

2012 Mental Hygiene Executive Summary
Broome Co Community Mental Health Svcs
Certified: Katherine Cusano (5/26/11)

EXECUTIVE SUMMARY

Broome County is located in South Central New York State. 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. The County has a central urban/suburban core comprised of Binghamton, Johnson City, Endicott, and Vestal, surrounded by rural villages and towns.

Nearly all of the jobs, services, health care and educational facilities are located in the central urban/suburban area. Manufacturing and Defense Industry jobs have declined in the past decade. Among the county's major employers are: Lockheed Martin Systems Integration, BAE Systems, United Health Services, Our Lady of Lourdes Memorial Hospital, Binghamton University and Maine's Paper and Food Service.

Broome County has two Article 28 hospitals, Our Lady of Lourdes and United Health Services, in addition to Broome Developmental Center operated by NYS OMRDD and Greater Binghamton Health Center operated by NYS OMH. The county enjoys three colleges, Binghamton University, Broome Community College, and Davis College. There are also seven nursing homes within the County.

Broome County has a demonstrated history of providing a comprehensive array of innovative services and supports for the citizens of our community with behavioral health challenges. A solid partnership has been established among the county's citizens, their families and advocates, provider agencies, county government and state government.

There are a multitude of committees and groups in our County that address the needs and issues affecting individuals with behavioral health issues. 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 Community Services Board and its three subcommittees meet monthly, and provide a regularly scheduled forum to address 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, and subcommittees is an excellent example of the partnership planning process at work. Broome County's Local Government Unit also hosts Community Forums for services as well as a solid Performance Management oversight of the contract agencies. These venues provides yet another opportunity to bring stakeholders together to discuss the services that are being provided in Broome County, to identify gaps and to brainstorm regarding what services and supports are still needed and desired by our citizens with developmental disabilities.

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.

2012 Planning Activities Report Form (Part A: Needs Assessment)

Broome Co Community Mental Health Svcs (70000)

Certified: Katherine Cusano (5/31/11)

Submitted for Approval: Brenda Zeoli (5/26/11)

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

1. Assessment of Mental Hygiene Problems - Provide a brief geographic and demographic description of the service area. Based on all the planning and needs assessment activities conducted over the past year, define the nature and extent of mental hygiene problems in the county. Include only the results of qualitative and quantitative activities in this section and describe those activities in more detail in Item #3 below. Describe how specific resources available on the CPS County Data Page were used in your needs assessment. Resources you may find particularly helpful include: OMH County Mental Health Profiles (Community Characteristics), OASAS Service Need Profiles, and OASAS Chemical Dependence Treatment Profiles.

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 is 8.1%, a decrease of nearly 2%. 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, a large state university, a community college, a private college, and a state psychiatric facility. The county is home to 12 public school districts serving 30,000 students; of those the two largest districts have been identified as "In Need of Improvement" because of student performance issues in math and English Language Arts. The county also has a number of private schools within its borders.

Preliminary 2010 Census data shows the total population of Broome County has increased slightly to just over 200,000 however, the details of this new data set are not yet available. As of the 2008 census data, 89.4% of the population is Caucasian, 4.3% African-American, 3.5% Asian, 2.4% 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 figure only for this data – all else is 2008.	200,600 *
Caucasian	87.9%
African American	4.7%
Hispanic	2.8%
American Indian or Alaska Native	0.2%
Asian	3.3%
Other	1.1%
Youth ages 12 to 17	14,910
Total Youth with SED (est. @ 12%)	1,789
Below Poverty Level	15%
Born outside the US	5%
Language other than English spoken at home 5+ years	9%
BC Literacy rate	92.1%
High School graduates	84%
Persons age 5+ with a disability	35,265
Median household Income	\$43,399

2008 Census data shows that 14.9% of the population has an income below the poverty level, compared to the statewide rate of 13.8%. The median household income (in 2007 inflation-adjusted dollars) is \$41,520, which is below the state median income of \$53,448; 20% of Broome's children live in poverty Broome County's elderly population is higher than the State and National averages. According to Census data, persons aged 65 and older represent 16.4% of Broome County's population compared to 12.5% in the US. The fastest growing population group is those age 85 and up. For those persons age 65 and over, 9.7% live in poverty.

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 county enjoys three colleges, Binghamton University, Broome Community College and Davis College. There are also seven nursing homes within the County.

United Health Services Hospitals (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 clients seen 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.

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.

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. A solid partnership has been established among citizens with developmental disabilities, their families and advocates, provider agencies, county government and state government. Broome Developmental Center and the Broome Developmental Disabilities Services Office 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), the ACHIEVE (formerly the Association for Retarded Citizens), Handicapped Children's Association (HCA), Community Options, Catholic Charities, the Sheltered

Workshop for the Disabled, Inc. (SWS, Inc.) and others.

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 and Professional Advisory Group (PAG) meet on a monthly basis, where much of the planning takes place. The ASA and PAG often invite staff from the State or the community to attend their meetings to gather input or provide information that is relevant to the Chemical Dependency planning process. 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. The ASA Subcommittee reports 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, PAG, Management Council (MC), 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.

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 clients in the county who experience co-occurring disorders. 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.

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/MR Co-occurring Disorders Project, Family Violence Prevention Council and others.

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 issues, mental health issues, and developmental disabilities.

Broome County utilizes the following in its planning; CRISP; PRISMS; treatment providers IPMES Reports; prevention Work Plans; the Prevention Needs Assessment Survey; and treatment need methodology. The County also utilizes the OMH County Mental Health Profiles and the OMH Patient Characteristic Survey and conducts Needs Assessments based on perceived needs of the consumers, providers and the subcommittee members as the oversight body. The PAG and Management Council as well as other committees in the county along with the LGU are involved in following through with discussing and implementing findings and recommendations.

The KYDS Coalition is based on the Communities That Care (CTC) Model of Community Development, and thus uses many types of data and research in forming goals and objectives for the community. The 2010 PNA Survey Report is utilized in planning. The KYDS Coalition Goals and Objectives are in the "Action Plan for Year Eight", which is attached. The Coalition has developed a "School Mapping" tool which tracks programs utilized by the school districts in addressing the three levels of prevention strategies including high risk behaviors of students. The tool can be accessed online by anyone at www.kydscoalition.org and is helpful in planning for the needs of youth.

