2013 Mental Hygiene Executive Summary
Broome Co Community Mental Health Srvs
Certified: Katherine Cusano (4/29/13)

EXECUTIVE SUMMARY
2014 Mental Hygiene Local Services Plan

Broome County is located in the Southern Tier of NYS near the Pennsylvania border, a central urban/sub-urban core comprised of the Binghamton, Johnson City, Vestal and Endicott areas, is surrounded by rural villages and towns. Binghamton, the county's most densely populated city, is located at the confluence of the Chenango and Susquehanna Rivers. It is bordered by Tioga, Chenango, Delaware and Cortland Counties, and the State of Pennsylvania. The total land area for Broome County is 706 square miles. Over the past four decades, economically devastating job losses have occurred in the historical manufacturing base for the county. Broome County's current unemployment rate for February 2013 is 9.5%, which is about the same as last year. This is more than 1 percentage point higher than the NY State unemployment rate. Most jobs in the county currently are in the fields of services, health care, and educational facilities, all of which are located in the central urban/sub-urban hub. Within the county are two major medical facilities, Binghamton University, Davis College and Broome Community College and a state psychiatric facility. The county is home to 12 public school districts serving 30,000 students; and also has a number of private schools within its borders.

Preliminary 2011 Census data shows the total population of Broome County has increased slightly to 200,600. As of the 2010 census data, 86.3% of the population is Caucasian, 4.8% African-American, 3.5% Asian, 3.4% Hispanic or Latino and .8% other.
The county has served as a Refugee Resettlement site for over 3000 Asian, Middle Eastern, African, and Eastern European refugees since 1988.

Vital Statistics	
Total Population * 2010 census data	**200,600 ***
Caucasian	**86.3%**
African American	**4.8%**
Hispanic	**3.4%**
American Indian or Alaska Native	**0.2%**
Asian	**3.5%**
Youth ages 12 to 17	**14,633**
Total Youth with SED (est. @ 12%)	**1,756**
Below Poverty Level	**15.5%**
Born outside the US	**6.1%**
Language other than English spoken at home 5+ years	**9%**
BC Literacy rate	**89%**
High School graduates	**88.3%**
Persons age 5+ with a disability	**26,712**
Median household Income	**$44,437**

2010 Census data shows that 15.5% of the population has an income below the poverty level, compared to the statewide rate of 14.2%. The median household income is $44,437, which is below the state median income of $55,603; 21.2% of Broome's children live in poverty. Broome County's elderly population is higher than the State average. According to Census data, persons aged 65 and older represent 16.4% of Broome County's population compared to 13.5% in the state. The fastest growing population group is age 85 and up. For persons age 65 and over, 9.2% live in poverty, a slight decrease over last year.

Broome County has significantly impacted by several devastating floods in June and November of 2006 and most recently in September of 2011. These disasters have gravely impacted the community as thousands of people were displaced and some remain displaced even today. Renovations and new construction continue in the effort to rebuild the community.

Broome County has two Article 28 hospitals, Our Lady of Lourdes and United Health Services, in addition to Broome Developmental Center operated by NYS OPWDD and Greater Binghamton Health Center operated by NYS OMH. The BDC is scheduled for closure by 2014, except for the Local Intensive Treatment Unit for intensive treatment which is restricted by admission criteria for specific populations. The county enjoys three colleges, Binghamton University, Davis College and Broome Community College.

United Health Services Hospitals (UHSH) 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.

UHSH 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. Last year with the budget cuts in the state, the CPEP was in danger of losing funding and therefore closing down. Heavy advocacy restored the potential cuts to this very critical component of the continuum of care.

One issue that continues to greatly concern us in Broome County is the closure of the detox unit at UHSH in late 2012 and the subsequent stress that has placed on the system. UHSH New Horizons program was forced to close its Medically Managed Detox Program due to fiscal as well as programmatic reasons. To that end, the only service in the County and surrounding areas that provides inpatient detox is the Medically Monitored Withdrawal service at Fairview Recovery Services Addiction Crisis Center. It should be noted that in the March 2013 OASAS Service Need Profile for Broome County the need for MMW beds remains at 13. **We strongly disagree with this number in the estimated service need.** 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"). OASAS has been contacted regarding this issue and numerous meetings have been held.

