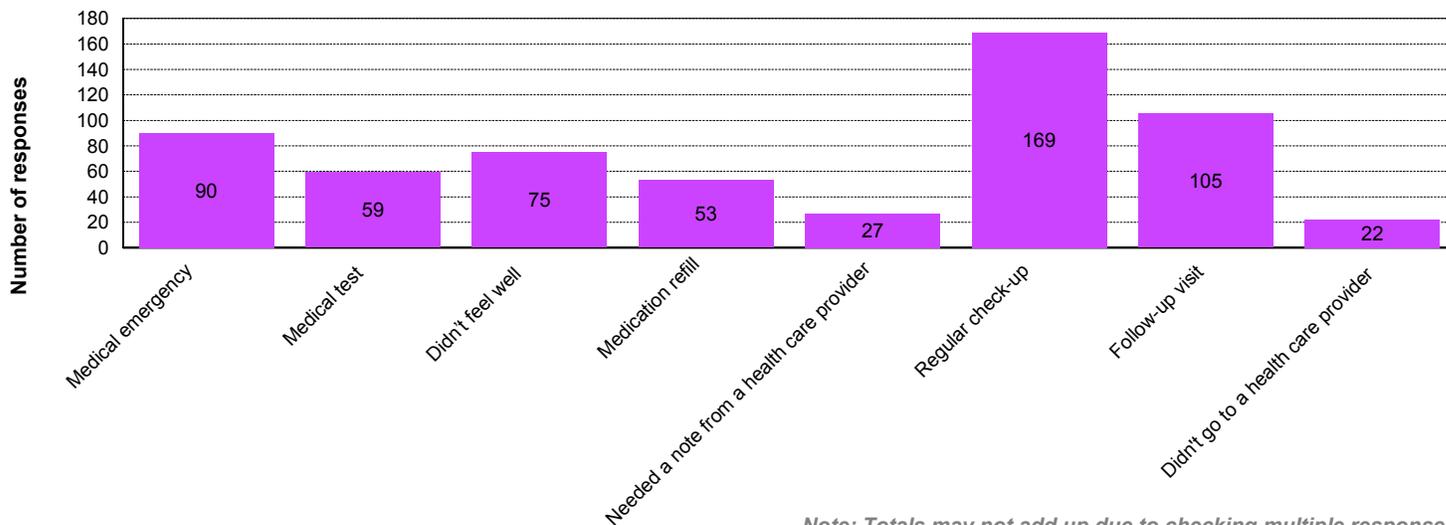
1	52
2	33
3	22
4	8
5	6
6	7

Note: there are 12 missing responses

15. Reason for ED Visit

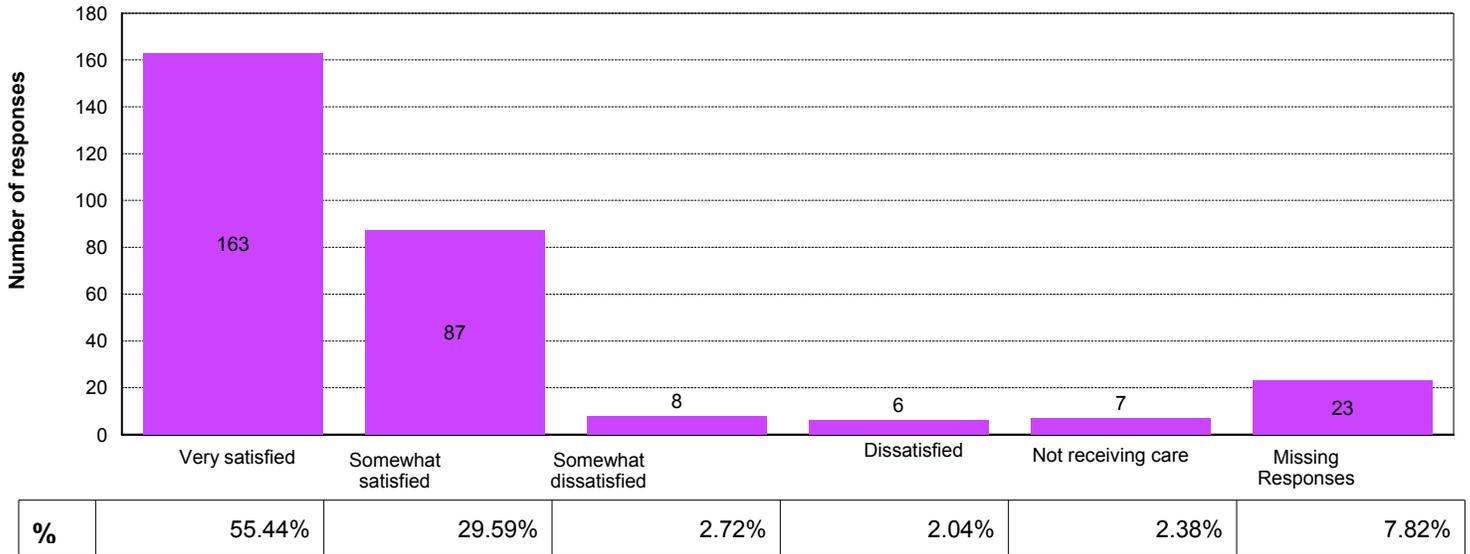
	Total
Emergency room is closest provider	43
No other place to go	17
Arrived by ambulance	36
Only hospital could help	42
Could not get an appointment with health care provider	17
Health care provider said to go	17
Doctor's office not open	28
Problem too serious for doctor's office	49
Most care is at emergency room	25

13. Reason for visit to health care provider

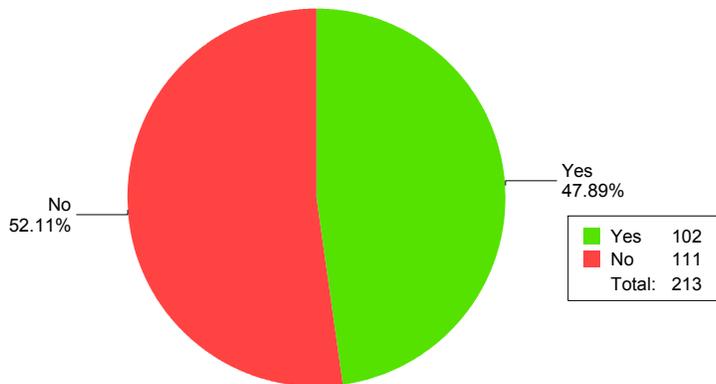


Note: Totals may not add up due to checking multiple responses

21. Satisfaction and dissatisfaction of health care

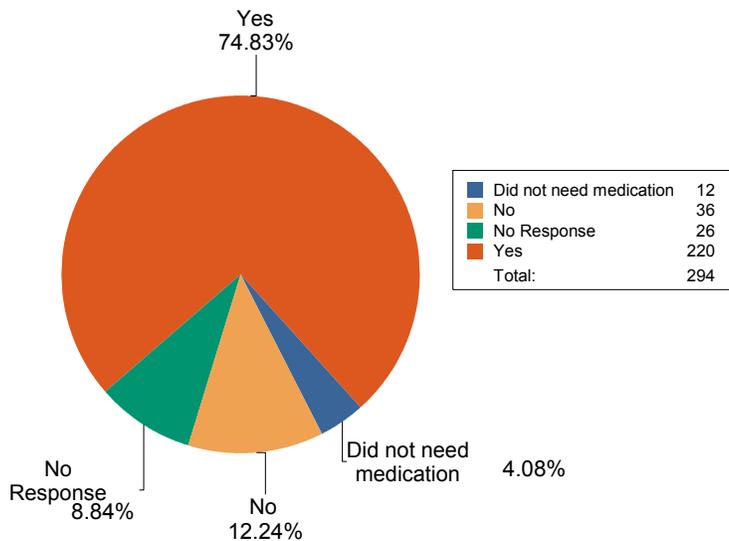


24. Knowledge of health care provider with reduced rates or payment schedule



Note: there are 81 missing responses

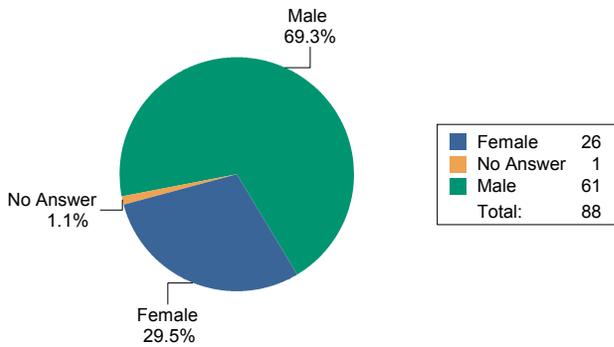
25. Prescriptions Filled



26. Reasons for No Prescriptions

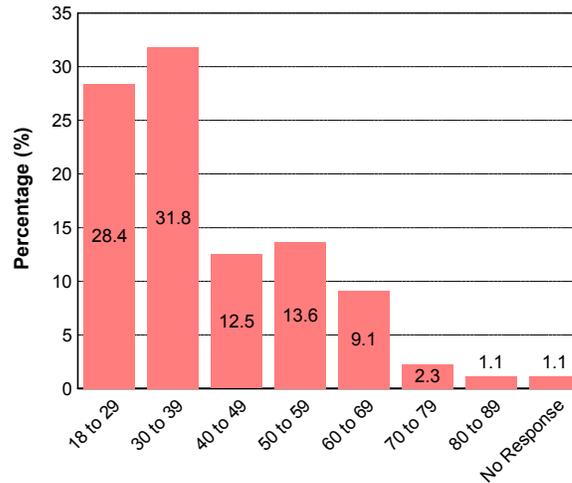
Reason	Total
Costs too much	10
No health insurance	12
Health insurance plan problem	6
Cannot find a pharmacy who accepts my health insurance	1
No time to fill prescription	1
Pharmacy hours are a problem	1
No pharmacy in the area	6
Transportation problems	5
Did not know where to go to get the prescription filled	5
Other	18

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

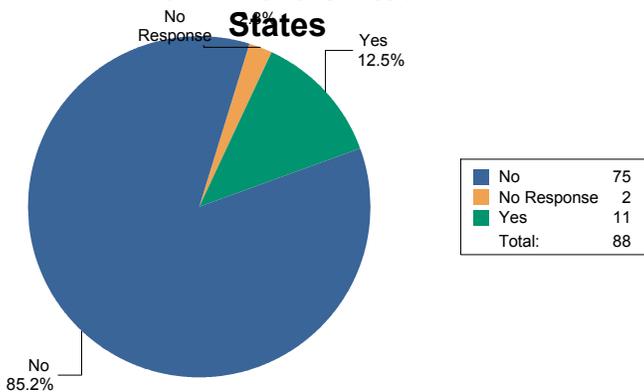
Responses by Age



Average Age	40.4
Median Age	36
Standard Deviation	14.2
Minimum Age	22
Maximum Age	81

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

Born in the United States



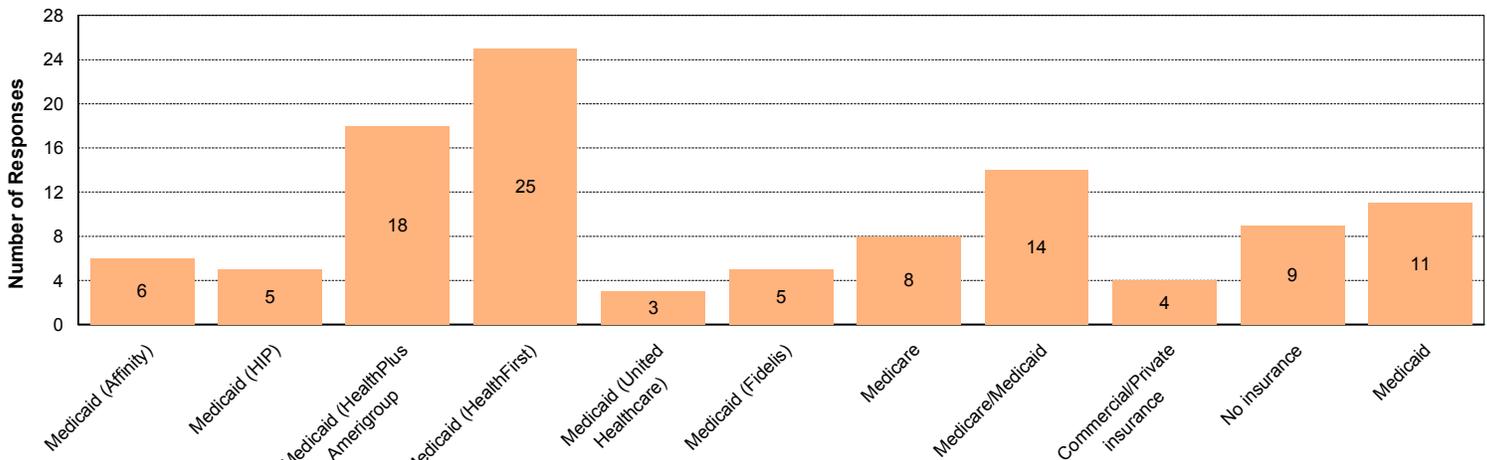
Note: Percents may not add up to 100% due to rounding.

Top 10 Countries

Country	Total	Percentage
India	24	32.00%
Bangladesh	13	17.33%
Guyana	9	12.00%
Pakistan	9	12.00%
South Korea	3	4.00%
Taiwan	3	4.00%
	2	2.67%
philippines	2	2.67%
Thailand	2	2.67%
China	1	1.33%

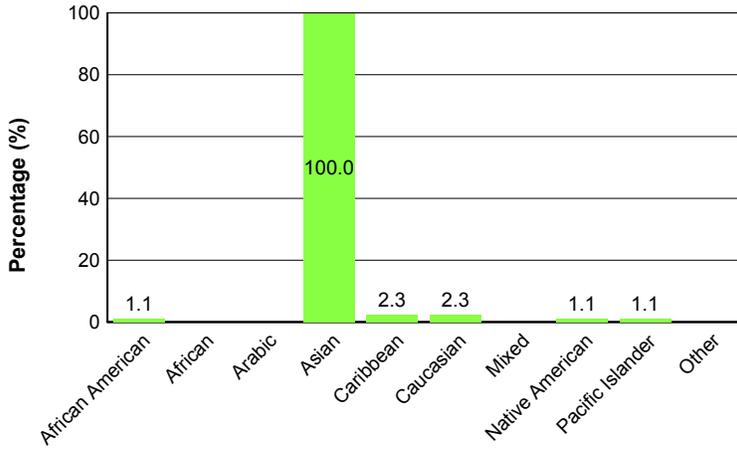
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (75)

Health Insurance



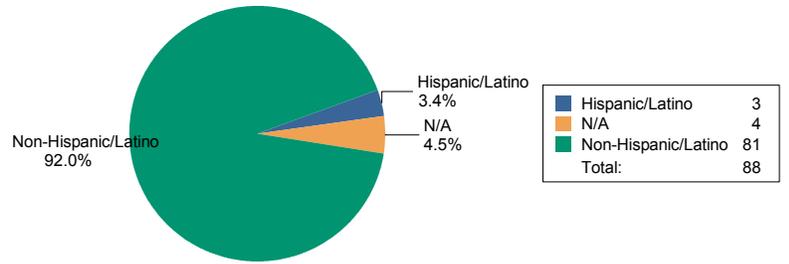
Note: Totals may not add up due to checking multiple insurances

Ethnicity



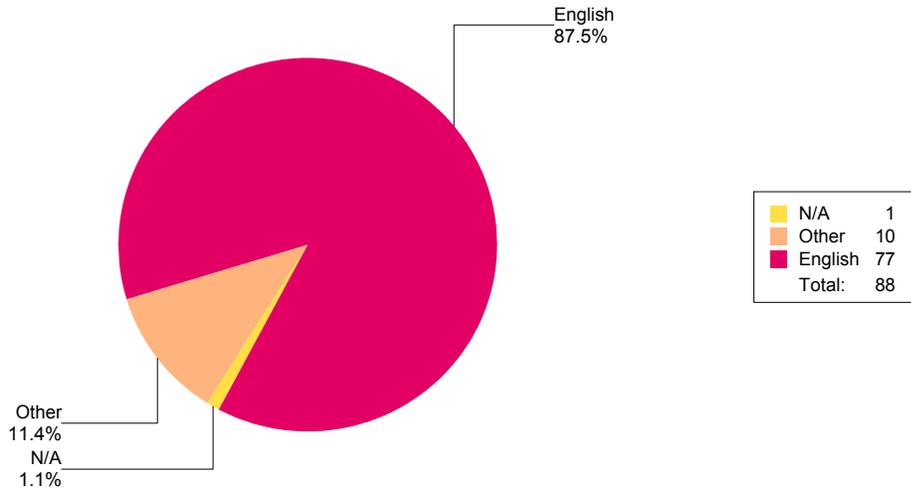
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



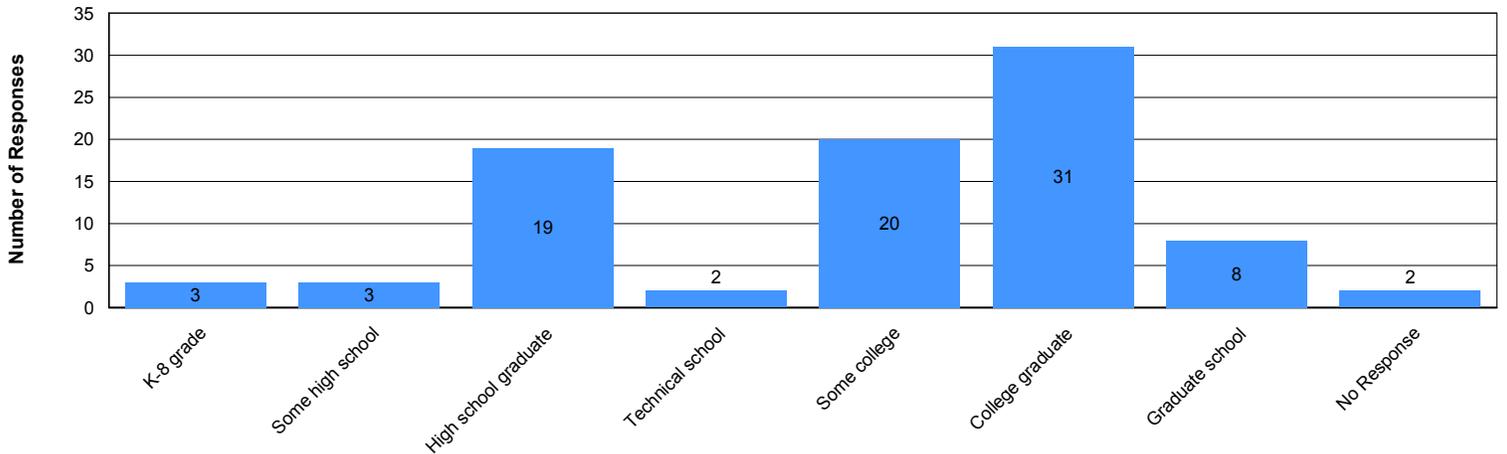
Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

Highest Level of Education



12. Who makes the health care decisions in your household

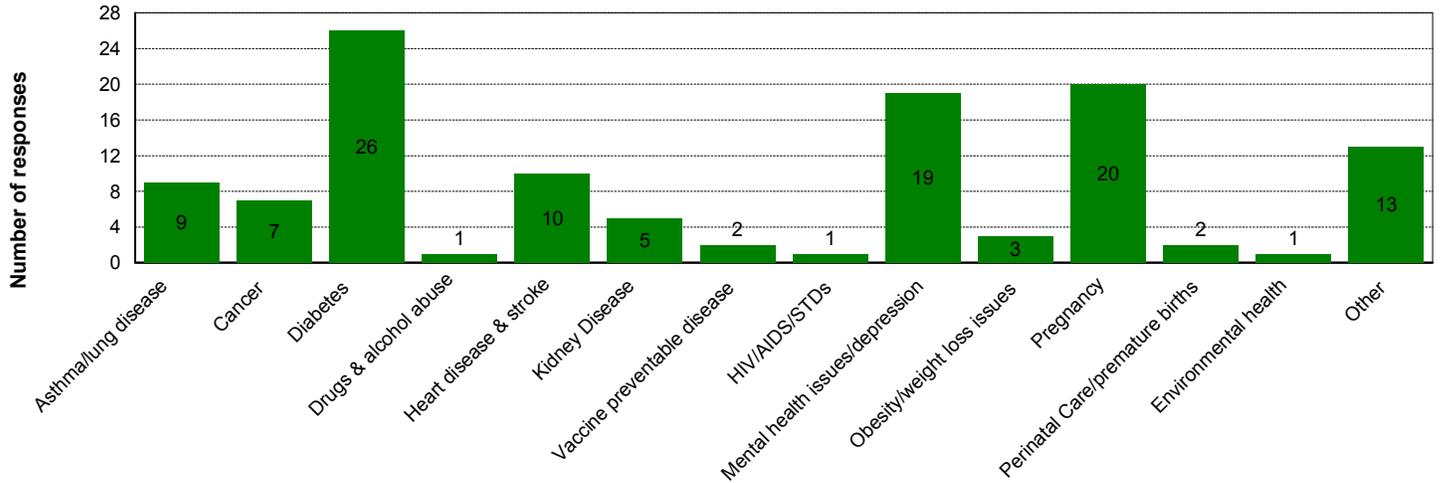
You	45
Sibling	5
Partner	3
Spouse	24
Parent	18
Adult child	3
Friend	2

10. How many people are in your household?

Number of Household Members

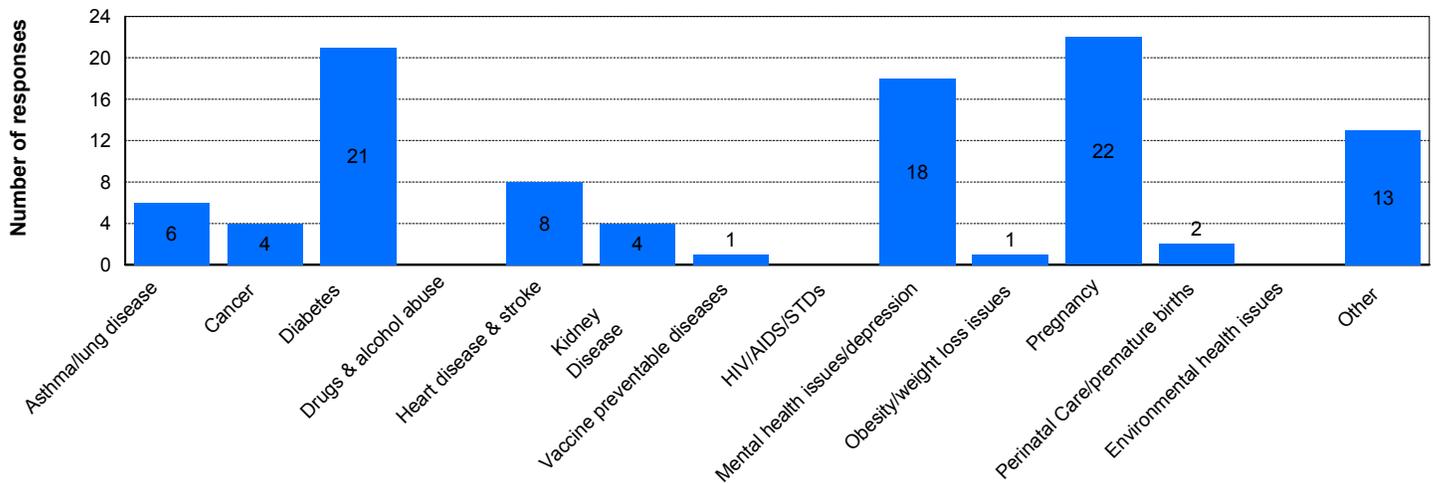
1	6	6.82%
2	8	9.09%
3	14	15.91%
4	27	30.68%
5	9	10.23%
6	6	6.82%
7	5	5.68%
8	1	1.14%
10+	1	1.14%
Missing Responses	11	12.50%

16. Distribution of Health Conditions



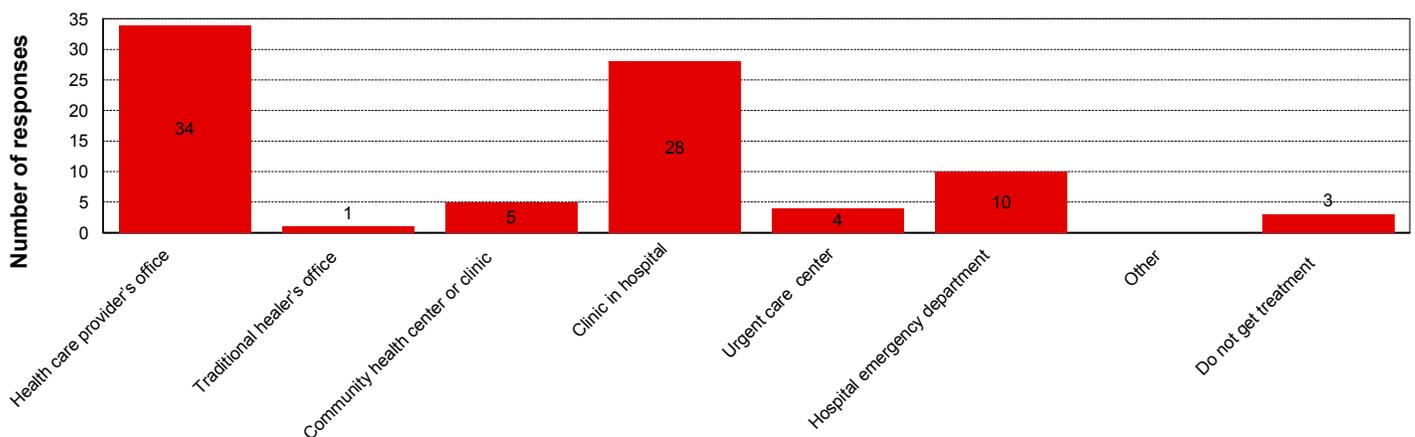
Note: Totals may not add up due to checking multiple responses

17. Distribution of Health Care Treatment



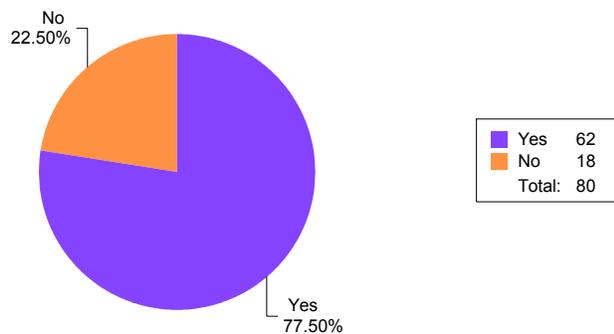
Note: Totals may not add up due to checking multiple responses

18. Distribution of Place of Treatment



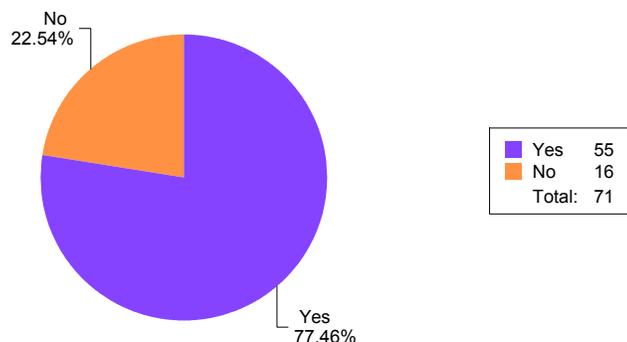
Note: Totals may not add up due to checking multiple responses

