

2021 Mental Hygiene Executive Summary
Broome Co Community Mental Health Svcs
Certified: Emily Hotchkiss-Plowe (9/14/20)

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

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

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

Attachments
<ul style="list-style-type: none">• Broome_COVID19_Supplemental.pdf

Mental Hygiene Goals and Objectives Form
Broome Co Community Mental Health Svcs (70000)
Certified: Emily Hotchkiss-Plowe (9/11/20)

1. Overall Needs Assessment by Population (Required)

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

The question below asks for an overall assessment of unmet needs; however certain individual unmet needs may diverge from overall needs. Please use the text boxes below to describe which (if any) specific needs have improved, worsened, or stayed the same.

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

Please describe any unmet **mental health** service needs that have **improved**:

There are currently 7+ licensed school-based mental health clinics in different school districts with imminent expansions in other districts. There are 3 family support centers in 3 different school districts. There are continued conversations for more licensed mental health school-based clinics as well as family support centers. MHASt provides a Crisis Respite home offering 24/7 respite to eligible participants as well as the 24/7 warmline to all.

Outpatient clinics are quicker in processing referrals and admitting individuals. Family & Children's, UHS Adult, GBHC Children now have open access and the state outpatient treatment center has a much shorter wait for admission than years past.

Individuals residing in the community can receive BH HCBS services as an extra support if they choose and are eligible.

Peer services are becoming more prevalent in both the mental health and substance use areas as "lived experience" can offer the best education and support to others.

Please describe any unmet **mental health** service needs that have **stayed the same**:

In regard to housing, there are few options for individuals who are just looking for housing and that don't want to participate in a structured program.

There remains a large number of consumers who would benefit from/would be best served by an ACT Level of Care, but our current ACT team does not have the capacity to accommodate. Likewise, appropriate mental health housing is difficult to access and/or find, the community is in need of an SRO.

Recommend that the county note how long it takes for individuals to be seen after they have an assessment to meeting with a prescriber.

Recommend that the ASA and MH subcommittees combine a few meetings a year. There is not much information regarding referral processes to MH providers. We struggle with coordination of care with some MH providers.

Please describe any unmet **mental health** service needs that have **worsened**:

While the OMH Licensed Mental Health Clinics in Broome County do prioritize clients when they call, there are still waiting lists for children and adults.

The mental health clients have more complex issues with co-occurring needs that makes collaboration for all (OMH, OASAS, OPWDD) services difficult.

The Opioid epidemic has contributed to the need for more services in mental health/substance use to address co-occurring clients.

Safe, affordable housing continues to be a challenge for individuals that are not coming out of prisons or the state psychiatric centers, both who are considered a priority to house. With the increase of student housing, sites in Binghamton are lessening and individuals are being pushed out to Johnson City and Endicott. Additionally, the cost of rent continues to rise making it more difficult to find affordable sites for individuals.

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

Please describe any unmet **SUD** service needs that have **improved**:

Although the opioid epidemic in Broome County has remained a serious issue, addiction treatment providers are working to meet the demand and are always looking at ways to expand services in a thoughtful manner.

Broome County offers Addiction Family Navigator, Peer Advocacy services, Drug Free Communities Coordinator, and The Voices Recovery Center (opened October 2017). Helio Health opened the Binghamton Evaluation Center last April (2018) to provide medically supervised withdrawal and stabilization services (detox) adding Inpatient Rehabilitation in July 2019. In April 2019, Fairview transitioned its Community Residence Program to a 820 Residential Rehabilitation Program. The typical stay for the Residential Rehab is approximately 90 days. The Residential Rehab provides treatment to 24 males and 18 females. Fairview still has 30 shelter plus care beds, 6 Medicaid redesign treatment beds and 34 support living scattered site beds, and the Addiction Stabilization Center has 20 beds.

The Broome Opioid Awareness Council (BOAC) has over 50 members and meets monthly and/or bimonthly to address needs within the community.

Local providers have been coordinated services with all law enforcement agencies in an effort to intervene at the earliest possible moment. Peer Advocates work closely with law enforcement and emergency services personnel to reach out to people who have overdosed in order to engage them in treatment services. Also the Broome County Sheriff has a program, Sheriff Assisted Recovery Initiative (SARI) where someone can call the Sheriff's department and receive assistance in immediately accessing SUD services through the Addiction Stabilization Center or UHS extended observation beds.

ACBC offers Medication Assisted Treatment (MAT) with vivitrol as well as monthly injections as needed. They offer MAT with Suboxone, currently seeing many clients with varying visits. The Center for Treatment Innovation (COTI) staff include peers that outreach and take client shopping, etc. The COTI team performs assessments and holds groups at the Jail. Primary substances that ACBC clients have are: alcohol, marijuana and opioids. ACBC has adolescent services and groups at the Children's Home with currently around 20 youth.

Additional services and programs have come on board in 2019, including the following:

- The Jail Cognitive Behavioral Program, operated by the Southern Tier AIDS Program, Inc., at the Broome County Correctional Facility started in January of 2019. The goals of the program are to assist with rehabilitation prior to release and transition discharge planning for individuals returning to the community.
- On July 22, 2019, Helio Health received certification to convert 20 of the 50 medically supervised beds for withdrawal to swing beds that would allow for Inpatient Rehabilitation should that level of care not be available elsewhere.
- Broome County was one of 15 New York counties selected to participate in the National Institute on Drug Abuse – Helping to End Addiction Long-term (NIDA-HEAL) grant awarded to Columbia University which aims to reduce the Opioid overdose rate by 40 percent over a 4-year funding cycle.
- Addiction Center of Broome County filled the Dual Recovery Coordinator position at the end of 2019.
- Addiction Center of Broome County opened a second location, The Center for Addiction and Trauma Recovery, in Endicott, NY on July 25, 2019.
- Sunrise Center at CHOWC opened in the Fall of 2018.
- United Health Services (UHS) began implementing a Jail Substance Use Disorder program in Broome County in 2019 which includes Medication Assisted Treatment (MAT) at the jail, transition to outpatient providers upon discharge, detox services for anyone at the jail, and maintenance services for sentenced individuals.
- OASAS funded the coalition with one-time money to initiate prevention initiatives specifically in the SOR/ESPRI community of Binghamton. This has led to a special work group that engaged a new set of stakeholders within the community.
- The Lourdes Opioid Use Disorder (OUD) Cohort Management Project is a collaboration between Our Lady of Lourdes Memorial Hospital, Inc.; REACH Medical, PLLC.; Truth Pharm, Inc.; Southern Tier Aids Program, Inc.; Rural Health Network of South Central New York, Inc.; and The Addiction Center of Broome County, Inc. In January 2019 the OUD Cohort began enrollments and through March 2020 has supported 309 persons through care coordination and support in an effort to increase patient engagement with primary care providers, increase address social determinants of health and access to community resources. Through this support and care coordination the goal has been to promote interest in and engagement with treatment.