Another issue that concerns the Substance Abuse Providers in Broome County is the exclusion of alcohol use of adults on the Drug Use Trends Survey. Alcohol is the overarching problem substance across age groups. Through the years, use of different substances appears to rise and fall; however alcohol remains a steady problem and concern. When this decision to not include alcohol on the survey other than for minors was questioned, we were told it is because alcohol is "legal" for adults. We will point out that Sedatives, Tranquilizers, Stimulants, and Synthetic Opiates were all listed and those drugs are also legal if used according to prescription. We find this to be a concerning oversight. Also tobacco and smokeless tobacco were excluded for use by adults.

The Greater Binghamton Health Center (GBHC) provides in-patient and comprehensive outpatient services for individuals who are seriously mentally ill. GBHC has six in-patient units: an admissions unit, an intensive treatment unit, a geriatric infirmary, a geropsychiatric unit, and two extended treatment service units. GBHC maintains 48 beds for community placement for transitional living and adult situational crisis beds for people who are experiencing a non-psychiatric emergency, but may be facing housing or financial difficulties. **We have serious concerns about the possible closure of any of these vital services in the 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 is in transition and there are some concerns that the changes will impact the partnerships that have been established over the years.

Broome Developmental Center and 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. 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), Community Options, and Catholic Charities.

There are numerous committees and groups in our County that address the needs and issues effecting 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 and "MC-PAG" 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 Deputy Commissioner 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-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 Planning 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 in 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 will impact service delivery in many ways, most of which is still unknown at this time. Broome County has two Health Homes: Catholic Charities and United Health Services Hospitals. Since "numbers" indicate a Health Home needs 6,000 covered lives to function effectively, it is unclear as to whether both Health Homes will be able to operate as fiscally viable entities. Broome County and surrounding areas reportedly have 6,000 covered lives available in total.

Broome County has seen an alarming increase in admission rates for people whose primary substance at admission is Opiates. This number has actually over-taken alcohol as the primary substance for two age groups: 18 to 24 and 25 to 34 years. The county has been addressing this issue through the provider groups as well as the Integrated County Planning Group that meets monthly. The Health Department has been tracking opioid prescriptions in an attempt to assist in addressing the problem.

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 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 Mental Health Department is also represented at: the Integrated County Planning; the Coordinated Children's Services Initiative; KYDS Coalition; Children and Youth Services Council; Criminal Justice planning; Reentry Taskforce; Drug Court and Family Drug Treatment Court planning groups; planning with the Department of Social Services and the Children's MH/DD Co-occurring Disorders Project, Family Violence Prevention Council and others.

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.

The 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.

2013 Planning Activities Report
Broome Co Community Mental Health Srvs (70000)
Certified: Katherine Cusano (4/29/13)

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

Part I: Collaboration on the Prevention Agenda 2013-2017

1. Describe the collaborative activities between the LGU and the local health department (LHD) related to the Prevention Agenda 2013-2017. Identify other stakeholder organizations that were also involved in these activities.
Broome County Department of Mental Health has a staff person who attends all of the Community Health Assessment (CHA) Meetings held by the Broome County Health Department (BCHD). The CHA is attended by many community members including: Our Lady of Lourdes Hospital; SUNY Upstate Medical University, Clinical Campus; Binghamton University Decker School of Nursing; United Health Services Hospitals; United Way; Rural Health Network of SCNY/SUNY Upstate; UEBB Consulting; several staff members from both BCHD and BCMHD. On occasion, other community partners attend as well. The members regularly give input and recommendations from their respective disciplines in a continuous effort to maintain current information regarding prevention and intervention of chronic disease including mental health and substance abuse.