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 substance abuse is one of the several homeless subpopulations tracked in the PIT. FRS continues to expand the implementation of the HUD funded Homeless Management Information System, Shelter-Net. All of 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. All of these initiatives will assist in bringing other agencies and proposals to the continuum. The Homeless Coalition was incorporated last year into a 501c3 agency.

Fairview Recovery Service's Addiction Crisis Center tracks the number of people turned away from that facility on a daily basis. FRS, Inc also tracks waiting lists for services to their residential programs. These are reported out at each PAG and ASA Meeting and there is a special emphasis on services for Women and Women with Children. There is a continual waiting list for residential services for Women and Women with Children. Broome County has submitted a Schedule C for a new Women's Community Residence with several new beds targeted to women with children for the last number of years, with no success in obtaining funding. Fairview is also tracking clients who may be appropriate for Low Demand Permanent Housing with supports rather than admission to the ACC. This information and data collection is coordinated with the efforts of the Homeless Coalition.

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.

The 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. The DRP has trained over 100 providers in the county in the TIP 42 which helps providers to "get on the same page" in looking at co-occurring issues. The LGU through the DRP has orchestrated technical assistance through CEIC to our licensed outpatient and residential providers in Broome County. In last year's budget process, the Dual Recovery Project was outsourced to a private-not-for-profit agency and that new position has recently been filled.

Other areas of interest in planning in Broome County are: we continue to plan for and ensure Cultural and Linguistic Competency Planning is integrated into the inner-workings of every agency; we also have established Continuous Quality Improvement protocols; the Mental Health Department completed an assessment of Mental Health Services in the area available to persons re-entering the community from State Prison and this report, with its findings and recommendations will be shared with all the planning bodies when available; we have hired a Reentry Coordinator and continue to have excellent interest and participation in the County Reentry Taskforce through our DCJS funded grant. As always all planning in the County is a collaborative, coordinated effort that is done on an ongoing basis through many different venues.

The Dual Diagnosis Task Force is an interagency committee of stakeholders that has come together to address the service needs of individuals with dual diagnoses (mental health and developmental disabilities) who are at risk of being charged with a crime and becoming incarcerated or who are already incarcerated. The committee will also examine gaps in services for individuals who fall into this category and to act as a catalyst for funding and developing the resources needed to address the service needs of this vulnerable population. The task force, spearheaded by Southern Tier Independence Center (STIC) began meeting in November 2010 and convenes monthly.

Please see the results of the PWDD Survey Report for additional information

2. Analysis of Service Needs and Gaps - Based on the needs assessment results reported in Item #1 above, describe and quantify the mental hygiene prevention and treatment service needs of the population, including recovery support services and other individualized person-centered supports and services. Describe the capacity of existing resources available to meet the identified needs, including those services that are accessed outside of the county and outside the funded and certified service system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify target populations and specialized service needs. Use this section to describe changes in the current configuration of the local service system that you believe would better meet the needs of individuals and families in your county, and identify any capital improvement needs within the local mental hygiene service system. This item provides the basis for developing priority outcomes and related strategies designed to achieve those outcomes. Resources you may find particularly helpful in completing this item include: OMH County Mental Health Profiles (Service Use Snapshot), OASAS Service Need Profiles, and OASAS Summary of County Profiles, OPWDD County Profiles, and OPWDD Special Population Enrollments.

The existing resource capacities included in the substance abuse treatment and prevention continuum of care in Broome County is as follows:

Crisis: The United Health Services Hospitals (UHS) New Horizons Program has closed their Medically Managed Detox Unit due to changes in regulation and billable services. They currently provide detoxification in scatter-beds throughout the medical floors of the hospital. This was a loss for the community, and people who are in need of detox now receive limited resources and information about referrals to other services since the self-contained unit has been eliminated. Fairview Recovery Services, Inc. (FRS) continues to operate a Medically Monitored Withdrawal Unit, the Addiction Crisis Center (ACC) that is now over-burdened with the closure of the hospital's Detox Unit.

Inpatient: UHS has a 20 bed Inpatient Unit and, based on our planning priorities and provider and consumer input, UHS is currently looking at developing an inpatient Co-occurring Disorders unit. As of today, the treatment teams from Inpatient CD and Inpatient MH are being shared to better address Co-occurring issues in the patients of both inpatient units. UHS currently offers a 2 adolescent groups and is looking to expand one to 2x/wk for more intensive group.

Outpatient: UHS also has an outpatient program that offers Intensive Outpatient services as well as MICA services for adults and young adults. UHS has a Family Program component that offers Family Therapy. They offer a free six week course on Family Education that runs continuously all year long. There is a second Outpatient Clinic in the community, the Addiction Center of Broome County (ACBC) that has a full array of outpatient services including an Intensive Outpatient Co-occurring Disorder Program and the Outpatient Rehabilitation Model, which also has a designated Co-occurring Disorder track for adults and young adults. With the advent of ACBC's Outpatient Rehabilitation Model, many of the Co-occurring Disorder clients who have been sent to inpatient treatment in the past are being served effectively in this day-treatment style program. This helps to cut down on the need to refer out of County for some of these high need clients. ACBC also has evening hours to meet the needs of clients who are unable to attend programs at other times. ACBC is planning on expanding services to adolescents and their families, as it has served this population in the past. ACBC has added several evidence-based practices: a contingency management program and a woman's and men's TREM, trauma recovery groups.

Criminal Justice Services: The Continuum also has a variety of Criminal Justice Services including: the BCMH Forensics Unit; Drug Treatment Court; Family Drug Treatment Court, Domestic Violence Court, a Reentry Coordinator position through DCJS. The Treatment Courts work closely with the District Attorney's Office and the Public Defender's Office, Legal Aid, the Bar, and assigned Counsel. All local treatment agencies participate in the teams.

Methadone: UHS also has a 75 slot Methadone Program, which is also specially licensed by the DEA to prescribe Buprenorphine (suboxone) for treatment of opiate dependency. Although the Methadone Clinic was expanded, there is still a 75% unmet need according to the prevalence data. Also, our admission numbers show that Opiates are one of our problem substances here in the County. UHS has implemented an outpatient suboxone clinic.