19. Knowledge of what to do if a household members health condition gets worse



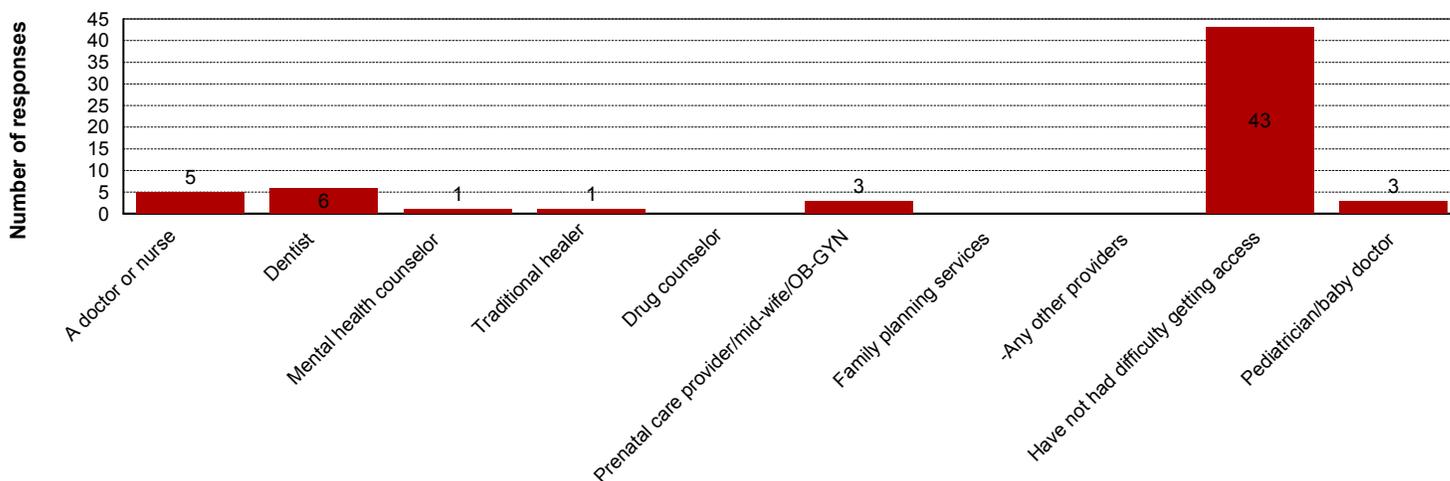
Note: there are 8 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 17 missing responses

22. Distribution of Difficulty of Access

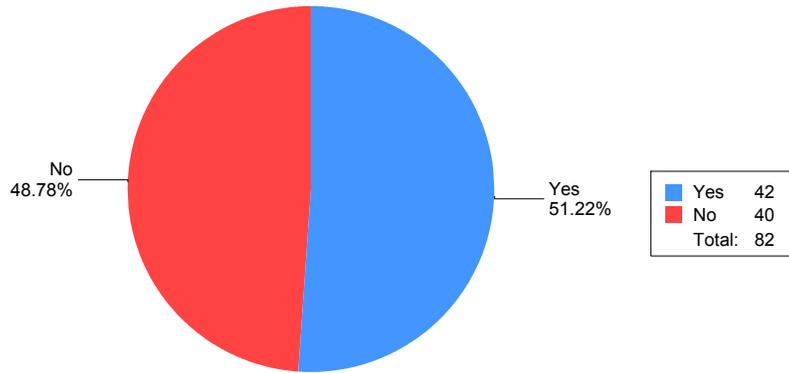


Note: Totals may not add up due to checking multiple responses

23. Reasons for preventing a member of your household to get care from a healthcare provider

No health insurance	5
Could not afford to pay	5
Insurance would not pay	5
Could not find a healthcare provider that took my insurance	3
Did not know how to find a healthcare provider	3
Did not know how to make an appointment	2
They were hard to reach by phone	5
Had to wait too long to get an appointment	8
Office hours are a problem	1
Could not find a health care provider who spoke my language	0
Transportation	4
Office was not physically accessible	1
Did not have any problems getting care from a healthcare provider	30
No time to go to appointment	2
Other	4

14. Visit to the ED



14. Frequency of visits to ED

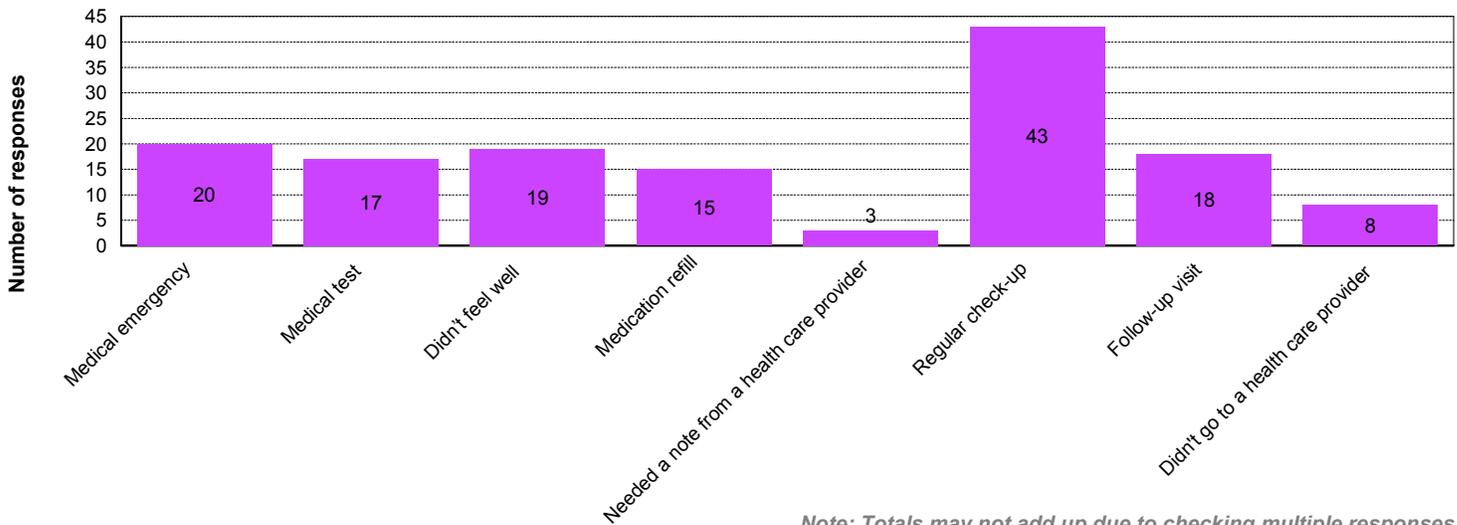
1	22
2	7
3	1
4	2
6	2

Note: there are 6 missing responses

15. Reason for ED Visit

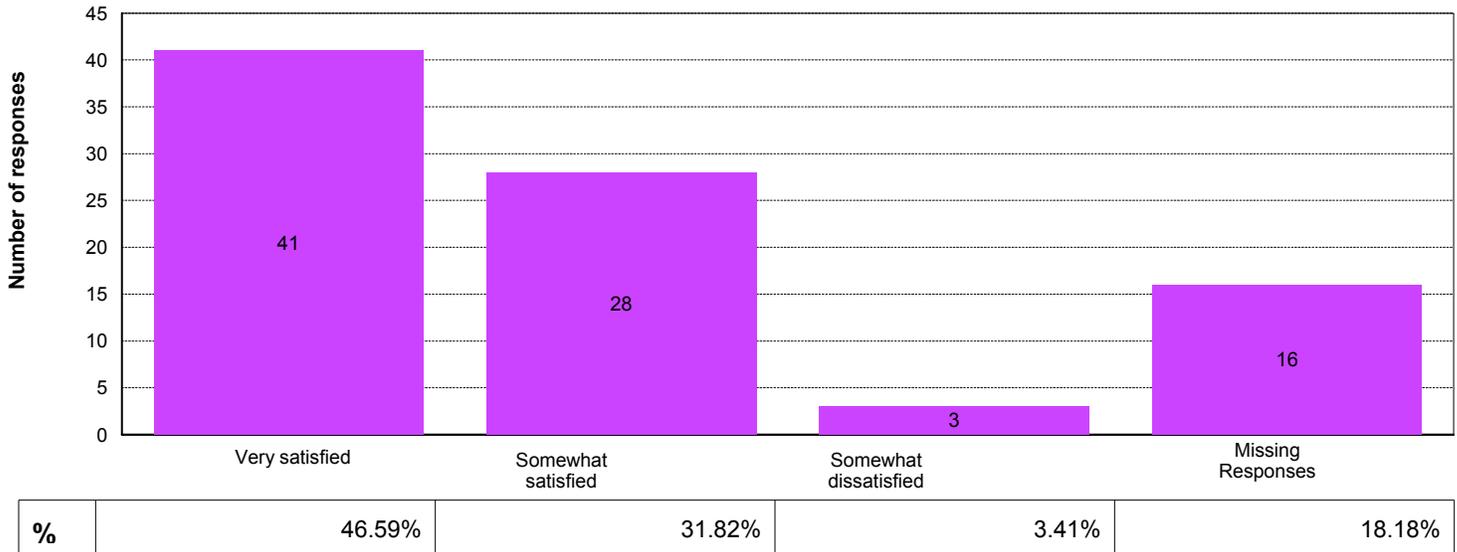
Reason	Total
Emergency room is closest provider	11
No other place to go	6
Arrived by ambulance	10
Only hospital could help	7
Could not get an appointment with health care provider	3
Health care provider said to go	9
Doctor's office not open	7
Problem too serious for doctor's office	10
Most care is at emergency room	10

13. Reason for visit to health care provider

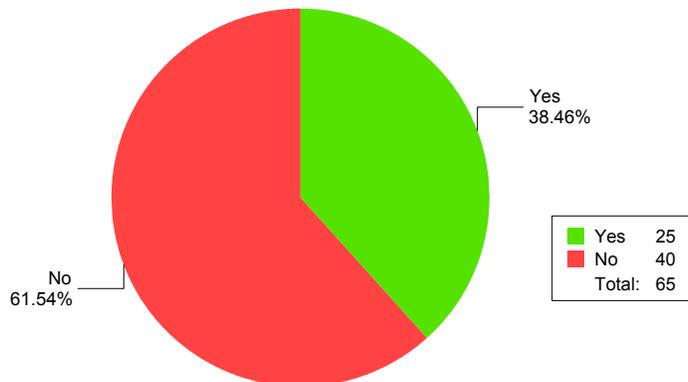


Note: Totals may not add up due to checking multiple responses

21. Satisfaction and dissatisfaction of health care

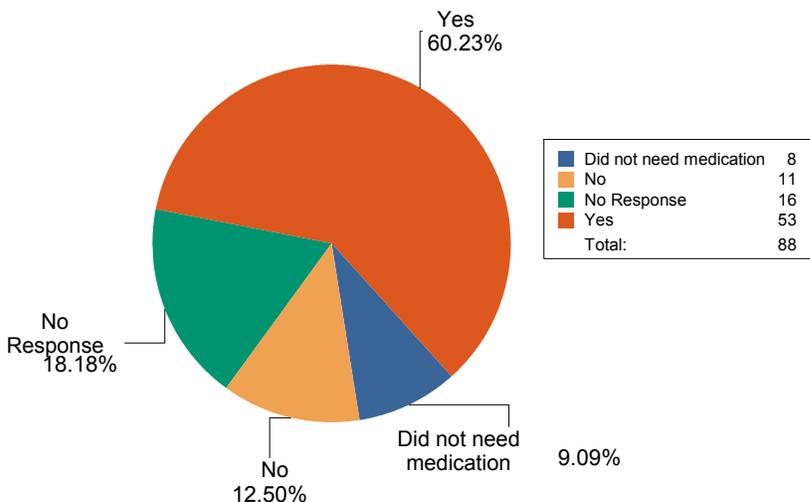


24. Knowledge of health care provider with reduced rates or payment schedule



Note: there are 23 missing responses

25. Prescriptions Filled



26. Reasons for No Prescriptions

Reason	Total
Costs too much	7
No health insurance	4
Health insurance plan problem	6
Cannot find a pharmacy who accepts my health insurance	
No time to fill prescription	
Pharmacy hours are a problem	
No pharmacy in the area	
Transportation problems	1
Did not know where to go to get the prescription filled	3
Other	3

9. Highest level of education

Number of Responses

Level of Education	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Some College	25.4% (268)	25.5% (75)	22.8% (20)
High School Graduate	23.8% (250)	24.2% (71)	21.6% (19)
College Graduate	18.8% (199)	17.3% (51)	35.2% (31)
Some High School	13.5% (143)	17.3% (51)	3.4% (3)
Graduate School	6.2% (65)	3.7% (11)	9.1% (8)
K-8 Grade	5.4% (57)	5.1% (15)	3.4% (3)
Technical School	3.3% (35)	3.4% (10)	2.3% (2)
No Response	2.4% (25)	1.7% (5)	2.3% (2)
Other	1.3% (14)	1.7% (5)	0% (0)



11. Health Insurance

Number of Responses

Insurance Plan	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Medicare/Medicaid	20.1% (212)	19.4% (57)	15.9% (14)
Medicaid (HealthFirst)	20.0% (211)	22.8% (67)	28.4% (25)
Medicaid	17.5% (185)	18.0% (53)	12.5% (11)
Medicare	13.3% (140)	10.5% (31)	9.1% (8)
Medicaid (HealthPlus Amerigroup)	9.9% (105)	8.5% (25)	20.5% (18)
Medicaid (United Healthcare)	9.5% (100)	10.9% (32)	3.4% (3)
No Insurance	7.1% (75)	2.7% (8)	10.2% (9)
Medicaid (HIP)	6.3% (67)	7.8% (23)	5.7% (5)
Medicaid (Fidelis)	5.9% (62)	6.8% (20)	5.7% (5)
Medicaid (Affinity)	5.2% (55)	5.1% (15)	6.8% (6)
Commercial/Private Insurance	2.8% (30)	1.3% (4)	4.5% (4)



12. Health Care Decision Maker of the Household

Number of Responses

Decision Maker	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
You	70.9% (749)	72.8% (214)	51.1% (45)
Parent	12.6% (133)	11.9% (35)	20.5% (18)
Spouse	11.3% (119)	9.2% (27)	27.3% (24)
Adult Child	2.9% (31)	2.4% (7)	3.4% (3)
Partner	2.7% (29)	2.4% (7)	3.4% (3)
Sibling	2.1% (22)	1.0% (3)	5.7% (5)
Friend	1.4% (15)	1.4% (4)	2.3% (2)



13. Reason for Health Care Provider Visit

Number of Responses

Reason	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Regular Check-up	53.8% (568)	57.5% (169)	48.9% (43)
Follow-up Visit	30.5% (322)	35.7% (105)	20.5% (18)
Medical Emergency	26.6% (281)	30.6% (90)	22.7% (20)
Didn't Feel Well	23.3% (246)	25.5% (75)	21.6% (19)
Medical Test	21.4% (226)	20.1% (59)	19.3% (17)
Medication Refill	21.1% (223)	18.0% (53)	17.0% (15)
Didn't go to a Health Care Provider	7.5% (79)	7.5% (22)	9.1% (8)
Needed a Note from a Health Care Provider	7.3% (77)	9.2% (27)	3.4% (3)



15. Reason for ED visit

Number of Responses

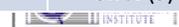
Reason	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Problem too serious for Doctor's office	13.4% (141)	16.7% (49)	11.4% (10)
Only hospital could help	12.2% (129)	14.3% (42)	8.0% (7)
Emergency room is closest provider	10.4% (110)	14.6% (43)	12.5% (11)
Arrived by ambulance	10.2% (108)	12.2% (36)	11.4% (10)
Doctor's office not open	8.1% (86)	9.5% (28)	8.0% (7)
Most care is at emergency room	7.0% (74)	8.5% (25)	11.4% (10)
Health provider said to go	6.3% (66)	5.8% (17)	10.2% (9)
Could not get an appointment with health care provider	4.6% (49)	5.8% (17)	3.4% (3)
No other place to go	4.5% (48)	5.8% (17)	6.8% (6)



16. Distribution of Health Conditions

Number of Responses

Health Condition	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Mental Health Issues/Depression	33.0% (349)	28.9% (85)	21.6% (19)
Diabetes	25.0% (264)	31.0% (91)	29.5% (26)
Asthma/Lung Disease	17.3% (183)	22.4% (66)	10.2% (9)
Other	13.3% (140)	11.6% (34)	14.8% (13)
Obesity/Weight Loss Issues	10.0% (106)	12.2% (36)	3.4% (3)
Pregnancy	9.8% (104)	8.2% (24)	22.7% (20)
Heart Disease/Stroke	9.2% (97)	10.2% (30)	11.4% (10)
Drugs and Alcohol abuse	6.9% (73)	7.8% (23)	1.1% (1)
Cancer	5.2% (55)	5.1% (15)	8.0% (7)
Vaccine Preventable Disease	4.0% (42)	5.8% (17)	2.3% (2)
Kidney Disease	2.9% (31)	3.1% (9)	5.7% (5)



17. Distribution of Health Care Treatments

Number of Responses

Health Care Treatment	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Mental Health Issues/Depression	31.8% (336)	27.9% (82)	20.5% (18)
Diabetes	22.1% (233)	27.6% (81)	23.9% (21)
Asthma/Lung Disease	14.3% (151)	19.4% (57)	6.8% (6)
Other	12.5% (132)	11.2% (33)	14.8% (13)
Pregnancy	9.8% (103)	6.1% (18)	25.0% (22)
Heart Disease/Stroke	8.1% (86)	9.2% (27)	9.1% (8)
Drugs and Alcohol abuse	6.3% (67)	7.5% (22)	0.0% (0)
Obesity/Weight Loss Issues	5.7% (60)	6.8% (20)	1.1% (1)
Cancer	3.6% (38)	3.4% (10)	4.5% (4)
Vaccine Preventable Disease	4.1% (43)	4.8% (14)	1.1% (1)
Kidney Disease	2.1% (22)	2.0% (6)	4.5% (4)



18. Distribution of Place of Treatment

Number of Responses

Place	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Health Care Provider's Office	45.1% (476)	44.9% (132)	38.6% (34)
Clinic in Hospital	23.1% (244)	23.5% (69)	31.8% (28)
Hospital Emergency Department	9.9% (105)	12.9% (38)	11.4% (10)
Community Health Center or Clinic	8.0% (84)	6.8% (20)	5.7% (5)
Did not Get Treatment	6.3% (66)	7.1% (21)	3.4% (3)
Other	3.6% (38)	2.4% (7)	0.0% (0)
Urgent Care Center	2.4% (25)	2.4% (7)	4.5% (4)
Traditional Healer's Office	1.4% (15)	2.0% (6)	1.1% (1)



22. Distribution of Difficulty of Access to Health Care Providers

Number of Responses

Health Care Providers	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
No difficulty Getting Access	42.1% (445)	41.5% (122)	48.9% (43)
Dentist	11.3% (119)	10.2% (30)	6.8% (6)
A Doctor or Nurse	10.0% (106)	13.3% (39)	5.7% (5)
Mental Health Counselor	3.5% (37)	5.1% (15)	1.1% (1)
Any Other Providers	3.0% (32)	3.4% (10)	0.0% (0)
Prenatal Care Provider/Mid- wife/OB-GYN	2.5% (26)	2.7% (8)	3.4% (3)
Family Planning Services	1.4% (15)	1.0% (3)	0.0% (0)
Pediatrician/Baby Doctor	0.9% (9)	0.7% (2)	3.4% (3)
Traditional Healer	0.6% (6)	1.0% (3)	1.1% (1)
Drug Counselor	0.6% (6)	1.0% (3)	0.0% (0)



23. Reasons for preventing a member of your household to get care from a healthcare provider

Number of Responses

Reason	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Did not have any problems getting a health care provider	29.5% (311)	32.7% (96)	34.1% (30)
No health insurance	9.6% (101)	5.4% (16)	5.7% (5)
Had to wait too long to get an appointment	7.0% (74)	7.5% (22)	9.1% (8)
Could not afford to pay	6.7% (71)	5.1% (15)	5.7% (5)
Transportation	5.4% (57)	7.1% (21)	4.5% (4)
Insurance would not pay	5.4% (57)	3.1% (9)	5.7% (5)
They were hard to reach by phone	4.5% (48)	5.1% (15)	5.7% (5)
Other	4.5% (47)	4.1% (12)	4.5% (4)
Could not find a health care provider that took my insurance	4.0% (42)	3.7% (11)	3.4% (3)
Office hours are a problem	1.7% (18)	2.0% (6)	1.1% (1)

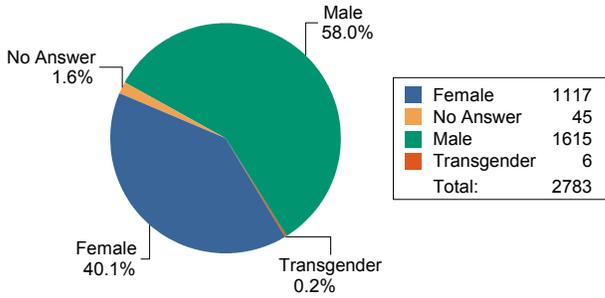
26. Reason for No Prescriptions

Number of Responses

Reason	Overall (n=1,056)	African American and Caribbean Population (n=294)	Asian Population (n=88)
Costs too much	6.3% (66)	3.4% (10)	8.0% (7)
Other	4.3% (45)	6.1% (18)	3.4% (3)
No health insurance	3.9% (41)	4.1% (12)	4.5% (4)
Health insurance plan problem	3.7% (39)	2.0% (6)	6.8% (6)
Did not know where to get prescription filled	1.7% (18)	1.7% (5)	3.4% (3)
Transportation problem	0.9% (10)	2.0% (6)	1.1% (1)
Cannot find a pharmacy that accepts my health insurance	0.6% (6)	0.3% (1)	0.0% (0)
No time to fill prescription	0.4% (4)	0.0% (0)	0.0% (0)
No pharmacy in the area	0.3% (3)	0.0% (0)	0.0% (0)
Pharmacy hours are a problem	0.2% (2)	0.3% (1)	0.0% (0)

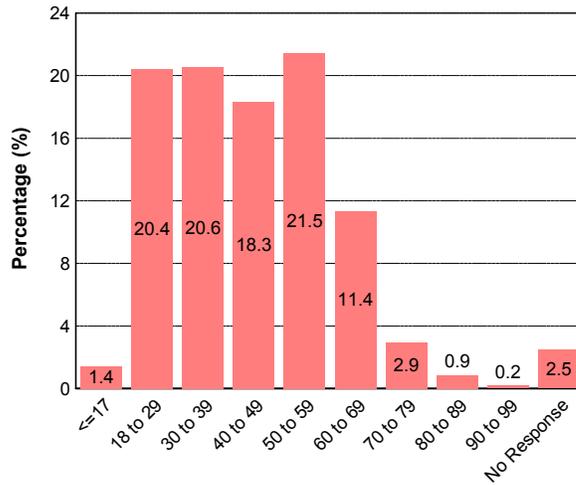


Responses by Gender



Note: Percents may not add up to 100% due to rounding.

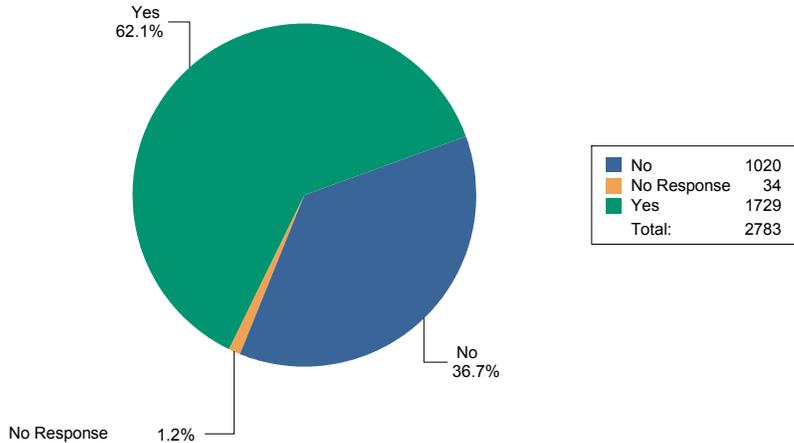
Responses by Age



Average Age	43.4
Median Age	43
Standard Deviation	15.3
Minimum Age	1
Maximum Age	93

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

Born in the United States



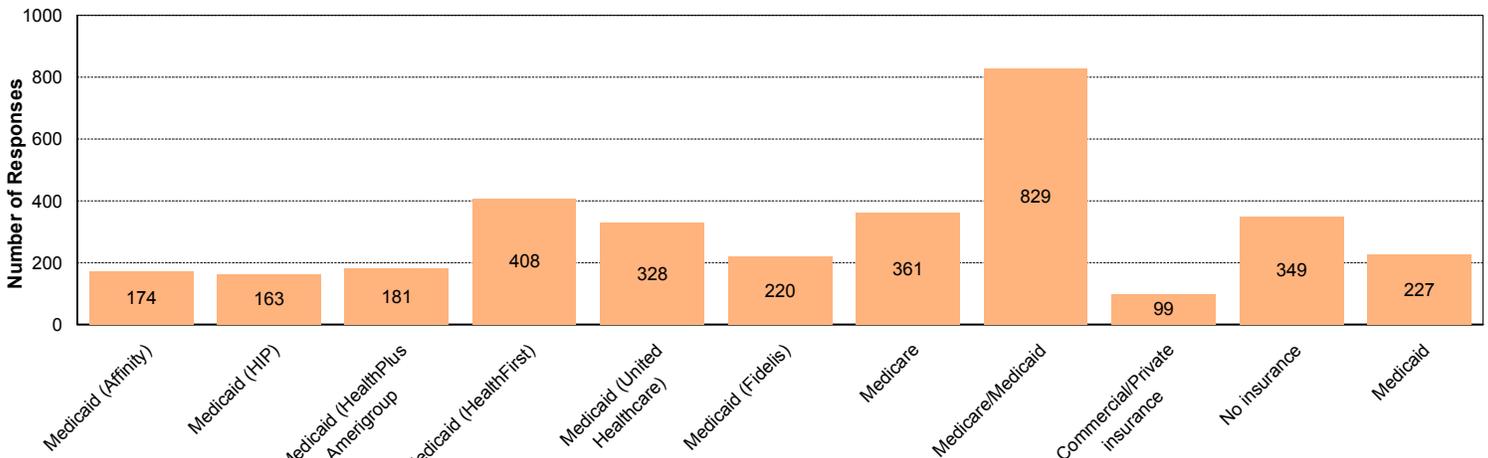
Note: Percents may not add up to 100% due to rounding.