2. Identify the specific goals and objectives related to the Prevent Mental Health and Prevent Substance Abuse priority area that are being considered for inclusion in the LHD's Community Health Improvement Plan (e.g., suicide prevention, underage drinking, misuse of prescription drugs).
1. Provision of mental and behavioral health services through: (a) state, county, and private agencies and providers/medical community; (b) grant funded programs; and (c) education system (counseling services). 2. Outreach and education through community agencies (OMH, DSS, OFA), education system, medical community. Examples of Current Initiatives: 1. Partnering with OMH and the Garret Lee Smith Memorial Grant to provide safeTALK – a Suicide prevention program to bring about a suicide safer community. 2. Broome County Mental Health Clinic 3. Safe Healthy Action Requires Education (SHARE) [BOCES] 4. Broome County Single Point of Access (SPOA) for children and Single Point of Entry (SPOE) for adults [Catholic Charities] 5. Nurse Direct [United Health Services] 6. First Call for Help [United Way] 7. Faith in Action [Binghamton University] 8. Lourdes Center for Mental Health, Lourdes Youth Services (The Corner), Mental Health Juvenile Justice Project, Detention Alternative After School Program, Juvenile Arrest Diversion Endeavor, Student Assistance Program, Alcohol & Drug Education Prevention Program, Teen Nurturing Parenting Program. 9. Family & Children's Mental Health Clinic

3. Identify any priority outcomes or strategies included in this year's local services plan that are directly related to the goals and objectives identified under the Promote Mental Health and Prevent Substance Abuse priority area of the Prevention Agenda 2013-2017.
Priority Outcome 1: Broome County will maintain services of the full continuum of care in a fiscally challenging managed care environment. Strategy 1:1 Priority Outcome 2: Training and educational resources will be provided to the community to assist them in being effective and successful in their roles as providers of quality person-centered care. Strategy 2:1 Priority Outcome 3: Improve coordination with all service providers..... Strategy 3:1; 3:2

Part II: LGU Emergency Management Planning

Section A: OASAS Emergency Management Assessment

All questions regarding the following survey should be directed to Kevin Doherty, OASAS Emergency Manager, at (518) 485-1983, or at KevinDoherty@oasas.ny.gov.

1. Does your agency's Comprehensive Emergency Management Plan include all of the following: planning, mitigation, response, and recovery contingencies for OASAS providers that are located in your county?

- (●) a) Yes
- ( ) b) No

2. Does your agency have an inventory of contact information (Name/address/phone/email) for OASAS certified or funded programs in your county on a site-by-site basis?

- (●) a) Yes
- ( ) b) No

3. How often does your agency meet with OASAS certified or funded programs in your County to discuss emergency management issues?

- ( ) a) Monthly
- ( ) b) Quarterly
- ( ) c) Annually
- (●) d) Other (specify): As Needed
- ( ) e) Never

4. Has your agency developed hazard-specific evacuation routes and re-location sites for OASAS certified or funded programs in your county?

- ( ) a) Yes

◉ b) No

Section B: OMH Disaster Mental Health Planning Assessment

All questions regarding the following LGU survey should be directed to Steven Moskowitz, OMH Coordinator of Emergency Preparedness and Response at 518-408-2967, or at steven.moskowitz@omh.ny.gov.

1. Is your mental health agency/department engaged in planning with your county Emergency Management Agency?

◉ a) Yes
○ b) No

2. Does your county Comprehensive Emergency Management Plan (CEPM) include a section or annex that speaks directly to mental health concerns of survivors in an emergency?

◉ a) Yes
○ b) No

3. Are you familiar with the OMH County Disaster Mental Health Planning and Response Guide? (NOTE: The guide is currently being updated and will be available by April 1, 2013. Copies may be requested by contacting the EPR office at the email listed above.)

◉ a) Yes
○ b) No

4. Does your county sponsor or support a designated team of responders that are called upon for assistance to the public following a traumatic/disaster event?

◉ a) Yes
○ b) No

5. Please indicate the type(s) of DMH team utilized. (check all that apply)

☑ a) Red Cross DMH team
☐ b) OMH curriculum-based DMH team
☐ c) CISM Team
☑ d) Other (please identify): Local DMH Team County/State/Local

6. If there is an OMH psychiatric facility located in your county, are you actively engaged in reviewing and/or drilling emergency planning with that facility?

○ a) Yes
◉ b) No

2013 Outpatient Sub-County Service Planning Form (Optional)
Broome Co Community Mental Health Srvs (70000)
Certified: Katherine Cusano (4/29/13)

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

STEP 1: Describe the rationale for designating the sub-county service areas.