Residential: Fairview Recovery Services, Inc. (FRS) has two Community Residences, a 24 bed male house and a 12 bed female house. They also offer a 41 bed Supportive Living Program and a 25 bed Shelter-Plus-Care Program. FRS also has 5 beds set aside to house clients with co-occurring disorders with an LCSW dedicated to providing care and case management services for those clients who have been diagnosed as SPMI. They also have the "Mannion House" which is a six-bed supportive living residence for longer-term clients with co-occurring disorders who have a difficult time living in a less structured setting. Intensive Residential Services are offered in neighboring counties. Expansion of beds is being looked at in terms of a Capitol Request to

build a new Women's Halfway House and add several women's beds capable of also housing their children while the women are in CR. Catholic Charities has a full array of mental health residential services. The YWCA, Salvation Army and The VOA are also part of the Continuum of Care as they offer residential services and housing options for consumers. The YWCA has Shelter Plus Care HUD funding to expand S+C program for women.

Prevention Services: Broome County Chemical Dependency Services Unit completes CD assessments for the Department of Social Services for its workfare initiatives. Lourdes Youth Services at Our Lady of Lourdes Hospital provides the majority of prevention services within the County. They are also part of the Keeping Youth Drug-free and Safe (KYDS Coalition) and offer research based prevention programs in collaboration with this project that is based on the Communities That Care (CTC) Model. Lourdes provides training in Methamphetamine through a NYS Grant. Youth Educational Services (YES) is a unique Drug and Alcohol Abuse prevention program that serves many school districts and communities through Senator Thomas Libous and the 52nd Senate District. The program offers a variety of services to assist families, schools, and the community in combating substance abuse. The KYDS Coalition has worked together for the past ten years with nine school districts, BOCES and The Children's Home of Wyoming Conference and continues to expand to more districts in implementing the CTC model and other research based prevention programs.

Services for Individuals with Developmental Disabilities: A chart summarizing the Services and Resources for Individuals with Developmental Disabilities in Broome County is attached.

According to the September 2010 Service Need Profile, the areas of unmet need in Broome County and the surrounding region include: Medically Supervised Withdrawal, both Inpatient and Outpatient (100%); Outpatient services for adults (61%) and more significantly for Adolescents (87%); Methadone treatment (74%); Community Residence (66% for the Multi-County Agreement) and 36% for the county; and Intensive Residential (87%).

Gaps that currently exist in Broome County according to provider input through focus groups, surveys and key informant interviews include:

- **Adolescent Treatment Services especially to include family treatment are currently very limited. Also transportation for adolescents to get to treatment.**
- **Additional multi-family groups are needed in the service continuum.**
- **There is only one provider of adolescent services in the county and families need to have a choice of providers. Also, stronger outreach efforts.**
- **The county lost its funding for Addiction Case Management and this is a critical need in our continuum of care.**
- **There is a need to expand prevention services to the more rural areas of the County including additional Family Support Centers in other school districts. There is a need for better collaboration of services between the Human Service agencies for kids with co-occurring disorders**
- **Construction of a new Women's' Community Residence to expand beds and offer units for Women with Children**
- **Lack of access and availability to childcare for people in need of Chemical Dependency treatment and other Recovery Support Services.**
- **Offer a Children's Resource Room at one of the agencies.**
- **There is currently no inpatient Co-occurring treatment and people in need of that level of care are sent out of County and sometimes, out of state for treatment**
- **Vocational Educational Services for people with CD is overflowing and in need of funding since the budget for that service was cut in half.**
- **There is no Gambling treatment currently offered in the County; however the treatment providers are poised to offer these services when the need arises.**
- **The County is in need of Low Demand Housing with supports for people who are "under the influence" and cannot access a bed at the ACC or other shelter-type services.**
- **There is a need for additional Interim housing residential facilities for individuals with criminal justice involvement.**
- **There is a need to ensure a mechanism at the state level for adjusting the COLA expenses to keep up with inflationary mandatory costs.**
- There is a need to be able to offer services that are available in a quicker fashion. The waiting lists are long for many of the services provided. During the time period that consumers are waiting to access services they often experience other issues that need to be addressed.
- Mental health and developmental disabilities services not working together, in part due to funding issues, inflexibility of funding sources
- Funding for Agencies to provide supported employment opportunities for consumers.
- The dually diagnosed population is consistently underserved.
- Respite and emergency respite is always sought after but hard to access, especially on weekends.
- Camps for special needs kids.
- Transportation
- Families are quite busy and we often have "no-shows" for various programs.
- Individuals with DD issues who have co-occurring mental health issues and psychiatric needs do not have access to mental health professionals due to regulatory constraints.
- Provider capacity issues – not enough providers (OT, PT, Speech, Special Education) to serve all of the children's needs with DD

- We also need more residential alternatives i.e. supported apartments. There needs to be a shift in funding to support individuals in the community vs. group homes or ICF's.
- Social groups (...loneliness is a big problem);
- Better job training;
- Recreational opportunities for consumers.

3. Effective Assessment Techniques and Practices Utilized - One of the objectives of the Community of Practice for Local Planners (CPLP) is to identify effective or innovative planning and needs assessment practices being used in the local planning process that could be shared with other county planners across the state to improve planning efforts. This may also include innovative process change activities that have resulted in a more efficient use of time and resources employed in the planning process. This section contains a list of common needs assessment techniques that could be used to assess the mental hygiene problems and service needs in the population. Indicate each technique or practice that was utilized in your county's planning process and provide a brief description of how it was used, who participated, and the results achieved.

- a) Community Forum
- b) Focus Groups
- c) Advisory Groups/Task Forces/Coalitions
- d) Key Informant Interviews
- e) Population Surveys
- f) Provider Surveys
- g) Patient Satisfaction Surveys
- h) Analysis of Secondary Data
- i) Other (specify):

3b. Focus Groups:

BCMHD Performance Team conducts focus groups every other year with consumers regarding their satisfaction with community services. The KYDS Coalition is working with Binghamton University to do focus groups with school personnel and also with kids regarding programming offered at each school that addresses pro-social activities for the kids.