Please describe any unmet **SUD** service needs that have **stayed the same**:

Please describe any unmet **SUD** service needs that have **worsened**:

Providers are seeing more multiple diagnosed clients with SUD, Mental Health and a developmental disability. The dually-diagnosed population seems to be growing, yet there does not seem to have been a growth in dual diagnosis programs in the area to serve/mitigate the demand in regard to outpatient treatment and specialized housing.

Providers have noted an increase in the number of admissions for methamphetamine usage. According to OASAS Apps, Broome County saw an 86% increase in Methamphetamine as the Primary Substance for admission from 257 in 2018 to 480 in 2019. There is a gap in care for individuals with methamphetamine use disorders. They often will not meet admission criteria for inpatient detoxification or inpatient rehabilitation. They are at risk for overdose due to cross contamination of fentanyl. Individuals struggling with methamphetamine use disorder can present with psychosis and are not eligible for care at CPEP or inpatient psychiatry but are not stable to have their needs met in outpatient treatment. There are no FDA approved medications for methamphetamine use disorders. There is a need for a community protocol and best practices for care planning because we now have another population that will fall through the cracks.

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

Please describe any unmet **developmentally disability** service needs that have **improved**:

Care Coordination has improved for adults and children. We have noted some improvements in the process with the introduction of Care Coordination. One such improvement is in regards to Health Home Care Management, which no longer has a wait list allowing consumers to receive assistance in a shorter time frame. Additionally, Care Connections is available to assist with gathering documents and helping with the eligibility process, making it smoother.

Please describe any unmet **developmentally disability** service needs that have **stayed the same**:

- Respite services – in-home and site based
- Community habilitation services, and employment opportunities
- Crisis services including intensive behavioral supports
- Clinical services – medication management, counseling, OT, PT, Speech, Dental, mental health

Please describe any unmet **developmentally disability** service needs that have **worsened**:

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

- Workforce recruitment and retention
- Early Intervention
- Preschool

All three of the above areas have continually been of concern in this area. Shortages in providers to serve Early Intervention and Preschool children create long wait lists and difficulty receiving services. Community Habilitation needs are still very apparent as more providers are needed. There is also a need for respite services for individuals at this time.

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

In some areas improvement has been noted including the front door process, self directed search and variety of residential options.

The second section of the form includes; goals based on local need; goals based on state initiatives and goals based in other areas. The form allows counties to identify forward looking, change-oriented goals that respond to and are based on local needs and are consistent with the goals of the state mental hygiene agencies. County needs and goals also inform the statewide comprehensive planning efforts of the three state agencies and help to shape policy, programming, and funding decisions. For county needs assessments, goals and objectives to be most effective, they need to be clear, focused and achievable. The following instructions promote a convention for developing and writing effective goal statements and actionable objectives based on needs, state or regional initiatives or other relevant areas.

2. Goals Based On Local Needs

Issue Category	Applicable State Agenc(ies)		
	OASAS	OMH	OPWDD
a) Housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b) Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c) Crisis Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Workforce Recruitment and Retention (service system)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e) Employment/ Job Opportunities (clients)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f) Prevention	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Inpatient Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Recovery and Support Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i) Reducing Stigma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j) SUD Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) SUD Residential Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin and Opioid Programs and Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Coordination/Integration with Other Systems for SUD clients	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Mental Health Clinic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o) Other Mental Health Outpatient Services (non-clinic)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p) Mental Health Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q) Developmental Disability Clinical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r) Developmental Disability Children Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s) Developmental Disability Student/Transition Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
t) Developmental Disability Respite Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
u) Developmental Disability Family Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
v) Developmental Disability Self-Directed Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
w) Autism Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
x) Developmental Disability Front Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) Developmental Disability Care Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z) Other Need 1(Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
aa) Other Need 2 (Specify in Background Information)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(After a need issue category is selected, related follow-up questions will display below the table)

2a. Housing - Background Information

Safe affordable housing for OMH, OASAS and OPWDD clients is badly needed in Broome County. Housing is a constant issue every year. New housing in the community is generally created for students at Binghamton University and not accessible for our vulnerable populations. HUD is in the process of major changes in some of its housing policies and the community is still attempting to figure out how this will impact the remaining HUD funded housing services. Binghamton Mayor Rich David has announced his administration will pursue creating 50 new beds for vulnerable populations.

Sober living housing is needed for people who are recovering from addiction. They typically operate like group homes that are free of alcohol and drugs for individuals in recovery.