The Town of Union (area outlined in pink on the map), specifically Endicott (highlighted in yellow), has been identified as sub-county service area number 1 that would benefit from outpatient treatment services being offered in this location. The town has the second largest population in Broome County and Endicott is the Western most incorporated entity. Transportation has traditionally been an issue in treatment services not being as accessible to persons living in the Western portion of the County, for instance, although both areas are on the bus line, it can take up to two hours or more to take the bus from Endicott to Binghamton depending on stops, etc. Most of the treatment and recovery support services are located in Binghamton, which is also circled on the map in blue. Unfortunately, the Catholic Charities OMH licensed transitional living facility in Endicott that is designated to accept clients with co-occurring disorders has closed. Also, the Supported Living apartments through Fairview Recovery Services have been relocated out of this area due to difficulties with the landlord as well as the non-availability of treatment options in Endicott. The Family Support Center at the Administrative Offices of Union Endicott School District is staffed by Family and Children's Society and provides a location for mental health services in Western Broome County. This has helped to fill the gap; however the location of an actual chemical dependency outpatient clinic or satellite in the Endicott area would provide the needed accessibility for treatment services for clients served by these programs as well as the general population. In the chart below, SubCounty Planning Area number 2 is the balance of the county other than the Union-Endicott area.

STEP 2: Outpatient service need is estimated from a population-based prevalence and service need methodology. For each sub-county service planning area designated, enter the most recent adult population and its percentage of the county's total adult population. Then, calculate the estimated service need for each service planning area by applying the same population percentage from the previous column to the total countywide service need estimate. Finally, enter the current outpatient service volume (annual visits) for each service planning area and calculate the unmet service need.

Service Planning Area	Adult Population (Age 18 and Over)	Percent of Total	Service Need (annual visits)	Service Provided (annual visits)	Unmet Need (annual visits)
Countywide	159,416	**100** %	85,015	34,872	50,143
SubCounty Planning Area #1	44,636	28 %	23,804	0	23,804
SubCounty Planning Area #2	115,229	72 %	61,211	34,872	26,339
SubCounty Planning Area #3		%			
SubCounty Planning Area #4		%			
SubCounty Planning Area #5		%			
SubCounty Planning Area #6		%			

STEP 3: Attach a map delineating the sub-county service areas identified on this form.

2013 Community Residence Multi-County Collaboration Agreement (optional)
Broome Co Community Mental Health Srvs (70000)
Certified: Katherine Cusano (4/9/13)

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

The OASAS chemical dependence need methodology defines community residence services as a county level resource. In certain areas of the state, where the size of the population does not support the development of a community residence program, the need methodology allows for two or more counties to enter into a collaborative agreement to develop community residence services on a multi-county basis so as to provide those services to residents in each county in a more efficient and cost effective manner.

This Local Governmental Unit intends to enter into a multi-county collaborative agreement with the counties listed below, and agrees to the following conditions as they apply to the OASAS Community Residence Need Methodology.

1. The counties agreeing to enter into this collaborative agreement shall plan and develop community residence services based on the combined geographic service areas covered by each county;
2. All existing and future community residence services in each county in the collaborative shall be a shared resource that is accessible to residents of each county in the collaborative;
3. The counties agreeing to enter into this collaborative agreement request that OASAS apply the existing combined certified community residence bed capacity of all counties in the collaborative against the combined estimated bed need of all counties in the collaborative;
4. Any application submitted to OASAS for new or expanded community residence bed capacity under an approved collaborative agreement shall be reviewed against the combined estimated unmet need in the collaborative; and
5. This Community Residence Multi-County Collaborative Agreement shall remain in effect until OASAS approves a county's written request to be removed from the collaborative agreement.

Counties Included in the Collaborative Agreement (must list all counties in the collaborative):

Tioga, Otsego, Delaware, Chenango

All questions regarding this form should be directed to OASAS Planning, (518) 485-2410, oasasplanning@oasas.ny.gov

Mental Hygiene Priority Outcomes Form
Broome Co Community Mental Health Srvs (70000)
Plan Year: 2014
Certified: Katherine Cusano (5/21/13)

Attachments

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

2014 Priority Outcomes

Priority Outcome 1

Broome County will maintain services with a full continuum of care in a fiscally challenging managed care environment.