3c. Advisory Groups/Task Forces/Coalitions:

Broome County has numerous advisory groups and coalitions that consistently give input to the planning bodies of the county (particularly Integrated County Planning ICP) including:

- KYDS Coalition
- Reentry Task Force
- Dual Diagnosis Task Force
- Adolescent Addictions Task Force
- and many more which are depicted on our ICP "Octopus" that is attached under reports.

An example of how the Coalitions advise the planning bodies is: The Reentry Task Force completed a Needs Assessment with Human Service Agencies and an informative employer survey which talked about benefits/liabilities of hiring a formerly incarcerated person and reported back to the community at various meetings attended. The report will have a list of suggestions as to how to improve the system for formerly incarcerated individuals that will get relayed to the Commissioner and the Deputy Commissioner who will in turn relay the information to the various groups they are involved with for planning.

3d. Key Informant Interviews:

We use key informant interviews in our planning process throughout the year. We continually do outreach to our local providers and consumers for input as we plan for services. Planning in Broome County is a collaborative process that occurs on an ongoing basis.

3f. Provider Surveys:

BDMH Performance Team conducts provider satisfaction surveys with 65 programs from 15 contract providers at minimum annually and most do them quarterly.

Providers do their own surveys on an ongoing basis.

PWDD Subcommittee completed a survey to gauge services currently provided, needs and future directions.

3g. Patient Satisfaction Surveys:

Through our Performance Management Team and individually, all the agencies in the county complete patient satisfaction surveys on a regular basis. This information is then used to develop "Community Report Cards" and plan for future services..

3h. Analysis of Secondary Data:

BCMHS Performance Team regularly analyzes secondary data gathered from various locations and reviews findings with providers, community members, committees, task forces, etc. to assist with planning to address the needs of consumers in the county.

2012 Planning Activities Report Form (Part B: Policy and Planning)
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (5/26/11)

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

1. Recovery Support Awareness Efforts (OASAS)

In the wake of the court ruling in DeStefano v. Emergency Housing Group in 2001, OASAS issued a local services bulletin LSB 2002-05 clarifying what providers could and could not do regarding attendance at AA meetings or other community-based and faith-based self-help meetings. Refer to the discussion about this issue in the guidelines for additional context before answering Question 1a below. Among the variety of recovery support services that may be available in your county, [Recovery Coaching](#) and [Telephone Recovery Support](#) have each shown to have success for people in early recovery while still in treatment. OASAS is trying to increase awareness and use of these two recovery supports.

1a. What effort has the county made, or is making, to ensure that providers understand the guidance provided in LSB 2002-05 and are connecting individuals to community and faith-based recovery supports such as AA or other self-help groups while they are still participating in treatment?

OASAS treatment providers continue to reinforce the value and importance of connecting individuals to community and faith-based recovery supports such as AA or other self-help groups while they are in treatment by contracting with individuals to agree to attend 1-3 community support meetings of their choice each week. It is a high priority that individuals are linked with community support when they are in treatment and it is formally integrated into their discharge planning.

1b. What effort has the county made, or is making, to increase the awareness of providers of [Recovery Coaching](#) and [Telephone Recovery Support](#) these two recovery support activities?

Providers are poised to apply for and offer to host the recovery coach training sponsored by OASAS to promote recovery and to identify individuals who can serve as a personal guide and mentor for people seeking recovery. ACBC has the application and is in the process of identifying possible candidates for training.

The county continues to seek out grant opportunities to fund and sustain recovery support services that may not be billable but would enhance and support treatment provision.

Providers also encourage consumers to utilize on-line recovery support services such as on-line 12-step and other support meetings and the Tobacco Quitline.

Mother's and Babies Perinatal Network has a phone coaching program supporting Smoking Cessation for parents.

2. Medicaid Redesign (Optional)

In January, Governor Cuomo established a Medicaid Redesign Team. Its objective is to find ways to reduce costs and increase quality and efficiency in the Medicaid program. Part of this effort includes seeking ideas from the public at large, as well as experts in health care delivery and insurance, the health care workforce, economics, business, consumer rights and other relevant areas. These guidelines provide counties with an additional opportunity to provide input into this process. Resources you may find particularly helpful in completing this item include: OASAS Detailed Medicaid Recipient Profiles (2007-09), OMH County Mental Health Profiles (Adult Medicaid Expenditures).

2a. What specific system or program reforms/changes have you enacted, or are you proposing to enact during the reporting period, that will improve quality and/or reduce costs to the Medicaid program?

2b. What specific regulatory or administrative changes have you implemented locally (in partnership with your Medicaid Managed Care companies or local Commissioners of Social Services/Human Services) to lower costs and/or improve quality within the Medicaid program?

2c. What current elements of your local Medicaid program or system of care do you find have truly worked to control costs and enhance quality, and that you feel should be preserved or expanded?

2d. What other recommendations do you propose to restructure the State Medicaid program that could "...achieve measurable improvement in health outcomes, sustainable cost control and a more efficient administrative structure?"

3. Mandate Relief Redesign (Optional)

In January, Governor Cuomo established a Mandate Relief Redesign Team to review unfunded and underfunded mandates imposed by the New York State government on school districts, local governments, and other local taxing districts. Unfunded and underfunded mandates drive up costs of schools, municipalities, and the property taxes that support them. The team is looking for ways to reduce the costs of mandated programs, identify mandates that are ineffective and outdated, and determine how school districts and local governments can have greater ability to control expenses. Given the objectives of the Mandate Relief Redesign Team described in these guidelines and the categories in which it is soliciting recommendations, identify potential mandate relief actions that you would like passed on to the team for consideration. For each recommendation, indicate whether the recommendation is for statutory or regulatory relief.

4. Integration of Mental Hygiene Services (Optional)

Given the current fiscal climate and dire budget projections for the years ahead, and given the ongoing efforts of LGUs to find more efficient and effective ways to meet the needs of people with co-occurring disabilities or to meet common needs across the different mental hygiene service systems, and given the priority of the governor to reduce the cost of needed services, identify potential strategies that will meet these objectives.