Top 10 Countries

	Total	
El Salvador	259	25.39%
Honduras	73	7.16%
Dominican Republic	68	6.67%
	65	6.37%
GUATEMALA	51	5.00%
Jamaica	43	4.22%
Peru	38	3.73%
Ecuador	37	3.63%
Haiti	37	3.63%
Colombia	36	3.53%

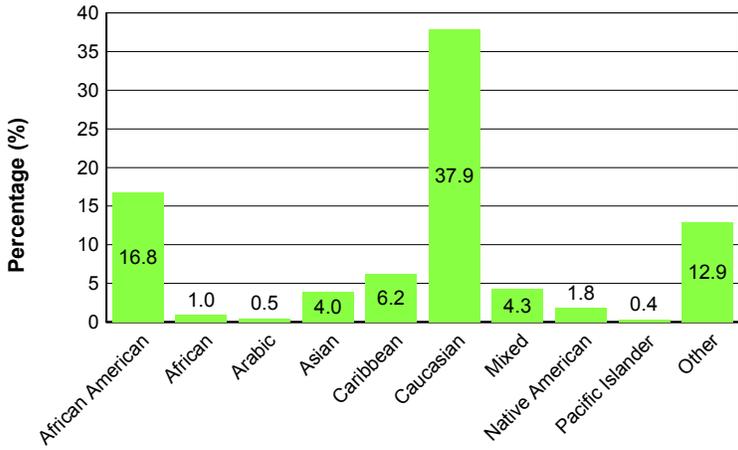
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (1,020)

Health Insurance



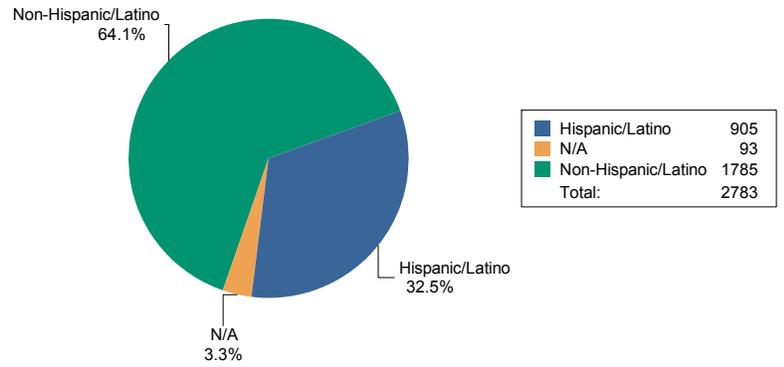
Note: Totals may not add up due to checking multiple insurances

Ethnicity



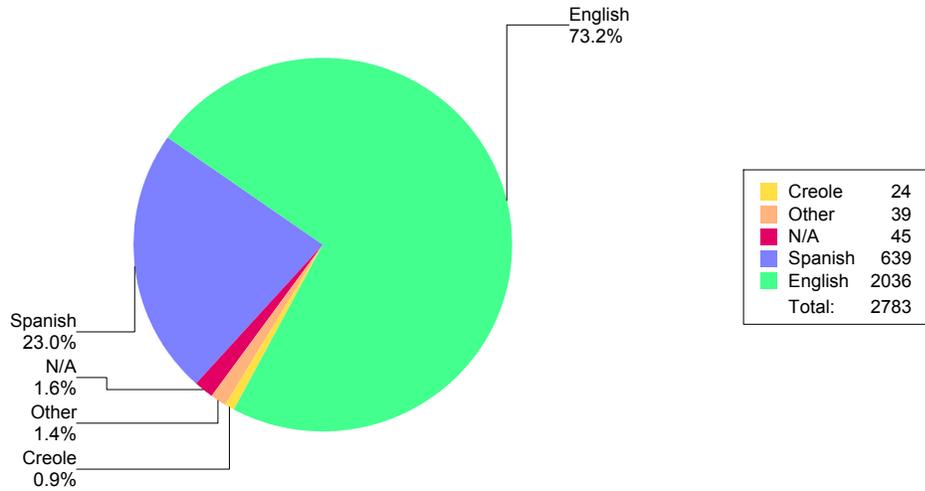
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



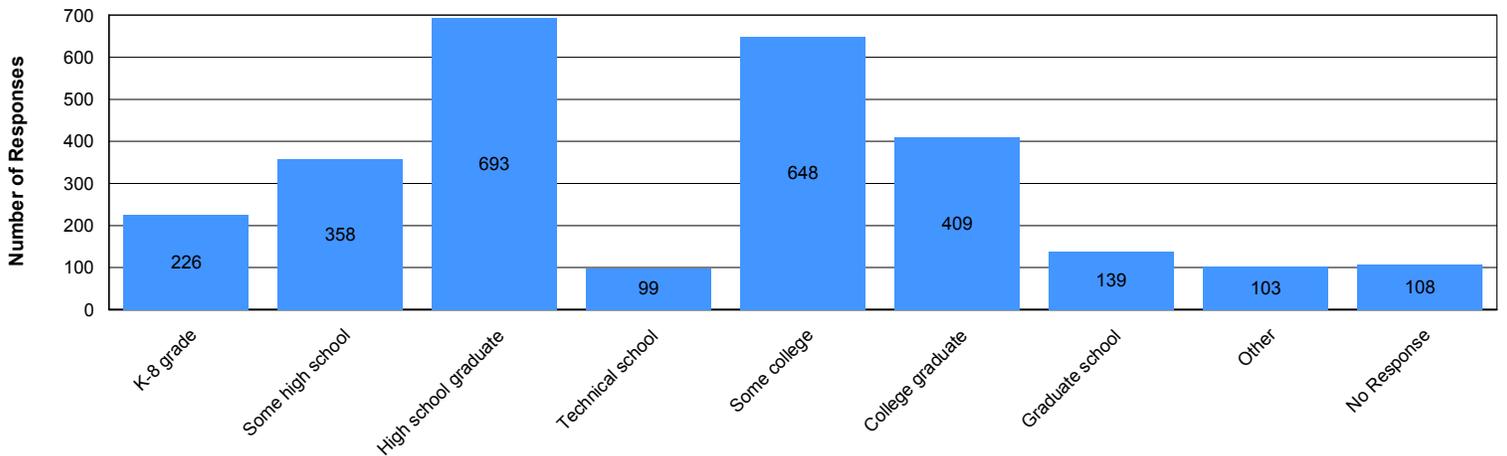
Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

Highest Level of Education



12. Who makes the health care decisions in your household

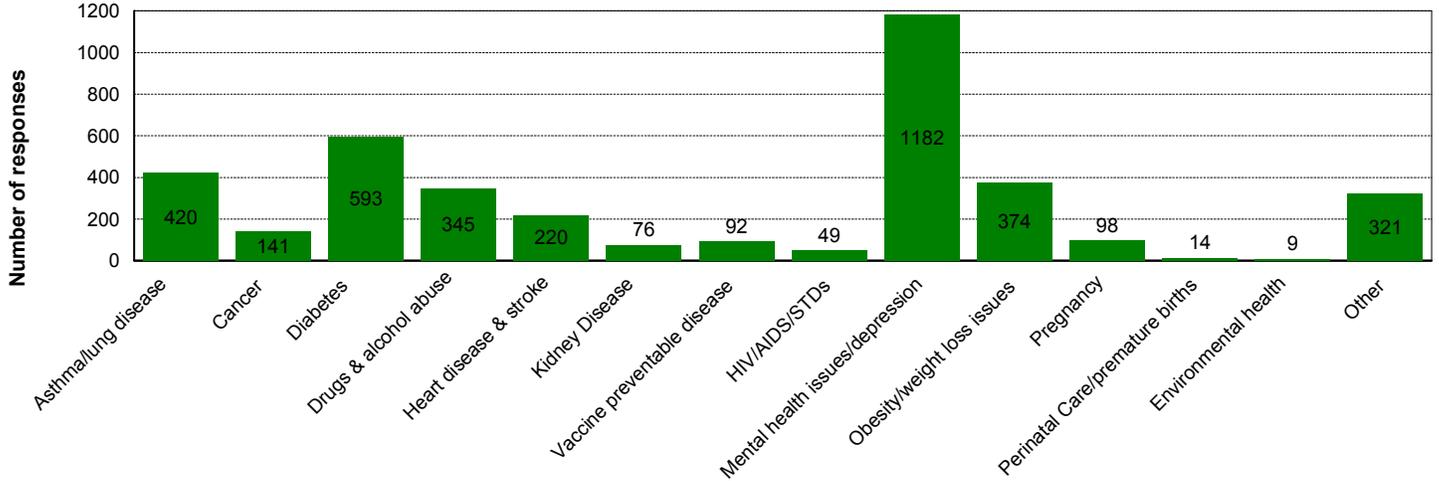
You	2,062
Sibling	69
Partner	94
Spouse	209
Parent	348
Adult child	76
Friend	31

10. How many people are in your household?

Number of Household Members

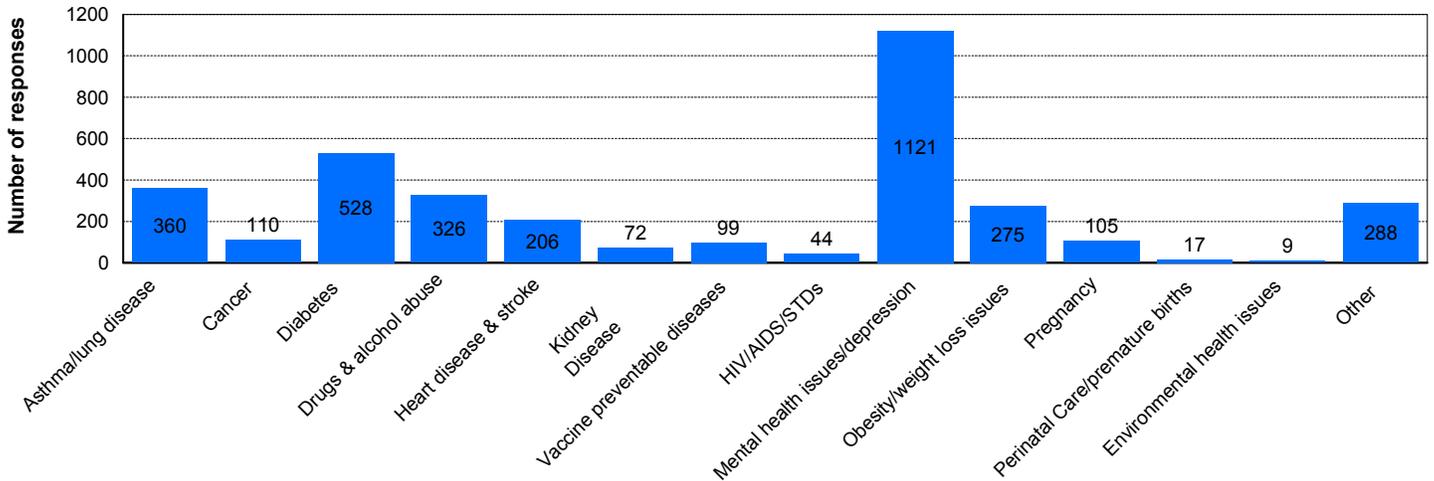
0	5	0.18%
1	477	17.14%
2	517	18.58%
3	434	15.59%
4	415	14.91%
5	236	8.48%
6	139	4.99%
7	63	2.26%
8	52	1.87%
9	28	1.01%
10+	77	2.77%
Missing Responses	340	12.22%

16. Distribution of Health Conditions



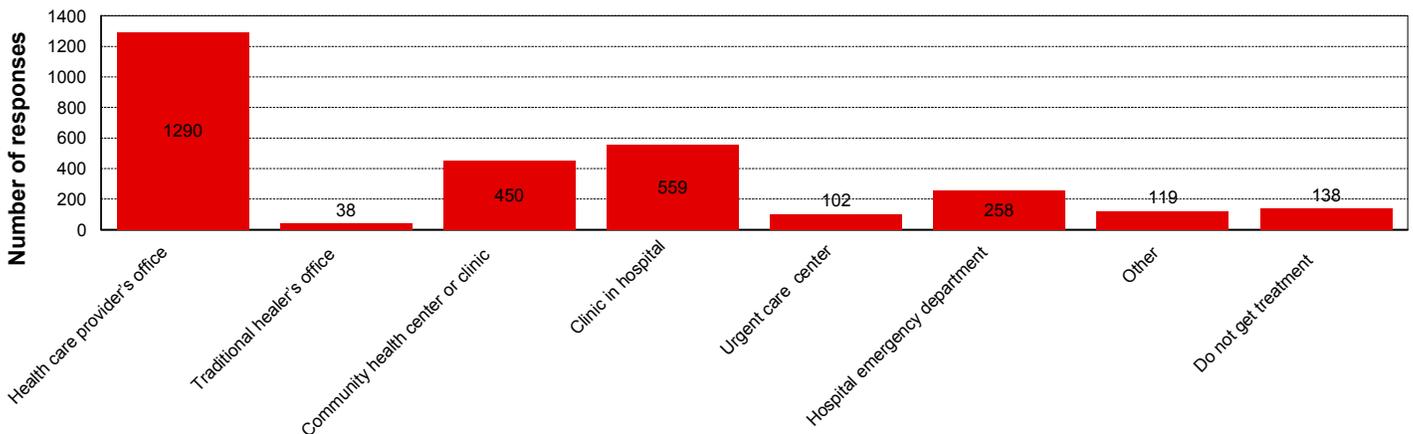
Note: Totals may not add up due to checking multiple responses

17. Distribution of Health Care Treatment



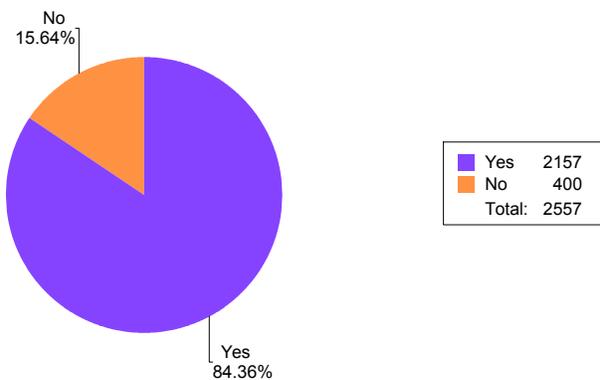
Note: Totals may not add up due to checking multiple responses

18. Distribution of Place of Treatment



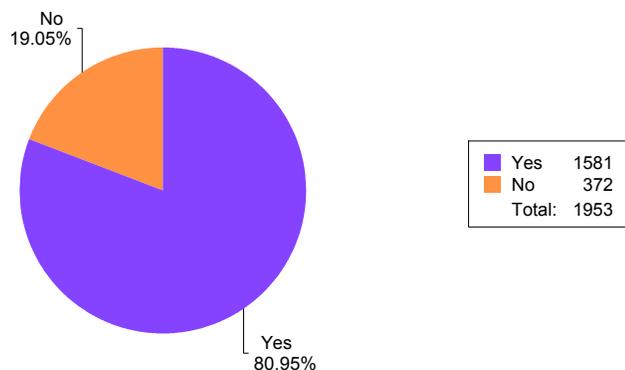
Note: Totals may not add up due to checking multiple responses

19. Knowledge of what to do if a household members health condition gets worse



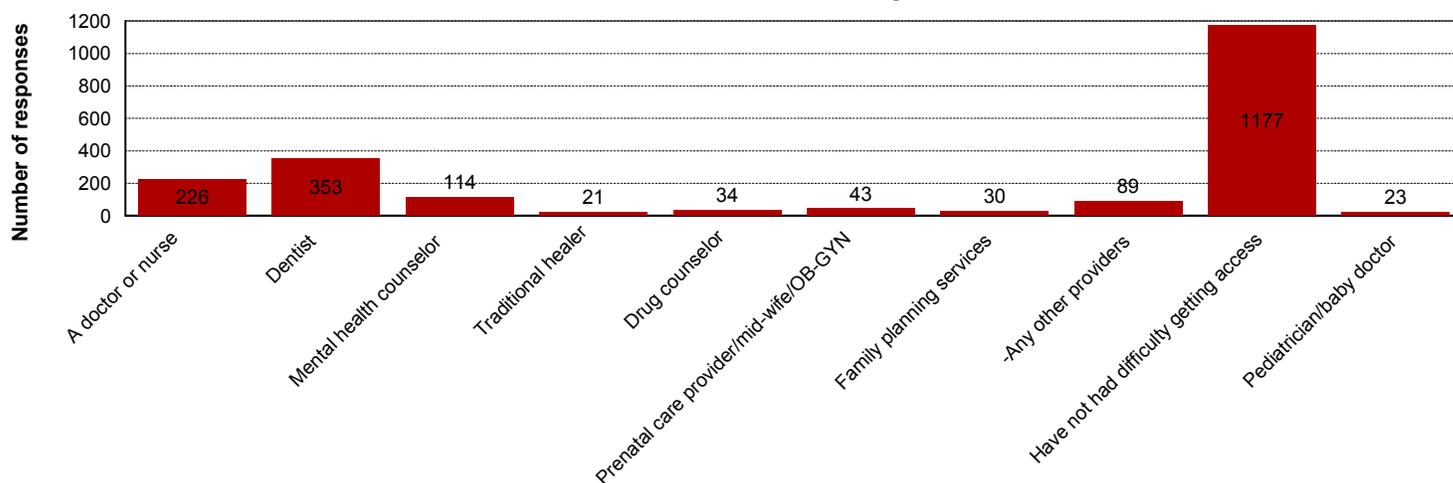
Note: there are 226 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 830 missing responses

22. Distribution of Difficulty of Access

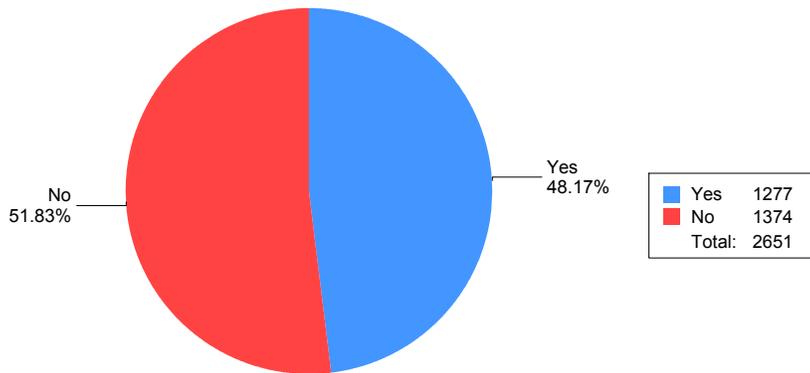


Note: Totals may not add up due to checking multiple responses

23. Reasons for preventing a member of your household to get care from a healthcare provider

No health insurance	330
Could not afford to pay	241
Insurance would not pay	198
Could not find a healthcare provider that took my insurance	130
Did not know how to find a healthcare provider	45
Did not know how to make an appointment	31
They were hard to reach by phone	112
Had to wait too long to get an appointment	206
Office hours are a problem	67
Could not find a health care provider who spoke my language	31
Transportation	141
Office was not physically accessible	20
Did not have any problems getting care from a healthcare provider	811
No time to go to appointment	43
Other	90

14. Visit to the ED



14. Frequency of visits to ED

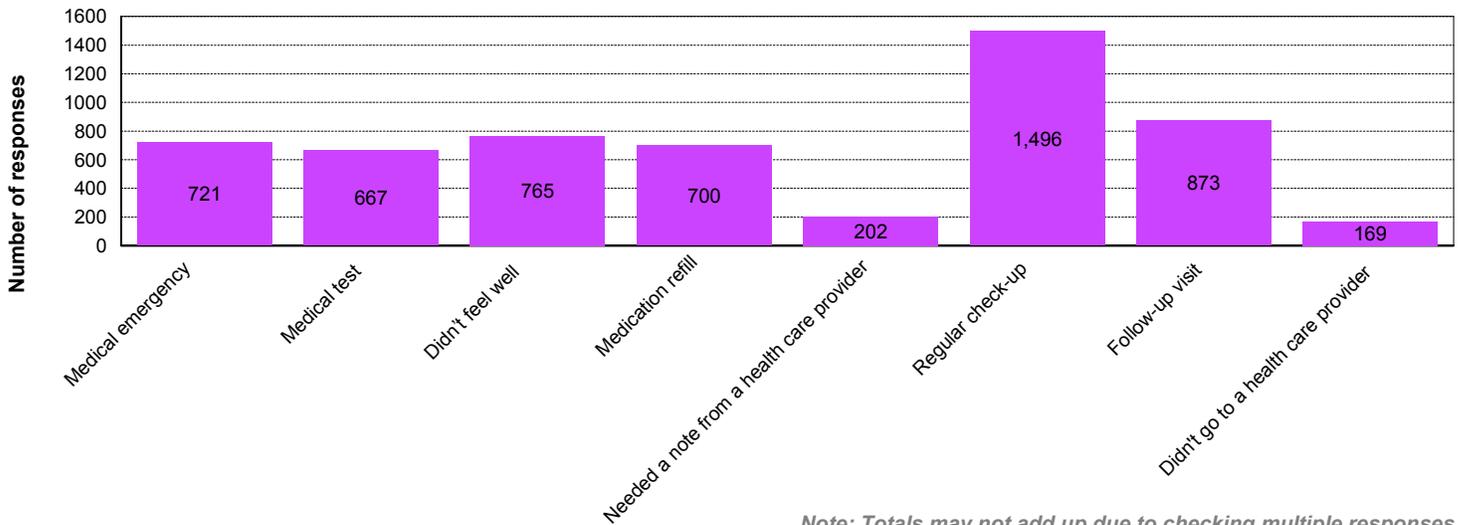
1	500
2	299
3	103
4	48
5	27
6	12
7	6
8	7
10	8
12	4
13	1
14	5
16	1
18	1
41673	1

Note: there are 132 missing responses

15. Reason for ED Visit

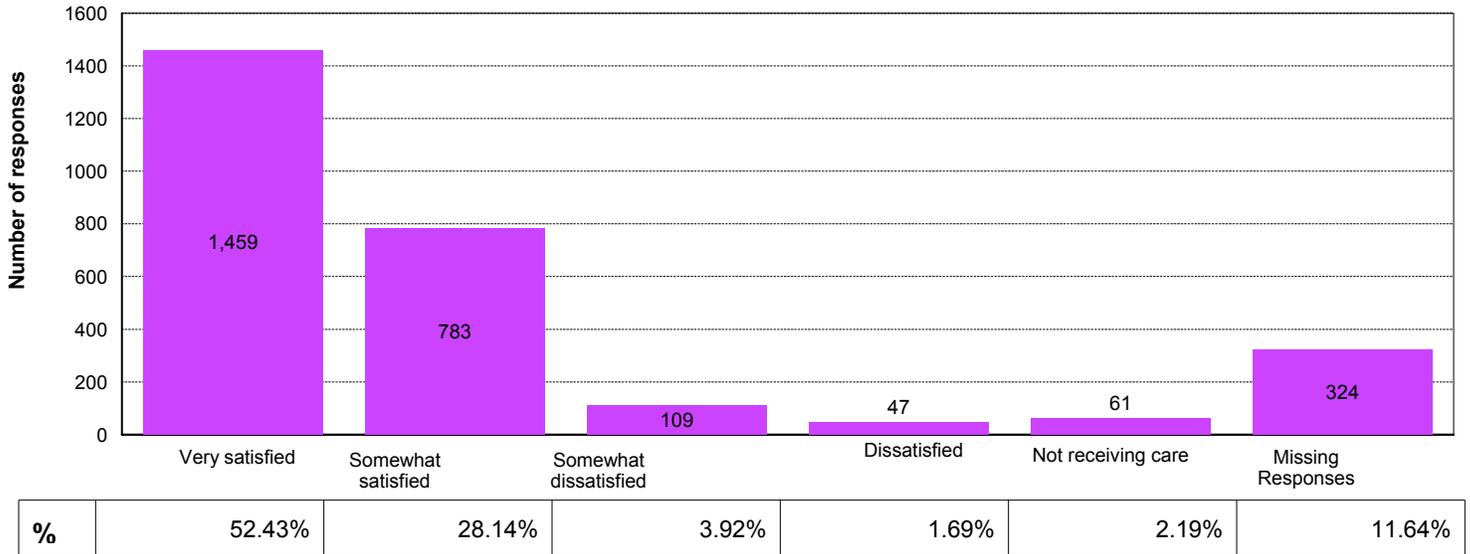
	Total
Emergency room is closest provider	277
No other place to go	120
Arrived by ambulance	260
Only hospital could help	325
Could not get an appointment with health care provider	102
Health care provider said to go	213
Doctor's office not open	224
Problem too serious for doctor's office	381
Most care is at emergency room	148

13. Reason for visit to health care provider

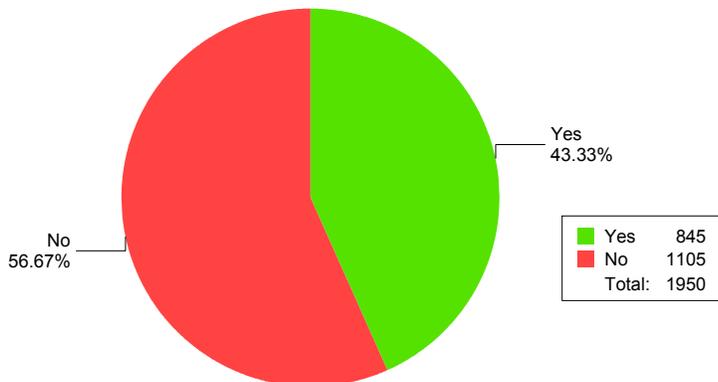


Note: Totals may not add up due to checking multiple responses

21. Satisfaction and dissatisfaction of health care

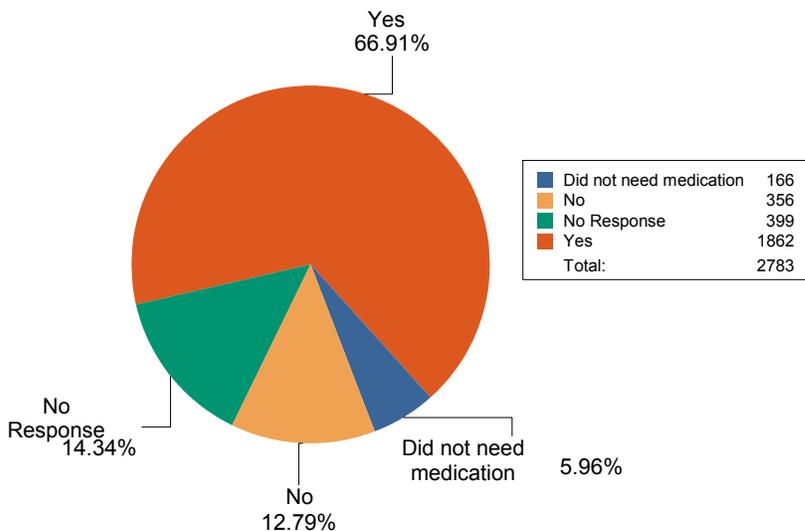


24. Knowledge of health care provider with reduced rates or payment schedule



Note: there are 833 missing responses

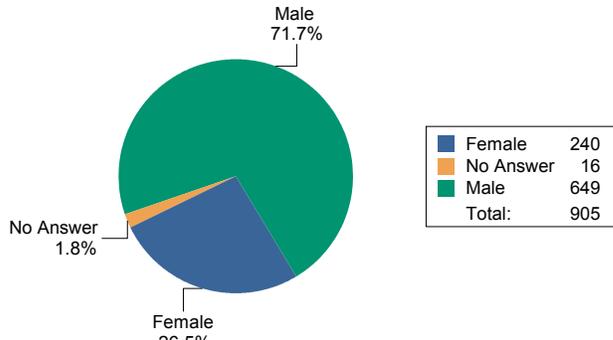
25. Prescriptions Filled



26. Reasons for No Prescriptions

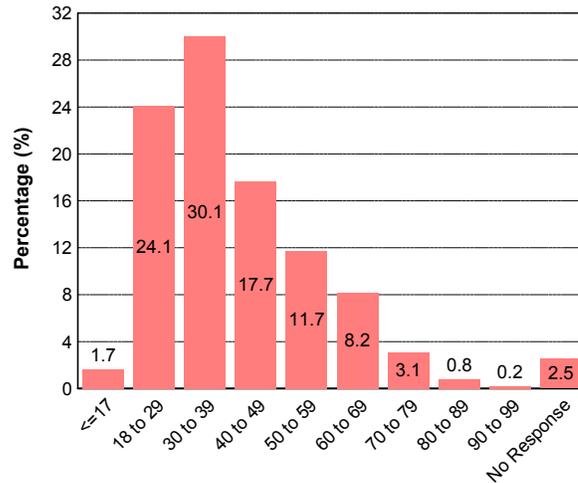
Reason	Total
Costs too much	174
No health insurance	131
Health insurance plan problem	97
Cannot find a pharmacy who accepts my health insurance	21
No time to fill prescription	13
Pharmacy hours are a problem	5
No pharmacy in the area	10
Transportation problems	32
Did not know where to go to get the prescription filled	35
Other	57

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

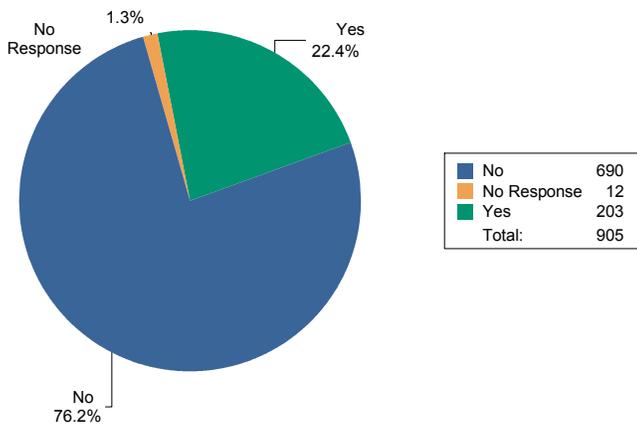
Responses by Age



Average Age	39.9
Median Age	37
Standard Deviation	14.8
Minimum Age	1
Maximum Age	91

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

Born in the United States



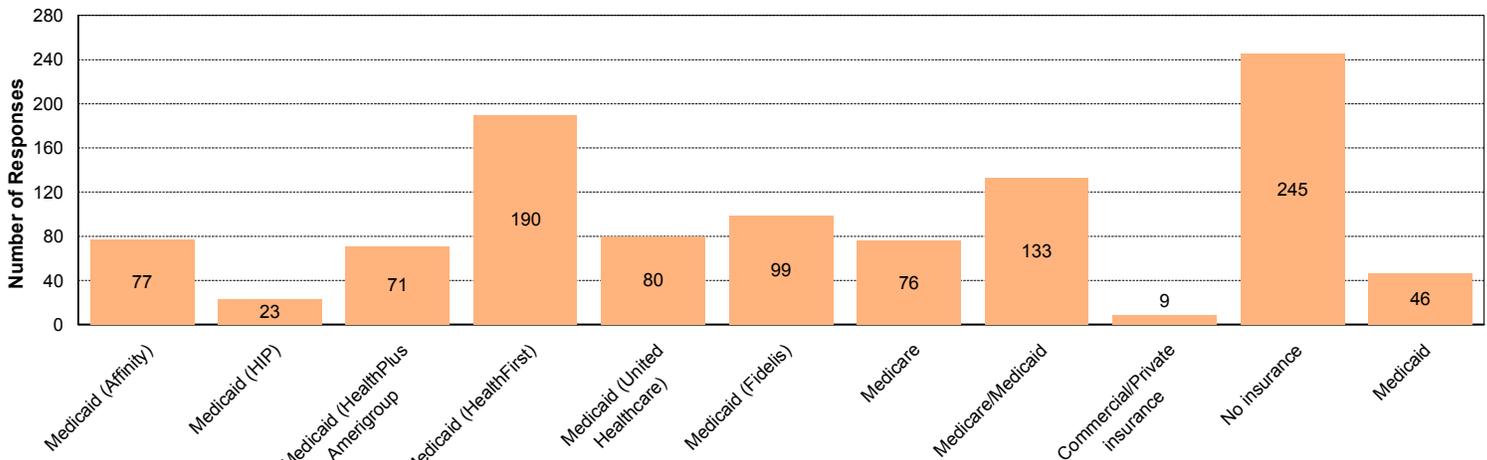
Note: Percents may not add up to 100% due to rounding.