As funding shrinks with each passing year, it has become more and more challenging to continue to provide a full continuum of services to vulnerable individuals; however Broome County is committed to being responsive to our citizens with disabilities. We continue efforts to collaborate with individuals with disabilities, families, advocates, and our community partners to identify and provide the full range of supports and services they need and want.

Broome County and agency provider administrators are fully involved in planning and implementation of the State BHO and Health Home models. Providers are planning to meet with Managed Care providers to establish contracts as indicated.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top priority.

Strategy 1.1

Providers will look for ways to develop and utilize Peer Services, Advocacy Councils and Recovery Coaches to promote wellness and recovery. 2012 PROGRESS: Sunrise Wellness Center continues to serve the peer population and increase participants in programming through outreach efforts. One new service to address non-crisis items is the Peer Support Line from Sunrise Wellness Center.

Metric:
The Performance Management Team will collect data from the Sunrise Wellness Center as well as other local programs that provide peer support services

Agencies: OASAS; OMH; OPWDD;

Strategy 1.2

Explore methods of reducing wait-time to various licensed outpatient psychiatric, psychological and social work services for children and adults with mental health, substance abuse, developmental disabilities and co-occurring disorders. 2012 PROGRESS: DOH awarded Broome County two Health Homes and conversations have continued for planning and implementing this network. Broome County has begun to implement the “Front Door.” This will help to streamline the eligibility determination process and will assist developmentally disabled citizens in our community in accessing OPWDD services and supports in a timelier manner. OPWDD Developmental Disabilities Individual Support and Care Coordination Organizations (DISCO) will also be phased in to provide more coordinated service delivery. The OPWDD Region 2 Regional Office, Broome District has begun phasing in the “Front Door” process in an effort to standardize, expedite and streamline the eligibility determination and access to OPWDD services. The “Front Door” is expected to be fully operational in Broome County with the 2014 Plan Year. Reducing wait-time is an ongoing agenda item at provider workgroups and continues to be a real concern in the continuum of care. Local CD agencies have been utilizing STAP’s ECHO program (education, change, help, opportunity) to provide interim services while clients wait to get into CD assessments and programming. This resource has served the community well.

Metric:
Agency provider workgroups will report wait lists and wait time each month at their respective meetings and discuss ways to shorten the access time (e.g. utilizing non-licensed adjunctive services to provide support; developing Rapid Access Teams; training reception staff; etc.).

Agencies: OASAS; OMH; OPWDD;

Strategy 1.3

Foster and develop community partnerships that will ensure holistic care for all individuals with behavioral health issues while continuing to search for other funding opportunities to enhance service provision. 2012 PROGRESS: The County has applied for the federal grant (STOP ACT) to supplement continuation of the KYDS Coalition. Through the collaboration with KYDS Coalition and SHARE, the conversations continue around funding opportunities to sustain the essential assets of KYDS. The County has renewed the Reentry grant and DCJS has awarded them a 3 year extension to support the vital efforts of the task force, case management and participants.

Metric:
Continue to collaborate with all stakeholders (Colleges, Managed care, Foundations, etc) to initiate outreach efforts for supplemental funding of services and report results to established county planning bodies.

Agencies: OASAS; OMH; OPWDD;

Priority Outcome 2

Training and Educational resources will be provided to the community to assist them in being effective and successful in their roles as providers of quality person centered care.

It is important to provide all staff, particularly those engaged in direct care, with the appropriate tools they need to be able to provide high quality services to individuals with high needs. This will also improve staff retention at agencies, as this will reduce staff "burnout" and promote wellness.

Often individuals have co-occurring disorders and it is imperative that staff members are trained in all areas of behavioral health in order to be effective.