4a. Identify efforts the county has undertaken, or plans to undertake, that will lead to efficiencies and improved quality of care.

4b. Identify strategies for service integration and care coordination.

4c. Identify potential strategies beyond the Medicaid redesign and mandate relief strategies covered in the two previous questions that can or should be employed at the state government level that will create a more favorable environment for the county and providers to provide more efficient and quality services.

Attachments

- 2010_ny_511_bed_inventory.pdf
- 2010_ny_511_pops_sub.pdf
- 2012 SummaryofResourcesForLSP.doc
- ACTION PLAN 1 4 11.xls
- Broome County Residential Jan-Dec2010 VoluntaryCongregate.doc
- ICP Octopus Connections.doc
- OPWDD Subcommittee Survey - Results.doc
- Recruitment and Retention Report 11-10.doc

2012 Mental Hygiene Priority Outcomes Form
Broome Co Community Mental Health Svcs (70000)
Plan Year: 2012
Certified: Katherine Cusano (5/26/11)

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

2012 Priority Outcomes

Priority Outcome 1 In Progress
Funding must keep up with cost of operations. This includes net deficit, COPS, and Medicaid.

In 2010, Broome County experienced budget cuts that forced us to eliminate and/or restructure numerous programs including the following:

- The BC Children's Clinic downsized significantly from 250 to 20 children in services, referring all children under the age of 10 and children with complex medication needs to GBHC Children's Clinic as well as the newly opened Family & Children's Society Children's Clinic.
- BCMHD had to create an RFP for 2 previously run county programs that were state grant funded due to lack of increased funding to cover the costs of these programs. These two positions included the Dual Recovery Coordinator and the Road to Recovery Coordinator. A local private not for profit agency was awarded the funding. The Dual Recovery Coordinator position was recently filled.
- One of our state grant funded forensic programs was eliminated due to funding cuts.
- The County Mental Health Department had to lay off several staff due to the above mentioned issues.
- BCMHD continue to be concerned about the possible future impact of medicaid managed care on its revenue during the transition to the clinic restructuring under the new 599 regulations.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top two priority for OASAS.
This outcome has been selected as a top two priority for OMH.
This outcome has been selected as a top two priority for OPWDD.
Target Complete Year: 2013

Strategy 1.1 In Progress

Educate elected officials as to the importance of keeping funding commensurate with needs of the consumers.

2011 Progress: One of our Legislators is a standing member of the Community Services Board and is informed of all issues including funding, on a regular basis. The Department Heads regularly attend Legislative Committees each month to present information relevant to any new or renewed resolutions, many of which are issues with funding. The Conference of Local Mental Hygiene Directors is constantly advocating for funding inequities that arise in each new budget cycle. We are concerned about the state's initiative to convert all medicaid funds to managed care and the impact it will have on agency revenues. In light of the move to go to a MMC funding, we believe it is imperative to have all human service agencies carved out into a Behavioral Health Organization.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Quality Management;

Strategy 1.2 In Progress

Invite elected officials to participate in committee meetings to ensure they understand the importance of funding issues to support consumers in need of services.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Quality Management;

Priority Outcome 2 In Progress
Agencies/providers will successfully recruit and retain dedicated, well qualified direct care staff.

Virtually all service providers report difficulty recruiting and maintaining dedicated, well-qualified staff to work in direct care occupations such as: residential aides, residential habilitation providers, respite workers, case managers, job coaches, habilitation specialists,

behavior specialists, CASACs, CPPs, CPSs, LMSWs, nurses, etc. There is a limited pool of individuals and particularly Prevention Specialists are difficult to find and recruit. Many CASACs are aging out of the work force and although new trainees are coming in, the existing number of qualified people in the field is shrinking, which also makes on-the-job training problematic.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013

Strategy 2.1 In Progress

Utilize the resources and talents of area universities and colleges, and other community agencies to establish a collaborative approach to addressing these issues. Provide internships and other opportunities to train and educate individuals in this field with the hopes of retaining these individuals in the local workforce.

2011 Progress: Most of the service providers who gave input stated that they continue to collaborate with the local/nearby colleges and universities to provide internship opportunities to students in relevant fields of study. Local agencies in fact utilize interns in a variety of capacities including counseling, work with families, grant writing, clerical for example, and in some cases they have been able to offer positions in their agencies to interns upon completion of their degree/certificate requirements. Many of the direct care positions, however, do not require advanced degrees or certificates as a prerequisite to working in the position. Service providers continue to be creative in using incentives to draw dedicated individuals who may not have any formal education into the field. Please see the attached report generated by the OPWDD Subcommittee that analyzed this issue in depth.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Quality Management; Mental Hygiene Workforce Development;

Strategy 2.2 In Progress

Identify and implement strategies and create incentives that would increase the appeal of direct services occupations.

2011 Progress: A work group developed through the PWDD Subcommittee looked into the issue pertaining to the difficulty PWDD voluntary providers are experiencing in their attempts to recruit and retain dedicated well-qualified direct care workers. The work group developed a survey and sent the survey out to the PWDD voluntary service providers. The questions were designed to get input from the direct care workers as to what factors, other than monetary compensation, were important to them. 232 surveys were completed - the majority from workers from day habilitation and residential service providers. Results indicated that most direct support workers felt that they were considered to be professionals (79.6%) in their agency and the overwhelming majority (94.9%) felt they received enough training to do their jobs well. Over half of the individuals (56.2%) indicated that they had suggestions to improve the workplace, and 52.4% said they saw changes as a result of their suggestions. For more information regarding the workgroup recommendations for recruitment and retention of direct support professionals, please see full Recruitment and Retention of Direct Support Professionals Report which has been completed and is attached in our reports section.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Quality Management; Mental Hygiene Workforce Development;

Strategy 2.3 In Progress

Ensure adequate training and cross training is available for all disciplines.