Top 10 Countries

	Total	
El Salvador	249	36.09%
Honduras	71	10.29%
Dominican Republic	66	9.57%
GUATEMALA	48	6.96%
Peru	38	5.51%
Ecuador	36	5.22%
	35	5.07%
Colombia	35	5.07%
Mexico	35	5.07%
Columbia	17	2.46%

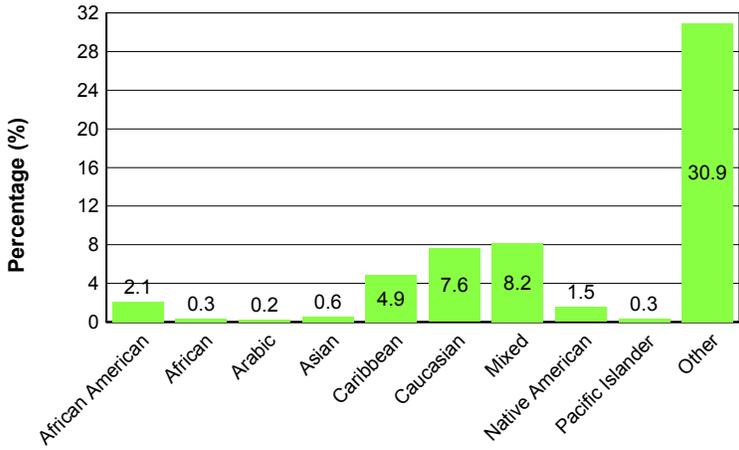
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (690)

Health Insurance



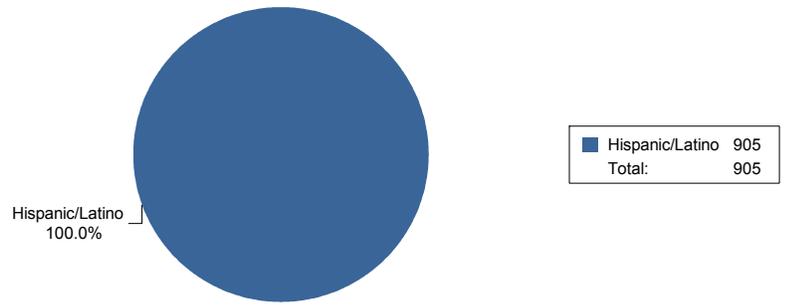
Note: Totals may not add up due to checking multiple insurances

Ethnicity



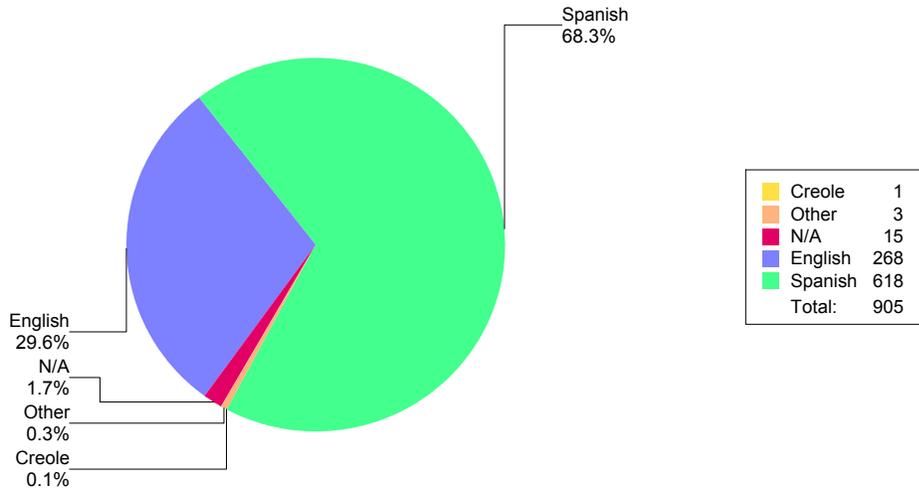
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



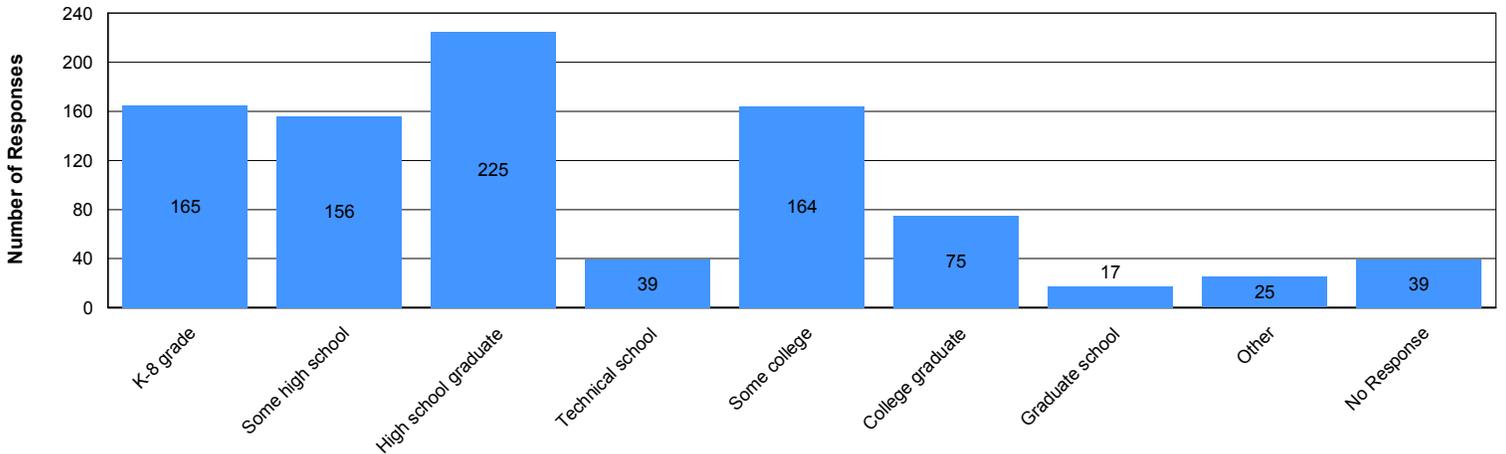
Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

Highest Level of Education



12. Who makes the health care decisions in your household

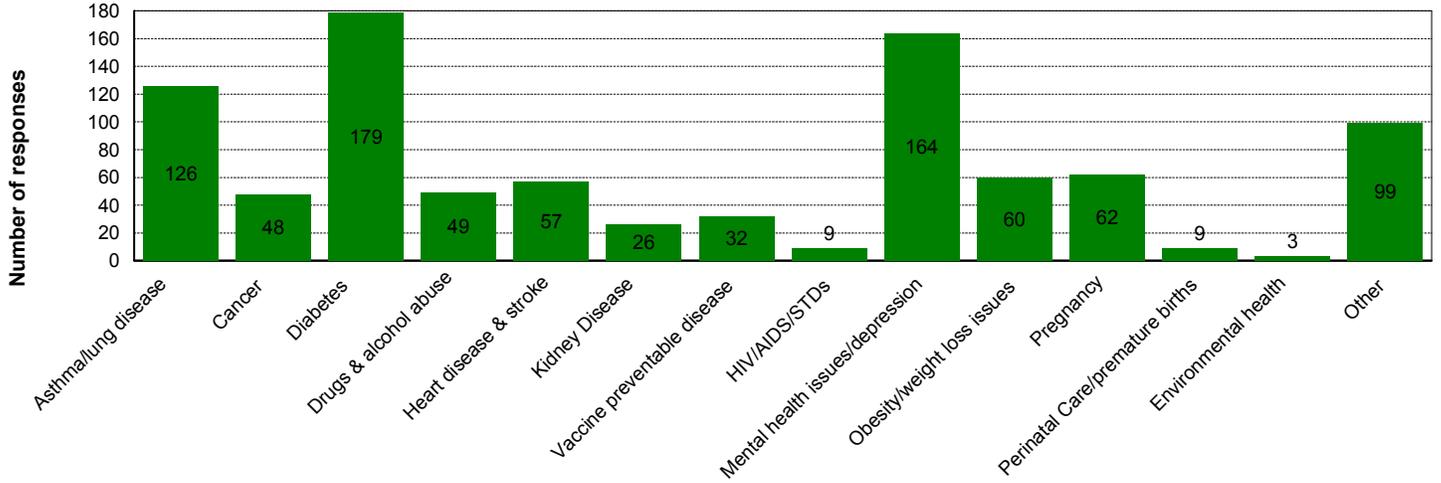
You	648
Sibling	14
Partner	62
Spouse	87
Parent	68
Adult child	31
Friend	4

10. How many people are in your household?

Number of Household Members

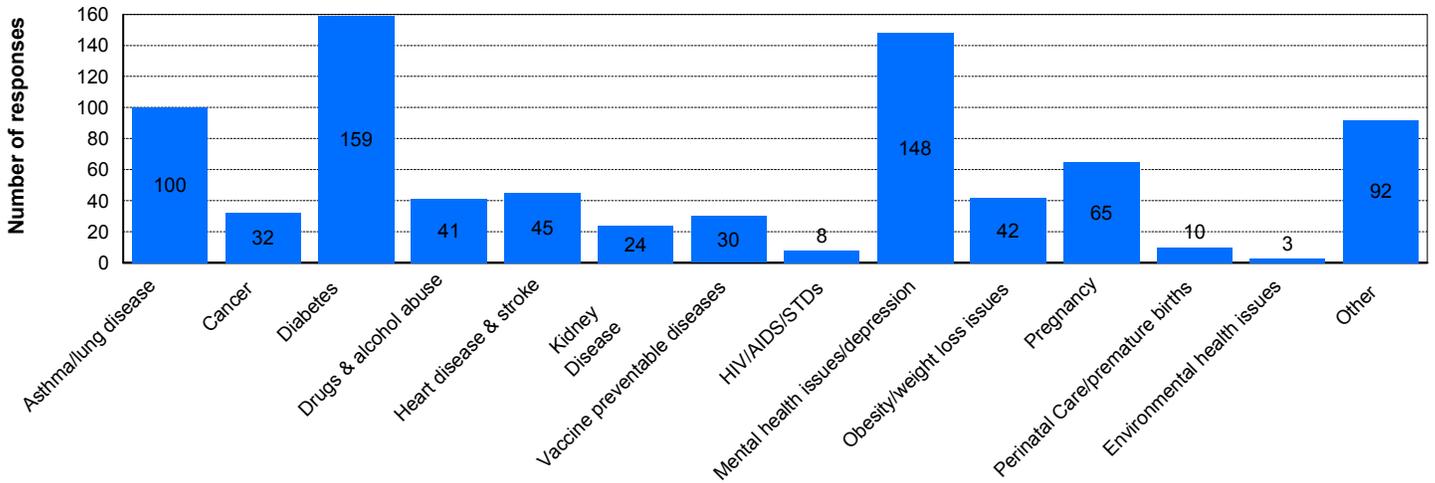
1	83	9.17%
2	134	14.81%
3	151	16.69%
4	184	20.33%
5	123	13.59%
6	71	7.85%
7	33	3.65%
8	13	1.44%
9	11	1.22%
10+	19	2.10%
Missing Responses	83	9.17%

16. Distribution of Health Conditions



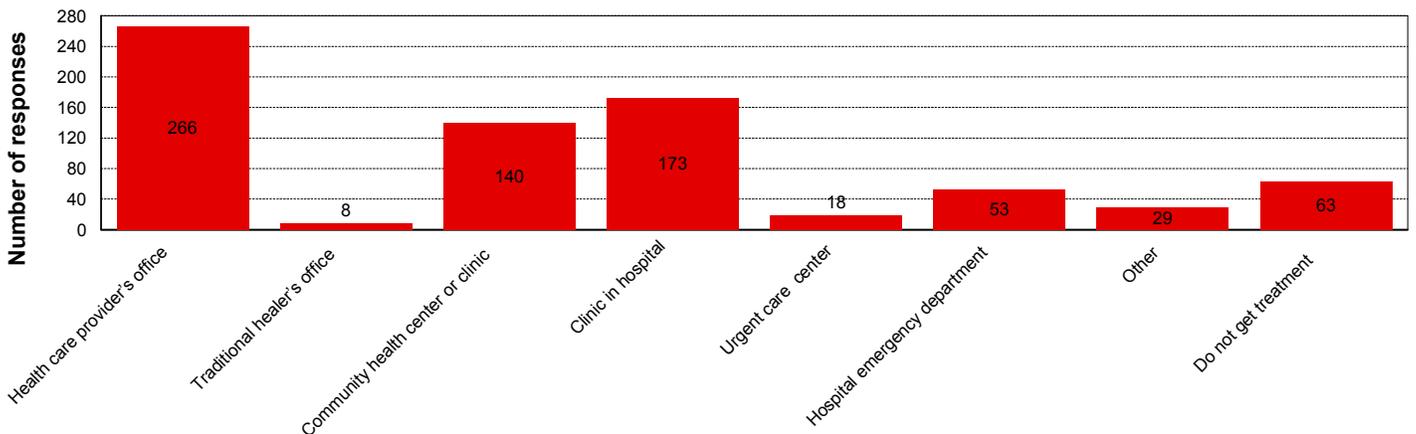
Note: Totals may not add up due to checking multiple responses

17. Distribution of Health Care Treatment



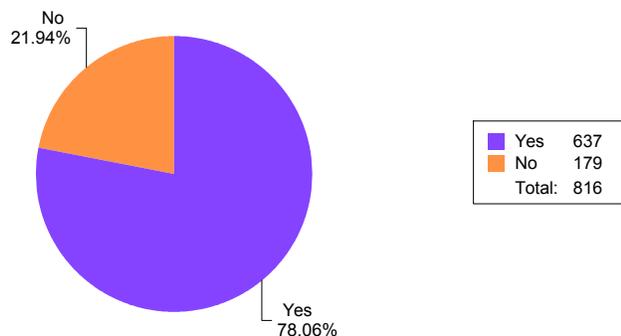
Note: Totals may not add up due to checking multiple responses

18. Distribution of Place of Treatment



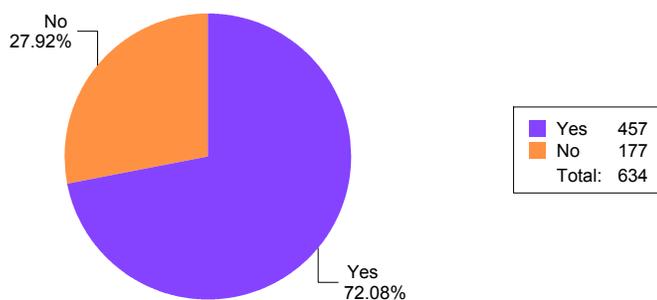
Note: Totals may not add up due to checking multiple responses

19. Knowledge of what to do if a household members health condition gets worse



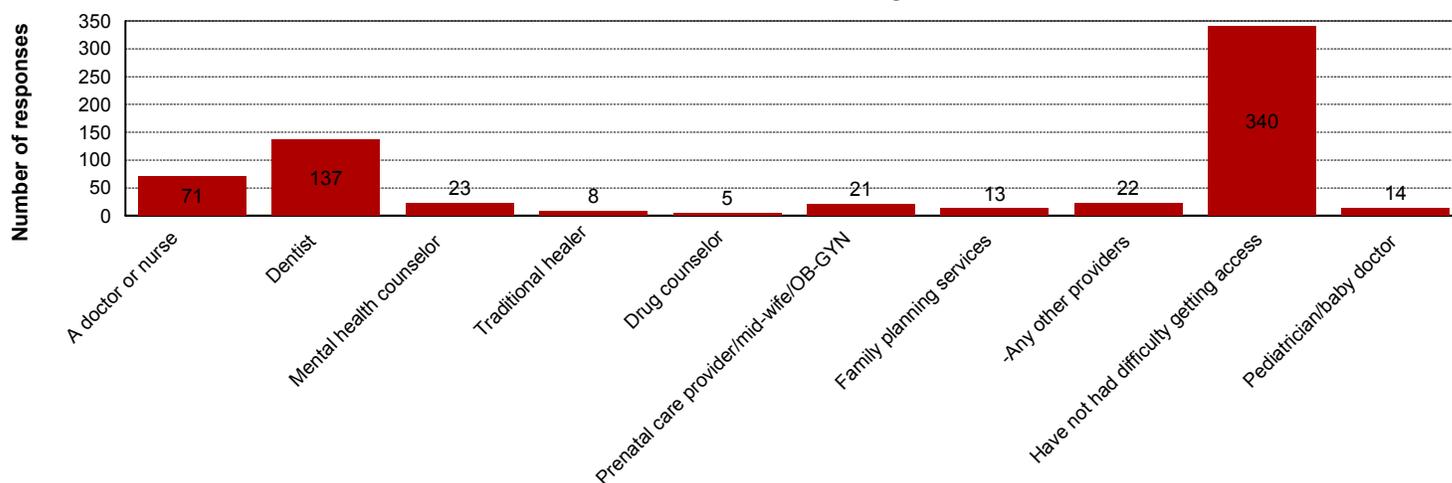
Note: there are 89 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 271 missing responses

22. Distribution of Difficulty of Access

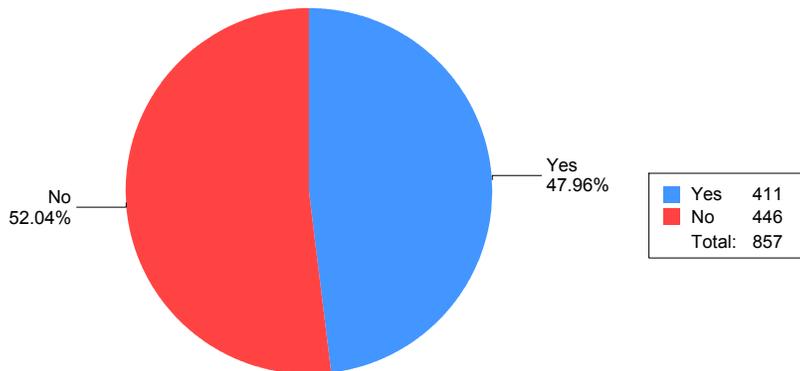


Note: Totals may not add up due to checking multiple responses

23. Reasons for preventing a member of your household to get care from a healthcare provider

No health insurance	178
Could not afford to pay	114
Insurance would not pay	48
Could not find a healthcare provider that took my insurance	22
Did not know how to find a healthcare provider	13
Did not know how to make an appointment	13
They were hard to reach by phone	37
Had to wait too long to get an appointment	78
Office hours are a problem	28
Could not find a health care provider who spoke my language	21
Transportation	38
Office was not physically accessible	3
Did not have any problems getting care from a healthcare provider	227
No time to go to appointment	17
Other	24

14. Visit to the ED



14. Frequency of visits to ED

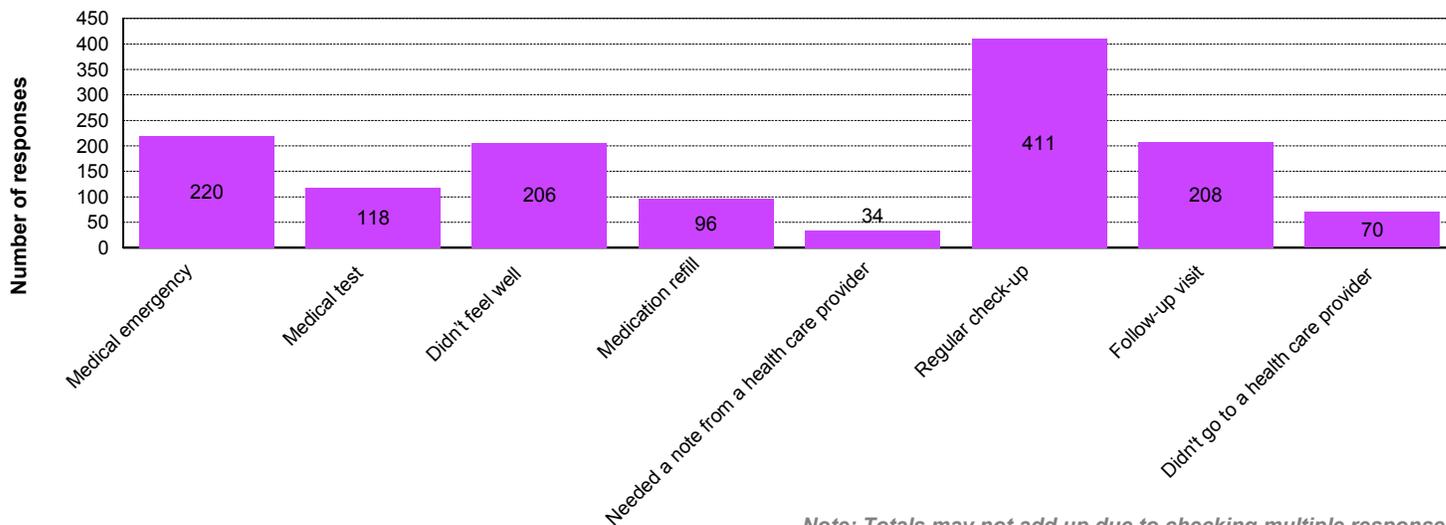
1	177
2	111
3	39
4	11
5	7
6	2
7	1
8	1
12	1

Note: there are 48 missing responses

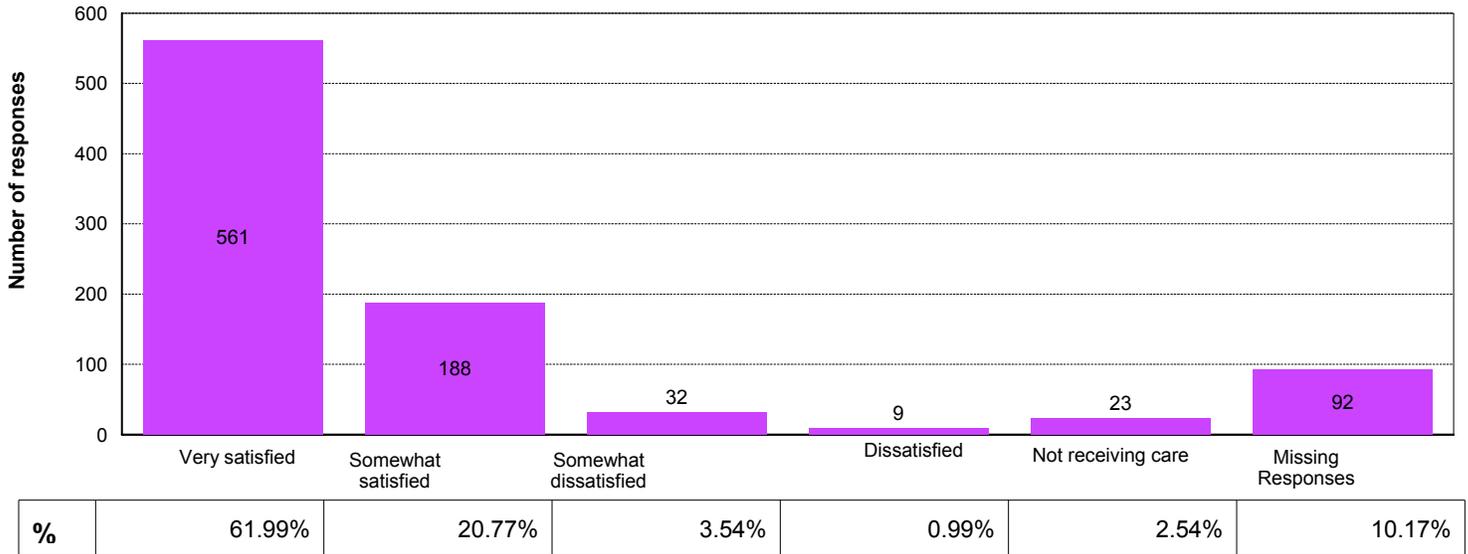
15. Reason for ED Visit

	Total
Emergency room is closest provider	99
No other place to go	29
Arrived by ambulance	51
Only hospital could help	114
Could not get an appointment with health care provider	40
Health care provider said to go	62
Doctor's office not open	62
Problem too serious for doctor's office	77
Most care is at emergency room	62

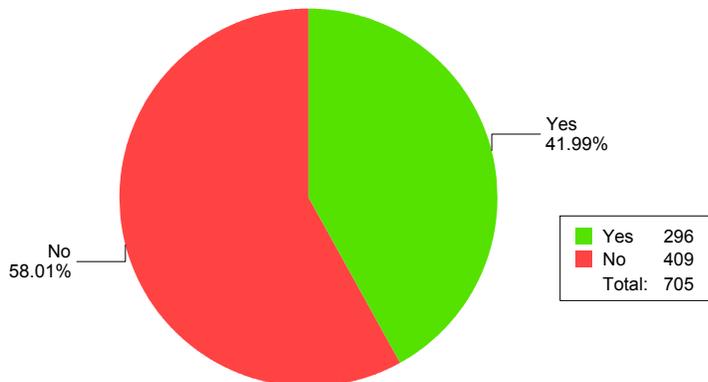
13. Reason for visit to health care provider



21. Satisfaction and dissatisfaction of health care

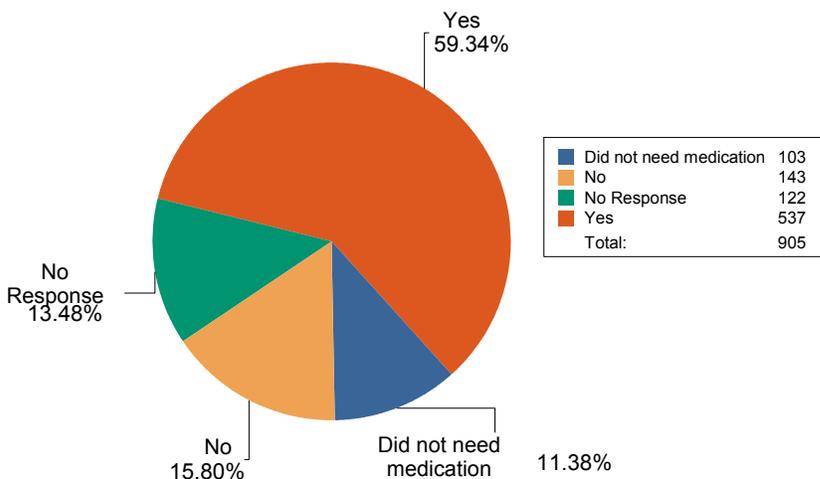


24. Knowledge of health care provider with reduced rates or payment schedule



Note: there are 200 missing responses

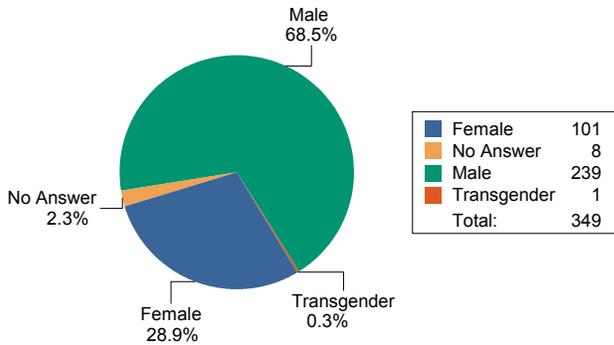
25. Prescriptions Filled



26. Reasons for No Prescriptions

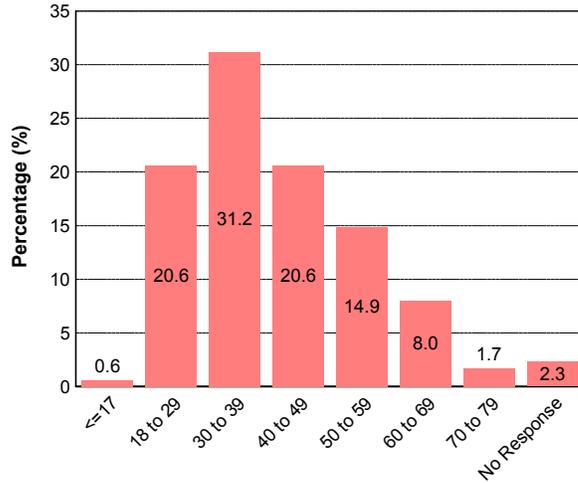
Reason	Total
Costs too much	74
No health insurance	81
Health insurance plan problem	25
Cannot find a pharmacy who accepts my health insurance	8
No time to fill prescription	10
Pharmacy hours are a problem	3
No pharmacy in the area	12
Transportation problems	9
Did not know where to go to get the prescription filled	11
Other	11

Responses by Gender



Note: Percents may not add up to 100% due to rounding.