Agencies: OASAS; OMH; OPWDD;

Strategy 2.1

Engage local education and training coalitions (KYDS, Reentry, Dual Recovery, 3 area colleges/universities,DisAbility Awareness Committee, etc.) to identify, organize, plan and provide community trainings for any staff in a variety of areas pertinent to behavioral health. 2012 PROGRESS: KYDS Coalition, Reentry Task Force, Dual Recovery Project and DisAbility Awareness Committee collaborated with both local and state agencies to provide the resources (including staff expertise) for the numerous community trainings throughout the year. BC SAFE provided a series of suicide prevention trainings targeted to local schools and the community at large and facilitated by OMH personnel. These trainings emphasize suicide awareness and suicide intervention skills. The OMH Licensed agencies are involved in OMH PSYCKES CPI-CQI Adult Care Coordination project. Local OMH and OASAS agencies are registered in the CPI FIT Initiative and participate in live and archived webinars. Broome County Mental Health Cultural & Linguistic Committee (BCMH CLC) partnered with NYS OMH Bureau of Cultural Competency to host a Town Hall Meeting for the Central Region. The purpose of the meeting is to discuss how the regional Multicultural Advisory Committee (formed from the BCMH CLC Committee) will grow to include many counties within this region and to give consumers, family members, providers and stakeholders a voice in shaping the future of mental health services within NYS.

Metric:
Performance Management Team will collect data regarding number of trainings offered, attendees, satisfaction ratings for each training offered at a minimum on a quarterly basis.

Agencies: OASAS; OMH; OPWDD;

Strategy 2.2

Agencies will provide opportunities for staff wellness to assist in combating "burnout" and promote stress management and healthy staff performance. 2012 PROGRESS: Agency leadership is committed to providing health and wellness opportunities and activities for their staff.

Metric:
Local education and training coalitions will provide information to the community regarding various Wellness Activities; agency staff will report out at various monthly meetings as to attendance at wellness events.

Agencies: OASAS; OMH; OPWDD;

Priority Outcome 3

Improve coordination and increase options among OMH, OASAS, OPWDD services for children and adults including co-occurring disorders, forensic, geriatric and veteran services within the full continuum of prevention, treatment and recovery and utilizing evidence-based programming whenever possible. As our system of care incorporates the newly developing Health Homes and DISCOs, it is imperative that our coordination of services and care remain a top priority across all disciplines.

Since so many of our consumers have co-occurring disorders, it is imperative that we collaborate across all systems (No Wrong Door) in order to ensure provision of high quality, appropriate services addressing all consumer needs.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top priority.

Strategy 3.1

Continue to identify barriers and gaps in services (i.e. respite services, transportation, etc.) and encourage collaborative efforts to eliminate barriers and help individuals access a full continuum of services designed to meet their interests and needs. 2012 PROGRESS: BC SAFE suicide prevention coalition was formed under the umbrella of the KYDS Coalition. BC SAFE is funded to provide needed evidence based practice trainings in suicide prevention trainings to the community. MH Subcommittee has been addressing the transportation issue by inviting local transportation personnel to address consumer concerns. Through this process, the community became aware of a newly funded resource to serve consumers needing transportation.

Metric:
Performance Management Team will gather feedback from individuals, family members and agencies from surveys; report-outs at various community workgroups and other anecdotal information as deemed appropriate.

Agencies: OASAS; OMH; OPWDD;

Strategy 3.2

The Dual Recovery Project will continue to work toward having programs achieve co-occurring capability in accordance with the seven dimensions proposed by the Center for Excellence in Integrated Care. 2012 PROGRESS: The Dual Recovery Project continues to coordinate the system of care through ongoing targeted workgroups. The project has provided community-wide trainings throughout the year and oversees the FIT initiative. Agencies in the collaborative continue to make enhancements in program structure, clinical assessment, clinical treatment and overall continuity of care with increased dual diagnosis capability. Local agencies have embraced the recovery model including recovery initiatives.

Metric:
The Performance Management Team will continue to track the outcomes that have been established to measure the progress of the Dual Recovery Program on a quarterly basis (monthly workgroup meeting goals; number of presentations; attendees; etc.).