2011 Progress: The Dual Recovery Project continues to provide high quality, free training to the community. The Mental Health Department has contracted to provide a series of day-long in-service trainings on various mental health topics to licensed community providers. We continue to build on established collaborations with the two of the local colleges and build deepening relationships. We intend to reach out to Davis College to invite them to participate in our community planning and development activities. The KYDS Coalition has also been providing quality trainings to the community free of charge through their partnership with the Adolescent Addictions Task Force. Lourdes ADEPT Program also sponsors professional trainings for OASAS providers; GBHC; Broome Developmental; Lourdes Hospital staff and the MHJJ staff assigned to the Safe Schools, Healthy Students Grant, SHARE.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration; Mental Hygiene Workforce Development;

Strategy 2.4 In Progress

Contact Dino Pedrone at Davis College to invite participation in community planning as deemed appropriate.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Cross System Collaboration; Mental Hygiene Workforce Development;

Priority Outcome 3 In Progress

Improve coordination and increase programming options among OMH, OASAS and OPWDD services for children and adults including co-occurring disorders, forensic, geriatric and veterans services.

In Children and Adult services, there is a need to collaborate more between systems (OMH, OASAS, OPWDD) in order to provide a full range of services addressing all consumer needs.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top two priority for OPWDD.
Target Complete Year: 2013

Strategy 3.1 In Progress

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.

2011 Progress: In 2010, Family and Children's Society in Broome County received a clinic license through the OMH. Lourdes Center for Mental Health was approved for an OMH Article 31 Clinic license and is awaiting the formal license. Lourdes hired an LCSW and a full-time psychiatrist who is also functioning as an educator and a consultant for primary care physicians in the Lourdes healthcare system. Lourdes expects to be consolidating services and moving to new space in July. In July of 2010, through a subcontract with a local not for profit agency, Broome County hired a Re-entry Coordinator (RC) through DCJS funding for the local Re-Entry Task Force. The new RC has been working diligently on a community needs assessment and also reaching out and networking with local agencies as well as other Re-entry task force coordinators around the state. BCMHD has done an extensive analysis regarding reducing the number of "no-shows" and cancellations. The clinic has streamlined its admission process to the point that we are now able to offer same day or next day assessment appointments. We are currently analyzing whether this has made an impact in reducing no-shows. Please see attached PWDD Survey Report.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: Yes
Focus: Service Access (Capacity); Cross System Collaboration;

Strategy 3.2

In Progress

Continue to advocate to make regulations more compatible across the state agencies pertaining to specifics regarding intakes, assessments, treatment planning, treatment updates, discharge planning; to have standardized processes and client records so these agencies are able to accept records from each other without having to redo all of the paperwork and put clients through a repetitive process.

2011 Progress: Our Dual Recovery Project has worked hard to bring all players to the table in Broome County. The DRC is a liaison between county and state decision makers. These issues are regularly discussed and agencies are fully aware of the need to complete this task. The New York State Clinical Records Initiative is a major step in the movement towards integrating regulatory relief. The Family Support Services Council issued an RFP for Family Support Services dollars for 2011. There was \$279,000 allocated for these services. The Southern Tier Independence Center (STIC) in conjunction with Mental Health Association of the Southern Tier has submitted a proposal for Family Support Services funding to provide intensive in-home supports to parents with special needs and families with children with dual-diagnoses (mental health and developmental disabilities). They are awaiting a decision regarding funding. Eight agencies serving Broome County participants had proposals that were approved for funding. The budgets for these proposals have been submitted to the Division of Budget for approval. Notifications to the agencies will be forthcoming.

Agencies: OASAS; OMH; OPWDD;

Target Complete Year: 2013

Is this an innovative practice that you would like to share with others?: No

Focus: Quality Management; Cross System Collaboration;

Strategy 3.3

In Progress

Continue to collaborate with other providers from all disciplines in developing and providing a full continuum of care for adolescents in need of treatment for chemical dependency and co-occurring disorders.

2011 Progress: In 2009, OASAS informed BCMHD that it would no longer fund the FAST program as a prevention program. The County decided to award this funding to Lourdes Youth Services to provide a student assistance counselor at the BOCES - in keeping with our plan to begin a "Restart" program to better serve youth in need of substance abuse counseling. The program utilizes the evidence-based "Project Success" model and has been very successful and will be continued. With encouragement from the provider community, UHS New Horizons adolescent program has once again grown to accommodate an increased need for adolescent chemical dependency treatment. The student assistance counselors work collaboratively with the new counselor at New Horizons. Lourdes PACT Program applied for a grant to OPWDD to provide in-house parent education and support for parents with a DD who have children. Lourdes Youth Services Staff were trained in "Teen Intervene" an early intervention program for kids who are using substances. All SHARE interns were trained in this model. The ADEPT team, MHJJ, and Family Services were all trained in the Coping and Support Training (CAST) model and also in a suicide prevention training model. Training community providers in certain evidence-based models is a method to implement sustainability in interventions and create consistency in working with clients.

Agencies: OASAS; OMH; OPWDD;

Target Complete Year: 2013

Is this an innovative practice that you would like to share with others?: Yes

Focus: Service Access (Capacity); Cross System Collaboration;

Strategy 3.4

In Progress

Continue to develop the model of "co-enrollment" of youth in several local programs to gain access to needed services such as transportation, case management, etc.

2011 Progress: The Adolescent Addiction Task Force continues to meet on a monthly basis and make recommendations for this co-enrollment initiative as needed. The Task Force offers community case reviews of difficult cases with appropriate releases in place.

Agencies: OASAS; OMH; OPWDD;

Target Complete Year: 2013

Is this an innovative practice that you would like to share with others?: Yes

Focus: Service Access (Capacity); Cross System Collaboration;

Priority Outcome 4

In Progress

Increase housing opportunities in all areas of the residential continuum for individuals with MH, DD, ASA, and co-occurring disorders.

The County is in need of Transitional and/or Low Demand Housing that would provide a safe environment and supports for individuals and also those who are “under the influence” and cannot access a bed at other shelter-type services. Often the emergency shelter beds are full at the area shelters, leaving few to no options for safe housing.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top two priority for OASAS.
Target Complete Year: 2013

Strategy 4.1

In Progress

Increase the number and variety of housing options including supported housing opportunities and expand individualized supports and services that support independence and recovery.