There has been a lot of development but huge need remains for OPWDD. More options are needed for individuals to transition to more independent settings. If more opportunities were available for individuals presently living in IRA's for example, to transition to more independent

settings, there would be more opportunities for others, who may need this level of support to back fill those slots. Springbrook's Century Sunrise Integrated Supported Housing (ISH) project in Johnson City continues to thrive, adding six units totaling 32 units dedicated to people receiving OPWDD services. This model uses Self-Directed Services (SDS), which offers housing subsidies, Community Habilitation, Respite, and Supported Employment, and funding for things like community classes and Paid-Neighbors. The use of SDS in this way is not limited to ISH projects; rather any residential situation is eligible for SDS. Springbrook's Master Housing Navigator can help to design services in this way – see these two links for details: <https://nyhrc.org/index.php> and <https://youtu.be/rK84bccWC1w>

The Homeless Coalition's Continuum of Care Committee conducts a HUD prescribed Point in Time (PIT) count annually during the last week in January. The PIT is done over a 24-hour period and aims to collect statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Chronic homelessness is one of the several homeless subpopulations tracked in the PIT. Substance Abuse is a significant factor contributing to chronic homelessness and as such, Fairview Recovery Services continues to expand the implementation of the HUD funded Homeless Management Information System, Shelter-Net. All the initial targeted emergency, transitional and permanent supportive beds are currently online. HMIS provides the fastest and most accurate census of Broome County's homeless population. Through a HUD grant, Coordinated Entry System was established in June 2017 which creates a "no wrong door" approach for homeless individuals and families in need of housing. The Homeless Coalition was incorporated into a 501c3 agency in 2009. Community stakeholders and key partners actively participate in the Homeless Coalition. Their participation and collaboration within the Continuum of Care provides insight into the underlying causes of homelessness such as CD, MH, DD (It would make more sense to spell these out since the person who reads this may not be familiar with the abbreviations). Homelessness in Broome County impacts all the agencies that work together to affect planning for client care, thus the community agencies are committed to the Coalition and having a positive impact on the homeless population.

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

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

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

Objective Statement

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

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

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

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

Change Over Past 12 Months (Optional)

MHAST runs a 6 bed Crisis Respite in March 2018 to serve eligible participants needing short-term respite services as a diversion from hospitalization.

The new Binghamton University Pharmacy School has opened in JC, student housing needed in that area may likely push out affordable family housing. The community needs to balance the needs of all individuals to offering affordable housing.

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

The annual RFP has gone out for residential development for individuals aging out of residential schools. Achieve has been awarded funding to develop a 2-bed VOIRA during the 2018-2019 plan year. Development in 2017-2018 plan year includes: Responding to an RFP addressing the Substantial and Current Residential Needs List, Community Options has developed a 4-bed VOIRA and in February, 2018 Springbrook opened a 5-bed VOIRA for individuals aging-out of residential schools. The Emergency and Substantial Need List Community Options is in the process of developing a 4-bed VOIRA.

A community partnership is making 26 apartments in a new complex of 106 apartments in Johnson City available to individuals with Intellectual Disabilities who have been determined to be eligible for OPWDD services. The individuals residing in these 26 non-certified apartments will be eligible to receive support services from Springbrook. Springbrook will be the oversight agency attached to the property. The Southern Tier Independence Center (STIC) partnered with the First Ward Action Council to provide support to individuals with Intellectual Disabilities. STIC will provide the supports for the individuals living in the 5 apartments. STIC will be the oversight agency for the project for the individuals identified for the 5 apartments supported by OPWDD.

2b. Transportation - Background Information

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

Frequently there are delays in obtaining transportation services through Medicaid Answering Service (MAS - transportation for Medicaid beneficiaries to and from medical services) for patients with urgent needs and for those who require regular use of taxi cabs. The process to arrange transportation through MAS is somewhat cumbersome and consumes a significant amount of staff resources at the program level to coordinate. The time staff are spending trying to coordinate transportation services is time that they are not available to provide direct clinical services.

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

If "No", Please discuss any challenges that have precluded the development of a goal (e.g. external barriers):
This is an ongoing issue that seems to be difficult to resolve, however, it is a discussion point on various agendas for community meetings.

Change Over Past 12 Months (Optional)

Rural Health Network has implemented a program called "Get There" for health care transportation covering both Medicaid and non-medicaid services. In addition, Getthere offers a voucher program to eligible recipients to meet other transportation needs.

Much of Broome County is rural and public transportation options and routes are limited. This continues to be a barrier which prevents individuals with Intellectual Disabilities from being able to participate as fully in the community as would be optimal.

2c. Crisis Services - Background Information

Through the DSRIP initiative, we secured a Mobile Crisis Services unit through the Mental Health Association that works with the police on identifying consumers in need of services. The Crisis Intervention Worker and 2 Social Workers are training law enforcement agencies in the community as well as doing ride-alongs with police when necessary to assist with persons with emotional disturbances who are in some kind of altercation requiring police intervention. Additionally, Broome County recently implemented a 911 Diversion program in which people who call 911 in crisis are screened and if appropriate, the call is diverted to the CPEP hotline where a worker will determine next steps. The hope is to divert officers from being immediately dispatched prior to accessing the acuity of the crisis. MHA runs a 6 bed Crisis Respite residence.

The Addiction Stabilization Center (ASC) has one bed that is dedicated to the Sheriff's Assisted Recovery Initiative (SARI) Program which allows people in need of stabilization from drug use to access a bed at the ASC more easily with the help of the BC Sheriff. In the event that the ASC has all beds filled, the SARI program brings patients to the emergency department at BGH where they will be evaluated and connected directly to treatment services.

Helio Health Binghamton Evaluation Center opened its doors in April 2018 offering medically supervised withdrawal and stabilization services (detox) and in July 2019, added inpatient rehabilitation. Helio Health will transport patients from the hospital or home to their facility.

There is huge need in the community for crisis services for both children and adults. There are virtually no crisis services available in our community to serve individuals with developmental disabilities. PWDD does not provide this service, and CPEP frequently considers episodes of individuals presenting with developmental disabilities as "behavioral". The lack of crisis services has resulted in individuals with developmental disabilities being inappropriately housed in mental health facilities or our county jail. The severity of this situation continues to increase. Patients are often subjected to very long emergency department stays or frequent visits with discharge back to the group home they came from. This is very stressful for the patient and teams at both the OPWDD facility and the hospital. There simply is no emergent response capability for persons served by OPWDD.

Given the conversion of Fairview Addiction Crisis Center into the ASC, Broome County no longer has any form of wet or damp shelter. The loss of that specialized level of care in the community has resulted in higher pressure in the emergency departments as patients are brought in on 22.09 status to get them off the street. Some also present on their own to the emergency rooms seeking shelter when impaired. This unintended consequence of the OASAS residential redesign has created a situation where very expensive emergency department resources are consumed for a social crisis that is not a medical emergency. The community needs to have a wet or damp shelter facility that can receive these patients, provide shelter, assessment and referral to treatment when patients are willing to accept that referral.