Agencies: OASAS; OMH;

Strategy 3.3

The Broome County Reentry Program will continue to fully develop the service continuum for individuals with behavioral health issues who are reentering the community from state prison as well as the county jail. 2012 PROGRESS: The Broome County Reentry Task Force has numerous community partners including veteran's administration, OMH and OASAS approved facilities to meet the treatment needs of its participants to creating an environment for successful growth opportunities. We support an 86% success rate and we work closely with DCJS to ensure there are no duplication of services. The BCRTF has successfully trained the other 18 NYS county task forces on best business practices model (TPC).

Metric:
The Reentry Coordinator and Reentry Intensive Case Manager will track and monitor all individuals referred to the BC ABLE Reentry Program on a monthly basis including such things as attendance at Anger Management, Domestic Violence Groups and community support services (housing, transportation, employment, etc.) as indicated.

Agencies: OASAS; OMH; OPWDD;

Strategy 3.4

Broome County will continue its efforts to train Emergency Department staff, MH Clinic staff, Primary Care clinic staff, and others who will be identified in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model in order to better identify and refer clients with Substance Use Disorders to appropriate treatment. 2012 PROGRESS: Both hospitals ER staff is trained in SBIRT. The hospitals also have plans in place to train their primary care physicians in SBIRT. All clinic staff in the County Mental Health Clinic are trained in SBIRT and engaged in the referral protocols. We are told Broome's county clinic is the only mental health clinic in the state doing SBIRT.

Metric:
The Broome County LGU and Performance Management Team will track and coordinate efforts on an ongoing basis and schedule trainings with OASAS or local trainers within the next calendar year.

Agencies: OASAS; OMH;

Priority Outcome 4

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

The County is in need of transitional and/or low demand housing that would provide a safe environment and supports for all individuals including those who are "under the influence" and unable to access a bed at any of the "shelter-type" services. There continue to be a lot of individuals with developmental disabilities who want and need opportunities all along the housing continuum.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top priority.

Strategy 4.1

The CSB Subcommittees, agency provider workgroups and other stakeholders will explore innovative housing options that are being utilized in other communities in an effort to plan for future options while considering necessary funding and needed supports. 2012 PROGRESS: Fairview Recovery Services applied and was awarded the Statewide Medicaid Re-Design Team (MRT) Permanent Supportive Housing (PSH) initiative that realizes the missing component of our continuum of care utilizing the harm reduction model for those individuals who are unable to maintain ongoing abstinence from substances. This 8 bed initiative will help address the need of safe affordable housing. The Dual Recovery housing workgroup joined forces with the Reentry Housing subcommittee in a continuing effort to address housing needs. The Broome County Reentry Task Force is collaborating with the faith community which has presented an opportunity to create safe, sober transitional housing for 6 reentry participants. The Homeless Coalition received new funding for the "no Freeze" initiative. The Broome County LGU is working with OMH and Catholic Charities on the Catholic Charities housing redesign project. As the Broome region prepares for the closing of the Broome Developmental Center in the Spring of 2014 a number of Individual Residential Alternatives (IRAs) are in development that will provide homes for the individuals from BDC who will be transitioning back into the community. Five IRAs are in development that will be operated by voluntary agencies. One of these VOIRAs will be located in Broome County. The Handicapped Children's Association will be operating the VOIRA that will become home to 8 individuals moving out of the developmental center. The home is expected to open by the end of 2013. Six individuals presently residing in an SOICF on the grounds at BDC will be transitioning to a VOIRA that will also be operated by the Handicapped Children's Association. This 6-bed VOIRA is expected to open in May or June of 2013. There have been several grassroots efforts

to bring stakeholders together to brainstorm and dialogue regarding innovative housing options for individuals with developmental disabilities. The Southern Tier Independence Center (STIC) hosted a housing conference on October 17, 2012. The conference, “There’s No Place like Home” was designed to highlight the housing opportunities available in Broome County for seniors and individuals with disabilities. While dialogue continues, there has been little new development or expansion in regards to housing opportunities for individuals with developmental disabilities due to funding constraints.

Metric:
The Subcommittees, agency provider workgroups and other stakeholders will document the results.

Agencies: OASAS; OMH; OPWDD;

Priority Outcome 5

Explore opportunities for consumer fulfillment via participation in work, vocational, educational or volunteer activities to promote productivity and social connectedness for individuals with behavioral health issues.

