

2018 Mental Hygiene Executive Summary
Broome County Community Mental Health Services

Broome County, bordered by Tioga, Delaware, Chenango and Cortland counties, is in the Southern Tier of New York near the Pennsylvania border. With a total land area of 706 square miles, the county is a central urban/suburban core. Binghamton, the county’s most densely populated city, is located at the confluence of the Chenango and Susquehanna Rivers. It is surrounded by rural villages and towns including Johnson City, Vestal, Endicott, Endwell, Chenango Forks, Maine, Port Dickinson, Whitney Point, Windsor, and others. Broome County has two major medical facilities, a state university, NYS SUNY Community College, private collegiate institution, state psychiatric facility, and NYS Developmental Disabilities Regional Office. The county has a BOCES and 12 public school districts: Binghamton, Chenango Forks, Chenango Valley, Deposit, Harpursville, Johnson City, Maine-Endwell, Susquehanna Valley, Union-Endicott, Vestal, Whitney Point, and Windsor; as well as numerous private schools.

Total Population	195,334	BC Median Household Income	\$46,261 (NYS: \$59,269)
Caucasian	87%	BC unemployment rate (2016 February)-	5.4 % (NYS Rate: 4.5 %)
African American	5.8%	BC Veterans 2011-2015	13,457
Hispanic	4.0%	Persons under 18	20.2%
American Indian/Alaska Native	0.2%	Persons under 5	5.1%
Asian	4.4%	Persons 65 & older	17.9%

Broome County has served as a Refugee Resettlement site for over 3000 Asian, Middle Eastern, African, and Eastern European refugees since 1988. The diversity of this population is reflected in local schools; for example, Johnson City School District reports that 17 languages are represented in their middle school population alone. *Due in part to the cultural diversity in this population, BC has made significant efforts to ensure cultural and linguistic competence in the provider community.*

Broome County has a wide array of both inpatient and outpatient providers of Chemical Dependency, Mental Health, and Developmental Disabilities services to serve individuals. There are two licensed outpatient Chemical Dependency agencies as well as four Outpatient licensed Mental Health Clinics. There are also numerous other supportive services provided by other non-profit agencies. Broome County has a demonstrated history of providing a comprehensive array of innovative services and supports for the citizens of our community with developmental disabilities although due to funding cuts, resources have been dwindling in the past several years. A solid partnership has been established among citizens with developmental disabilities, their families and advocates, provider agencies, county government and state government. Currently, the entire area of service delivery continues to be in transition and there are some concerns that the changes will impact the partnerships that have been established over the years.

Broome County utilizes the following in its planning; OASAS, OPWDD, and OMH Data Resources as well as treatment providers IPMES Reports; prevention Work Plans; the Prevention

Needs Assessment Survey; and treatment needs methodology. The County also utilizes the OMH County Mental Health Profiles; the OMH Patient Characteristic Survey; NYS Population Health Improvement Program; and other data resources. The county conducts Needs Assessments based on perceived needs of the consumers, providers and the subcommittee members as the oversight body. The various Behavioral Health Committees in the county along with the LGU are involved in collaborating by discussing and implementing findings and recommendations.

Broome County Department of Mental Health is committed to serving all constituents in need of behavioral health services by providing the highest quality of care and compassion.

Mental Hygiene Goals and Objectives Form
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (6/7/17)

1. Overall Needs Assessment by Population (Required)

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

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

Please Explain:

While the OMH Licensed Mental Health Clinic's in Broome County do prioritize clients when they call, there are still waiting lists for children and adults. The mental health clients have more complex issues with co-occurring needs that makes collaboration for all (OMH, OASAS, OPWDD) services difficult.

There is an effort to expand school-based MH services throughout the county which will be welcomed, however it does take time to submit th EZ PAR for each site and wait for final approvals as well as for the agencies to implement the services.

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

Please Explain:

Although the opioid epidemic in Broome County has remained a serious issue, addiction treatment providers are working to meet the demand and always looking at ways to expand services in a thoughtful manner. Broome County did receive Addiction Family Navigator/Peer services, Ambulatory Detoxification Services, Drug Free Communities Coordinator, and is in the process of implementing the Recovery Outreach Center awarded to Fairview Recovery Services, Inc. The Broome Opioid Abuse Council has over 50 members and meets monthly and it's 6 workgroups also meet monthly or bimonthly to address needs within the community.

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

Please Explain:

Many individuals with developmental disabilities are receiving services and supports through the myriad of private non-profit agencies that operate in our community including the Southern Tier Independence Center (STIC), ACHIEVE (formerly the Association for Retarded Citizens), Handicapped Children's Association (HCA), Community Options, Epilepsy Pralid, Springbrook and Catholic Charities.

There are a growing number of individuals who are being identified as needing services:

- Students leaving high school and residential programs
- Individuals who have lived at home all of their lives but now parents are getting older and are looking for additional supports and services to assist their developmentally disabled adult son/daughter

It takes a long time to get a Disability Determination. After individuals present at the Front Door the process for establishing Medicaid eligibility is lengthy.

Broome County has identified a number of critical shortages in terms of services for individuals with developmental disabilities including the following:

- Respite services – in-home and site based
- Crisis services including intensive behavioral supports
- Employment opportunities
- More varied residential opportunities
- Clinical services – medication management, counseling, OT, PT, Speech, Dental, mental health

There are simply not enough individuals willing to provide these services to the developmentally disabled citizens of Broome County. Low wages, and the part-time and variable nature of the work hours/work schedule compound the difficulty in finding qualified providers.

There is evidence of some improvements in terms of level of unmet needs. One notable example is the in the area of Self-Determination. There are more opportunities than ever before for individuals to create their own self-directed plans. The process however, is lengthy and it is, at times, difficult to find a "broker".