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

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

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

Change Over Past 12 Months (Optional)

Narcan training is offered consistently and Narcan is being deployed regularly, saving lives. ACBC acquired additional funding to continue to improve access to services: including the family navigator/peer advocate program, intensive case manager, while waiting for treatment, peer intervention etc. for programs in Broome County. ACBC expanded their services in Endicott, NY opening The Center for Addiction and Trauma Recovery on July 25, 2019.

United Health Services has provided free training to dozens of peer advocates to help augment the work force locally. They have also hired 4 peer advocates and are recruiting for a fifth person. Peers are now available in the emergency department at BGH and in both the outpatient OASAS clinic and the OTP. UHS also provides Narcan training to all patients, to staff at the Broome County Jail and to any local agencies who request training. UHS has been vaccinating patients for Hepatitis A and B in the OTP and has been actively treating Hepatitis C in the OTP as well. There have been several full confirmed cures from Hepatitis C during the past 12 months. The OTP program also offers a specialized program for pregnant women with Opioid Use Disorder. This program involves multiple agencies from the community who provide maternal and child health services. In the past 12 months, multiple babies were born to drug free moms and none of the babies required admission to the neonatal intensive care unit.

Broome County Sheriff's Office continues to maintain an unwanted prescription drug drop off site 24/7. Broome County received a grant from the Mee Foundation to purchase and monitor two additional Drop Boxes in the community -- one at the County Office Building and one at the Endicott Police Station. United Health Services offers unwanted prescription drop boxes at their retail pharmacy locations. In addition, they provide specialized bags for disposing of unwanted prescriptions through their primary and specialty care locations.

BOAC, Broome County Sheriff's Office, Fairview Recovery Services and United Health Services Hospitals continued the Sheriff's Assisted Recovery Initiative and as a result, 18 people were assisted to the Addictions Stabilization Center in 2019.

Addiction Center of Broome County has increased its footprint by 35% (facility growth). One of the programs that began this year is the Mobile Intervention Team where teams of case manager, peer and recovery coach utilize a mobile office (van) where people can be assessed at a location of their choice, including utilizing tele-health, and transported to appropriate treatment following the assessment. Law enforcement attitudes have positively changed toward a guardian approach. ACBC has also developed a peer intervention team that accompany emergency medical staff to overdose scenes, in an attempt to encourage people to become engaged in treatment. The peers also continue to reach out to the client if the first attempts are unsuccessful.

In July 2019, Helio Health Binghamton Evaluation Center added inpatient rehabilitation beds to their already medically supervised withdrawal and stabilization services (detox) and in July 2019, added inpatient rehabilitation.

The Systematic, Therapeutic, Assessment, Resources, and Treatment (START) program which is anticipated to become operational in Region 2 will hopefully assist in this regard. An RFP will be out in the near future. One required component of START will be a Resource Center which can provide up to 30 days of stay to individuals. START will also provide enhanced services and supports to help plan for the individual's return to their previous placement and to help them successfully maintain their community placement.

During this time the numbers of those individuals who present in crisis situations and are dually diagnosed have increased, in part due to the changes in work settings. Individuals who previously relied on going to their work setting for socialization are now experiencing Mental health concerns due to the loss of placement. Finally, it is important to note that during this time of COVID 19, not only have services been affected in delivery and availability, but mental health of the county has been impacted.

MHAST opened a 6 bed crisis respite facility in March 2018 to serve those in short-term crisis from mental health issues.

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

Constant change in staffing related to retirements, job changes, agency recruitments, etc. causes the loss of experienced workers or the reorganization of agencies accordingly. Also, many agencies are expressing concerns regarding difficulty in hiring and retaining qualified experienced staff.

Local agencies have had difficulty finding providers even if services have been authorized; examples include Community Habilitation, Respite, Outpatient Clinics, Individualized Residential Alternatives (IRAs), etc. Wages are not competitive, and schedules are often unpredictable. When qualified workers are found it has been difficult to retain people in direct service positions as there is a high burnout rate.

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

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

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

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

There continues to be a need for more direct support professionals. Virtually all of the agencies in our community serving individuals with Intellectual Disabilities express that they have difficulty finding and keeping staff. Recently the Governor approved 2 COLAs for Direct Support Professionals, and one COLA for clinical staff working in voluntary agencies serving individuals with Intellectual Disabilities. However, there is simply more demand for individuals to work in the field than there are individuals seeking employment in the field.

Objective Statement

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

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

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

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

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

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

Change Over Past 12 Months (Optional)

Salaries are low which impacts recruiting and maintenance of adequate staff.

There continues to be a need for more direct support professionals. Virtually all of the agencies in our community serving individuals with Intellectual Disabilities express that they have difficulty finding and keeping staff. There is simply more demand for individuals to work in the field than there are individuals seeking employment in the field. Additionally, staffing in houses has changed as less individuals are going to work and more are staying home thereby needing increased staffing.

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

People with SUDs and MH disorders often find it challenging to obtain and then retain employment due to their symptoms and need to be

involved in treatment services. This, however, is a long-term goal in finding gainful employment. Some clients are referred to job training programs as well as local colleges for training/retraining.

ACCESS-VR, HCBS, ACE programs are available to eligible individuals who are interested in employment. There is very little follow-through and low participation from individuals enrolled in these programs. Regardless of the education on benefits, individuals are concerned that they will lose entitlements. Additionally, many have specific requests and needs making it difficult to find a suitable employment match. Many are also dependent on the bus system thus limiting placement options.

There are not enough opportunities for individuals with development disabilities. Sheltered Workshops are closed. More integrated and competitive employment opportunities are needed. Pathways to Employment and prevocational programs have been developed but neither provides a pay check and that same sense of productivity.

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

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

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

Objective Statement

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

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

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

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

Change Over Past 12 Months (Optional)

Vocational Incentives Program (VIP) run by the Family and Children's Society continues to serve clients with MH issues with their resumes; skill building and employment support services.