2011 Progress: In 2010, the Rescue Mission opened a new homeless male facility with a 21 bed dormitory and 11 private rooms. They have recently contracted with New York State Parole for a number of beds designated for persons re-entering the community from state prison. Davis College has been working with the Rescue Mission and since we are contacting them about participating in community planning, we will be able to better understand how they are involved. Also the VOA has recently expanded their facility and has also contracted to increase their emergency beds from 10 to 15 for re-entry with NYS Department of Community Corrections and Supervision (DOCCS). The Broome Developmental Center run down initiative is on schedule for completion in the Spring of 2013. In conjunction with this, two 8-bed SOIRA's will be developed in Broome County for individuals returning to the community from the Developmental Center. Due to budget issues, the proposal to develop an individual residential alternative specifically designed for individuals with Autism Spectrum Disorder will not be developed in Broome County. Franziska Racker Center is considering developing this VOIRA in Tompkins or Tioga County. The proposal to develop a crisis residence for individuals with dual diagnosis (mental health and developmental disabilities) has been deferred until next year.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing; Social Connectedness / Inclusion / Social Support;

Strategy 4.2

In Progress

Provide enhanced training and support for residential staff on a regular basis and provide them with the necessary tools they need to better serve consumers. This will also reduce burnout and turnover.

2011 Progress: The Dual Recovery Project provides training to the community on a regular basis. The TIP 42 was provided to many agency workers in the county. We are always looking for training opportunities for county agency workers.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Quality Management; Mental Hygiene Workforce Development;

Strategy 4.3

In Progress

Build a new women's halfway house with increased capacity.

2011 Progress: We have been pursuing a new womens' community residence for the past number of years and will continue to do so as we see this as a huge need in our community.

Agency: OASAS;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Housing; Service Access (Capacity);

Strategy 4.4

In Progress

Develop more sober housing opportunities. Consider a “housing first” model.

2011 Progress: The Homeless Coalition continues to pursue other Housing First models.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: Yes
Focus: Housing; Service Access (Capacity);

Strategy 4.5

In Progress

Explore Davis College's relationship to the Rescue Mission and how we can better interact with the College in our planning for housing needs of the community.

Agency: OASAS;
Target Complete Year: 2011
Is this an innovative practice that you would like to share with others?: No
Focus: Housing; Cross System Collaboration;

Priority Outcome 5

In Progress

Ensure timely access to licensed outpatient services including psychiatric, psychological and social work services for children and adults with mental health, substance abuse, mental retardation and developmental disabilities and co-occurring disorders.

Expand and improve service access to non-crisis clients so they see a social worker within 5 days and medication needs are satisfied within 30 days. All high-risk clients (CPEP, hospital referrals) are currently seen by both the social worker/psychiatrist within 5 days. All Mental Health agencies would be encouraged to have a multi-disciplinary team including social workers, psychiatrists, psychologists, nurse practitioners, CASAC, etc.

Agencies: OASAS; OMH; OPWDD;
This outcome has been selected as a top two priority for OMH.
Target Complete Year: 2013

Strategy 5.1

In Progress

Collaborate with area universities and hospitals to recruit and retain the services of board certified psychiatrists, nurse practitioners, psychologists, physician assistants to provide assessment and treatment.

2011 Progress: Binghamton University has recently developed a Psychiatric Nurse Practitioner track and is working with the community agencies to place interns from the program. BCMH Clinic and Lourdes Center for MH are both taking interns from this program.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: Yes
Focus: Health & Wellness; Service Access (Capacity);

Strategy 5.2

In Progress

Explore the possibility of establishing a specialty clinic (or a mobile medical clinic) that would be staffed by specialists that would come to the area on a regular basis to provide evaluation, assessment and treatment.

2011 Progress: No new progress.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Health & Wellness; Cross System Collaboration;

Strategy 5.3 In Progress

Expand options of utilizing telepsychiatry.

2011 Progress: Several local agencies are currently using and continuing to further develop their ability to utilize telepsychiatry.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: Yes
Focus: Service Access (Capacity); Service Engagement;

Strategy 5.4 In Progress

Advocate for a full continuum of treatment and recovery support services for all individuals including those who are uninsured/underinsured or sanctioned.

2011 Progress: This is an ongoing effort with all providers. Broome County has a "Bridger" Program through Mothers and Babies Perinatal Network that assists families with facilitating enrollment in Health Insurance coverage.

Agencies: OASAS; OMH; OPWDD;
Target Complete Year: 2013
Is this an innovative practice that you would like to share with others?: No
Focus: Service Access (Capacity); Cross System Collaboration;

2012 Multiple Disabilities Considerations Form
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (4/7/11)

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

LGU: Broome Co Community Mental Health Svcs (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 appropriate mental hygiene services are developed and that a dispute resolution process 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 explanation.

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 explanation.

2012 Community Service Board Roster
 Broome Co Community Mental Health Svcs (70000)
 Certified: Lynne Esquivel (4/11/11)

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

Note: There must be 15 board members (counties under 100,000 population may opt for a 9-member board). Indicate if member is a licensed physician or certified psychologist. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the particular community interest being represented. Members shall serve four-year staggered terms.

Chairperson		Member	
Name	Robert Russell	Name	Joelle Martyanik
Physician	No	Physician	No
Psychologist	Yes	Psychologist	No
Represents	MH	Represents	ASA
Term Expires	12/31/2012	Term Expires	12/31/2014
eMail		eMail	
Member		Member	
Name	Wells Silvernail	Name	Mark Giroux
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	ASA	Represents	OPWDD
Term Expires	1/21/2013	Term Expires	12/31/2013
eMail		eMail	
Member		Member	
Name	Lee Colvill	Name	Gerard Johansen
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	MH	Represents	ASA
Term Expires	12/31/2012	Term Expires	1/21/2013
eMail		eMail	
Member		Member	
Name	Michael Lurie	Name	Vacant
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	OPWDD	Term Expires	
Term Expires	12/31/2011	eMail	
eMail			
Member		Member	
Name	Susan Lozinak	Name	Nicki French
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	OPWDD	Represents	Parent
Term Expires	12/31/2012	Term Expires	2/17/2014
eMail		eMail	
Member		Member	
Name	C. Omarr Evans	Name	William Parsons
Physician	No	Physician	No
Psychologist	No	Psychologist	No
Represents	MH	Represents	MH
Term Expires	8/18/2013	Term Expires	12/31/2014
eMail		eMail	