PRIORITIES FOR THE 2018 BROOME COUNTY LOCAL SERVICES PLAN

RESPITE- In home and site based, for both children and adults with developmental disabilities

WORK FORCE DEVELOPMENT

INTENSIVE BEHAVIORAL SUPPORTS, for children and adults; to address crisis and to avoid institutional placement – inpatient or incarceration

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Adult Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
y) Developmental Disability Person Centered Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
z) Developmental Disability Residential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Developmental Disability Service Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Other Need (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2a. Housing - Background Information

Safe affordable housing for OMH, OASAS and OPWDD clients are badly needed in Broome County. Housing is a constant issue every year. New housing in the community is generally created for students at Binghamton University and not accessible for our vulnerable populations. HUD is in the process of major changes in some of its housing policies and the community is still attempting to figure out how this will impact the remaining HUD funded housing services.

There has been a lot of development but huge need remains. Development in recent years has been focused solely addressing the needs of individuals leaving the developmental center due to its closure and the aging out population, especially students leaving residential schools. More options are needed for individuals to transition to more independent options. Presently there are no incentives to move individuals from their present residential setting, even if they might be interested in a move to another setting. If more opportunities were available for individuals presently living in IRA's for example, to transition to more independent settings, there would be more opportunities for others, who may need this level of support to back fill those slots.

An RFS is coming out for proposals to serve those individuals who want to move from IRAs to less restrictive settings. Community Options is developing a 4-bed house specifically designed to serve as this type of transitional living setting

The Homeless Coalition's Continuum of Care Committee conducts a HUD prescribed Point in Time (PIT) count annually during the last week in January. The PIT is done over a 24-hour period and aims to collect statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Chronic homelessness is one of the several homeless subpopulations tracked in the PIT. Substance Abuse is a significant factor contributing to chronic homelessness and as such, Fairview Recovery Services continues to expand the implementation of the HUD funded Homeless Management Information System, Shelter-Net. All the initial targeted emergency, transitional and permanent supportive beds are currently online. The HMIS provides the fastest and most accurate census of Broome County's homeless population and the system has expanded to other surrounding counties as well as HPRP grant funding. The Homeless Coalition was incorporated

into a 501c3 agency. Many community members also serve on the Homeless Coalition, which is important to consider in the Continuum of Care since many clients with CD, MH, DD and co-occurring issues often end up homeless. The homeless population of Broome County impacts all the agencies that work together to affect planning for client care, thus the community agencies are committed to the Coalition and having a positive impact on the homeless population.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Identify the various types of safe and affordable housing possibilities in all areas of the residential continuum for individuals with all disabilities.

Objective Statement

Objective 1: The CSB Subcommittees, agency provider workgroups and other stakeholders will explore innovative housing options that are being utilized in other communities to plan for future options including grassroots local organizations that are looking to house individuals with BH disorders. Continue to consider necessary funding and needed supports.

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

Objective 2: Advocate for additional respite opportunities both planned and especially emergency for individuals with disabilities

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

Change Over Past 12 Months (Optional)

With the change in OASAS regulations regarding increasing residential beds by 10% in reaction to the Opioid crisis, the Addiction Crisis Center increased its bed capacity by two. Although this seems like a small number, it did make a difference in admitting clients in a timelier manner.

With PWDD services, there has been a lot of development but huge need remains. Development in recent years has been focused solely addressing the needs of individuals leaving the developmental center due to its closure and the aging out population, especially students leaving residential schools. More options are needed for individuals to transition to more independent options. Presently, there are no incentives to move individuals from their present residential setting, even if they might be interested in a move to another setting. If more opportunities were available for individuals presently living in IRA's for example, to transition to more independent settings, there would be more opportunities for others, who may need this level of support to back fill those slots.

An RFS is coming out for proposals to serve those individuals who want to move from IRAs to less restrictive settings. Community Options is developing a 4-bed house specifically designed to serve as this type of transitional living setting.

2b. Transportation - Background Information

There is limited public transportation in Broome County and no public transportation in some communities. Limited public transportation routes and schedules has proved to be an impediment for many in the community, preventing people from accessing employment and other opportunities to participate more fully in the community. Because of the limited public transportation available in our community, individuals have fewer choices regarding where they can live, work and socialize. Additionally the bus system is complicated to learn and cumbersome to utilize.

Also only a portion of the population qualifies for Medicaid funded transportation services.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

This is an ongoing issue that seems to be difficult to resolve however it is a discussion point on various agendas for community meetings.

Change Over Past 12 Months (Optional)

Rural Health Network sponsored a Community day-long conference on transportation needs and how various agencies have addressed these needs. There is a push to develop volunteer driver services. Rural Health Network has implemented a program called "Get There" for health care transportation not covered by Medicaid.

2c. Crisis Services - Background Information

Through the DSRIP initiative, we have secured a Mobile Crisis Services unit for Mental Health Association that is working with the police on identifying consumers in need of services. The Crisis Intervention Worker and a Social Worker are training law enforcement agencies in the community as well as doing ride-alongs with police when necessary to assist with persons with emotional disturbances who are in some kind of altercation requiring police intervention. Also MHA is planning for a respite residence for Broome County.

The Addiction Crisis Center (ACC) has added two beds that are dedicated to the Sheriff's Assisted Recovery Initiative Program which allows people in need of stabilization from drug use to access a bed at the ACC more easily with the help of the BC Sheriff. The Addiction Center of Broome County is in the process of opening an Ambulatory Detox Unit within the month.

There is huge need in the community for crisis services for both children and adults. There are virtually no crisis services available in our community to serve individuals with developmental disabilities. PWDD does not provide this service, and CPEP frequently considers episodes of individuals presenting with developmental disabilities as "behavioral". The lack of crisis services has resulted in individuals with developmental disabilities being inappropriately housed in mental health facilities or our county jail.

More training is needed for first responders particularly for law enforcement in regard to deescalate techniques. And more intensive behavioral supports are needed. A crisis residence would go a long way in helping individuals deescalate and stabilize while avoiding the trauma and cost of an inappropriate psychiatric admission or incarceration.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
This issue is addressed under various other goals in the Plan.