With the closing of the sheltered employment programs many individuals with Intellectual Disabilities who were able to earn a paycheck and feel productive are without a job to go to each day. While opportunities remain for individuals with Intellectual Disabilities to work in community based competitive or supportive employment positions - as well as participate in other community activities, many more employment opportunities are needed. The EPT (Employment Training Program) program reimburses employers for the salary of individuals that they hire who are eligible (for a limited period of time) which has opened doors to employment opportunities for individuals with Intellectual Disabilities, in addition to job exploration and job coaching for the individual. In addition, program such as Pathways to Employment and Pre-vocational programs provide individuals with Intellectual Disabilities with opportunities to develop vocational and avocation skills to participate in a variety of vocational exploration activities.

Creating a variety of job opportunities for individuals with Intellectual Disabilities remains a priority.

2f. Prevention - Background Information

Lourdes Youth Services (LYS) is the county's OASAS Licensed Prevention Provider. Two programs within LYS that provide prevention services are the Student Assistance Program (SAP) and Teen Intervene (intervention program). Between the two programs, SAP and Teen Intervene reach every school district in Broome County with environmental strategies and brief interventions. The programs work closely with school staff to deliver prevention messaging to middle and high school aged students. These programs also work throughout the community to deliver relevant prevention messaging to the masses.

Prevention also happens throughout the county with the Prevention Coalition. The coalition was formed after Coordinated Care Services Inc. was awarded SAMHSA's Drug Free Communities funding in 2017. There are 12 sectors of the community involved in the coalition who each bring their unique perspective to the table to help formulate prevention initiatives. Community collaboration and partnerships are vital to help with a multipronged approach to prevention. SAMHSA's Strategic Prevention Framework, the data-driven planning process, is utilized by the coalition to understand and effectively address the substance use issues facing their community.

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

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

Change Over Past 12 Months (Optional)

Over the past year, Lourdes has lost funding for a good portion of their SAP counselors which was an unfortunate hit to prevention in the county.

The Prevention Coalition has grown stronger over the past year with increased membership and community collaboration. OASAS funded the coalition with one-time money to initiate prevention initiatives specifically in the ESPRI community of Binghamton. This has led to a special work group that engaged a new set of stakeholders within the community. Also, the Prevention Coalition of Broome County (Subcommittee of BOAC) continues to provide numerous community education events including Family Fun Nights, the Buzz Community Education Forums, and administering the Prevention Needs Assessment Survey biennially.

2h. Recovery and Support Services - Background Information

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

Addiction Center of Broome County (ACBC) is redesigning the former Compass Academy School based program at this time. ACBC offers assessment, Medication Assisted Treatment, Psychiatric Evaluation, Trauma Specific Interventions, Outpatient Clinic, Outpatient Rehabilitation, Child and Adolescent Treatment (also offered at the Children's Home of Wyoming Conference (CHOWC)), Certified Recovery Peer Advocates, and Family Navigation.

Fairview Recovery Services' Recovery Outreach Center (VOICES) provides additional recovery services for those in Recovery or seeking recovery; family and friends of those in recovery; those who have lost someone to addiction. The Center offers peer navigators and other support services (various groups, yoga, holiday celebrations, music groups, etc.) for consumers and family members.

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

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

Change Over Past 12 Months (Optional)

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

Fairview Recovery Services opened the Voices Recovery Center which has been extremely successful, offering various support groups, yoga, guitar lessons, community outreach events, alternative recovery modalities and a space for groups to meet.

Helio Health Binghamton Evaluation Center hosts a recovery event each year in August that is open to the community. The Chemical Dependency Professional of the Year Breakfast ended in 2019 and the Professional of the Year Award honoring the winners from Mental Health, Substance Use, Community Champion and All Abilities was planned for March 2020 but had to be postponed due to the COVID-19 virus.

At this time, Addiction Center of Broome County (ACBC) is redesigning the former Compass Academy School that was for at risk or using substances students.

2i. Reducing Stigma - Background Information

The Day of Recovery event was cancelled due to the COVID-19 virus. It normally is held in May with speakers who talk about recovery/reducing stigma addressing all Behavioral Health Disorders and we generally get a large crowd of over 100 people to attend. One of the main focuses is to reduce stigma and promote recovery in BC.

The Broome Opioid Awareness Council and the Prevention Coalition of Broome County work together to reduce stigma around substance use and mental health. This partnership has provided schools and the community with education and awareness events highlighting peers from ACBC to openly discuss their path to recovery in hopes of illuminating any confusion about addiction as a disease in which remission is possible. In addition, Broome County has a large recovery community with numerous twelve step support groups including faith-based and SMART Recovery.

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

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

Change Over Past 12 Months (Optional)

UHS has started an anti-stigma campaign. The Dual Recovery Coordinator has brought numerous trainings to the community that address stigma.

2j. SUD Outpatient Services - Background Information

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

- Four OASAS Licensed Outpatient agencies (Fairview, ACBC, FCS (open 9/2018), UHS) in Broome County.
- Outpatient Rehabilitation
- Comprehensive Psychiatric Emergency Program (CPEP)
- 20 bed inpatient chemical dependency unit and 4 extended observation beds that can be utilized to observe people in crisis for up to 72 hours
- Broome County Chemical Dependency Services Unit provides assessment for those applying for DSS public assistance.
- Broome County Suicide Awareness For Everyone (BC SAFE)
- Broome County Sheriff's Assisted Recovery Initiative
- Fairview Recovery Services
 - Fairview Addiction Stabilization Center
 - Fairview Residential Rehabilitation
 - Fairview Supportive Living
 - Fairview Shelter Plus Care
 - Medicaid Redesign Treatment
 - VOICES Recovery Center
- Broome County Prevention Point Syringe Exchange Program
- Family Navigator Program

- Peer Advocate Program
- UHS OUD Pregnancy Program
- 5 bed Bridge Program/YWCA
- Mental Health Juvenile Justice Program
- Outpatient Vivitrol Program
- MAT Services at UHS, ACBC and in the community

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

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

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

Objective Statement

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

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

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

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

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

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

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

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

Change Over Past 12 Months (Optional)

In addressing the Opioid problems, the "Bridge" program, run by the YWCA offers a supportive living environment with wrap-around services for 5 women (with an open CPS Preventive case) with infants who were born affected by opioids. The women and their infants live at the YWCA and are provided Case Management, child care, transportation and any other services needed to assist them in sustained recovery from Substance Use Disorders. At the same time, the infants are referred to all appropriate Pediatric services as needed.