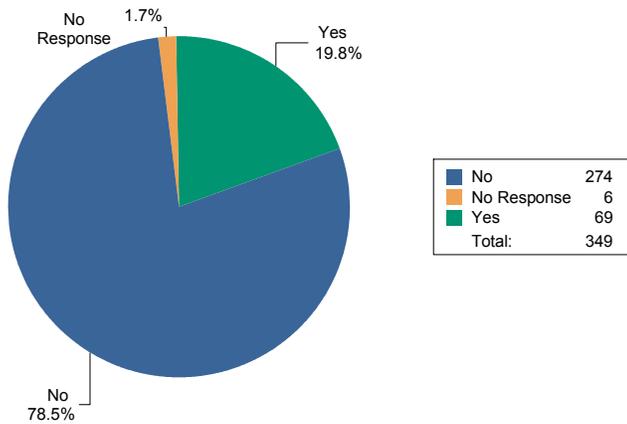
Responses by Age



Average Age	40.5
Median Age	38
Standard Deviation	13.0
Minimum Age	2
Maximum Age	79

Note: No Response indicates incorrect data entry. Totals may not match due to missing data.

Born in the United States



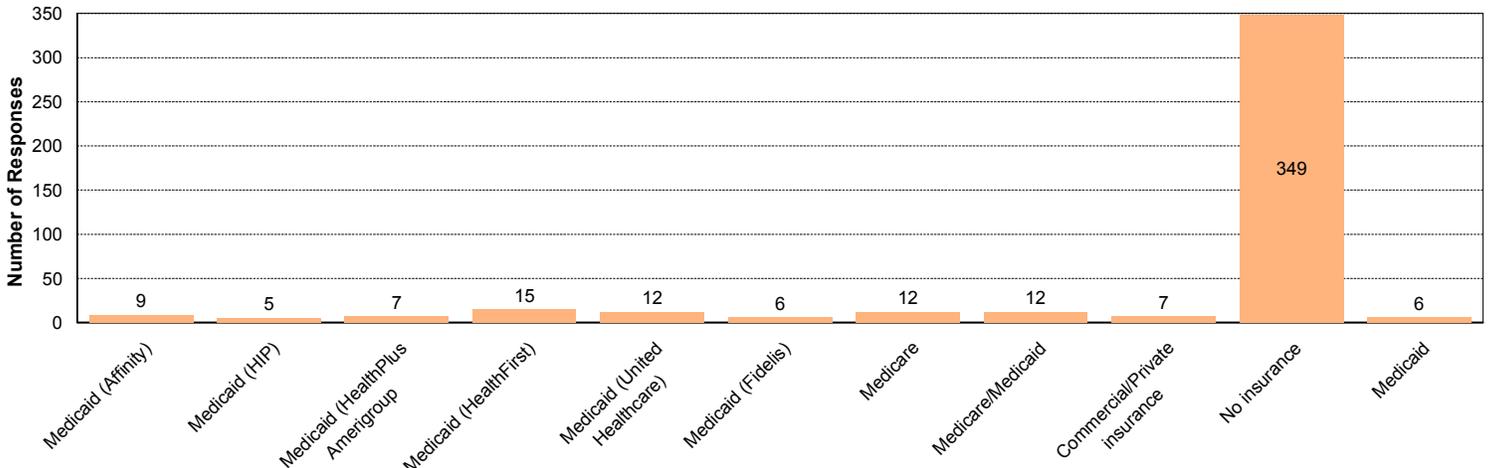
Note: Percents may not add up to 100% due to rounding.

Top 10 Countries

	Total	
El Salvador	84	30.66%
Honduras	34	12.41%
	21	7.66%
Guatemala	17	6.20%
Peru	17	6.20%
Mexico	16	5.84%
colombia	10	3.65%
Ecuador	9	3.28%
Chile	7	2.55%
Dominican Republic	6	2.19%

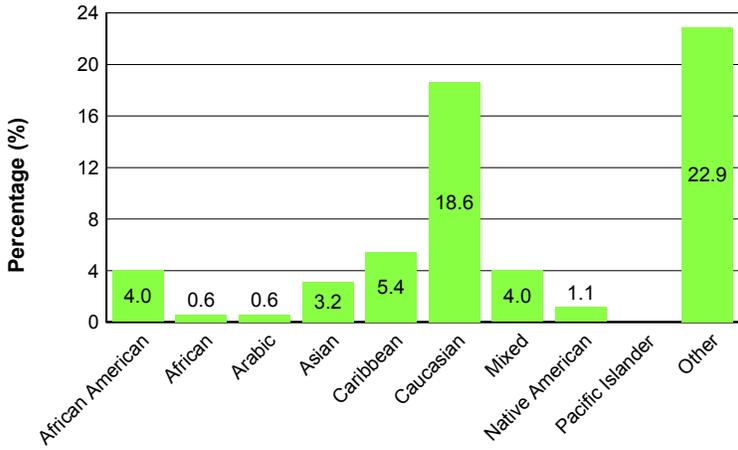
Note: Blank values indicate no response. Percentages are out of all responders not born in the United States (274)

Health Insurance



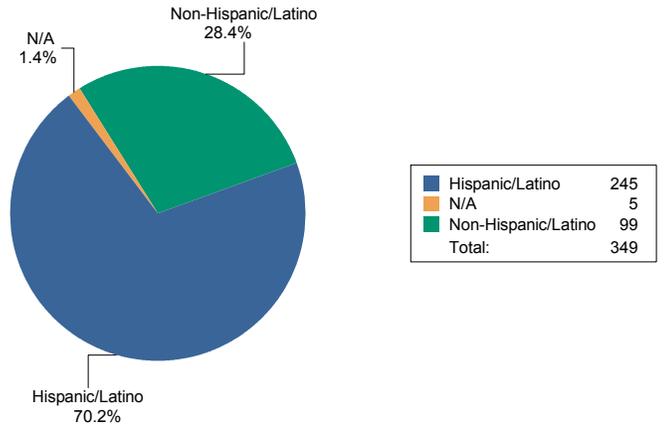
Note: Totals may not add up due to checking multiple insurances

Ethnicity



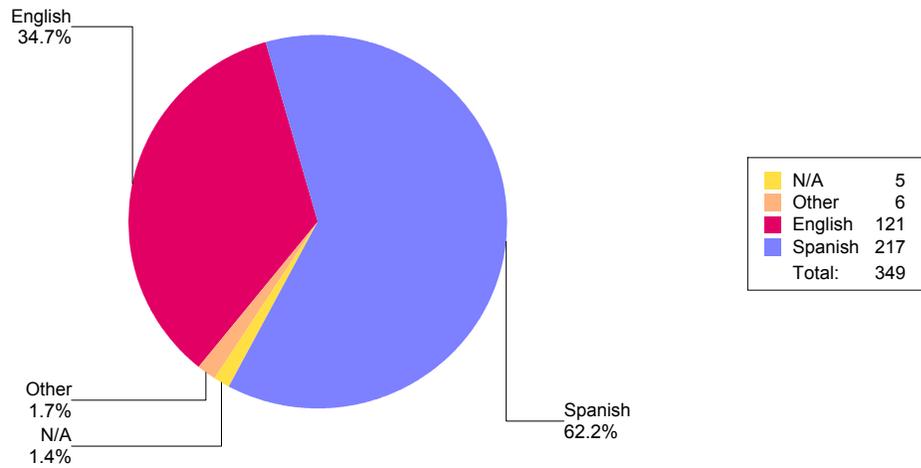
Note: Responses may select multiple ethnicities and are counted for each ethnicity selected. Percentages may not add up to 100% due to missing or incomplete data.

Latino/Hispanic



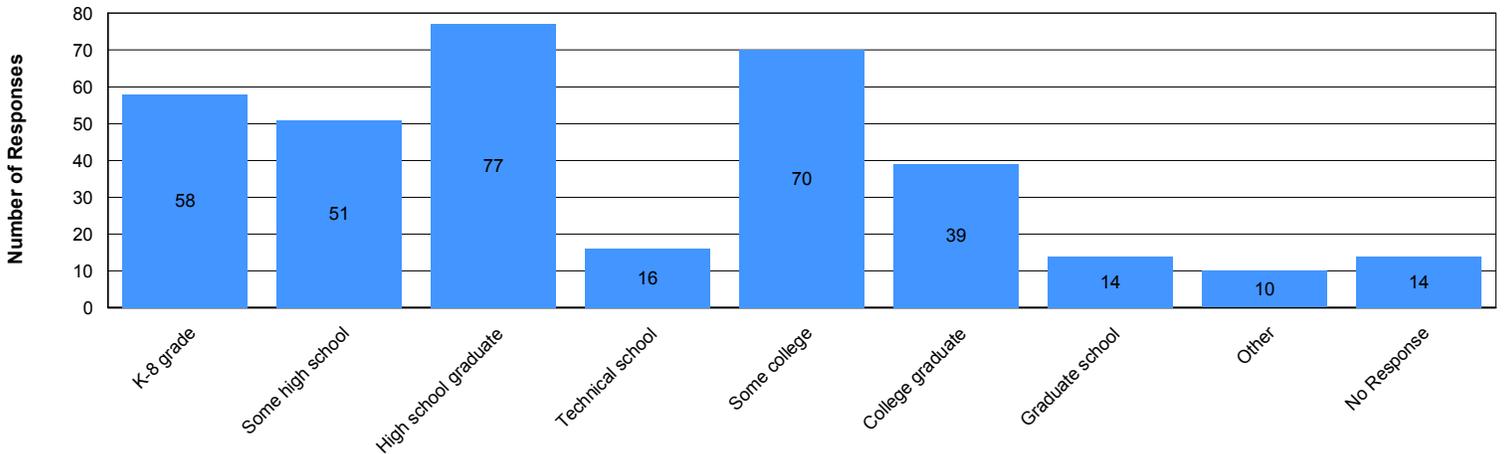
Note: Percents may not add up to 100% due to rounding.

Preferred Language for Health Care



Note: Not all responses typed in a preferred language. Percents may not add up to 100% due to rounding.

Highest Level of Education



12. Who makes the health care decisions in your household

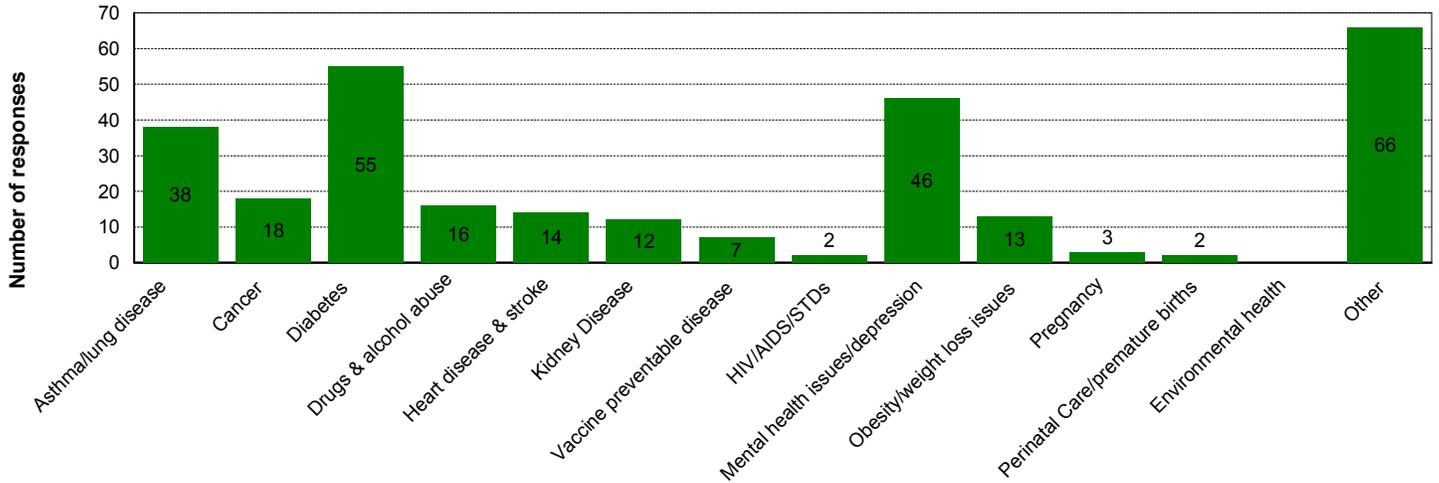
You	261
Sibling	3
Partner	23
Spouse	43
Parent	18
Adult child	10
Friend	1

10. How many people are in your household?

Number of Household Members

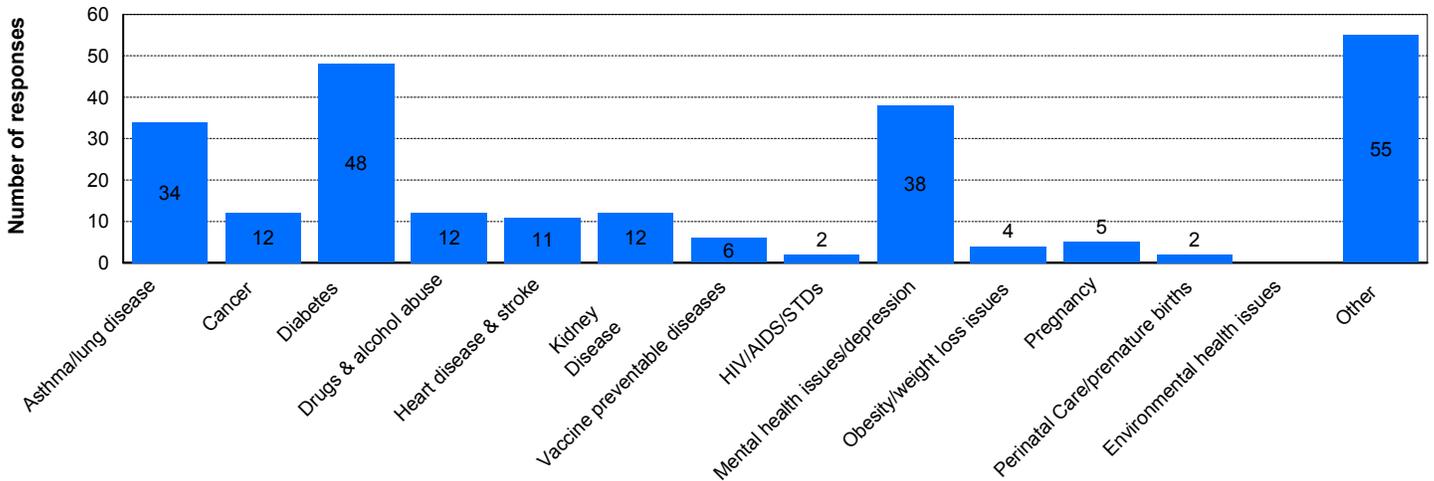
1	34	9.74%
2	55	15.76%
3	57	16.33%
4	73	20.92%
5	42	12.03%
6	29	8.31%
7	10	2.87%
8	5	1.43%
9	3	0.86%
10+	3	0.86%
Missing Responses	38	10.89%

16. Distribution of Health Conditions



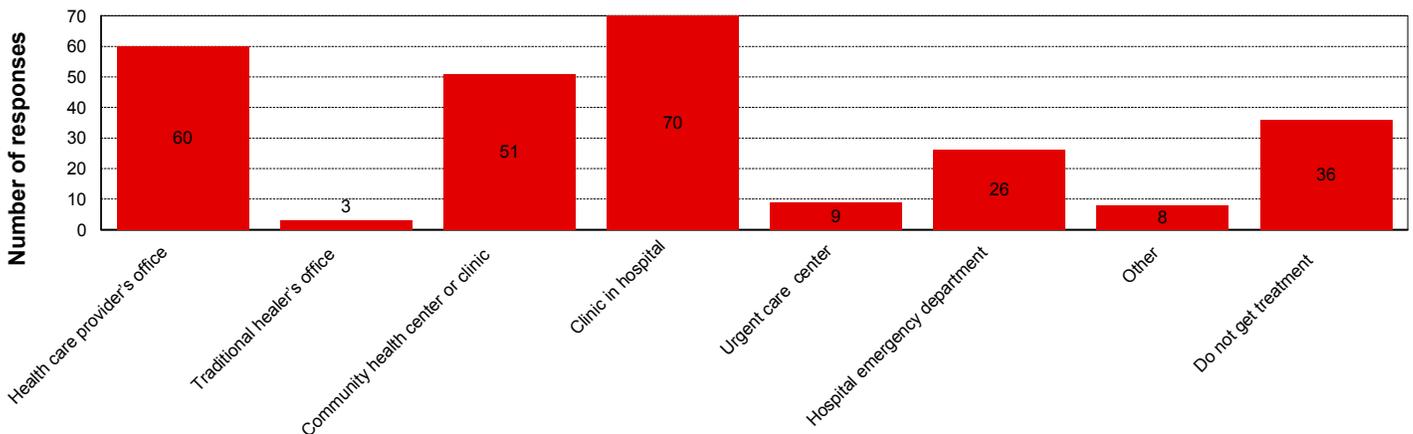
Note: Totals may not add up due to checking multiple responses

17. Distribution of Health Care Treatment



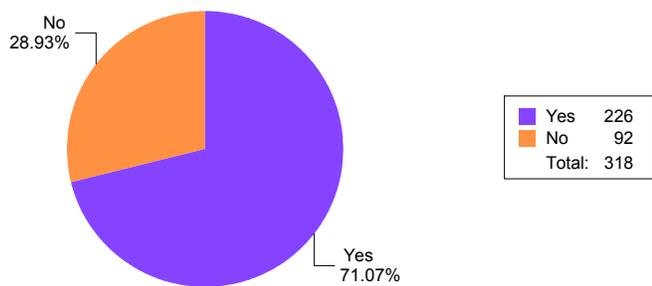
Note: Totals may not add up due to checking multiple responses

18. Distribution of Place of Treatment



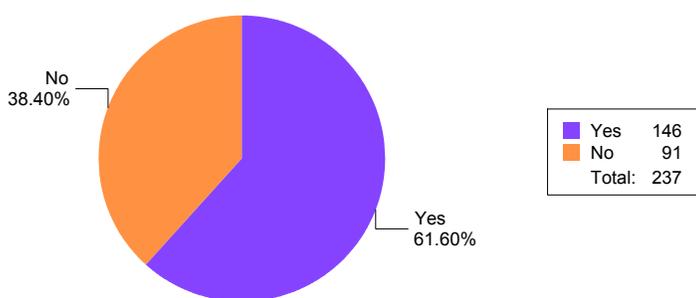
Note: Totals may not add up due to checking multiple responses

19. Knowledge of what to do if a household members health condition gets worse



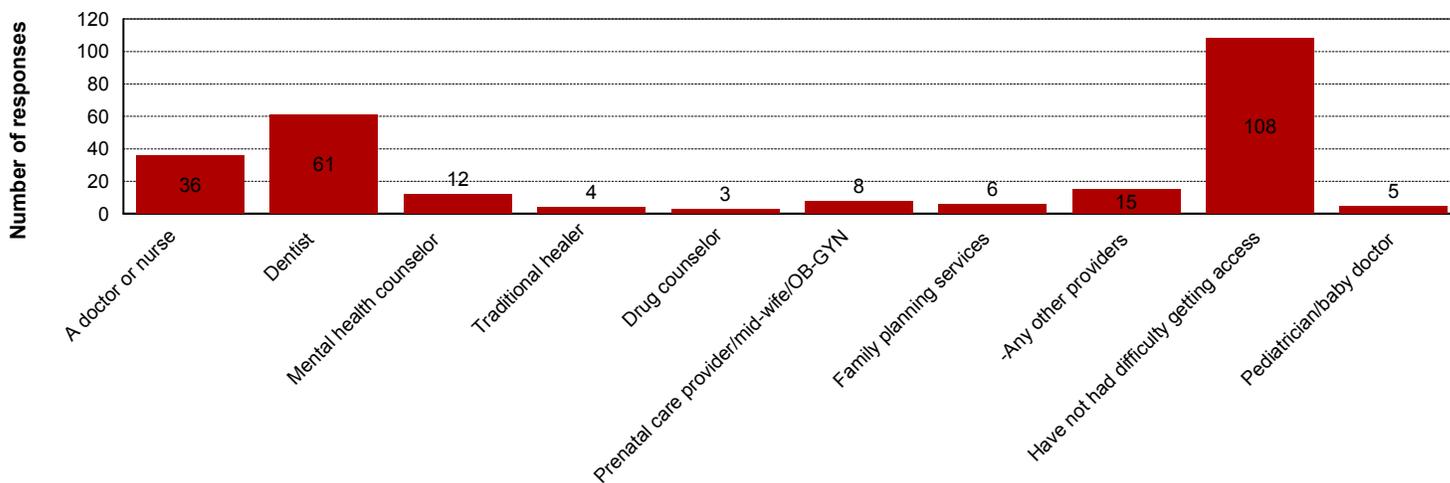
Note: there are 31 missing responses

20. Would Call Doctor's office for help if they didn't know what to do



Note: there are 112 missing responses

22. Distribution of Difficulty of Access

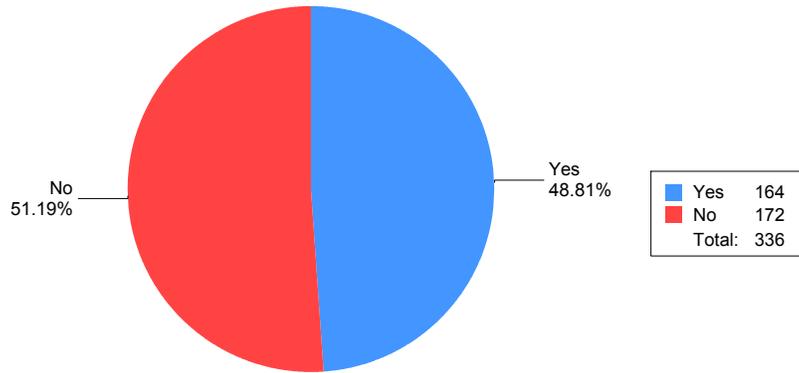


Note: Totals may not add up due to checking multiple responses

23. Reasons for preventing a member of your household to get care from a healthcare provider

No health insurance	133
Could not afford to pay	73
Insurance would not pay	14
Could not find a healthcare provider that took my insurance	4
Did not know how to find a healthcare provider	4
Did not know how to make an appointment	5
They were hard to reach by phone	11
Had to wait too long to get an appointment	26
Office hours are a problem	9
Could not find a health care provider who spoke my language	8
Transportation	10
Office was not physically accessible	2
Did not have any problems getting care from a healthcare provider	61
No time to go to appointment	11
Other	9

14. Visit to the ED



14. Frequency of visits to ED

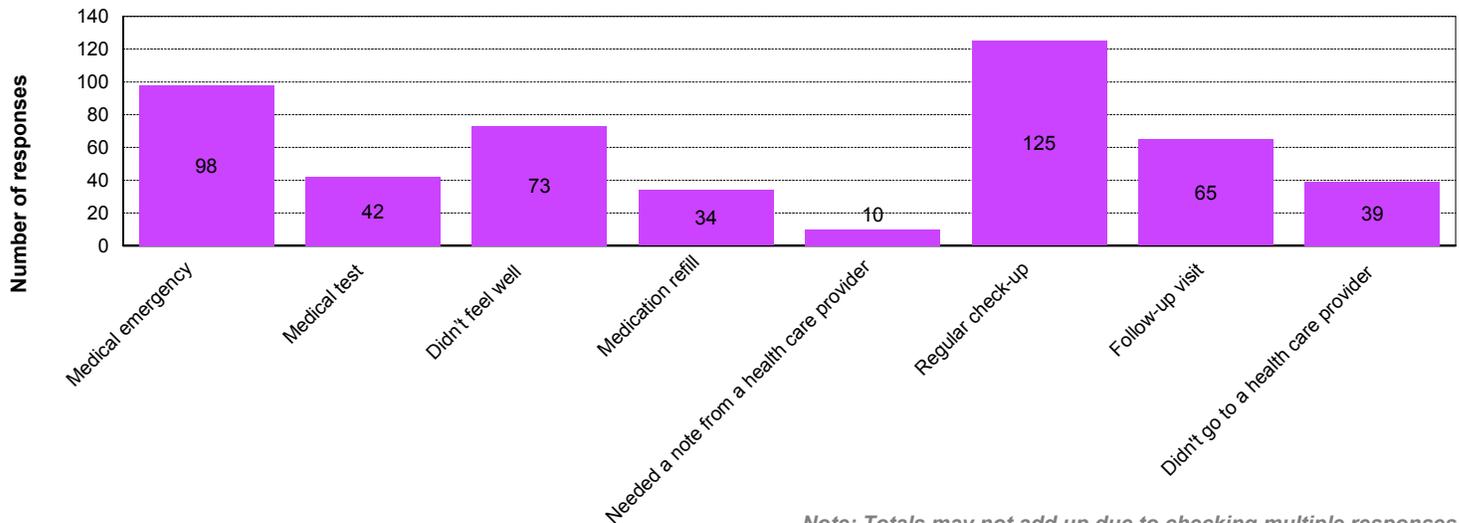
1	81
2	42
3	11
4	3
5	2
6	1
7	1
10	1

Note: there are 13 missing responses

15. Reason for ED Visit

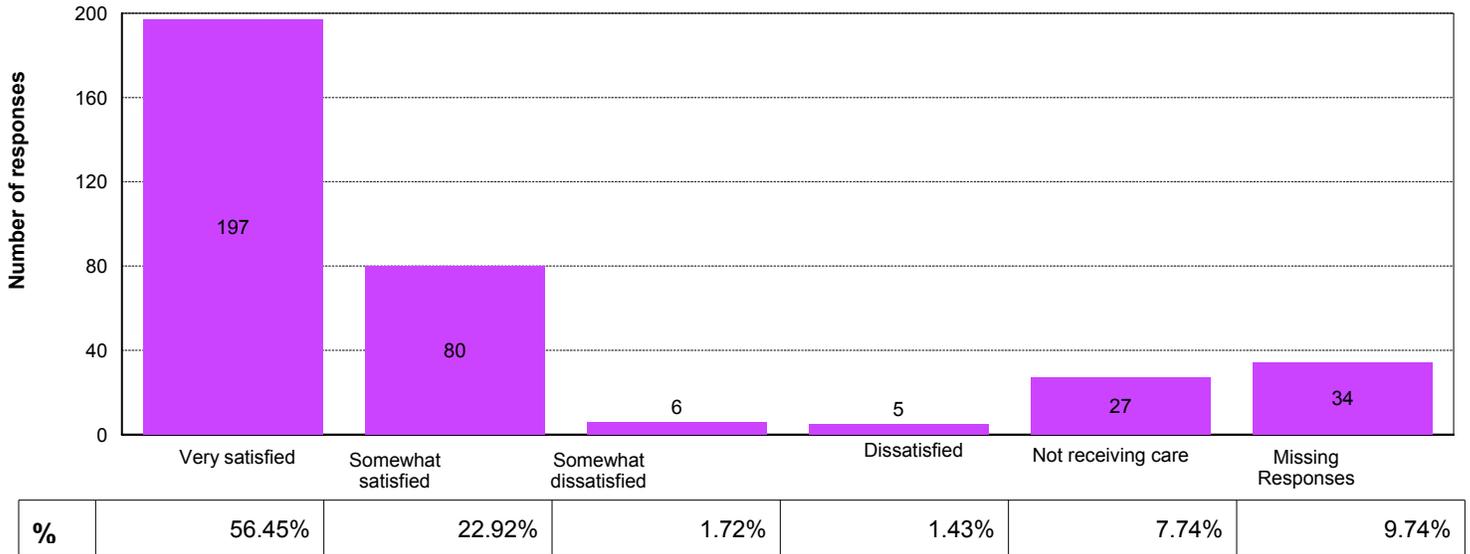
	Total
Emergency room is closest provider	36
No other place to go	22
Arrived by ambulance	16
Only hospital could help	42
Could not get an appointment with health care provider	13
Health care provider said to go	21
Doctor's office not open	26
Problem too serious for doctor's office	25
Most care is at emergency room	26