Change Over Past 12 Months (Optional)

The community is addressing additional needs created by the Opioid crisis Surveillance system in place to better survey and target issues as they arise. Broome is participating in the "Presumed Opioid Overdose Death Database" with ten other counties in New York.
BOAC website improved to include a detailed list of resources in Broome, relevant current events and information.
BOAC brochure created and distributed at community awareness events.
Over 400 officers trained on the use of Narcan as well as many community members. Narcan is being deployed regularly, saving lives.
Good Samaritan cards were developed, distributed and available on the BOAC website.
Over \$2 million has been generated system-wide to improve access to services: including the family navigator/peer advocate program, intensive case manager, while waiting for treatment, Bridge program, etc. for programs in Broome County.
Parent card created and distributed - questions to ask physicians regarding prescriptions of opioids.
The Opioid Prescription Reduction by Academic Detailing (OPRAD) project was funded by the Community Foundation for South Central New York. The project consultant has met with 25 medical providers to date and the education has been very well received so far. BOAC's handout "Opioid Prescribing Best Practices" is shared with medical providers.
System-wide changes in United Health Service Hospitals in prescribing practices for acute pain
Broome County Sheriff's Office continues to maintain an unwanted prescription drug drop off site 24/7. In April, the Sheriffs' Office sponsored a community event and collected over 1,200 pounds of unwanted drugs in 4 hours.
Broome County received a grant from the Mee Foundation to purchase and monitor two additional Drop Boxes in the community -- one at the County Office Building and one at the Endicott Police Station.
BOAC, Broome County Sheriff's Office, Fairview Recovery Services and United Health Services Hospitals launched the Sheriff's Assisted Recovery Initiative and as a result, 21-22 people were assisted to the Addictions Crisis Center since March 30, 2016.
Lourdes held three six-week support groups for parents who have lost children to overdose deaths.
BOAC's new information and support group for parents and grandparents is scheduled to begin on June 6, 2016 and will meet once a week.
Enhanced programs at New Horizons.
Addiction Center of Broome County has increased its footprint by 35% (facility growth).
Law enforcement attitudes have positively changed toward a guardian approach.
BOAC is now collaborating with the Southern Tier Pharmacy Association.
Some positive press coverage of various community initiatives has sparked interest in programs/services.
Creation of BOAC Facebook page in May enhanced presence in the community.
BOAC and the Community Foundation for South Central New York are sponsoring a free community training titled "Responding to the Opioid/Heroin Addiction Epidemic." Andrew Kolodny, M.D., a well-known expert, will conduct the free training.

2d. Workforce Recruitment and Retention (service system) - Background Information

There is a constant change in staffing related to retirements, job changes, agency recruitments, etc. which then may cause the loss of experienced workers or the reorganization of agencies accordingly.

There has been difficulty finding providers even if services have been authorized; ex. Com Hap, Respite, etc. Wages are not competitive and schedules are often unpredictable. Even if qualified workers are found it has been difficult to retain people in direct service positions. There is a high burnout rate.

A lot is required of direct support professions without adequate compensation. Among our challenges is to provide more training, support, and acknowledgement for the direct care staff. Instead of looking at the work as entry level we need to acknowledge direct service staff as professionals and the work as more of a career rather than an entry level job. One positive initiative in this direction has been the development of the College of Direct Support which provides state wide standardization of core competencies and a code of ethics for DSPs.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Recruit and retain needed professionals to provide necessary direct service and care coordination across all disciplines of Mental Hygiene in Broome County.

Objective Statement

Objective 1: Training and educational resources will be offered to community providers to assist them in being effective and successful in serving and offering quality person-centered care.

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

Objective 2: Expand community partnerships including utilizing peer services, advocacy and recovery coaches to ensure holistic care that promotes support for wellness and recovery for all individuals with behavioral health issues.

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

Objective 3: Continue through the Dual Recovery Program to offer free and/or low-cost trainings across the community to support educational goals of clinicians.

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

Change Over Past 12 Months (Optional)

The Broome County Dual Recovery Project has provided many excellent high-quality trainings and educational resources in the past year free of charge. Many of these trainings have been at full capacity (70 people) which speaks to the utilization of this valuable service.
One positive initiative in this direction has been the development of the College of Direct Support which provides state wide standardization of core competencies and a code of ethics for DSPs.

2e. Employment/ Job Opportunities (clients) - Background Information

The BC Reentry Program is tasked to find ex-offenders employment with a living wage which is often difficult. The project does have a few employers who are willing to provide jobs, but there are not enough. Also, people with SUDs and MH disorders often find it challenging to obtain and then retain employment due to their symptoms and need to be involved in treatment services. This, however is a long-term goal in finding gainful employment. Some clients are referred to job training programs as well as local colleges for training/retraining.

There are not enough employment opportunities for individuals with developmental disabilities. Sheltered workshops have been closing but more integrated and competitive employment opportunities have been few. Pathways to Employment and prevocational programs have been developed but neither provides a pay check and that same sense of productivity.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Increase fully integrated opportunities for community education, advocacy efforts that promote recovery, productivity and social connectedness for all consumers.

Objective Statement

Objective 1: Increase awareness of networking opportunities and resources that promote recovery, restoration, remediation and rehabilitation in order to improve functioning and independence as well as to reduce or manage the effects of illness or disability.

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

Objective 2: Increase opportunities for prevocational activities and competitive employment in fully integrated settings for individual with intellectual and developmental disabilities.

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

Change Over Past 12 Months (Optional)

Vocational Incentives Program (VIP) was outsourced to Family and Children's Society and they continue to serve clients with MH issues with their resumes; skill building and employment support services.

2f. Prevention - Background Information

Lourdes Youth Services (LYS) is the county's licensed prevention agency. They provide the Student Assistance Program SAP as well as ADEPT educational services on substance use disorders. Due to school budget cuts, numerous SAP programs were cut. This was seen as a significant loss particularly with the Opioid crisis. LYS met with Senator Fred Akshar regarding additional funding for schools to reestablish SAP programs. This was recently awarded resulting in 5 additional SAP programs in the county.

Coordinated Care Services Inc., was awarded the Drug Free Communities (DFC) grant in late 2016 on behalf of Broome County BOAC and a DFC Coordinator was hired. The DFC Coordinator is working in collaboration with LYS.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated in goal in later section.

Change Over Past 12 Months (Optional)

Implementation of DFC Grant as well as funding for 5 additional SAP programs.
The Community Education workgroup of BOAC continues to provide numerous community educational events including education for schools on sports injury medicine and alternatives to opioid pain medicines.