NYS OASAS recently awarded Broome County additional funds to hire more Peer Advocates and expand the Strategic Targeted Response funding to address the opioid crisis. ACBC has outfitted a van for a mobile team who can provide services anywhere in the county for those in need.

Outpatient service delivery was restructured to accommodate more clients and improve access and waiting times for services by offering rapid access appointments to people in crisis from Opioid Use Disorder. The Methadone Program at UHS was expanded and the daily dosing for suboxone is approximately 100 patients. The County continues recruit additional Physicians as Suboxone Providers.

Fairview Recovery Service's (FRS) Addiction Stabilization Center tracks the number of people turned away from that facility daily. FRS, Inc. also tracks waiting lists for services to their residential programs. The waiting lists are reported out at each Provider Meeting. In 2018, FRS opened a Women's Community Residence with several additional beds. Fairview also serves clients who are appropriate for Low Demand Permanent Housing. This information and data collection is coordinated with the efforts of the Southern Tier Homeless Coalition.

OASAS and OMH have continued to provide funding to Broome County for the Dual Recovery Project. In August of 2019, OASAS and OMH redesigned the quarterly reports, policies and procedures for this position to address four primary areas: 1. Cross-training of professionals; 2. Improved accessibility to services for individuals with co-occurring disorders; 3. Effective management, Collaboration and integration of diversified care; and, 4. Client/service outcome measurement.

The structure of work groups was adjusted yet the continued expectations of working to develop a seamless, effective, efficient and accessible system of care for individuals with Dual Diagnoses remained. With the position having been vacant for a period of time in 2019, it has become pertinent to assess the community need and data that drives training topics and in-services to be offered as well as identifying the most effective way to get information needed to those working with individuals and their supervisors for oversight of evidence based care.

In addition, the Dual Recovery Project Coordinator role will need to develop a more cohesive working relationship with Broome County Mental Health's Contracts and Performance Management division to identify how the Dual Recovery Coordinator will work in conjunction with Broome County Mental Health to meet the goal of client/service outcome measurement. Broome County has made some progress with the integration of practices to serve individuals with Dual Diagnoses, yet there remains continued need to improve collaboration efforts, diversify the care provided in the community and accessibility to services.

BOAC Updates are listed below:

- BOAC website improved to include a detailed list of resources in BC, with relevant current events and information.
- Narcan trainings are offered by a variety of provider agencies to community members including virtual options.
- Detera deactivation pouches allows individuals to dispose and deactivate unwanted pills, patches, liquids, creams and films in your home safely. The Drug Deactivation pouches are available to the community. Visit the website www.gobroomecounty.com/boac or

check out the Facebook page, www.facebook.com/BroomeOpioidAwarenessCouncil/ for more information.

- In 2019, BOAC awarded Mini-Grant funding for Opioid Overdose Prevention to Truth Pharm and Addiction Center of Broome County (ACBC) and other initiatives including prevention programming, education, training community members in Narcan and other services to help those in treatment with a substance use disorder.
- In December 2019, New York saw their opioid overdose deaths decrease for the first time in 10 years. Broome County saw opioid overdose deaths reduce more than halve since the record highs in 2016.

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

Broome County has the following:

- Southern Tier Drug Abuse Treatment Center/Methadone Clinic
- 2 licensed Suboxone Clinics, more opening in the future
- Several private physician Suboxone providers
- Vivitrol Clinic
- Syringe Exchange Program
- Suboxone Hub and Spoke model
- Jail SUD MAT program
- NIDA HEALing Communities Grant

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

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

Change Over Past 12 Months (Optional)

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

BOAC continues to meet regularly and the workgroups partake in planning activities and educational events throughout the year.

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

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

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

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

In April 2018, Helio Health opened the Binghamton Evaluation Center in Broome County to provide medically supervised withdrawal and stabilization services program (detox) and in July 2019 added inpatient rehabilitation beds.

Broome County is a High Intensity Drug Trafficking Area (HIDTA) through the BPD and the BC Sheriff's Department. Furthermore, BC has been involved in Operation IMPACT, a crime reducing program, since 2004. IMPACT recently transitioned to the Gun Involved Violence Elimination (GIVE) initiative which seeks to reduce firearm-related homicides. Law Enforcement and treatment providers have teamed up to address opioid overdoses. A Peer Advocate works with Police and EMS to outreach to those people who have suffered an overdose in attempt to encourage them to engage in treatment.

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

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

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

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

The People with Developmental Disabilities (PWDD) sub-committee of the Broome County Community Services Board meets monthly (except July, August & December), 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 meet 6 times a year, 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 other key staff from Broome County Mental Health 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. There is 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 Provider Group quarterly meeting that is attended by all of the top-level administrators in the community who represent Intellectual/Developmental Disabilities, Mental Health, Substance use, Care Coordination, Social Service and DSRIP.

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

Currently, it should be noted here also that the entire area of service delivery in MH and CD is also in transition and there are concerns that the changes at the State level will impact the continuum of care that has been established over the years. The development of Health Homes has impacted service delivery in many ways. Broome County has three Adult Health Homes: Catholic Charities, Circare, and United Health Services Hospitals. The Health Homes are represented at the SPOA meetings.

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.

BT BOCES and ACBC had started an treatment/recovery high school model to help both at risk adolescents and those with a substance use disorder but the current model is being redesigned following barriers that could not be overcome.