Member
Name Ron Heebner
Physician No
Psychologist No
Represents Legislature
Term Expires
eMail

Member
Name Thea Arnold
Physician No
Psychologist No
Represents OPWDD
Term Expires 8/19/2012
eMail

Member
Name Jane Sweet
Physician No
Psychologist No
Represents ASA
Term Expires 12/31/2014
eMail

2012 ASA Subcommittee Membership Form
 Broome Co Community Mental Health Svcs (70000)
 Certified: Katherine Cusano (5/3/11)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name Joelle Martyanik
Represents Probation
eMail jmartyanik@co.broome.ny.us
Is CSB Member Yes

Member

Name Pearl Reed-Klein
Represents Community Member
eMail dyna12161@aol.com
Is CSB Member No

Member

Name Cassandra Bransford
Represents Binghamton University School of Social Work
eMail cbrans@binghamton.edu
Is CSB Member No

Member

Name Gerard Johansen
Represents Binghamton University Student Counseling Services
eMail johansen@binghamton.edu
Is CSB Member Yes

Member

Name Susan Metzlar
Represents Binghamton Police Department
eMail aloha123i@aol.com
Is CSB Member No

Member

Name Wells Silvernail
Represents Binghamton Housing Authority
eMail wellssilvernail@hotmail.com
Is CSB Member Yes

Member

Name Patricia Westbrook
Represents Gang Prevention
eMail patwestbrook1@hotmail.com
Is CSB Member No

Member

Name April Kennedy
Represents Student Member
eMail akennedy128@yahoo.com
Is CSB Member No

Member

Name Cindy Nord
Represents Dept of Social Services
eMail cnord@co.broome.ny.us
Is CSB Member No

Member

Name Wixie Skellet
Represents Southern Tier Aids Program
eMail
Is CSB Member No

2012 Mental Health Subcommittee Membership Form

Broome Co Community Mental Health Svcs (70000)

Certified: Lynne Esquivel (4/11/11)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name William Parsons
Represents Consumer Advocate
eMail wparsonsjr2009@verizon.net
Is CSB Member Yes

Member

Name Ruth Ferrari
Represents Nurse Educator
eMail ruthferrari@aol.com
Is CSB Member Yes

Member

Name C. Omarr Evans
Represents Deputy Commissioner, DSS
eMail cevans@co.broome.ny.us
Is CSB Member Yes

Member

Name Virginia Bronson
Represents Licensed Clinical Social Worker
eMail gbron1953@gmail.com
Is CSB Member No

Member

Name Susan Wheeler
Represents Star Group, President
eMail swheelerstargrp@aol.com
Is CSB Member No

Member

Name Lorraine Wilmot
Represents Director, BC Probation
eMail lwilmot@co.broome.ny.us
Is CSB Member No

Member

Name Helen DeVita
Represents Citizen
eMail devia555@yahoo.com
Is CSB Member No

Member

Name Sheila Carpenter
Represents Citizen
eMail sheliacjc@aol.com
Is CSB Member No

Member

Name Shelli Cordisco
Represents Executive Director, AOP
eMail scordisco@actionforolderpersons.org
Is CSB Member No

Member

Name Kevin Tobin
Represents Citizen
eMail
Is CSB Member No

2012 Developmental Disabilities Subcommittee Membership Form
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (5/31/11)
Submitted for Approval: Brenda Zeoli (5/26/11)

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

Note: The subcommittee shall have no more than nine members. Three subcommittee members must be members of the board; those members should be identified here. Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

Chairperson

Name Esther Frustino
Represents Handicapped Children's Association,
Parent
eMail e.frustino@hcaserves.com
Is CSB Member No

Member

Name Mark Giroux
Represents Clergy, Parent
eMail mark.a.giroux@frontiernet.net
Is CSB Member Yes

Member

Name Susan Lozinak
Represents Southern Tier Independence Center,
Parent
eMail ecdc@stic-cil.org
Is CSB Member Yes

Member

Name Nicki French
Represents Community Member, Parent
eMail afrench@stny.rr.com
Is CSB Member Yes

Member

Name Jeffrey Winner
Represents Community Member, Community
Options
eMail jeff.winner@comop.org
Is CSB Member No

Member

Name Sally Colletti
Represents Parent
eMail advocatesforautism@yahoo.com
Is CSB Member No

Member

Name Thea Arnold
Represents Southern Tier Independence Center,
Parent
eMail theasprague@aol.com
Is CSB Member Yes

Member

Name Maggie Kosik
Represents Broome Tioga BOCES
eMail mkosik@btbooces.org
Is CSB Member No

2012 Mental Hygiene Local Planning Assurance
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (4/29/11)

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

Pursuant to Article 41 of the Mental Hygiene Law, we assure and certify that:

Representatives of facilities of the offices of the department; directors of district developmental services offices; directors of hospital-based mental health services; directors of community mental health centers, voluntary agencies; persons and families who receive services and advocates; other providers of services have been formally invited to participate in, and provide information for, the local planning process relative to the development of the Local Services Plan;

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities have provided advice to the Director of Community Services and have participated in the development of the Local Services Plan. The full Board and the Subcommittees have had an opportunity to review and comment on the contents of the plan and have received the completed document. Any disputes which may have arisen, as part of the local planning process regarding elements of the plan, have been or will be addressed in accordance with procedures outlined in Mental Hygiene Law Section 41.16(c);

The Community Services Board and the Subcommittees for Alcoholism and Substance Abuse, Mental Health, and Developmental Disabilities meet regularly during the year, and the Board has established bylaws for its operation, has defined the number of officers and members that will comprise a quorum, and has membership which is broadly representative of the age, sex, race, and other ethnic characteristics of the area served. The Board has established procedures to ensure that all meetings are conducted in accordance with the Open Meetings Law, which requires that meetings of public bodies be open to the general public, that advance public notice of meetings be given, and that minutes be taken of all meetings and be available to the public.

OASAS, OMH and OPWDD accept the certified 2012 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2012 Local Services planning process.

2012 Community Residence Multi-County Collaboration Agreement (optional)
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (5/26/11)

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

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, ogasplanning@ogas.state.ny.us