2h. Recovery and Support Services - Background Information

The LGU petitioned OASAS for additional funding for CD recovery and support services in light of the Opioid epidemic.

The Addiction Center of Broome County implemented a Family Navigator program which incorporates 2 peer advocates to assist persons looking for assistance and for family members.

Fairview Recovery Services was awarded a 5-year grant to initiate a Recovery Outreach Center to provide additional recovery services including peer navigators and other support services including consumers and family membe.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated in other goals

Change Over Past 12 Months (Optional)

We are continuing to develop and implement the above stated recovery and support services.

2i. Reducing Stigma - Background Information

Each year we have a Day of Recovery for the community that includes speakers who talk about recovery from all Behavioral Health Disorders and we generally get a large crowd of over 100 people to attend. One of the main focuses is to reduce stigma and promote recovery in BC. BC has a large recovery community with numerous mutual twelve step support groups as well as faith-based and SMART Recovery. The community has held multiple forums on sports injuries and opioid prescription medications at area schools. Also, numerous community education nights have been well attended which include speakers and information on addiction and reducing stigma. The Drug Free Communities Grant Program

recently held a Prevention Night at the Minor-League Ball stadium that was alcohol-free to promote alcohol awareness and positive choices. Among the attendees at the game, there were 285 people who pledged to be drug-free.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated in other goal

Change Over Past 12 Months (Optional)

2j. SUD Outpatient Services - Background Information

Broome County has a wide array of both inpatient and outpatient providers of Chemical Dependency agencies to serve individuals.

- Two licensed outpatient agencies
- Outpatient Rehabilitation
- Dual Recovery Coordinator Program
- Comprehensive Psychiatric Emergency Program (CPEP)
- 20 bed inpatient chemical dependency unit and 4 extended observation beds that can be utilized to observe people in crisis for up to 72 hours
- Broome County Chemical Dependency Services Unit
- Broome County Suicide Awareness for Families and Educators (SAFE)
- Broome County Sheriff's Assisted Recovery Initiative
- Addiction Crisis Center
- Fairview Recovery Services
 - Community Residences
 - Supported Living
 - Shelter Plus Care
 - Housing First Apartments
- Broome County Prevention Point Syringe Exchange Program
- Family Navigator Program
- Peer Advocate Program
- Recently implemented Recovery Outreach Center
- 8 bed Bridge Program/YWCA
- Mental Health Juvenile Justice Program
- Outpatient Vivitrol Program

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Broome County Mental Health will coordinate efforts with the BOAC as well as all treatment, prevention, and harm reduction; law enforcement; the community and schools and the medical profession to continue to address the heroin opioid epidemic that is plaguing the community.

Objective Statement

Objective 1: Advocate to NYS OASAS to continue to provide necessary funding to expand treatment services as needed to address increases in admissions.

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

Objective 2: Continue to canvas and apply for grants that will offer additional funding to the community in order to add supportive services for youth, adults and family members affected by SUDs

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

Objective 3: Continue to be involved in BOAC to coordinate efforts with the six workgroups: law enforcement; community/school education; educating the medical professionals; treatment, prevention and harm reduction; data; rural communities. These workgroups meet monthly or as needed and report to the full Coalition once a month.

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

Objective 4: Continue to assess and monitor treatment, prevention and harm reduction needs in BC and advocate for additional funds and/or services as the need arises.

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

Change Over Past 12 Months (Optional)

In addressing the Opioid problems, Broome County has funded a program called “The Bridge”, partnering with the YWCA to offer a supportive living environment with wrap around services for eight women with infants who were born affected by opioids. The women and their infants live at the YWCA and are provided Case Management, child care, transportation and any other services needed to assist them in sustained recovery from Substance Use Disorders. At the same time, the infants are referred to all appropriate Pediatric services as needed.

NYS OASAS recently awarded Broome County with funds to hire an Addiction Family Navigator and Addiction Peer Advocates who will assist consumers and their families with accessing treatment and other support services.

Outpatient service delivery was restructured to accommodate more clients and improve access and waiting times for services by offering rapid access appointments to people in crisis from Opioid Use Disorder. The Methadone Program at UHS was expanded from 85 to 150 slots and is currently operating at 120. The County is attempting to recruit additional Physicians as Suboxone Providers.

Fairview Recovery Service’s (FRS) Addiction Crisis Center tracks the number of people turned away from that facility daily. FRS, Inc. also tracks waiting lists for services to their residential programs. These are reported out at each Provider Meeting and there is a special emphasis on services for Women and Women with Children. FRS was approved for a Capitol project to build a new Women’s Community Residence with several additional beds targeted to women with children which opened in 2016. Fairview also serves clients who are appropriate for Low Demand Permanent Housing. This information and data collection is coordinated with the efforts of the Homeless Coalition.

Providers of Chemical Dependency and Mental Health services have come together in the County’s Dual Recovery Project (DRP), to work in a collaborative manner in offering much needed services to the individuals in the county who experience co-occurring disorders. Dual Recovery Project’s Core Group and workgroups are continually assessing and identifying barriers in the system, and solutions to the barriers. This is an ongoing process. This has been extremely helpful in linking services to this point and is the vehicle for further integration of the system. DRP has trained well over 200 providers in the county in various trainings and workshops. DRP has offered many free workshops in Broome County through local presenters as well as their affiliation with NeC-ATTC. The Dual Recovery Coordinator is doing research on various issues related to the Opioid Epidemic to assist in planning for services across the continuum of care including educating the community and medical professionals in the issues involved.

A Surveillance system is in place to better survey and target issues as they arise. Broome County is participating in the “Presumed Opioid Overdose Death Database” with ten other counties in New York.