The Mental Health Department is also represented at SPOA; the BC Youth Bureau; Family Prevention Program; NY Connects; various Care Compass Network committees; RPC Children & Families Subcommittee; and Promise Zone, an initiative funded by OMH in which Broome County is developing Community Schools within the 12 school districts and BOCES. We have formed a partnership between the lead agency, BCMHD, along with Binghamton University and BOCES. We are also represented at Children and Youth Services Council; Criminal Justice planning; Reentry Taskforce; the Homeless Coalition and planning with the Department of Social Services.

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

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

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

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

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

There remains a need for better integration of services. There has been progress in efforts to integrate residential and vocational opportunities for individuals with Intellectual Disabilities. In other areas, such as mental health treatment, however, much work is still needed.

Objective Statement

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

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

Change Over Past 12 Months (Optional)

The Adult and Children's SPOA programs continue to serve all systems in their coordination of services for youth, families and adults.

2n. Mental Health Clinic - Background Information

Broome County has four licensed Article 31 Mental Health Clinics: Greater Binghamton Health Center's Community Treatment and Recovery Center (CTRC) and Children & Adolescent Behavioral Health Clinic (CABHC) (average monthly census of 990 adults and 535 children in 2019); United Health Services Hospitals adult Outpatient Mental Health Clinic (average monthly census of 605 adults in 2019); Lourdes Center

for Mental Health (average monthly census of 675 adults and 270 children in 2019) and Family and Children’s Counseling Services (FCS) (average monthly census of 680 adults and 405 children in 2019). In addition, FCS has developed seven school-based clinics and is working toward opening clinics in each school district. Staffing/workforce recruitment has been a barrier.

Three of the four Article 31 clinics operate some form of Open Access to provide faster access to mental health services. Although the volume of clients served and the speed in which they can access services has increased, providers agree the intensity of cases has been on the rise and the amount of time that can be devoted to an individual patient has declined.

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

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

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

Change Over Past 12 Months (Optional)

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

Other non-clinic services in BC include:

Adults:

- Advocacy
- BCSAFE
- Sunrise Wellness Center
- Stepping Stone
- Psycho-social Club (Four Seasons)
- Peer Education
- Family Navigator
- Mobile Integration Team (MIT)
- Health Homes (Catholic Charities, Circare and UHS)
- Protective Services for Adults
- Etc.

Children and Youth:

- Single Point of Access (SPOA)
- Children’s Health Home
- Rural BEAR
- Promise Zone
- Family Peer Support Services
- Functional Family Therapy
- Boys of Courage
- Sexual Abuse Project
- Therapeutic After School Program (TASP)
- Detention Alternatives After-School Program (DAASP)
- Mental Health Juvenile Justice (MHJJ)
- Parents and Children Together (“ImPACT”)
- Etc.

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

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

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

More collaboration is needed between agencies to ensure that consumers w/co-occurring diagnosis are receiving treatment from appropriate community providers.

Objective Statement

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

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

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

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

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

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

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

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

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

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

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

Change Over Past 12 Months (Optional)

In Broome County there continues to be an urgent need for Clinical services, particularly psychiatry. The Article 16 Clinic has a psychiatrist that flies up to DDRO Region 2 once a week to provide services to the entire Region 2 and is not sufficient to meet the needs.

2r. Developmental Disability Children Services - Background Information

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

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

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

Change Over Past 12 Months (Optional)

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

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

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

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

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

Change Over Past 12 Months (Optional)

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

2t. Developmental Disability Respite Services - Background Information

Respite services remains a need in Broome County for both children & adults with developmental disabilities. Achieve has added site-based respite services to aid in this area.

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

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

Develop options for both children and adults for planned and emergency respite services for both in-home and site-based services. Respite continues to be the most requested service for individuals with Intellectual Disabilities in Broome County. Site based respite programs are continually full. Providers and families with self-directed plans both report that it is extremely difficult for them to find and keep staff to provide respite. Not only are the wages low and the demands high, but there is not a mechanism in place to reimburse respite providers for their transportation. This has made it especially difficult for individuals living outside of the tri-cities area to find respite providers.

Objective Statement

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

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

Change Over Past 12 Months (Optional)

2u. Developmental Disability Family Supports - Background Information

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

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

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

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

Change Over Past 12 Months (Optional)

There are 502 individuals receiving Family Support Services in Broome County through OPWDD.

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

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

From 2016 to 2018, the number of individuals receiving self-directed services increased 36% with the greatest growth in agency supported services, specifically Community Habilitation and Supported Employment.

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

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

Change Over Past 12 Months (Optional)

There are currently 640 individuals receiving Self-Directed services in Region 2, the majority of which are from Broome County. There has been a need identified for Brokers to assist individuals in developing the budget for their individual services plan.

As of 2019, 340 individuals were receiving Self-Directed services in Broome County.

2w. Autism Services - Background Information

Individuals with a primary Autism Spectrum Disorder (ASD) diagnosis represent 25% of Broome County residents receiving OPWDD services as of 2018. ASD is the second only to Intellectual Disability – Mild. ASD represents a higher portion of the OPWDD population in Broome County when compared to NYS, where the diagnosis category represents 20% of the population.

Better access and more augmented communication options and services are needed for individuals with ASD. Speech pathologists as well as families would benefit from more training in utilizing augmented communication devices.

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

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

Change Over Past 12 Months (Optional)

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

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

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

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

Broome County will be implementing the START (Systemic Therapeutic Assessment and Treatment Services) program which will provide crisis response along with consultation and in-home supports to address challenging behaviors. We anticipate this program will be up and running soon.

Objective Statement

Change Over Past 12 Months (Optional)

START - Systemic Therapeutic Assessment and Treatment Services (Has not yet started)

2ac. Adverse Childhood Experiences (ACEs) - Background Information

Broome County is invested in the Systems of Care philosophy which brings organizations and agencies together to support the mental well-being of individuals and families. Adverse Childhood Experiences (ACEs) is an identification tool which addresses trauma on an individual and collective level. Evidenced-based practices will be utilized to support individuals and families for an overall trauma-informed community. Family and Children Society conducts ACEs screens on all intakes/new clients.

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

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

Broome County will support the development and implementation of Trauma Informed Care (TIC) practices with organizations and agencies in the community.