13. Reason for visit to health care provider

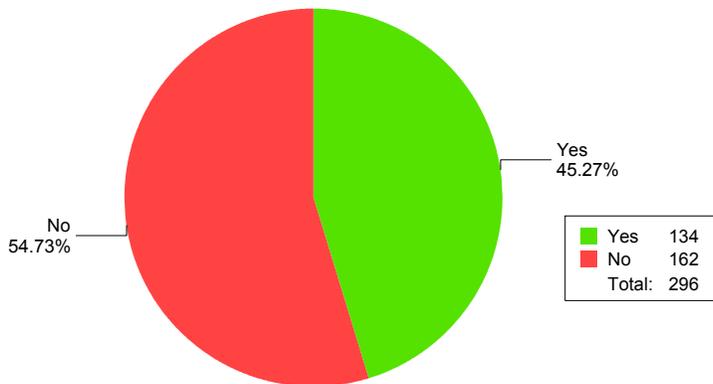


Note: Totals may not add up due to checking multiple responses

21. Satisfaction and dissatisfaction of health care

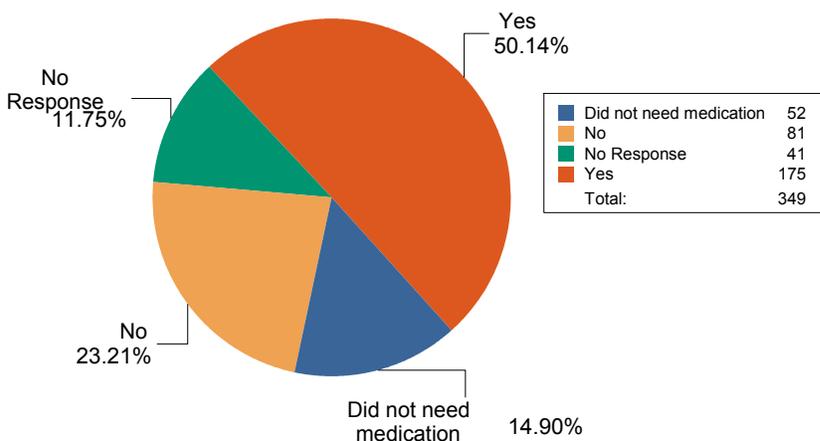


24. Knowledge of health care provider with reduced rates or payment schedule



Note: there are 53 missing responses

25. Prescriptions Filled



26. Reasons for No Prescriptions

Reason	Total
Costs too much	47
No health insurance	66
Health insurance plan problem	11
Cannot find a pharmacy who accepts my health insurance	2
No time to fill prescription	2
Pharmacy hours are a problem	2
No pharmacy in the area	2
Transportation problems	5
Did not know where to go to get the prescription filled	3
Other	4

11. Health Insurance

Insurance Plan	Number of Responses		
	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
Medicare/Medicaid	29.8(829)	14.7% (133)	3.4% (12)
Medicaid (HealthFirst)	14.7% (408)	21.0% (190)	4.3% (15)
Medicare	13.0% (361)	8.4% (76)	3.4% (12)
No Insurance	12.5% (349)	27.1% (245)	100.0% (349)
Medicaid (United Healthcare)	11.8% (328)	8.8% (80)	3.4% (12)
Medicaid	8.2% (227)	5.1% (46)	1.7% (6)
Medicaid (Fidelis)	7.9% (220)	10.9% (99)	1.7% (6)
Medicaid (HealthPlus Amerigroup)	6.5% (181)	7.8% (71)	2.0% (7)
Medicaid (Affinity)	6.3% (174)	8.5% (77)	2.6% (9)
Medicaid (HIP)	5.9% (163)	2.5% (23)	1.4% (5)
Commercial/Private Insurance	3.6% (99)	1.0% (9)	2.0% (7)



12. Health Care Decision Maker of the Household

Decision Maker	Number of Responses		
	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
You	74.1% (2,062)	71.6% (648)	74.8% (261)
Parent	12.5% (348)	7.5% (68)	5.2% (18)
Spouse	7.5% (209)	9.6% (87)	12.3% (43)
Partner	3.4% (94)	6.9% (62)	6.6% (23)
Adult Child	2.7% (76)	3.4% (31)	2.9% (10)
Sibling	2.5% (69)	1.5% (14)	0.9% (3)
Friend	1.1% (31)	0.4% (4)	0.3% (1)



13. Reason for Health Care Provider Visit

Number of Responses

Reason	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
Regular Check-up	53.8% (1,496)	45.4% (411)	35.8% (125)
Follow-up Visit	31.4% (873)	23.0% (208)	18.6% (65)
Didn't Feel Well	27.5% (765)	22.8% (206)	20.9% (73)
Medical Emergency	25.9% (721)	24.3% (220)	18.1% (98)
Medication Refill	25.2% (700)	10.6% (96)	9.7% (34)
Medical Test	24.0% (667)	13.0% (118)	12.0% (42)
Needed a Note from a Health Care Provider	7.3% (202)	3.8% (34)	2.9% (10)
Didn't go to a Health Care Provider	6.1% (169)	7.7% (70)	11.2% (39)



15. Reason for ED visit

Number of Responses

Reason	Overall (n=2,783)	Hispanic Population (n=905)	No Insurance Population (n=349)
Problem too serious for Doctor's office	13.7% (381)	8.5% (77)	7.2% (25)
Only hospital could help	11.7% (325)	12.6% (114)	12.0% (42)
Emergency room is closest provider	10.0% (277)	10.9% (99)	10.3% (36)
Arrived by ambulance	9.3% (260)	5.6% (51)	4.6% (16)
Doctor's office not open	8.0% (224)	6.9% (62)	7.4% (26)
Health provider said to go	7.7% (213)	6.9% (62)	6.0% (21)
Most care is at emergency room	5.3% (148)	6.9% (62)	7.4% (26)
No other place to go	4.3% (120)	3.2% (29)	6.3% (22)
Could not get an appointment with health care provider	3.7% (102)	4.4% (40)	3.7% (13)



16. Distribution of Health Conditions

Number of Responses

Health Conditions	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Mental Health Issues/Depression	42.5% (1,182)	18.1% (164)	13.5% (46)
Diabetes	21.3% (593)	19.8% (179)	15.8% (55)
Asthma/Lung Disease	15.1% (420)	13.9% (126)	10.9% (38)
Obesity & Weight Loss Issues	13.4% (374)	6.6% (60)	3.7% (13)
Drugs & Alcohol Abuse	12.4% (345)	5.4% (49)	4.6% (16)
Other	11.5% (321)	10.9% (99)	18.9% (66)
Heart Disease & Stroke	7.9% (220)	6.3% (57)	4.0% (14)
Cancer	5.1% (141)	5.3% (48)	5.2% (18)
Pregnancy	3.5% (98)	6.9% (62)	0.9% (3)
Vaccine Preventable Diseases	3.3% (92)	3.5% (32)	2.0% (7)
Kidney Disease	2.7% (76)	2.9% (26)	3.4% (12)
HIV/AIDS/STDs	1.8% (49)	1.0% (9)	0.6% (2)

17. Distribution of Health Care Treatment

Number of Responses

Health Conditions	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Mental Health Issues/Depression	40.3% (1,121)	16.4% (148)	10.9% (38)
Diabetes	19.0% (528)	17.6% (159)	13.8% (48)
Asthma/Lung Disease	12.9% (360)	11.0% (100)	9.7% (34)
Drugs & Alcohol Abuse	11.7% (326)	4.5% (41)	3.4% (12)
Other	10.3% (288)	10.2% (92)	15.8% (55)
Obesity & Weight Loss Issues	9.9% (275)	4.6% (42)	1.1% (4)
Heart Disease & Stroke	7.4% (206)	5.0% (45)	3.2% (11)
Cancer	4.0% (110)	3.5% (32)	3.4% (12)
Pregnancy	3.8% (105)	7.2% (65)	1.4% (5)
Vaccine Preventable Diseases	3.6% (99)	3.3% (30)	1.7% (6)
Kidney Disease	2.6% (72)	2.7% (24)	3.4% (12)
HIV/AIDS/STDs	1.6% (44)	0.9% (8)	0.6% (2)

18. Distribution of Place of Treatment

Number of Responses

Place of Treatment	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Health Care Provider's Office	46.4% (1,290)	29.4% (266)	17.2% (60)
Clinic in Hospital	20.1% (559)	19.1% (173)	20.1% (70)
Community Health Center or Clinic	16.2% (450)	15.5% (140)	14.6% (51)
Hospital Emergency Department	9.3% (258)	5.9% (53)	7.4% (26)
Did Not Get Treatment	5.0% (138)	7.0% (63)	10.3% (36)
Other	4.3% (119)	3.2% (29)	2.3% (8)
Urgent Care Center	3.7% (102)	2.0% (18)	2.6% (9)
Traditional Healer's Office	1.4% (38)	0.9% (8)	0.9% (3)

22. Distribution of Difficulty of Access

Number of Responses

Health Care Provider	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Have Not Had Difficulty Getting Access	42.3% (1,177)	37.6% (340)	30.9% (108)
Dentist	12.7% (353)	15.1% (137)	17.5% (61)
Doctor or Nurse	8.1% (226)	7.8% (71)	10.3% (36)
Mental Health Counselor	4.1% (114)	2.5% (23)	3.4% (12)
Any Other Providers	3.2% (89)	2.4% (22)	4.3% (15)
Prenatal Care Provider/Mid-Wife/OB-GYN	1.5% (43)	2.3% (21)	2.3% (8)
Drug Counselor	1.2% (34)	0.6% (5)	0.9% (3)
Family Planning Services	1.1% (30)	1.4% (13)	1.7% (6)
Pediatrician/Baby Doctor	0.8% (23)	1.5% (14)	1.4% (5)
Traditional Healer	0.8% (21)	0.9% (8)	1.1% (4)

23. Reasons for Preventing a Member of your Household to Get Care from a Health Care Provider

Number of Responses

Reason	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Did not have any problems getting care from a healthcare provider	29.1% (811)	25.1% (227)	17.5% (61)
No health insurance	11.9% (330)	19.7% (178)	38.1% (133)
Could not afford to pay	8.7% (241)	12.6% (114)	20.9% (73)
Had to wait too long to get an appointment	7.4% (206)	8.6% (78)	7.4% (26)
Insurance would not pay	7.1% (198)	5.3% (48)	4.0% (14)
Transportation	5.1% (141)	4.2% (38)	2.9% (10)
Could not find a healthcare provider that took my insurance	4.7% (130)	2.4% (22)	1.1% (4)
They were hard to reach by phone	4.0% (112)	4.1% (37)	3.2% (11)
Other	3.2% (90)	2.7% (24)	2.6% (9)
Could not find a health care provider who spoke my language	2.4% (67)	2.3% (21)	2.3% (8)
Did not know how to find a healthcare provider	1.6% (45)	1.4% (13)	1.1% (4)
No time to go to appointment	1.5% (43)	1.9% (17)	3.2% (11)

26. Reasons for No Prescriptions

Number of Responses

Reason	Overall n=2,783	Hispanic Population n=905	No Insurance Population n=349
Costs too much	6.3% (174)	8.2% (74)	13.5% (47)
No health insurance	4.7% (131)	9.0% (81)	18.9% (66)
Health insurance plan problem	3.5% (97)	2.8% (25)	3.2% (11)
Other	2.0% (57)	1.2% (11)	1.1% (4)
Did not know where to go to get the prescription filled	1.3% (35)	1.0% (9)	0.9% (3)
Transportation problems	1.1% (32)	1.3% (12)	1.4% (5)
Cannot find a pharmacy who accepts my health insurance	0.8% (21)	0.9% (8)	0.6% (2)
No time to fill prescription	0.5% (13)	1.1% (10)	0.6% (2)
No pharmacy in the area	0.4% (10)	0.3% (3)	0.6% (2)
Pharmacy hours are a problem	0.2% (5)	0.0% (0)	0.0% (0)

COMMUNITY HEALTH ASSESSMENT SURVEY

Please complete our survey!

We want to learn what it is like for you and your family to get health care services in Queens County. Catholic Health Services of Long Island and North Shore- LIJ Health System will use the survey results to improve the way health care is provided in the County. You must be 18 years of age or older to participate.

Thank you.

1. What is your zip code? _____

2. What is your age? _____

3. What gender do you identify with?

Female Male Transgender

4. Were you born in the United States?

Yes No

5. If you were not born in the US, in which country were you born? _____

6. In what language do you prefer to speak about your health care?

English Spanish Creole Other _____

7. What is your ethnicity? (check all that apply)

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian
<input type="checkbox"/> African	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> Arabic/Middle Eastern	<input type="checkbox"/> Mixed race/ethnicity
<input type="checkbox"/> Caribbean/ West Indian	<input type="checkbox"/> Other _____

8. Are you Latino/Hispanic?

Yes No

9. What is your highest level of education? (check one)

<input type="checkbox"/> K-8 grade	<input type="checkbox"/> Some college
<input type="checkbox"/> Some high school	<input type="checkbox"/> College graduate
<input type="checkbox"/> High school graduate	<input type="checkbox"/> Graduate school

Technical school Other (please specify) _____

10. How many people are in your household? _____

**11. What type of health insurance do you and those living in your household have?
(check all that apply)**

- Medicaid **(check Medicaid plan types below)**
 - Affinity
 - HealthPlus Amerigroup
 - HIP
 - HealthFirst
 - Fidelis
 - United Healthcare
- Medicare
- Medicare/Medicaid
- Commercial/Private insurance
- No insurance

12. Who in your household makes health care decisions for you and your household?

- You Sibling Partner
- Spouse Parent Adult Child Friend

13. In the past year, if you or members of your household went to a health care provider, what was the reason? (check all that apply)

- Medical emergency Needed a note from a health care provider
- Medical test Regular check-up
- Didn't feel well Follow-up visit
- Medication refill Did not go to a health care provider

14. In the past year, have you or members of your household been to an Emergency Department?

- Yes If yes, how many times? _____
- No

15. If you or members of your household went to the Emergency Department, what was the reason that you or members of your household went to the Emergency Department? (check all that apply)

- Emergency room is closest provider
- No other place to go
- Arrived by ambulance
- Only hospital could help
- Could not get an appointment with a health care provider
- Health care provider said to go
- Doctor's office not open
- Problem too serious for doctor's office
- Most care is at emergency room

16. Do you or members of your household have any of the following health conditions? (check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

17. Which of the following conditions do you or your household members get health care treatment for? (check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

18. If you and members of your household get treatment for these conditions, where do you/they go? (check all that apply)

- Health care provider's office (Doctor or other)
- Traditional healer's office (holistic health clinic)
- Community health center or clinic
- Clinic in hospital
- Urgent care center
- Hospital emergency department
- Other: _____
- Do not get treatment

19. Do you know what to do for you or members of your household if a health condition gets worse? Yes No

20. If you don't know what to do when your or a member of your households condition is getting worse, is there someone at your doctor's office you would call to help you? Yes No

21. Are you and members of your household satisfied or dissatisfied with your health care?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Dissatisfied
- Not receiving care

22. In the past year, did you or any member of your household have difficulty getting access to any of the following health care providers? (check all that apply)

- A doctor or nurse you go to for basic health care needs
- Dentist
- Mental health counselor
- Traditional healer (holistic health care)
- Drug counselor
- Prenatal care provider/mid-wife/ OB/GYN
- Pediatrician/baby doctor
- Family planning services
- Any other providers
- Have not had difficulty getting access

23. Did any of the reasons below prevent you or a member of your household from getting care from a healthcare provider? (check all that apply)

- No health insurance
- Could not afford to pay the bill
- Insurance would not pay
- Could not find a health care provider that took my health insurance
- Did not know how to find a healthcare provider
- Did not know how to make an appointment
- They were hard to reach by phone
- Had to wait too long to get an appointment
- No time to go to appointment
- Office hours are a problem
- Could not find a healthcare provider who spoke my language
- Transportation
- Office was not physically accessible
- Did not have any problems getting care from a healthcare provider

Other _____

24. If you or a member of your household does not have health insurance, do you know about a health care provider that will offer a reduced rate and/or payment schedule?

Yes No

25. In the past year, have you or a member of your household been able to get all of your prescriptions filled?

Yes No Did not need medication

26. If no, why not? (check all that apply)

- Costs too much
- No health insurance
- Health insurance plan problem
- Cannot find a pharmacy who accepts my health insurance
- No time to fill prescription
- Pharmacy hours are a problem
- No pharmacy in the area
- Transportation problems
- Did not know where to go to get the prescription filled
- Other _____

Thank you for your time in completing this survey.

COMMUNITY HEALTH ASSESSMENT SURVEY

Please complete our survey!

We want to learn what it is like for you and your family to get health care services in Nassau County. Catholic Health Services of Long Island, North Shore- LIJ Health System and Nu Health Care Corporation will use the survey results to improve the way health care is provided in the County. You must be 18 years of age or older to participate.

Thank you.

27. What is your zip code? _____

28. What is your age? _____

29. What gender do you identify with?

Female Male Transgender

30. Were you born in the United States?

Yes No

31. If you were not born in the US, in which country were you born? _____

32. In what language do you prefer to speak about your health care?

English Spanish Creole Other _____

33. What is your ethnicity? (check all that apply)

African American Caucasian
 African Pacific Islander
 Asian Native American
 Arabic/Middle Eastern Mixed race/ethnicity
 Caribbean/ West Indian Other _____

34. Are you Latino/Hispanic?

Yes No

35. What is your highest level of education? (check one)

K-8 grade Some college
 Some high school College graduate
 High school graduate Graduate school

Technical school Other (please specify) _____

36. How many people are in your household? _____

**37. What type of health insurance do you and those living in your household have?
(check all that apply)**

- Medicaid **(check Medicaid plan types below)**
 - Affinity
 - HealthPlus Amerigroup
 - HIP
 - HealthFirst
 - Fidelis
 - United Healthcare
- Medicare
- Medicare/Medicaid
- Commercial/Private insurance
- No insurance

38. Who in your household makes health care decisions for you and your household?

- You Sibling Partner
- Spouse Parent Adult Child Friend

39. In the past year, if you or members of your household went to a health care provider, what was the reason? (check all that apply)

- Medical emergency Needed a note from a health care provider
- Medical test Regular check-up
- Didn't feel well Follow-up visit
- Medication refill Did not go to a health care provider

40. In the past year, have you or members of your household been to an Emergency Department?

- Yes If yes, how many times? _____
- No

41. If you or members of your household went to the Emergency Department, what was the reason that you or members of your household went to the Emergency Department? (check all that apply)

- Emergency room is closest provider
- No other place to go
- Arrived by ambulance
- Only hospital could help
- Could not get an appointment with a health care provider
- Health care provider said to go
- Doctor's office not open
- Problem too serious for doctor's office
- Most care is at emergency room

42. Do you or members of your household have any of the following health conditions? (check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

43. Which of the following conditions do you or your household members get health care treatment for? (check all that apply)

- Asthma/lung disease
- Cancer
- Diabetes
- Drugs & alcohol abuse
- Heart disease & stroke
- Kidney Disease
- Vaccine preventable diseases (for example Measles, Mumps, Flu, HPV)
- Environmental health issues (for example lead poisoning)
- Other (please specify) _____
- HIV/AIDS/Sexually Transmitted Diseases (STDs)
- Mental health issues/depression
- Obesity/weight loss issues
- Pregnancy
- Perinatal Care/premature births

44. If you and members of your household get treatment for these conditions, where do you/they go? (check all that apply)

- Health care provider's office (Doctor or other)
- Traditional healer's office (holistic health clinic)
- Community health center or clinic
- Clinic in hospital
- Urgent care center
- Hospital emergency department
- Other: _____
- Do not get treatment

45. Do you know what to do for you or members of your household if a health condition gets worse? ___ Yes ___ No

46. If you don't know what to do when your or a member of your households condition is getting worse, is there someone at your doctor's office you would call to help you? ___ Yes ___ No

47. Are you and members of your household satisfied or dissatisfied with your health care?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Dissatisfied
- Not receiving care

48. In the past year, did you or any member of your household have difficulty getting access to any of the following health care providers? (check all that apply)

- A doctor or nurse you go to for basic health care needs
- Dentist
- Mental health counselor
- Traditional healer (holistic health care)
- Drug counselor
- Prenatal care provider/mid-wife/ OB/GYN
- Pediatrician/baby doctor
- Family planning services
- Any other providers
- Have not had difficulty getting access

49. Did any of the reasons below prevent you or a member of your household from getting care from a healthcare provider? (check all that apply)

- No health insurance
- Could not afford to pay the bill
- Insurance would not pay
- Could not find a health care provider that took my health insurance
- Did not know how to find a healthcare provider
- Did not know how to make an appointment
- They were hard to reach by phone
- Had to wait too long to get an appointment
- No time to go to appointment
- Office hours are a problem
- Could not find a healthcare provider who spoke my language
- Transportation
- Office was not physically accessible
- Did not have any problems getting care from a healthcare provider

Other _____

50. If you or a member of your household does not have health insurance, do you know about a health care provider that will offer a reduced rate and/or payment schedule?

Yes No

51. In the past year, have you or a member of your household been able to get all of your prescriptions filled?

Yes No Did not need medication

52. If no, why not? (check all that apply)

- Costs too much
- No health insurance
- Health insurance plan problem
- Cannot find a pharmacy who accepts my health insurance
- No time to fill prescription
- Pharmacy hours are a problem
- No pharmacy in the area
- Transportation problems
- Did not know where to go to get the prescription filled
- Other _____

Thank you for your time in completing this survey.

SONDAJ SOU EVALYASYON SANTE KOMINOTE A

Tanpri reponn kesyonè sondaj nou an!

Nou vle konnen kisa sa vle di pou oumenm ak fanmi ou pou resevwa sèvis swen sante nan Konte Nassau. Catholic Health Services of Long Island, North Shore- LIJ Health System ak Nu Health Care Corporation pral itilize rezilta sondaj la pou fè fason yo bay swen sante nan Konte a vin pi bon. Ou dwe gen laj 18 tan oswa plis pou patisipe nan sondaj la.

Mèsi.

53. Ki kòd postal ou? _____

54. Ki laj ou? _____

55. Avèk ki sèks ou idantifye tèt ou?

Fanm Gason Transjan

56. Èske ou te fèt nan Etazini?

Wi Non

57. Si ou pa t fèt nan Etazini, na ki peyi ou te fèt? _____

58. Nan ki lang ou pito pale konsènan swen sante ou?

Anglè Panyòl Kreyòl Lòt lang _____

59. Nan ki gwoup etnik ou ye? (tcheke tout sa ki konsène ou)

<input type="checkbox"/> Ameriken Nwa	<input type="checkbox"/> Blan
<input type="checkbox"/> Afriken	<input type="checkbox"/> Moun ki Fèt nan Zile Pasifik
<input type="checkbox"/> Azyatik	<input type="checkbox"/> Ameriken Natifnatal
<input type="checkbox"/> Arab/Mwayennoryan	<input type="checkbox"/> Ras miks/etnisite
<input type="checkbox"/> Karayibeyen/Antiyè	<input type="checkbox"/> Lòt _____

60. Èske ou se Latino-Ameriken oswa Ispanik?