- BOAC website improved to include a detailed list of resources in BC, with relevant current events and information.
- BOAC brochure created and distributed at community awareness events.
- Over 400 officers trained on the use of Narcan as well as many community members. Narcan is being deployed regularly, saving lives.
- Good Samaritan cards were developed, distributed and available on the BOAC website.
- Over \$2 million has been generated system-wide to improve access to services including the family navigator/peer advocate program, intensive case manager, Bridge program, etc. for programs in Broome County.
- Parent card created and distributed - questions to ask physicians regarding prescriptions of opioids.
- The Opioid Prescription Reduction by Academic Detailing (OPRAD) project was funded by the Community Foundation for South Central New York. The project consultant has met with 25 medical providers to date and the education has been very well received so far. BOAC’s handout “Opioid Prescribing Best Practices” is shared with medical providers.
- System-wide changes in United Health Service Hospitals in prescribing practices for acute pain
- Broome County Sheriff’s Office continues to maintain an unwanted prescription drug drop off site 24/7. In April, the Sheriffs’ Office sponsored a community event and collected over 1,200 pounds of unwanted drugs in 4 hours.
- BOAC, Broome County Sheriff’s Office, Fairview Recovery Services and United Health Services Hospitals launched the Sheriff’s Assisted Recovery Initiative, and thus 21-22 people were assisted to the Addictions Crisis Center since March 30, 2016.
- Lourdes held three six-week support groups for parents who have lost children to overdose deaths.
- BOAC’s new information and support group for parents and grandparents is scheduled to begin on June 6, 2016 and will meet once a week.
- Enhanced programs at New Horizons.
- Addiction Center of Broome County has increased its footprint by 35% (facility growth).
- ACBC is opening an ambulatory detox program.
- Law enforcement attitudes have positively changed toward a guardian approach.
- BOAC is now collaborating with the Southern Tier Pharmacy Association.
- Some positive press coverage of various community initiatives has sparked interest in programs/services.
- Creation of BOAC Facebook page in May enhanced presence in the community.
- BOAC and the Community Foundation for South Central New York are sponsoring a free community training titled “Responding to the Opioid/Heroin Addiction Epidemic.” Andrew Kolodny, M.D., a well-known expert, will conduct the free training.

2k. SUD Residential Treatment Services - Background Information

Please see above, letter J.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated above in letter J.

Change Over Past 12 Months (Optional)

The Addiction Crisis Center added 2 additional beds. YWCA Bridge program added 8 beds for women with drug affected children. The Women's community residence was completed adding 6 additional beds including 2 for women with young children, bringing the total beds to 18.

2l. Heroin and Opioid Programs and Services - Background Information

Broome County has the following:

- Southern Tier Drug Abuse Treatment Center/Methadone Clinic
- 2 licensed Suboxone Clinics
- Several private physician Suboxone providers
- Vivitrol Clinic
- Syringe Exchange Program

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated in other goal.

Change Over Past 12 Months (Optional)

United Health Services Hospitals (UHS) is currently building a "Hub & Spoke" program to train primary care physicians in Suboxone prescribing. Also, UHS has developed a pregnant mother program to work with and educate pregnant women with substance use disorders in nutrition, primary health care, infant care and supportive services. The aforementioned Bridge program at the YWCA prioritizes mothers with babies affected by opioids.

2m. Coordination/Integration with Other Systems for SUD clients - Background Information

Broome County has two Article 28 hospitals, Our Lady of Lourdes and United Health Services Hospitals (UHS), in addition to Greater Binghamton Health Center operated by NYS OMH.

UHS operates three inpatient psychiatric units. Memorial 5 is a 17-bed locked unit for severely mentally ill patients who may be imminently dangerous to themselves or others. Krembs 5 is a 17-bed specialty unit for patients who have significant medical problems. Many geropsychiatric patients are served on this unit. This unit also has an ECT unit that provides approximately 2,500 treatments annually. Krembs 3 is a 22-bed unit that is appropriate for patients who have been successfully stabilized. Although K3 is designed to accommodate less severe patients, it also has an observation room to hold dangerous individuals.

UHS also operates a Comprehensive Psychiatric Emergency Program (CPEP). CPEP is a mental health crisis service, and they also refer individuals to inpatient hospitals as needed. CPEP has 4 extended observation beds that are used to observe people in crisis for no more than 72-hour stays. CPEP also provides mobile outreach services to people in the community in need of intervention or assessment.

One issue that continues to greatly concern us in Broome County is the closure of the detox unit due to the subsequent stress that has been placed on the system. To that end, the only service in the County and surrounding areas that provides inpatient detox is the Stabilization service at Fairview Recovery Services Addiction Crisis Center. The ACC is at maximum utilization on an annual basis at 99% (and is only not shown to be at 100% due to the way beds are "counted"). The ACC is working toward becoming a Medicaid billable service which will potentially impact admissions to the unit. The Addiction Center of Broome County has implemented an Ambulatory Detox Unit that will be helpful.

From 2009 to 2013, there was an 84% increase in burglaries reported to the Binghamton Police Department (BPD), from 286 in 2009 to 525 in 2013. Many of those arrested for burglary were addicted to opiates and stealing to support their habits. This year, Broome County applied to become a High Intensity Drug Trafficking Area (HIDTA) through the BPD and the BC Sheriff's Department. Furthermore, BC has been involved in Operation IMPACT, a crime reducing program, since 2004. IMPACT recently transitioned to the Gun Involved Violence Elimination (GIVE) initiative which seeks to reduce firearm-related homicides. *In fact, the DCJS indicates that BC had the highest rate of property crime of any county in NYS.*

Data from the NYS Office of Alcohol and Substance Abuse Services (OASAS) regarding substance abuse treatment admissions speaks directly to the increase in heroin addiction among BC residents. Since 2008, there has been an upward trend in heroin admissions. Among BC residents admitted to drug treatment, those who cited heroin as the primary drug of abuse increased 151% from 206 in 2007 to 518 in 2013 and this has held steady. This large increase was predominantly driven by young people (35 years or younger), who made up 80% of the total heroin treatment admissions.

The Greater Binghamton Health Center (GBHC) provides in-patient and comprehensive outpatient services for individuals who are seriously mentally ill. GBHC had been under the threat of closure, however it will remain open for the time being with the reduction in the number of beds and an increase in Transitional Housing beds. ***We have serious concerns about the possible future closure of any of these vital services in the community.*** One of the initiatives funded by OMH to address adult's needs is the Mobile Integration Team, where GBHC is the lead for this regional service. The Children's MIT is currently operational. Another innovative service funded by OMH provides crisis intervention assistance to Binghamton Police responding to calls concerning potentially emotionally disturbed youth and adults. This was awarded to the Mental Health Association of the Southern Tier hired the Crisis Intervention Team Coordinator in August 2015. GBHC has implemented a new innovative program for young people experiencing their first Psychotic break named "On Track".