This is a critical issue for many of our consumers with behavioral health issues. As they become stabilized in their recoveries, it is important that they have a sense of purpose and connectedness. This often can be accomplished through gainful employment or other meaningful vocational activities.

Agencies: OASAS; OMH; OPWDD;

Strategy 5.1

Increase awareness of networking opportunities and resources that promote restoration, remediation and rehabilitation in order to improve functioning and independence as well as to reduce the effects of illness or disability. 2012 PROGRESS: Local agencies and others hosted numerous community awareness events throughout the year addressing person centered recovery. There have been very few expansions or enhancements to services for individuals with developmental disabilities during this past Plan Year (2013). This past year has been a year of uncertainty and transition. Due to major OPWDD budgetary constraints and the beginning of a system-wide transformation of the developmental disabilities services system - with the redesign of Medicaid services and the People First Waiver - many individuals with developmental disabilities, their families, advocates and providers, have continued to express concern regarding how the changes will impact service availability and service delivery.

Metric:
Agencies will continue to educate, refer, assist and promote opportunities for consumers to expand their skills by referring to appropriate venues (Job Coaching; Sunrise Wellness Center; BCMH Wellness Group; Leisure Education Groups; BCMH VIP Program; area colleges; etc.) as captured by Performance Management Team outcomes.

Agencies: OASAS; OMH; OPWDD;

Priority Outcome 6

Explore potential and existing options for youth and young adults with disabilities who are transitioning from High School.

Young adults and teens who age out of children’s services often have difficulty transitioning from these services to other available options or possibilities that promote or increase independence. We recognize that individuals, parents and educators often lack awareness of the opportunities that are available to these young people. It is imperative we inform and educate the community as to the options and services available in order to assist young consumers to reach their full potential as adults.

Agency: OPWDD;

Strategy 6.1

As a result of this conference and resulting dialogue, the PWDD Subcommittee will continue to explore means to promote further development of transition options for young people. 2012 PROGRESS: The People with Developmental Disabilities (PWDD) subcommittee of the Broome County Mental Health Department Community Services Board (CSB) held its conference Transitioning to the New World of Adult Services on October 3, 2012. This conference was designed to give individuals with developmental disabilities, their parents and advocates, as well as school and agency personnel, information pertaining to what types of options, services and supports are available for individuals with developmental disabilities after they complete high school. Over 50 individuals participated in this event. This update removed and completed 2012 Strategy 6.1. The representatives from the Broome County People with Developmental Disabilities subcommittee (of the CSB) and the Broome-Tioga DisAbility Awareness committee are presently involved in dialogue with school personnel regarding some possible collaborations that will bring more information and awareness One idea being investigated is to have a speaker with a disability present to general assembly of high school students to increase awareness regarding the Abilities and diversity of individuals with disabilities. This would be part of the Disability Awareness and Service and Employment Information activities these two groups are working to develop. Another idea being discussed is to organize a Career and Services Fair for students with disabilities regarding some of the options and opportunities available for students after high school.

Metric:
The Transition Workgroup will report out at the PWDD Subcommittee Meeting on a regular basis and have a continuing dialogue as to how/what options to develop.

Agency: OPWDD;

2013 Multiple Disabilities Considerations Form
Broome Co Community Mental Health Srvs (70000)
Certified: Katherine Cusano (4/5/13)

Consult the LSP Guidelines for additional guidance on completing this form.
LGU: Broome Co Community Mental Health Srvs (70000)

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

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

- (•) Yes
- ( ) No

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

Broome County has signed an agreement for multi-disabled persons. The purpose of the agreement is "to assure that the mental hygiene needs of the multi-disabled are identified, that the appropriate mental hygiene services are developed and that a dispute resolution is established.

The agreement is signed by the Commissioner of Mental Health and heads of the three identified disciplines and covers the following section: Definitions; Identification of multi-disabled persons; Primary care responsibility; Development of joint treatment planning; Emergency mental health crisis services; Discharge and residential planning; Resolution of a dispute; and Confidentiality statement.

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

- (•) Yes
- ( ) No

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

Please see above.

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

- (•) Yes
- ( ) No

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

Please see above.