Wi Non

61. Nan pi gwo nivo edikasyon ou rive? (tcheke youn)

<input type="checkbox"/> Klas matènèl-8yèm ane	<input type="checkbox"/> Kèk klas kolèj
<input type="checkbox"/> Kèk klas nan lekòl segondè	<input type="checkbox"/> Diplome nan kolèj
<input type="checkbox"/> Diplome nan lekòl segondè	<input type="checkbox"/> Lekòl siperyè
<input type="checkbox"/> Lekòl teknik	<input type="checkbox"/> Lòt (tanpri bay prezizyon) _____

62. Konbyen moun k ap viv lakay ou? _____

63. Ki kalite asirans sante oumenm ak moun k ap viv lakay ou genyen? (tcheke tout sa ki konsène ou)

- Medicaid (tcheke kalite plan Medicaid yo anba la a)
 - Affinity
 - HealthPlus Amerigroup
 - HIP
 - HealthFirst
 - Fidelis
 - United Healthcare
- Medicare
- Medicare/Medicaid
- Asirans komèsyal/Prive
- Nou pa gen asirans

64. Kimoun lakay ou ki pran desizyon sou swen sante pou ou ak pou moun lakay ou?

- Oumenm
- Frè/Sè
- Patnè
- Madanm/Mari
- Paran
- Timoun Adilt
- Zanmi

65. Ane pase, si oumenm oswa moun k ap viv lakay ou te ale nan klinik yon pwofesyonèl swen sante, pou ki rezon sa te fèt? (tcheke tout sa ki konsène ou)

- Ijans medikal
- Te bezwen yon nòt nan klinik yon pwofesyonèl swen sante
- Tès medikal
- Tchekòp regilye
- Pa t santi mwen byen
- Vizit pou retounen wè doktè
- Renouvèlman medikaman
- Pa t ale nan klinik yon pwofesyonèl swen sante

66. Ane pase, èske oumenm oswa moun k ap viv lakay ou te ale nan yon Sèvis Ijans?

- Wi
 - Non
- Si ou reponn wi, konbyen fwa? _____

67. Si oumenm oswa moun k ap viv lakay ou te ale nan Sèvis Ijans lan, ki rezon ki te fè oumenm oswa moun k ap viv lakay ou te ale nan Sèvis Ijans lan? (tcheke tout sa ki konsène ou)

- Saldijans se pwofesyonèl swen sante ki pi pre a
- Pwofesyonèl swen sante te di ale
- Pa t gen lòt kote pou ale
- Klinik doktè pa t louvri
- Te rive nan anbilans
- Pwoblèm nan te twò grav pou klinik doktè a
- Se lopital sèlman ki te kapab ede mwen
- Pifò swen sante a nan saldjans
- Mwen pa t kapab jwenn yon randevou avèk yon pwofesyonèl swen sante

68. Èske oumenm oswa moun k ap viv lakay ou gen nenpòt nan pwoblèm medikal ki endike anba la a? (tcheke tout sa ki konsène ou)

- Opresyon/maladi poumon
- VIH/SIDA/Maladi Moun Pran nan Fè Bagay [Sexually Transmitted Diseases (STD)]
- Kansè
- Pwoblèm sante mantal/depresyon
- Dyabèt
- Obezite/pwoblèm pou bese gwosè

- Abi dwòg ak alkòl
- Maladi kè ak estwòk
- Maladi Ren
- Maladi ki kapab evite avèk vaksen (pa egzanzp, Lawoujòl, Malmouton, Grip, HPV)
- Pwoblèm sante nan anviwònman (pa egzanzp anpwazònman avèk plon)
- Lòt pwoblèm medikal (tanpri endike) _____
- Gwosès
- Swen anvan akouchman/akouchman anvan lè

69. Pou kilès nan pwoblèm medikal sa yo oumenm oswa moun k ap viv lakay ou ap resevwa tretman swen sante? (tcheke tout sa ki konsène ou)

- Opresyon/maladi poumon
- Kansè
- Dyabèt
- Abi dwòg ak alkòl
- Maladi kè ak estwòk
- Maladi Ren
- Maladi ki kapab evite avèk vaksen (pa egzanzp, Lawoujòl, Malmouton, Grip, HPV)
- Pwoblèm sante nan anviwònman (pa egzanzp anpwazònman avèk plon)
- Lòt pwoblèm medikal (tanpri endike) _____
- VIH/SIDA/Maladi Moun Pran nan Fè Bagay [Sexually Transmitted Diseases (STD)]
- Pwoblèm sante mantal/depresyon
- Obezite/pwoblèm pou bese gwosè
- Gwosès
- Swen anvan akouchman/akouchman anvan lè

70. Si oumenm ak moun k ap viv lakay ou ap resevwa tretman pou pwoblèm medikal sa yo, ki kote ou ale? (tcheke tout sa ki konsène ou)

- Klinik pwofesyonèl swen sante (Doktè oswa lòt)
- Klinik gerisè tradisyonèl (klinik sante jeneral)
- Sant oswa klinik sante kominotè
- Klinik ki nan lopital
- Sant swen ijan
- Sèvis ijans lopital
- Lòt: _____
- P ap swiv tretman

71. Èske ou konnen sa pou fè pou ou oswa pou moun k ap viv lakay ou si yon pwoblèm sante vin grav?

- Wi
- Non

72. Si ou pa konnen sa pou fè lè pwoblèm sante ou oswa pwoblèm sante yon moun k ap viv lakay ou vin grav, èske gen yon moun nan klinik doktè ou pou ou ta rele pou ede ou?

- Wi
- Non

73. Èske oumenm oswa moun k ap viv lakay ou satisfè oswa pa satisfè avèk swen sante ou?

- Satisfè anpil
- Satisfè enpe
- Pa satisfè enpe
- Pa satisfè
- Pa resevwa swen sante

74. Ane pase, èske oumenm oswa nenpòt moun k ap viv lakay ou te gen difikilte pou jwenn aksè nan nenpòt pwofesyonèl swen sante sa yo? (tcheke tout sa ki konsène ou)

- Yon doktè oswa enfimyè ou te al wè pou bezwen swen sante debaz
- Dantis
- Konseye nan sante mantal
- Gerisè tradisyonèl (swen sante jeneral)
- Konseye pou dwòg
- Swen anvan akouchman/fanmsaj/Obstetrisyen/Jinekòlòg
- Pedyat/doktè tibebe
- Sèvis planin familyal
- Nenpòt lòt pwofesyonèl swen sante
- Pa gen difikilte pou jwenn aksè

75. Èske nenpòt nan rezon ki endike anba la yo te anpeche oumenm oswa yon moun k ap viv lakay ou jwenn swen sante nan klinik yon pwofesyonèl swen sante? (tcheke tout sa ki konsène ou)

- Nou pa gen asirans sante
- Pa t gen mwayen pou peye bòdwo a
- Asirans pa ta peye
- Pa t kapab jwenn yon pwofesyonèl swen sante ki te pran asirans sante mwen
- Nou pa t konnen fason pou nou jwenn yon pwofesyonèl swen sante
- Pa t konnen fason pou pran yon randevou
- Yo te difisil pou jwenn nan telefòn
- Nou te dwe rete tann twò lontan pou jwenn yon randevou
- Pa t gen tan pou ale nan randevou
- Orè klinik lan se yon pwoblèm
- Pa t kapab jwenn yon pwofesyonèl swen sante ki te pale lang mwen
- Sèvis transpò
- Adrès fizik klinik lan pa t fasil pou jwenn
- Nou pa t gen okenn pwoblèm pou resevwa swen sante nan klinik yon pwofesyonèl swen sante
- Lòt _____

76. Si oumenm oswa yon moun k ap viv lakay ou pa gen asirans sante, èske ou konnen yon pwofesyonèl swen sante k ap ofri yon tarif redwi ak/oswa yon kalandriye peman?

- Wi
- Non

77. Ane pase, èske oumenm oswa yon moun k ap viv lakay ou te kapab jwenn tout medikaman doktè te preskri yo?

- Wi
- Non
- Pa t bezwen medikaman

78. Si ou reponn non, pou ki pa? (tcheke tout sa ki konsène ou)

- Pri yo twò gwo
- Nou pa gen asirans sante
- Pwoblèm plan asirans sante
- Pa kapab jwenn yon famasi ki aksepte asirans sante mwen
- Pa gen tan pou egzekite preskripsyon
- Orè famasi se yon pwoblèm
- Pa gen famasi nan zòn nan

- ___ Pwoblèm transpò
- ___ Pa t konnen kote pou ale pou egzekite preskripsyon yo
- ___ Lòt _____

Mèsi pou tan ou pran pou reponn kesyonè sondaj sa a.

ENCUESTA DE EVALUACIÓN DE SALUD COMUNITARIA

¡Sírvese completar nuestra encuesta!

Queremos saber lo que es para usted y su familia obtener servicios de atención médica en el Condado de Nassau. Catholic Health Services of Long Island, North Shore- LIJ Health System y Nu Health Care Corporation usarán los resultados de la encuesta para mejorar la forma en que se proporcionan la atención médica en el condado. Usted debe ser mayor de 18 años de edad para participar.

Gracias.

1. **¿Cuál es su código postal?** _____

2. **¿Qué edad tiene?** _____

3. **¿Con qué género se identifica?**
 Femenino Masculino Transgénero

4. **¿Nació en los Estados Unidos?**
 Sí No

5. **Si no nació en EE. UU., ¿en qué país nació?** _____

6. **¿En qué idioma prefiere hablar sobre su atención médica?**
 Inglés Español Criollo Otro _____

7. **¿Cuál es su grupo étnico? (marque todos los que apliquen)**
 Afroamericano Caucásico
 Africano Islas del Pacífico
 Asiático Nativo americano
 Árabe/Medio Oriente Mezcla de raza/etnia
 Caribe/Indio del oeste Otro _____

8. **¿Es usted Latino/Hispano?**
 Sí No

9. **¿Cuál es su nivel de educación más alto? (marque uno)**
 K-8 grado Un poco de universidad
 Un poco de escuela secundaria Graduado universitario
 Graduado de la escuela secundaria Graduado de posgrado
 Escuela técnica Otro (especifique) _____

10. **¿Cuántas personas hay en su casa?** _____

11. ¿Qué tipo de seguro médico tienen usted y los que viven en su casa? (marque todo lo que aplica)

- Medicaid (**consulte tipos de planes de Medicaid abajo**)
 - Affinity
 - HealthPlus Amerigroup
 - HIP
 - HealthFirst
 - Fidelis
 - United Healthcare
- Medicare
- Medicare/Medicaid
- Seguro comercial/privado
- No tiene seguro

12. ¿Quién es la persona en su familia que toma las decisiones de atención médica para usted y la familia?

- Usted
- Hermano
- Pareja
- Cónyuge
- Padre
- Hijo adulto
- Amigo

13. Durante el último año, si usted o los miembros de su familia visitaron un proveedor de atención médica, ¿cuál fue el motivo? (marque todo lo que aplica)

- Emergencia médica
- Necesitaba una nota de un proveedor de atención médica
- Prueba médica
- Chequeo regular
- No me sentía bien
- Visita de seguimiento
- Nuevo surtido de medicamento
- No fui con un proveedor de atención médica

14. Durante el último año, ¿usted o los miembros de familia han acudido al Departamento de Emergencias?

- Sí
 - No
- Si la respuesta es sí ¿cuántas veces? _____

15. Si usted o los miembros de su familia fueron al Departamento de Emergencias, ¿cuál fue el motivo por el que usted o los miembros de su familia fueron al Departamento de Emergencias? (marque todo lo que aplica)

- La sala de emergencias está más cerca que el proveedor más cercano
- El proveedor de atención médica le dijo que fuera
- No había otro lugar a donde ir
- El consultorio del médico no está abierto
- Llegó en ambulancia
- Problema demasiado grave para el consultorio del médico
- Solo el hospital podría ayudar
- La mayor parte de la atención es en una sala de emergencias
- No pudo conseguir una cita con el proveedor de atención médica

16. ¿Usted o los miembros de su familia tienen cualquiera de las siguientes condiciones médicas? (marque todas las que aplican)

- Asma/enfermedad pulmonar
- VIH/SIDA/Enfermedades de transmisión sexual (STD)
- Cáncer
- Problemas de salud mental/depresión
- Diabetes
- Problemas de obesidad/pérdida de peso
- Abuso de drogas y alcohol
- Embarazo
- Enfermedad cardíaca y apoplejía
- Cuidado perinatal/nacimientos prematuros
- Enfermedad renal
- Enfermedades prevenibles por vacunas (por ejemplo, sarampión, paperas, gripe, VPH)
- Problemas de salud ambiental (por ejemplo, envenenamiento por plomo)
- Otro (especifique) _____

17. ¿Para cuáles de las siguientes condiciones usted o los miembros de su familia obtienen tratamiento de atención médica? (marque todas las que aplican)

- Asma/enfermedad pulmonar
- VIH/SIDA/Enfermedades de transmisión sexual (STD)
- Cáncer
- Problemas de salud mental/depresión
- Diabetes
- Problemas de obesidad/pérdida de peso
- Abuso de drogas y alcohol
- Embarazo
- Enfermedad cardíaca y apoplejía
- Cuidado perinatal/nacimientos prematuros
- Enfermedad renal
- Enfermedades prevenibles por vacunas (por ejemplo, sarampión, paperas, gripe, VPH)
- Problemas de salud ambiental (por ejemplo, envenenamiento por plomo)
- Otro (especifique) _____

18. Si usted y los miembros de su familia obtienen tratamiento para estas condiciones, ¿a dónde va usted/ellos? (marque todas las que aplican)

- Consultorio del proveedor de atención médica (médico u otro)
- Consultorio de sanador tradicional (clínica de salud holística)
- Centro o clínica de salud comunitaria
- Clínica en hospital
- Centro de cuidado de urgencia
- Departamento de emergencias del hospital
- Otro: _____
- No recibe tratamiento

19. ¿Sabe usted qué hacer por usted o por su familia, si una condición médica empeora?

- Sí No

20. Si no sabe qué hacer cuando la condición de usted o de los miembros de su familia empeora, ¿hay alguien en el consultorio de su médico a quien llamaría para pedirle ayuda?

- Sí No

21. ¿Están satisfechos usted y los miembros de su familia con su atención médica?

- Muy satisfecho
- Un poco satisfecho
- Un poco insatisfecho
- Insatisfecho
- No recibiendo atención

22. ¿Durante el último año, usted o cualquier miembro de su familia tuvo dificultad para obtener acceso a cualquiera de los siguientes proveedores de atención médica? (marque todas las que aplican)

- Un médico o enfermera a quien consulta por necesidades de atención médica básicas
- Dentista
- Asesor de salud mental
- Sanador tradicional (atención médica holística)
- Asesor para uso de drogas
- Proveedor de cuidado prenatal/partera/GIN/OBSTETRA
- Pediatra/doctor para bebés
- Servicios de planificación familiar
- Cualquier otro proveedor
- No tiene dificultad para obtener acceso

23. ¿Alguna de las razones a continuación le impidió a usted o un miembro de su familia obtener atención de un proveedor de atención médica? (marque todas las que aplican)

- No tener seguro médico
- No podría pagar la cuenta
- El seguro no pagaría
- No pude encontrar un proveedor de atención médica que aceptara mi seguro médico
- No sabía cómo encontrar un proveedor de atención médica
- No sabía cómo hacer una cita
- Eran difíciles de localizar por teléfono
- Tuvo que esperar demasiado por una cita
- No tiene tiempo de ir al consultorio
- El horario de atención es un problema
- No pude encontrar un proveedor de atención médica que hable mi idioma
- Transporte
- La oficina no tenía acceso físico
- No tuve ningún problema para obtener atención de un proveedor de atención médica
- Otro _____

24. Si usted o un miembro de su familia no tiene seguro médico, ¿conoce usted a un proveedor de atención médica que le ofrecería una tarifa reducida y/o programa de pago?

- Sí No

25. Durante el último año, ¿usted o un miembro de su familia ha podido lograr que se surtan todas sus recetas médicas?

- Sí No No necesité medicamentos

26. Si la respuesta es no, ¿por qué no? (marque todas las que aplican)

- Era muy costoso
- No tener seguro médico
- Problema con el plan de seguro médico
- No pude encontrar una farmacia que acepte mi seguro médico
- No tiene tiempo para surtir la receta médica
- Problema con el horario de la farmacia
- No hay farmacias en el área
- Problemas de transporte
- No sabía a dónde ir para surtir la receta médica
- Otro _____

Gracias por su tiempo para completar esta encuesta.

Dates of Community Survey Distribution, Stakeholder Forums, Stakeholder Meetings and PAC Meetings

Community Surveys:

The Nassau/ Eastern Queens/Rockaway Surveys were distributed during the time period from 9/9/14-10/10/29.

RWP Rockaway surveys were Spring 2014 – 10/15/14.

Nassau Stakeholder Forums

Nassau CBO Info Session
9/9/14

9/17/14
Immigrant and Uninsured

9/22/14
Dual Eligible's/Long-term Care Facilities/Skilled Nursing Facilities
Addition Services
Home Care Services
Behavioral Health
Developmental Disabilities
Chronic Conditions
HIV/AIDS
Basic Needs

Eastern Queens Stakeholder Forums

10/20/14
Mental Health and Substance Abuse
Skilled Nursing Facilities, Long-Term Care, Home Care
Basic Needs
Chronic Disease

***Dates of Community Survey Distribution, Stakeholder Forums and
PAC meetings continued***

Rockaway Stakeholder Forums

10/22/14

Mental Health & Substance Abuse
Children's Health Network

10/28/14

Case Managers
Long-term Care, Skilled Nursing Facilities and Rehabilitation Centers

Stakeholder CNA Meetings

10/15/14

Nassau Stakeholder Meeting

10/30/14

Queens Stakeholder Meeting

Nassau Queens Project Advisory Committee (PAC) Meetings

11/13/14

12/4/14

Eastern Queens Stakeholders

Name of Group	Description	Why they are a part of our PPS
American Lung Assoc.	Organization working to save lives by improving lung health and preventing lung disease through education, advocacy and research	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Better Home Health Care	Provides home health care services in Nassau, Suffolk, Queens, Brooklyn, Bronx, Manhattan & Westchester	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
BSCAH	Food pantry providing staples of a well-balanced diet to low-income individuals	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Calvary Hospital	Non-profit 225-bed hospital specializing in home hospice, and palliative care	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
CAPS/Samuel Field YM & YWHA - Community Advisory Program for	Non-profit outpatient mental health clinic offering seniors (ages 50+) and their families individual, group, and family therapy; psychiatric evaluations; medication monitoring in both outpatient and in-home settings; caregiver support groups; and coordina	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
Catholic Charities Brooklyn and Queens	Non-profit religious organization delivering, coordinating, and advocating for quality human services and programs for those in need through a network of administered, sponsored and affiliated agencies	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Catholic Charities (Behavioral Health)	Non-profit outpatient mental health clinic offering patients ages 5+ individual, group, and family therapy, and medication management	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
Catholic Charities Nursing Services	Works with Family Home Care Services of Brooklyn & Queens and Care at Home, Diocese of Brooklyn, Inc. to provide at-home care to nearly 2,000 elderly and disabled clients each year. Services provided by Family Home Care Services include nursing supervision, personal care aides, 24/7 supervision and case service management by a Registered Nurse	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Cassena Care	Provides comprehensive, state-of-the-art short-term, sub-acute, long-term rehabilitation and nursing services in Connecticut and New York	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
City MD	Urgent care provider with several locations in Manhattan, Brooklyn, Queens, Long Island, Westchester and Rockland County	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Cliffside (CFW Health Care Group)	For-profit 218-bed facility for patients 20+ including a long-term ventilator care unit; a dialysis unit; short-term rehab; and an Asian unit serving the local Asian population	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions

Cornerstone Cornerstone Medical Arts Center	with an after-school program and community members of all for the treatment of alcoholism and substance abuse,	related to avoidable hospital use, availability of hospital alternatives, prioritize projects based on data from the Community Needs Assessment
EAC--Empowerment, Assistance, & Caring	Not-for-profit human service agency providing a total of 70 services to people of all ages; provides meals-on-wheels, senior computer instruction, health promotion and community service programs for seniors	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
East New York Diagnostic & Treatment Center	Provides the full spectrum of care for children and adults, emphasizing primary and preventive care, and working with patients to achieve their health goals	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Evers Pharmacy	Full service specialty pharmacy committed to health and wellness	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Fairview Nursing Care Center	For-profit 200-bed nursing and rehabilitation care center	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Federation of Organizations	Not -for-profit corporation which provides multi-service, community-based social welfare agency operating programs that utilize peer support within a self-help model	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
Forest Hills Hospital	General medical & surgical hospital with 222 beds	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Fidelis Care	New York State Catholic Health Plan, providing quality, affordable, New York State-sponsored health insurance coverage for people of all ages and at all stages of life	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
God's Love We Deliver	Non-sectarian organization, cooking and delivering 4,600 meals each weekday, delivering them to clients living with life-altering illnesses with the strong belief of "food as medicine"	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Health Solutions	Independent, non-profit organization providing health research and health service programs for low-income, high risk New Yorkers	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Hempstead Park Nursing Home	For-profit 251-bed nursing home providing skilled nursing for seniors	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Hillside Manor Rehab & Extended Care Center	For-profit 400-bed nursing facility offering long-term inpatient care and short-term rehabilitation	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Jamaica Service Prog. for Older Adults	Non-profit psychosocial senior center offering the frail elderly with memory impairment and psychiatric issues ages 60+ with lunch, field trips, individual counseling with social workers, physical and cognitive programs, art therapy, and weekly visits fro	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions

JASA--Jewish Assoc. Serving the Aging	Non-profit center providing seniors ages 60+ with legal assistance in relation to elder abuse/domestic violence, housing, finances, entitlements, and adult protective services	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
JBFCS, Pride of Judea	Non-profit outpatient mental health center offering youth, adolescents, and adults individual, group, family, and couples counseling/therapy; psychological testing; medication management; crisis intervention; psychiatric evaluations; and information and r	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
JSPOA	Multi-service social service agency; sponsors three nationally accredited senior centers in Southeast Queens that serve lunch Monday through Friday and offer a wide range of programs	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Long Island Consultation Center	Non-profit mental health center providing individuals (ages 6+) with mental health services including individual counseling, family counseling, parenting counseling, couples counseling, group therapy, substance abuse counseling, MICA counseling, and psych	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
MZL Homecare Agency	For-profit home health care agency providing homebound individuals with home health aides, personal care, nursing, social services, medical supplies and equipment, and occupational, physical, and speech language pathology therapies	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
NS/LIJ Health System	Multi-service LI Health system including 15 hospitals, four long-term-care facilities, three trauma centers, dozens of ambulatory care centers and six home health agencies	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
NYC DOHMH	Department of the New York City Government responsible for public health and mental hygiene	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
NYS OMH	Promoting the mental health of all New Yorkers with a particular focus on providing hope and recovery for adults	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
NYC Housing Authority	Government agency providing public housing for low- to moderate-income residents throughout the five boroughs	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Park Nursing Home	For-profit 196-bed nursing home and hospice also providing outpatient and inpatient rehabilitation	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions

Phoenix House	Non-profit substance abuse treatment center providing adult men and women with residential treatment, including treatment of co-occurring mental health issues; and a medically monitored outpatient detoxification and rehabilitation program offering safe withdrawal Not-for-profit organization offering individuals with developmental and psychiatric disabilities clinical, mental health, housing, vocational, supportive, and rehabilitative services	Provided stakeholder input on mental health, substance abuse, Long-term Care and Homecare issues related to avoidable hospital use
PSCH—Promoting Specialized Care & Health		Provided stakeholder input on mental health, substance abuse, Long-term Care and Homecare issues related to avoidable hospital use
Road to Recovery	A program providing residents of The Bridge who are chronically homeless or have had long stays in State psychiatric/correctional facilities with an introductory readiness experience prior to participating in more formal recovery programs such as PROS or Supported Employment Not-for-profit agency providing seniors aged 60+ with senior centers and transportation to senior centers, doctor's appointments and shopping	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Services Now for Adult Persons		
St. Mary's Healthcare System for Children	Not-for-profit healthcare organization providing a continuum of care, treating children throughout the metropolitan area through a network of inpatient, home care and community programs and services, setting a standard of excellence in pediatric healthcare	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Parish Health Ministry	Group of health professionals which assists church members to become more aware of their health and to move toward a fuller sense of wholeness	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
TSINY	Central intake department for a not-for-profit organization providing mentally disabled adults ages 18+ with housing at facilities with varying intensity of support and supervision Not-for-profit organization providing in-home nursing care, therapy and hospice and palliative services to people of all ages and backgrounds	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions Provided stakeholder input on mental health, substance abuse, Long-term Care and Homecare issues related to avoidable hospital use
Visiting Nurse Service of NY		Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Woodcrest Rehab	For-profit 200-bed nursing home, hospice and short-term rehabilitation	

Nassau County Stakeholders

Name of Group	Description	Why they are a part of our PPS
A Holly Patterson ELF/Nuhealth	Skilled nursing facility; safety net. Provides primary healthcare: diagnosis, treatment, and health information and education. Free medical care to those without medical insurance	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Able HealthCare Service	Certified Home Health Agency and Special Needs Certified Home Health Agency	Provided stakeholder input on Community-Based Long Term Care issues related to care transitions, communication gaps, and preventable readmissions
ACLD	Not-for-profit agency providing Primary Care, Neurology, Psychiatry, Counseling, Podiatry, Dentistry, Dermatology, occupational, physical, speech therapy, psychological testing and Women's Health Services	Provided stakeholder input on health care issues for persons with intellectual/developmental disabilities regarding preventable emergency department admissions from residential facilities and health care and related service gaps
Advantage Care	Multi-specialty physician practice delivering comprehensive, community-based care in convenient locations throughout the New York metropolitan area. Services include full-service medical offices, urgent care, office-based surgery and anesthesia services Supports individuals with intellectual and other developmental disabilities through residential, vocational, employment, guardianship, family support, recreational, and adult day habilitation and community-based services	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
AHRC	Non-profit organization providing no-cost HIV/AIDS services including case management, health education and prevention, housing, and legal services; programs including harm reduction, syringe exchange, and food pantry programs; and a licensed mental health clinic	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Aids Center of Queens County	In-home senior health care agency providing home and hospital health care services to the residents of Nassau and Suffolk Counties, as well as the five boroughs	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Aides at Home	For-profit private dental practice	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
ARC Association for Mental Health & Mental wellness	National community-based organization advocating for and serving people with intellectual and developmental disabilities and their families health need	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment avoidable hospital use, availability of hospital alternatives, and care
Asthma Coalitions of LI, ALA & NE	Aims to improve quality of life for those with asthma through information-sharing, networking and advocacy	Provided stakeholder input on issues for persons with chronic conditions related to preventable readmissions, medication costs, and patient knowledge and empowerment
Attentive Care, Inc.	Provides nursing services including homemakers, personal care aides, home health aides, nurse's aides. Registered Nurses or live-ins to persons who need assistance with their daily living tasks. Provides services in the patient's home, in the hospital or nursing home	Provided stakeholder input on Community-Based Long Term Care issues related to care transitions, communication gaps, and preventable readmissions
Southeast Nassau Guidance	Non-profit community agency providing Mental Health, Drug Abuse, and Alcoholism treatment services to adults and families through counseling, support and psychiatric services as well as free meetings for the community	Provided stakeholder input on chemical dependency and mental health service issues related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Beach Terrace Care Center	182-bed skilled nursing and rehabilitation care center	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Beacon Health Partners	Independent physician association (IPA) that is licensed in the State of New York, and headquartered in Manhasset, NY	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment

Belair Care Center	Skilled nursing facility of 102 beds providing long term care, occupational, physical and speech therapy, sub-acute care, wound care and short-term rehabilitation	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Belle Mead Pharmacy	Full service pharmacy serving East Setauket & Stony Brook as well as the surrounding communities	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Bridge Back to Life	Provides education, treatment and support to recovering individuals and their families in a certified, medically supervised outpatient substance abuse treatment center. Incorporates a 12-step self help program into the treatment philosophy	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Care Center South Shore Child Guidance	Provides chemical dependency treatment to individuals identified as substance abusers, significant others, and loved ones with special emphasis on children of substance abusers	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Catholic Charities	Non-profit religious organization delivering, coordinating, and advocating for quality human services and programs for those in need through a network of administered, sponsored and affiliated agencies	Provided stakeholder input on mental health service issues related to avoidable hospital use, availability of hospital alternatives, and care coordination
Catholic Charities of DRVC	Ministry of Catholic Charities assisting in serving the basic needs of the poor, troubled, weak, and oppressed and aiming to organize and empower people to participate in the community	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
CCSWN NAFAS	Alliance providing a full range of services to those affected by drugs, alcohol, gambling and more; also educates and advocates for addiction treatment	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
CDCLI	Housing agency aiming to provide solutions that foster and maintain "vibrant, equitable, and sustainable communities "	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Center for Positive Health NuHealth	Part of Nassau University Medical Center providing health care for HIV patients	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Central Island Healthcare	202 bed, sub acute rehabilitation and skilled nursing center	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Central Nassau Guidance	Nonprofit organization providing clinical treatment, rehabilitation, housing opportunities, social and support services, counseling and guidance to individuals, families and the community affected by mental illness, developmental disabilities, psychological difficulties, addiction and/or addiction problems	Provided stakeholder input on chemical dependency and mental health services issues related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
CHN	A network of not-for-profit community health centers providing medical, dental and social services to neighborhoods	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Family and Children's	Not-for-profit agency working to protect and strengthen vulnerable children, seniors, families and communities on Long Island	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Choices Women's Medical Center	Abortion clinic providing abortion, gynecological, and prenatal care services	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
COG	Outcome-based teaching school focused on individualized learning	Provided stakeholder input on issues for persons with chronic conditions related to preventable readmissions, medication costs, and patient knowledge and empowerment
Constellation Home Care	Skilled nursing home care provider	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment

Cornerstone Treatment	Chemical dependency treatment facility providing a full range of inpatient and outpatient treatment services	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Counseling Service EDNY	Not-for-profit organization providing treatment alternatives to incarceration. Accepts referrals from federal and state probation and parole, as well as the court systems; also provides addiction treatment for individuals	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
CSEA/WUMC	Labor union representing employees in state and local government, as well as school districts, child care, and the private sector	Provided stakeholder input on health care issues for persons with intellectual/developmental disabilities, persons with chronic conditions, and with primary health care and community mental health regarding preventable emergency department admissions
Daleview Care Center	For-profit 142-bed care facility providing short- and long-term care, wound care, and respiratory therapy	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Delmont Healthcare	Treatment facility delivering efficient and high quality care to thousands of low-income, uninsured and underinsured patients	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Dominican Sisters FHS	Home health agency providing home care, family care, and a managed long term care program	Provided stakeholder input on Community-Based Long Term Care issues and on persons with chronic conditions related to preventable readmissions
Dr. Mark Raifman	Healthcare provider	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Dr. Vaysman	Healthcare provider	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Empire Justice Center	Non-profit multi-issue, multi-strategy public interest law firm providing services for poor and low income families and litigation backup to local legal services programs and community based organizations.	Provided stakeholder input on barriers to health care access for immigrants and the uninsured, including language and trust barriers; and suggested ways to improve health care delivery and communication between health care providers and the population
EOC	Community action agency aiming to motivate other community social agencies and institutions to enlist the participation of deprived and alienated community members in plans and programs for successfully dealing with social problems and problems of poverty	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
EPIC/South Shore Child Guidance	Organization providing comprehensive outpatient behavioral health services to children and families	Provided stakeholder input on chemical dependency and mental health service issues as well as issues for persons with intellectual/developmental disabilities, and for persons with chronic conditions related to preventable emergency room visits
Family Residences & Essential Ent.	Through an integrated network of services and counseling, Family & Children's provides help and hope to underserved and disadvantaged individuals struggling to build better lives	Provided stakeholder input on chemical dependency and mental health service issues related to preventable emergency room visits
Family Service League	Organization providing both physical and emotional aid to Long Island's most vulnerable citizens	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Federation of Organizations	Not -for-profit corporation which provides multi-service, community-based social welfare agency operating programs that utilize peer support within a self-help model. Develops programs designed to meet the needs of those recovering from mental illness, the homeless, low-income seniors, at-risk children and other groups	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
FECS Health and Human Services	Human services agency with over 350 locations providing programs in health, disabilities, home care, housing, employment, workforce, education, youth, and families	Provided stakeholder input on Community-Based Long Term Care issues and on issues for persons with chronic conditions related preventable admissions/readmissions

FEGS Home Attendant	Provides a range of compassionate personal care, home attendant, and home companion services for the elderly, those with chronic illness and other individuals and families who need assistance at home	Provided stakeholder input on Community-Based Long Term Care issues related to care transitions, communication gaps, and preventable readmissions
FEGS Positive SPACE	HIV/AIDS support, prevention, advocacy, counseling and education program for individuals, groups and families of those infected with and affected by HIV/AIDS.	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Five Towns Community Center HIV/STI prevention	Provides HIV/AIDS/STI prevention education to high risk youth, women and men in Nassau and Queens counties.	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Franconia Pharmacy #2	Health market and drugstore in Hempstead	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment Provided stakeholder input on health care issues for persons with intellectual/developmental disabilities regarding preventable emergency department admissions from residential facilities and health care and related service gaps
FREE	Article 28 organization which provides administrative support for smaller agencies that need it	
Garden Care Center	For-profit, 150-bed facility providing short term rehabilitation, respiratory therapy, outpatient rehabilitation, IV Therapy, nutrition, hydration and medication administration, nursing, hospice, wound care, tracheostomy care ostomy care, and long-term care	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Grace Plaza Nursing and Rehab	For-profit 214-bed nursing facility	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Guildnet	Healthcare program which manages and coordinates home services, medical/therapeutic, equipment, and multi-location services	Provided stakeholder input on Community-Based Long Term Care issues related to care transitions, communication gaps, and preventable readmissions
Gurwin Jewish Nursing and Rehab Center	Skilled nursing facility with 460 beds offering short-term rehabilitation, long-term skilled nursing care, home care programs, an adult day health program, ventilator dependent care, palliative and hospice care, and assisted living	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment Provided stakeholder input on barriers to health care access for immigrants and the uninsured, including language and trust barriers; and suggested ways to improve health care delivery and communication between health care providers and the population
Hagedorn Foundation	Foundation providing support to organizations which support and promote social equity	
Healthix	Regional Health Information Organization (RHIO) connecting over 250 hospitals, clinician practices, nursing homes, radiology centers, diagnostic labs, and other providers with information about over 7 million patients	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Hispanic Counseling Center	Multi-service agency that provides bilingual treatment and prevention services for chemical dependency, mental illness, and youth and family programs for those of all races, religions, ethnicities, and economic status with the primary focus on needs of Latino families	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma Provided stakeholder input on barriers to health care access for immigrants and the uninsured, including language and trust barriers; and suggested ways to improve health care delivery and communication between health care providers and the population
HWCLI	Not-for-profit health and human services planning and advocacy organization serving as an umbrella for agencies serving Long Island's poor and vulnerable individuals and families	Provided stakeholder input on basic needs issues related to primary health care and community mental health care accessibility and connectedness, housing, and healthcare for the homeless
Island Harvest	Hunger relief organization and food bank	Provided stakeholder input on issues for persons with chronic conditions and chemical dependency and mental health service issues related to preventable emergency room visits
L.I. Association for AIDS Care	Provides a stable and comprehensive safety net for many diverse communities	

L.I. Council on Alcoholism & Drug Dependence	Not-for-profit agency promoting addiction prevention through education and early intervention strategies to solve addiction and family related problems	Provided stakeholder input on issues with services for people with HIV and chemical dependency services related to preventable emergency room visits
LI Coalition for the Homeless	Non-profit organization that coordinates homeless services on Long Island	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
LI FQHC	Not-for-profit organization with oversight and governance by a volunteer Board of Directors and co-operated with NuHealth providing primary care, prevention, and educational services to the community	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
L.I.B.A.	Networking organization of premier business professionals; meets regularly as a group, in one-on-one sessions and at networking events and charitable projects	Provided stakeholder input on mental health service issues related to avoidable hospital use, availability of hospital alternatives, and care coordination
ALLIANCE OF LONG ISLAND AGENCIES INC	Non-profit corporation aiming to provide services for persons with mental retardation and developmental disabilities	Provided stakeholder input on health care issues for persons with intellectual/developmental disabilities regarding preventable emergency department admissions from residential facilities and health care and related service gaps
Long Beach Reach, Inc.	Performs community-based services with the goal to engage individuals and families and help develop self-awareness and self-esteem	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Long Island Gay and Lesbian Youth	Performs community-based services with the goal to engage individuals and families and help develop self-awareness and self-esteem	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Maria Regina Residence	Skilled nursing facility of 188 beds with all private rooms, offering long term residence, short term rehabilitation and adult day health services	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Maryhaven Center of Hope	Group of non-profit organizations working to serve Long Island's GLBT community throughout the lifespan; provides education, advocacy, youth leadership, development and support	Provided stakeholder input on chemical dependency and mental health service issues related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Mercy First/ The Childrens Collaboration	Not-for-profit human service agency serving children and their families of regardless of race, religion, sexual orientation and physical condition	Provided stakeholder input on issues for persons with chronic conditions related to preventable readmissions, medication costs, and patient knowledge and empowerment
Melillo Center	Tax exempt charitable organization providing an outpatient mental health clinic, outpatient chemical dependence clinic, assertive community treatment (ACT), supervised community residences, supported housing, and an independent living program	Provided stakeholder input on chemical dependency and mental health service issues related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
MHA of Nassau County	Not-for-profit membership organization aiming to improve mental health in the community through advocacy, education, program development and the delivery of direct services	Provided stakeholder input on health care issues for persons with intellectual/developmental disabilities regarding preventable emergency department admissions from residential facilities and health care and related service gaps
MJHS	Health system providing home care, hospice and palliative care, rehab and nursing centers, adult day health care, and health plans	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
NAMI	Mental health organization dedicated to building better lives for the millions of Americans affected by mental illness through advocacy, support, and education programs	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Nassau Extended Care Facility	Skilled nursing facility of 280 beds providing long term care, adult day care, alzheimer's disease and dementia care, occupational, physical, speech and respiratory therapies, respite care, pain management, short-term rehabilitation, sub-acute care, parenteral nutrition, tracheostomy care and wound care Affiliated with Sentosa Care, LLC Call for further information	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions

National Healthcare Associates	Group of centers providing a scope of physical, occupational and speech therapy specialists, no matter what healthcare support the patient needs	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
NCOMHCDDDS	Provides mental health, chemical dependency, and developmental disabilities services, and abehavioral health awareness campaign	Provided stakeholder input on mental health service issues and on issues for persons with intellectual/developmental disabilities related to avoidable hospital use
New Horizon Counseling Center	Non-profit counseling center providing individuals ages 6+ with individual therapy and medication management	Provided stakeholder input on mental health service issues related to avoidable hospital use, availability of hospital alternatives, and care coordination
North Shore Child and Family Guidance Center	Not-for-profit children's mental health agency	Provided stakeholder input on mental health service issues related to avoidable hospital use, availability of hospital alternatives, and care coordination
North Shore LIJ Health System	Group of 15 hospitals offering a wide array of services	Provided stakeholder input on barriers to health care access for immigrants and the uninsured, including language and trust barriers; and suggested ways to improve health care delivery and communication between health care providers and the population
North Shore LIJ Homecare	Home health agency providing nursing, social work, home health aide, geriatric manager, and medical services; physical, occupational, and speech and language therapy Services; also provides private duty nurse services in the hospital	Provided stakeholder input on Community-Based Long Term Care issues and on issues for persons with chronic conditions related to preventable readmissions, medication costs, and patient knowledge and empowerment
North Shore LIJ Pediatric Adolescent Young Adult HIV Prog	Provides family-centered primary and specialty medical care and supportive services to HIV-positive clients	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
North Shore LIJ South Oak Hospital	Hospital providing treatment for mental illness and addiction through programs for children, adolescents, adults, and seniors; suicide prevention, and chemical dependency and substance abuse. In addition, South Oaks provides community-based programs such as the Career and Educational Counseling Center, Challenge Activities Ropes Experience (C.A.R.E.) and Support Groups	Provided stakeholder input on mental health service issues related to avoidable hospital use, availability of hospital alternatives, and care coordination
NUHealth	A public hospital and community health care system comprised of Centers of Care in Nassau University Medical Center, A Holly Patterson Extended Care Facility and NuHealth Family Health Centers	Provided stakeholder input on basic needs issues and issues for people with chronic conditions related to preventable emergency department admissions
Nu Health Health Leads	Healthcare organization that connects low-income patients with the basic resources they need to be healthy	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Nurses On Hand Registry	Home Care Services Agency providing home health aides, nursing, and personal care	Provided stakeholder input on Community-Based Long Term Care issues related to care transitions, communication gaps, and preventable readmissions
NY Immigration Coalition	Aims to achieve a more just society that values the contributions of immigrants and extends opportunity to al; promotes immigrants' full civic participation, fosters their leadership, and provides a unified voice and a vehicle for collective action of the community	Provided stakeholder input on barriers to health care access for immigrants and the uninsured, including language and trust barriers; and suggested ways to improve health care delivery and communication between health care providers and the population
NYS DOH HIV/STD FIELD SERVICES	Bureau of the Department of Health aiming to reduce and prevent the incidence of sexually transmitted diseases including HIV and Hepatitis infections that can also spread through injection	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
NYS Oasas Long Island Field Office	Aims to improve the lives of the community through comprehensive premier system of addiction services for prevention, treatment, and recovery	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
NYS OMH	Promoting the mental health of all New Yorkers with a particular focus on providing hope and recovery for adults	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment

Options for Community Living, Inc.	Private not-for-profit agency providing housing, support services, and care coordination for people recovering from mental illness and those living with HIV/AIDS or other chronic health conditions	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Park Avenue Extended Care	For-profit facility offering sub-acute short term rehab, skilled long term nursing care, a MASS rehab rail system, bariatric rehab & wellness, adult day care, advanced wound care, respite care, and an Alzheimer's/Dementia program for seniors	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Parker Jewish Institute for Health Care and Rehabilitation	527-bed, non-profit center for the health care and rehabilitation of adults, and a comprehensive network of community health care programs for adults It is also a leading academic campus for the training of health care professionals, and an important research center for studies related to aging	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Peninsula Counseling	Offers a variety of mental health counseling services including family counseling, marital counseling, children and adolescent counseling, treatment for addictions/chemical dependencies, depression, trauma recovery, bereavement and grief counseling, services for older adults/those with Alzheimer's disease	Provided stakeholder input on chemical dependency service and mental health service issues related to preventable emergency room visits
Planned Parenthood	Nonprofit organization that does research into and gives advice on contraception, family planning, and reproductive problems	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Pilgrim Psychiatric Center	State-run psychiatric hospital providing inpatient and outpatient psychiatric, residential, and related services with approximately 380 inpatient beds and 4 outpatient treatment centers plus one ACT Team	Provided stakeholder input on issues regarding immigrants and the uninsured, mental health services, and chemical dependency services related to preventable emergency department and hospital admissions
Pride for Youth/Long Island Crisis Center	Service and advocate for lesbian, gay, bisexual and transgender (LGBTQ) youth, ages 13-26 who aims to enhance the health, wellness and cultural competency of LGBTQ youth through education, supportive services and youth development	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Rockaway Center	Organization promoting community development, education reform, and health by providing low income housing, employment and adult training programs, advocating for school choice, promoting charter schools, and creating resources that will improve the educational programs of public schools, and assisting underserved residents with medical treatment options and access to proper medical care	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Rx Express Pharmacy	Pharmacy chain on Long Island	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Safe Space NYC, Inc.	Group of family resource centers providing health and wellness, maternal/child health, and school-based and youth services to the community	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma Provided stakeholder input on mental health service issues related to avoidable hospital use, availability of hospital alternatives, and care coordination
Sail	Behavioral health organization on the Southshore of Nassau County	
Sands Point Center for Health and Rehabilitation	For-profit nursing home with 180 beds	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
South Nassau Community Hospital	General medical and surgical 435-bed acute care facility providing restorative, preventative and emergency medicine services to the community	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment Provided stakeholder input on Long term care issues and issues for persons with chronic conditions related to preventable emergency department and hospital admissions
Southpoint Plaza Nursing and Rehab	For-profit, 185-bed facility providing skilled nursing as well as short term rehabilitation, post surgical care, long term care and hospice services	

SPARC /Stony Brook University	Project aiming to improve coordination of and access to HIV-specific services for HIV-infected women, children and adolescents. SPARC also provides patient transportation and respite services	Provided stakeholder input on issues with services for people with HIV related to preventative care, services for the LGBT community, and social stigma
Stern Center of Nursing and Rehab (LIJ)	249-bed facility providing short term rehab and skilled nursing services	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
Sunharbor Manor-Roslyn Heights	Comprehensive Rehabilitation & Skilled Nursing of 266 beds providing rehab services, hemodialysis, care after heart attack, stroke, or heart surgery; post-orthopedic surgical care, pain management, respiratory therapy, diabetes management, hospice care, and an extensive wound care program	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
The Inn	Private social service agency and interfaith network of soup kitchens, emergency shelters, and housing facilities aiming to reduce hunger and homelessness	Provided stakeholder input on issues with services for people with HIV and basic needs issues related to preventable emergency department admissions
The Safe Center	Not-for-profit agency serving child or adult victims of sexual abuse, physical abuse, and domestic and family violence	Provided stakeholder input on barriers to health care access for immigrants and the uninsured, including language and trust barriers; and suggested ways to improve health care delivery and communication between health care providers and the population
UCPN	Independent, not-for-profit health agency serving children and adults with cerebral palsy, developmental and other disabilities	Provided stakeholder input on health care issues for persons with intellectual/developmental disabilities regarding preventable emergency department admissions from residential facilities and health care and related service gaps
United Healthcare	Provider of employer, individual and family health insurance	Provided stakeholder input on issues with services for people with HIV, primary health care and community mental health care services, and issues facing immigrants related to preventable emergency department admissions
United Way of LI	Organization creating opportunities for a better life for all by focusing on education, financial stability and health	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
VWSNY Home Care	Service of the Visiting Nurse Service of New York providing culturally competent care from rehabilitation therapists, social workers, and home health aides	Provided stakeholder input on Community-Based Long Term Care issues related to care transitions, communication gaps, and preventable readmissions
Walgreens	National pharmacy chain	Provided stakeholder input on current healthcare issues and helped prioritize projects based on data from the Community Needs Assessment
White Oaks Rehab	For-profit 200-bed skilled nursing home also providing clinical and social services	Provided stakeholder input on Long term care issues related to care transitions, preventable emergency department and hospital admissions
Winthrop University Hospital	Not-for-profit 591-bed teaching hospital providing inpatient and outpatient services	Provided stakeholder input on issues for persons with chronic conditions, and chemical dependency and mental health service issues related to preventable emergency room visits
YES Community Counseling Center	Non-profit, community-based organization which helps individuals struggling with domestic violence, chemical dependence, family conflict, sexual abuse, marital/peer difficulties, bereavement, health concerns, and other issues by providing school-based social work, counseling, drug/alcohol treatment, and other services	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
Youth and Family counseling	Non-profit, multi-service agency that provides a wide range of mental health and social welfare services to individuals and families	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services
ZHH	Behavioral health center, part of the North-Shore LIJ Health System, offering clinical, teaching and research programs	Provided stakeholder input on issues with chemical dependency services related to preventable emergency room visits, monitoring of clients, and effectiveness and accessibility of detox services

Rockaways Stakeholder Groups

Name of Group	Description	Why they are a part of our PPS
101 Precinct CC/COGCA	Outcome-based teaching school focused on individualized learning	Provided stakeholder input on children's care issues related to preventable emergency department admissions
1199 SEIU Funds	Labor-management fund providing healthcare, training and employment, pension and retirement, and financial and social services to working and retired healthcare industry workers and their families	Provided stakeholder input on children's care issues related to preventable emergency department admissions
AIDS Center of Queens County	Non-profit organization providing no-cost HIV/AIDS services including case management, health education and prevention, housing, and legal services; programs including harm reduction, syringe exchange, and food pantry programs; and a licensed mental health clinic	Provided stakeholder input on children's care issues related to preventable emergency department admissions
Bishop MacClean Episcopal Nursing Home	Not-for-profit 163-bed long term care facility also providing resident and family counseling services	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Catholic Charities	Non-profit religious organization delivering, coordinating, and advocating for quality human services and programs for those in need through a network of administered, sponsored and affiliated agencies	Provided stakeholder input on mental health, substance abuse, Long-term Care and Homecare issues related to avoidable hospital use
CFW Healthcare Centers	Group of three health care facilities: Cliffside, ForestView, and Woodcrest, which provide a variety of medical and rehabilitation services	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
FEGS Health and Human Services	Non-profit HHS organization providing health, disabilities, home care, housing, employment, workforce, education, youth, and families services from over 350 locations	Provided stakeholder input on children's care issues related to preventable emergency department admissions
HELP/PSI	Non-profit health-and-wellness organization providing primary and mental healthcare for at-risk and underserved populations	Provided stakeholder input on mental health, substance abuse, Long-term Care and Homecare issues related to avoidable hospital use; acted as a case manager
New Horizons	Non-profit counseling center providing individuals ages 6+ with individual therapy and medication management	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
North Shore/LIJ Health System	Group of 15 hospitals offering a wide array of services	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
Park Nursing Home	For-profit 196-bed nursing home and hospice also providing outpatient and inpatient rehabilitation	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Peninsula General Nursing & Rehab Center	For-profit 200 bed nursing and rehab facility	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions

Rockaway Care Center	For-profit 228-bed short term rehab facility also providing intravenous therapy for hydration, intravenous therapy for antibiotics, wound care, and total parental nutrition	Provided stakeholder input on Long term care and Home Care issues related to care transitions, preventable emergency department and hospital admissions
Rockaway Wellness Partnership	Community service project of the Visiting Nurse Service of New York providing customized health interventions such as health education, individual counseling, support groups and educational seminars to individuals and families	Provided stakeholder input on mental health and substance abuse issues related to avoidable hospital use, availability of hospital alternatives, monitoring of clients, and care coordination
St. John's Episcopal Hospital	Non-profit full-service teaching hospital	Provided stakeholder input on children's health, mental health and substance abuse issues related to avoidable hospital use; acted as a case manager
Visiting Nurse Service of NY	Not-for-profit organization, providing in-home nursing care, therapy, and hospice and palliative services those of all ages and backgrounds	Provided stakeholder input on children's care, Long term care and Home Care issues related to preventable emergency department admissions; acted as a case manager

Nassau Queens PPS

Appendix: Section E

Community Needs Assessment

Domain	Project	DSRIP Measure	DSRIP Measure Preliminary Baseline Finding		
		Domain 2 System Transformation Metrics	Nassau	Eastern Queens	Statewide
		A. Create Integrated Delivery System			
2.a.i.	Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management	Potentially Avoidable Services			
		Potentially Avoidable Emergency Room Visits (Rate/100)	28	27	36
		Potentially Avoidable Readmissions (Rate/100 Medicaid Admissions)	5.9	5.5	6.1
		PQI Suite - Composite of all measures (Rate/100,000)	1,693	1,323	1784
		PDI Suite - Composite of all measures (Rate/100,000)	312	251	326
		Provider Reimbursement			
		Percent of total Medicaid provider reimbursement received through sub-capitation or other forms of non-FFS reimbursement	37.2	51.1	N/A
		System Integration			
		Percent of Eligible Providers with participating agreements with RHIO's, meeting MU Criteria and able to participate in bidirectional exchange	N/A	N/A	N/A
		Primary Care			
		Percent of PCP meeting PCMH (NCQA)/ Advance Primary Care (SHIP)	N/A	N/A	N/A
		CAHPS Measures including usual course of care Patient Loyalty (Is doctor/clinic named the place you usually go for care? How long have you gone to this doctor/clinic for care?)	N/A	N/A	N/A
		Access to Care			
		HEDIS Access/Availability of Care; Use of Services	N/A	N/A	N/A
		CAHPS Measures:	N/A	N/A	N/A
		1. Getting Care Quickly	N/A	N/A	N/A
		2. Getting Care Needed	N/A	N/A	N/A
		3. Access to Information After Hours	N/A	N/A	N/A
		4. Wait Time	N/A	N/A	N/A
		Medicaid Spending for Projects Defined Population on a PMPM Basis			
		Medicaid Spending on ER and IP Services (PMPM of FFS payments)	\$262.54	\$422.40	
		Medicaid Spending on PC and community based behavioral health care	N/A	N/A	N/A
		B. Implementation of care coordination and transitional care programs	N/A	N/A	N/A
2.b.ii.	Development of co-located primary care services in the emergency department (ED)				
2.b.iv.	Care transitions intervention model to reduce 30-day readmissions for chronic health conditions	Will be required to meet all above metrics with the addition of the following			

2.b.vii.	Implementing the INTERACT project (inpatient transfer avoidance program for SNF)			
		Care Transitions		
		HCAHPS - Care Transition Metrics	N/A	N/A
		CAHPS Measures - Care Coordination with provider up-to-date about care received from other providers	N/A	N/A
		D. Utilizing Patient Activation to Expand Access to Community Based Care for Special Populations		
2.d.i	Implementation of Patient Activation Activities to Engage, Educate and Integrate the uninsured and low/non-utilizing Medicaid populations into Community Based Care (11th project)			
		Interval Change in Patient Activation Measure (PAM) - Percent of members measured at Level 3 or 4 on the PAM utilizing at least 13 item version	N/A	N/A
		Use of primary and preventative care services--Percent of attributed Medicaid members with no claims history for primary care and preventative services in measurement year compared to same in baseline year (For NU and LU Medicaid Members)	N/A	N/A
		Emergency Department use by uninsured persons as measured by percent of Emergency Medicaid emergency department claims compared to same in baseline year. (Uninsured only)	43.5	39.3
		CG-CAHPS done by PPS documenting the uninsured populations experience with the health care system	N/A	N/A
		Domain 3 - Clinical Improvement Metrics		
		A. Behavioral Health		
3.a.i.	Integration of primary care and behavioral health services			
3.a.ii.	Behavioral health community crisis stabilization services			
		PPV (for persons with BH diagnosis)	5,565	9,671
		Antidepressant Medication Management- Effective Acute Phase Treatment	43.07992203	45.16395701
		Antidepressant Medication Management- Effective Continuation Phase Treatment	36.45224172	36.31854505
				N/A
				46.80490194
				38.5681183

		Diabetes Monitoring for People with Diabetes and Schizophrenia	66.31016043	68.73096447	68.79242081
		Diabetes Screening for People with Schizophrenia/ BPD Using Antipsychotic Med.	71.98391421	75.72352741	75.36218553
		Cardiovascular Monitoring for People with CVD and Schizophrenia	70.1754386	66.26865672	71.56164384
		Follow-Up Care for Children Prescribed ADHD Medication- Continuation Phase	53	72.24489796	58.76494024
		Follow-Up Care for Children Prescribed ADHD Medication- Initiation Phase	57.10723192	60.24096386	54.66960622
		Follow-up After Hospitalization for Mental Illness within 30 Days	58.25410545	50.18181818	54.3903118
		Follow-up After Hospitalization for Mental Illness within 7 Days	42.35090752	36.33566434	38.53841871
		Screening for Clinical Depression and follow-up	N/A	N/A	N/A
		Adherence to Antipsychotic Medications for People with Schizophrenia	63.49892009	67.62170385	61.55685717
		Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	72.3830735	74.68297101	79.43291337
		B. Cardiovascular Disease			
3.b.i	Evidence Based strategies for disease management in high risk/affected populations (adults only) - Cardio				
		PQI # 7 (HTN) (Admission Rate per 100,000 recipients)	121	94	104
		PQI # 13 (Angina without Procedure)	18	32	27
		Cholesterol Management for Patients with CV Conditions	N/A	N/A	N/A
		Controlling High Blood Pressure (Provider responsible for medical record reporting)	N/A	N/A	N/A
		Asprin Discussion and Use	N/A	N/A	N/A
		Medical Assistance with Smoking Cessation	N/A	N/A	N/A
		Flu Shots for Adults ages 50-64	N/A	N/A	N/A
		Health Literacy Items (includes understanding of instructions to manage chronic condition, ability to carry out the instructions and instruction about when to return to the doctor if condition gets worse)	N/A	N/A	N/A
		C. Diabetes Mellitus			
3.c.i	Evidence Based strategies for disease management in high risk/affected populations (adults only) - Diabetes				
		PQI #1 (DM Short term complications)	80	82	113
		Comprehensive Diabetes screening (HbA1c, lipid profile, dilated eye exam, nephropathy)	73.69172835	84.12144128	76.64883189
		Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	74.43189196	86.08985765	80.28089658
		Comprehensive diabetes care - LDL-control (<100mg/dL)	N/A	N/A	N/A
		Medical Assistance with smoking cessation	N/A	N/A	N/A
		Flu Shots for Adults Ages 50-64	N/A	N/A	N/A
		Health Literacy Items (includes understanding of instructions to manage chronic condition, ability to carry out the instructions and instruction about when to return to the doctor if condition gets worse)	N/A	N/A	N/A

		Domain 4 - Population-Wide Metrics			
		Improve Health Status and Reduce Health Disparities			
4.a.iii	Strengthen mental health and substance abuse infrastructure across system	Required for all projects			
		Percentage of premature death (before age 65 years)	18.9	24.4	23.9
		Ratio of Black non-Hispanics to White non-Hispanics	2.33	2.1	2.04
		Ratio of Hispanics to White non-Hispanics	2.79	2.27	2.03
		Age-adjusted preventable hospitalizations rate per 10,000 - Aged 18+ years	114	126.5	135.6
		Ratio of Black non-Hispanics to White non-Hispanics	2.12	1.67	2.06
		Ratio of Hispanics to White non-Hispanics	2.19	0.95	1.51
		Percentage of adults with health insurance - Aged 18-64 years	87.5	75.1	83.7
		Age-adjusted percentage of adults who have a regular health care provider-Aged 18+ years	83.3	82	84.4
		Promote Mental Health and Prevention Substance Abuse			
4.b.i	Promote tobacco use cessation especially amongst low SES populations and those with poor mental health				
		Age-adjusted percentage of adults with poor mental health for 14 or more days in the last month	8	N/A	11.2
		Age-adjusted percentage of adult binge drinking during the past month	13.4	18	17.8
		Age-adjusted suicide death rate per 100,000	6.3	6.1	7.8
		Percentage of cigarette smoking among adults	12.7	14.9	15.6