Broome County has a wide array of both inpatient and outpatient providers of Chemical Dependency, Mental Health, and Developmental Disabilities services to serve individuals. There are two licensed outpatient Chemical Dependency agencies as well as four outpatient licensed Mental Health Clinics. There are also numerous other supportive services provided by other non-profit agencies. Broome County has a demonstrated history of providing a comprehensive array of innovative services and supports for the citizens of our community with developmental disabilities, although due to funding cuts, resources have been dwindling in the past several years. A solid partnership has been established among citizens with developmental disabilities, their families and advocates, provider agencies, county government and state government. Currently, the entire area of service delivery is in transition and there are some concerns that the changes will impact the partnerships

that have been established over the years.

The Developmental Disabilities Regional Office, Region 2 which includes the Broome district, continue to serve children and adults with developmental disabilities in a six-county area which includes Broome County, although the residential facilities are slated for closure. Many other individuals with developmental disabilities are receiving services and supports through the myriad of private non-profit agencies that operate in our community including the Southern Tier Independence Center (STIC), ACHIEVE (formerly the Association for Retarded Citizens), Handicapped Children's Association (HCA), Springbrook, Epilepsy-Pralid, Community Options, and Catholic Charities.

There are numerous committees and groups in our County that address the needs and issues affecting individuals with disabilities. Through these venues there is ongoing dialogue and planning surrounding identification of needs, assessment of existing services and the creation of innovative services and supports designed to maximize opportunities for rehabilitation and recovery.

The People with Developmental Disabilities (PWDD) sub-committee of the Broome County Community Services Board meets monthly, and provides a regularly scheduled forum to address DD service needs in Broome County. With the attendance and input of a wide variety of stakeholders including service recipients, families, advocates, service providers, county and state government, the PWDD subcommittee is an excellent example of the partnership planning process at work.

Planning for Mental Health, Alcohol and Substance Abuse Services and People with Developmental Disabilities in Broome County is a collaborative effort that is done on an ongoing basis through many different venues. The Alcohol and Substance Abuse (ASA) Subcommittee, the Mental Health (MH) Subcommittee, Management Council (MC) and Professional Advisory Group (PAG) all meet on a monthly basis, where much of the planning for chemical dependency and mental health services takes place. These groups often invite staff from the State or the community to attend their meetings to gather input or provide information that is relevant to the planning process. Planning has been added to every agenda as a standing item to be discussed at each meeting. In addition, various community leaders attend meetings with the State agencies in Albany, and the Commissioner of Mental Health and Behavioral Health Administrator attend Conference of Local Mental Hygiene Directors meetings on a regular basis. All of the subcommittees report to the Community Services Board (CSB), where planning and collaborating with the other Mental Hygiene disciplines occur. In particular, much collaboration occurs between the ASA, MC and PAG, and the Mental Health Subcommittee. There is also collaboration with the People with Developmental Disabilities (PWDD) Subcommittee and there has been a focus on the population of consumers (including children) who have co-occurring disorders in several human service disciplines. Another venue for effective community planning is the Integrated County monthly meeting that is attended by all of the top-level administrators in the community who are directly or indirectly involved with Human Services.

The Providers of Chemical Dependency and Mental Health services have come together in the County's Dual Recovery Project, to work in a collaborative manner by offering much needed services to the individuals in the county who experience co-occurring disorders.

Currently, it should be noted here also that the entire area of service delivery in MH and CD is also in transition and there are concerns that the changes at the State level will impact the continuum of care that has been established over the years. The development of Health Homes has impacted service delivery in many ways. Broome County has two Adult Health Homes: Catholic Charities and United Health Services Hospitals. Both Health Homes are now represented at the Single Entry weekly meeting. Applications have been submitted for the Children's Health Home from Broome Region. It is expected to be awarded in the next few months.

Community members also serve on the Homeless Coalition, which is important to consider in the Continuum of Care since many clients with CD, MH, DD and Co-occurring issues often end up homeless. The Homeless population of Broome County impacts all of the agencies that work together to affect planning for client care, thus the community agencies are committed to the Coalition and having a positive impact on the homeless population.

Adolescent issues are considered a priority in the county. The Adolescent Addiction Task Force is a group of providers consisting of members from all disciplines: Mental Health; DSS; BOCES; Lourdes Youth Services; Community members; Probation; and CD providers. Providers of services for adolescents have come together at the table to plan for and develop a seamless system utilizing existing recovery support resources. The group has written a formal MOU to assure appropriate linkages. The AATF has been working to address the lack of treatment in the County.

The Mental Health Department is also represented at: the Integrated County Planning; the Coordinated Children's Services Initiative; and Promise Zone, a new initiative funded by OMH in which Broome County is developing Community Schools within the 12 school districts and BOCES. We have formed a partnership between the lead agency, BCMHD, along with Binghamton University and BOCES. We are also represented at Children and Youth Services Council; Criminal Justice planning; Reentry Taskforce; Drug Court planning group; the Homeless Coalition and planning with the Department of Social Services.

Other areas of interest in planning in Broome County are: cultural and linguistic competency planning which is integrated into the inner-workings of every agency; Continuous Quality Improvement protocols; persons re-entering the community from State Prison; Peer Recovery efforts; Veterans Services; housing initiatives; and vocational, educational and volunteer activities that promote social connectedness. As always all planning in the County is a collaborative, coordinated effort that is done on an ongoing basis through many different venues.

CCSI Performance Management Staff conducts a number of oversight activities with most of the contract agencies of the Mental Health Department. This information is shared across all disciplines within the department and externally, in report form and through meetings of the MH groups, CD groups and Community Services Board. All of the stakeholders in Broome County are committed to working together to meet consumer needs and ensure a comprehensive system of care that meets the needs of all of our citizens challenged by chemical dependency, mental health, and developmental disabilities.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Support Community efforts of planning and integration of primary care and behavioral health including SUD; MH and PWDD.

Objective Statement

Objective 1: Attend and actively participate in the planning and development of the regional DSRIP through meetings, phone conferences, webinars, etc.

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

Change Over Past 12 Months (Optional)

2n. Mental Health Clinic - Background Information

Broome County has four licensed Article 31 Mental Health Clinics: GBHC's CTRC and Children's Clinic (947 adults and 336 children served in 2016); United Health Services Hospitals MH Clinic (922 adults in 2016); Lourdes Center for Mental Health (552 adults and 391 children in 2016) and Family and Children's Society (FCS) (775 adults and 334 children in 2016). In addition, FCS has developed three school-based clinics and is working toward opening clinics in each school district.

Despite the increase in Article 31 clinics over the past few years, services are still difficult to access due to the volume of current clients and those waiting for evaluation and services.

Although Broome County Mental Health Department no longer operates a licensed clinic, they do continue to serve the Forensic population with 730 Evaluations, 9.45 Transports, AOT; SAFE Act oversight; Crisis Intervention Team; Forensic referrals from NYS Prison system and court-ordered exams and evaluations.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Included in other goals.

Change Over Past 12 Months (Optional)

2o. Other Mental Health Outpatient Services (non-clinic) - Background Information

Other non-clinic NY services in BC include:

Adults:

- Advocacy
- Self Help Independence Program (SHIP0)
- Sunrise Wellness Center
- Stepping Stone and Beacon Drop-In Center
- Psycho-social Club
- Peer Educators
- Family Navigator
- ACT Team
- Health Homes (Catholic Charities and UHS)
- Protective Services for Adults
- Etc.

Children and Youth:

- Single Point of Access (SPOA)
- Children's Health Home
- Clinic Plus
- Rural BEAR
- Promise Zone
- Coordinated Children's Services Inc. (CCSI)
- CCSI Focus
- Functional Family Therapy
- Children's Waiver Services
- Boys of Courage
- Sexual Abuse Project
- Therapeutic After School Program (TASP)
- Detention Alternatives After-School Program (DAASP)
- Mental Health Juvenile Justice (MHJJ)
- Parents and Children Together ("ImPACT")
- Etc.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Increase service options, improve coordination among OMH, OASAS, PWDD services for children/adults including co-occurring disorders, Forensic, Geriatric, Veteran Services within the full continuum of care.

Objective Statement

Objective 1: Reduce wait time to various treatment and support services for children and adults with mental health, SUD, PWDD and Co-occurring Disorders by identifying barriers and gaps in services.

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

Objective 2: Improve coordination of services for individuals who require co-occurring PWDD, MH and SUD services in order to adequately address their multiple co-occurring needs.

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Health Homes for Adults and Children are coordinating care for clients with care managers. It is still unclear how to measure how well Health Homes are serving adults and children since they are not required to report to the LGU.

DOH is rolling out some reporting that includes enrolled, ER visits and Health Home comparisons with other counties. It is unclear if they are asking if clients are satisfied with Health Homes and the services they provide.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated in other goals.

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

There are not enough providers of clinical services for individuals with developmental disabilities. Many mental health providers will not treat individuals with developmental disabilities. More training is needed for mental health professionals to feel more confident working with this population. While the Article 16 clinic does provide medication management they have also found it difficult to recruit psychiatrists. The Article 16 clinics operated by the DDSO in Broome County have Psychiatric Services including a Psychiatrist who flies into the county once a week and also a FT PNP on staff. The appointments for the Psychiatrist are booked out into August 2017.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
These are being addressed in other goals.

Change Over Past 12 Months (Optional)

2r. Developmental Disability Children Services - Background Information

The biggest need in children's services has been identified as the need for more providers. It has been difficult for EIU programs to find Occupational therapists, Speech therapists, Special instructors, and to a lesser extent, Physical therapists. Many providers seem to want to work in different settings and are seeking full-time employment. Many do not want to travel to homes throughout the county. In addition, there is the issue of cancellations and no-shows that they must contend with.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
These are being addressed in other goals.

Change Over Past 12 Months (Optional)

2s. Developmental Disability Adult Services - Background Information

Individuals with developmental disabilities continue to want and need more and varied opportunities for work, social, recreational, and housing with individualized supports.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
These are being addressed in other goals.

Change Over Past 12 Months (Optional)

2t. Developmental Disability Student/Transition Services - Background Information

Among the greatest needs identified for individuals transitioning out of high school is transportation.

Providers note that public transportation routes and hours of operation are limited which in turn limits opportunities for individuals to participate fully in social, educational and employment opportunities.

Another area that has been identified as a need is college, post-secondary education and training opportunities for individuals transitioning from school to adult services. Our neighboring Onondaga County in Syracuse, for example, has a Pathways to Careers Program. This program, which is a collaboration between ACCES-VR and Onondaga Community College, provides educational mentoring, counseling and internship supports for individuals with disabilities in their efforts to pursue an Associate's Degree.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

Broome County does have some innovative programs for high school level students. A CDOS grant (Career Development & Occupational Studies) provides work based internship opportunities for students in a collaborative effort amongst Broome-Tioga BOCES, ACCES -VR and local employers.

Another initiative is Project Search, which is a partnership amongst BOCES, ACCES-VR, Catholic Charities and a local hospital to provide a work experience for students working towards SACC credentials.

Providers and educators note, however, that there are not enough opportunities for students with disabilities who are leaving school to participate in meaningful, age appropriate work, social and educational opportunities.

2u. Developmental Disability Respite Services - Background Information

Respite services remains one of the greatest need in Broome County. There is a scarcity of this service for both children & adults with developmental disabilities. There is presently just one site based respite house in the community and there can be a lengthy wait for this service.

Respite beds in IRA's are often being occupied by individuals who require long-term placement where there are no other available options. While many families have been authorized to receive in-home respite services, finding people to provide these services has been problematic.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Develop options for both children and adults for planned and emergency respite services for both in-home and site-based services.

Objective Statement

Objective 1: Continue to address this goal each month in the PWDD Subcommittee and at other PWDD workgroups in the community to develop a plan of action within the next year.

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

Change Over Past 12 Months (Optional)

2v. Developmental Disability Family Supports - Background Information

In surveys done by the Family Support Services, they have identified the following as the greatest needs facing families of developmentally disabled children and adults living at home:

- Behavioral Challenges – More support services are needed to support families of individuals with significant behavioral challenges, including clinical support and intensive behavioral supports.
- Transportation – There is a lack of transportation options to help individuals with developmental disabilities to access programs, services and supports including work, social, and recreational opportunities.
- Respite – There is a need for more in-home and site based respite for children and adults with developmental disabilities.
- Funding – There is very limited ability to expand existing programs that have positive outcomes. It is noted that that they have a limited spending plan and because it is 100% state tax dollars, and there has not been any increases in their funding for many years.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

2w. Developmental Disability Self-Directed Services - Background Information

The process for accessing Self Directed Services has improved. There are more opportunities available for individuals to get these services. The process, however, continues to be a lengthy one. Among the issues noted are: difficulty finding a broker, and not enough people to provide the services.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

2x. Autism Services - Background Information

There is a need for better access and more means of communication for individuals with Autism. More augmented communication options and services are needed and speech pathologists need more training in utilizing augmented communication devices. Families also need more training in utilizing this technology.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

2y. Developmental Disability Person Centered Planning - Background Information

A concern is that not all Medicaid Service Providers (MSCs) are trained in this philosophy and approach. More training is needed, not only for MSC's, but also for other providers to be more person centered, and also for families.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):

Change Over Past 12 Months (Optional)

2z. Developmental Disability Residential Services - Background Information

Virtually all of the certified opportunities that have been developed in recent years have been geared toward serving students aging out of residential facilities and individuals transitioning back into the community as part of the closure of Broome Developmental Center.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
Incorporated in other goals.

Change Over Past 12 Months (Optional)

There are a number of non-certified options being created, including a number of apartments in new apartment complexes being built which are being set aside for individuals with developmental disabilities. While these will be non-certified apartments, there will be staff available on site to provide extra supports.

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

More intensive behavioral supports are needed for children and adults with challenging behaviors to address crisis and avoid institutional placement - institutionalization or incarceration.

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

Goal Statement- Is this Goal a priority goal (Maximum 5 Objectives per goal)? Yes No

Broome County will implement the START program which will provide crisis response along with consultation and in-home supports to address challenging behaviors.

Objective Statement

Change Over Past 12 Months (Optional)

START - Systemic Therapeutic Assessment and Treatment Services

3. Goals Based On State Initiatives

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

4. Other Goals (Optional)

Other Goals - Background Information

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

Change Over Past 12 Months (Optional)

Attachments

- 2015-2016 BC Promise Zone Evaluation Report.docx - BC Promise Zone Evaluation
- 2016 Cultural Competency Annual Report.doc - Cultural Competency
- BOAC Semi-Annual Report 2016 (004).pdf - BOAC Semi Annual Report 2016
- Broome County Profile Report.pdf - PNA Survey BC Profile Report
- Broome MH Annual Report 2015 (Final) (3).pdf - BC MHD Annual Report 2015

Office of Mental Health Agency Planning Survey
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (4/19/17)

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

1. For Criminal Procedure Law 730 Chargeback Budgeting: Please indicate the department within your county that is responsible for budgeting CPL 730 restoration chargebacks.

- Mental hygiene/community services
- Sheriff/county law enforcement
- Other

If "other" please indicate how these charges are budgeted

Questions regarding the above survey item should be directed to Hank Hren at hank.hren@omh.ny.gov or 518-474-2962.

2. For Local Administration of the Assisted Outpatient Treatment Program:

a) Please describe the system used in your locality to ensure that petitions are filed for individuals requiring Assisted Outpatient Treatment.

Broome County Mental Health Department designates an AOT Program Coordinator to maintain a roster of individuals with current AOT orders. This roster contains pertinent information such as the 911-legal address and phone, Outpatient Treatment Provider, Care Coordination Provider, Dates of Hearing and Date of Expiration, as well as tracking of Significant Event Reports. Most petitions monitored by this County originate in either the State-operated Psychiatric Center (Greater Binghamton Health Center) or a State-operated Correctional Facility. For renewals filed on behalf of the DCS, Broome County Law Department works with area providers to complete necessary paperwork in accordance with required timelines.

b) Please describe the system used in your locality to ensure that such individuals requiring Assisted Outpatient Treatment receive the services included in the AOT treatment plan.

Broome County AOT Coordinator requires Care Coordination Providers report on any issues involving outpatient treatment providers and monitors treatment compliance, completing Significant Event Reports as needed. Care Coordination contacts are monitored via monthly reporting submitted identifying the date, type of service, and time spent with the individual to ensure that four contacts, conducted weekly, over the course of the month are completed for Health Home Plus (HH+) level of care coordination. The Assertive Community Treatment (ACT Team) located at the c also submits monthly service verification for the required 6-monthly ACT Team contacts with date and time spent.

c) Please list the Care Management Programs your Single Point of Access (SPOA) uses to assign AOT referrals.

AOT referrals are handled directly by the Broome County AOT Coordinator as Care Coordination depends upon whether the individual will be ordered to clinic-based outpatient treatment or the ACT Team. For referrals from NYS Corrections, the Broome County Mental Health Department, Forensic Transition Case Manager monitors and refers for community-based services in concert with Broome County Reentry Program (collaborative initiative with NYS Division of Corrections and Community Supervision). For clinic-level of care, there is only one Targeted Case Management (TCM) Legacy Provider (Catholic Charities of Broome County, dba: Encompass Health Home), therefore the Care Coordination is dictated by type of outpatient treatment. SPOA is involved with housing referrals.

Questions regarding this survey item should be directed to Rebecca Briney at Rebecca.Briney@omh.ny.gov or 518-402-4233.

Thank you for participating in the 2018 Mental Hygiene Local Services Planning Process by completing this survey. Any technical questions regarding the online County Planning System, please contact the OASAS Planning Unit at 518-457-5989 or by email at oasasplanning@oasas.ny.gov