Objective Statement

Objective 1: Broome County will support the development of a TIC Implementation Toolkit to support organizations and agencies to become trauma informed in their practices both for staff and clients.

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

Objective 2: Broome County will support the development and dissemination of a directory of resources and training.

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

Change Over Past 12 Months (Optional)

- The Regional Trauma informed Care Network through Care Compass Network was developed with members from various sectors of the Community including but not limited to Broome County Mental Health Department, Children’s Home of Wyoming Conference, Southern Tier Independence Center, Our Lady of Lourdes Memorial Hospital, Binghamton University and Greater Binghamton Health Center.
- Trainings on trauma were offered throughout the County on Trauma inclusive of ACEs. By various agencies and organizations.
- Addiction Center of Broome County (ACBC) opened The Center for Addition and Trauma Recovery in Western Broome.
- Lourdes Memorial Hospital received funding from the Mother Cabrini Health Foundation to provide their ACE’s program which seeks to work with participants in determining their resiliency goals and help participants manage the effects of their trauma.

#1

COMPLETE

Friday, September 11, 2020 2:59:57 PM

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Q1

Contact Information

Name	Emily Hotchkiss-Plowe
Title	System of Care Performance Manager
Email	emily.hotchkiss-plowe@broomecounty.us

Q2

Broome Co Community Mental Health Svcs

LGU:

Q3

a. Indicate how your local mental hygiene service system (i.e., mental health, substance use disorder and problem gambling, and developmental disability populations), overall, has been affected by the COVID-19 pandemic: Please specifically note, Any cross-system issues that affect more than one population; Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Overall, the service system saw a drop in new referrals at the outset of NYS PAUSE as everyone was strictly adhering to quarantine and providers were learning how to deliver services under a new set of rules and regulations. Later into April and May as telephonic and telehealth services became available, demand and access returned to normal or exceeded what was seen previously.

Residential services across the service system present more challenges as education on safe social distancing and mask usage was not consistently adhered to by residents. Capacity in some cases was reduced to allow for adequate social distancing. While some of these hurdles have been overcome, additional challenges remain due to reduced capacity.

Related to reduced Residential Service capacity, inpatient providers cited challenges with finding suitable housing for homeless individuals in their care or gaining access to the appropriate level of residential services in a timely fashion to allow for proper discharge planning.

Q4

b. Indicate how your mental health service needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

As mentioned in the overall summary, initially, there was a drop in new service requests at the start of the pandemic. As time has gone on and the challenges of maintaining quarantine accumulated, service requests have increased to higher than pre-pandemic levels for outpatient services. Other services have seen a return to normal level of demand and access or some fluctuation.

Telehealth services have been well-received by providers and have helped with transportation barriers, reducing cancellations and no shows. However, in cases where vulnerable children or adults are living with an abuser or person of conflict, it appears that there may be censoring/suppression or a lack of comfort with fully discussing the situation. Other individuals do not like this type of connection, while some prefer it.

Q5

c. Indicate how your substance use disorder (SUD) and problem gambling needs, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Substance Use Disorder program demand and individual needs have been in flux throughout the NYS PAUSE order. Inpatient services saw an initial dip, as did a majority of services. Some providers are reporting high levels of demand and needs while others have not had the same experience.

One-on-one peer services are in higher demand which may in part be due to the temporary closure of the Recovery Center and move to remote delivery of services.

Additionally, OASAS providers are still citing a need for more PPE to be able to provide the services under the current COVID-19 guidance.

Q6

d. Indicate how the needs of the developmentally disabled population, overall, have been affected by the COVID-19 pandemic: Please specifically note, Any specific racial/ethnic groups or populations that have been disproportionately impacted by COVID-19; and Any differences between adult services and children's services.

Temporary closure of day programs, restriction of home visits for respite and other services, as well as a reduction in social activities have had an enormous impact on the mental wellness of the individuals themselves as well as their caregivers. Additionally, school-age students who were accustomed to participating in school programs during the day were denied those services. Limited services were offered in the community that were considered "low risk" for COVID-19 spread.

Accordingly, previously seen challenges with inappropriate use of the emergency room continued during COVID. The lack of an acute service within the continuum resulted in trips to the emergency department which is often not the most appropriate setting. After which, appropriate discharge planning becomes a challenge as to where the individuals can be properly cared for.

Q7

a. Mental Health providers

Mental Health providers indicated that they are utilizing the training, educational materials and model policies distributed by the state. Providers have reached out for additional training needs as identified, including suicide prevention and model policies

Q8

b. SUD and problem gambling service providers:

SUD and Problem Gambling service providers indicated that they are utilizing the training, educational materials and model policies distributed by the state. Providers identified a need for continuing education on Adult Learning Styles and methods to better engage clients and meet their needs through telehealth. Providers also requested a Model Policy for Vocational Programming as well as Residential Rehab during COVID-19.

Q9

c. Developmental disability service providers:

Developmental Disability service providers indicated that they are utilizing the training, educational materials, and model policies distributed by the state.

Page 2

Q10

a. Since March 1, 2020, how would you describe DEMAND for mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	Decreased
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	Increased
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	No Change
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	Decreased
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	No Change

Q11

If you would like to add any detail about your responses above, please do so in the space below:

- Inpatient programs report a mix of decrease or no change in demand;
 - Outpatient programs report mostly increase in demand with one provider citing a decrease;
 - Demand for Supportive Housing remains unchanged, however, demand for certified level of care has decreased during COVID-19;
 - Crisis services have seen a decrease in demand, although the warm line has seen an increase;
 - Support services varied widely in what demand looked like during COVID, however the majority were unchanged.
-

Q12

b. Since March 1, 2020, how would you describe ACCESS to mental health services in each of the following program categories?

INPATIENT (State PC, Article 28/31 Inpatient, Residential Treatment Facilities)	No Change
OUTPATIENT (Clinic, ACT, Day Treatment, PROS, Continuing Day Treatment, Partial Hospitalization)	No Change
RESIDENTIAL (Support, Treatment, Unlicensed Housing)	Decreased
EMERGENCY (Comprehensive Psychiatric Emergency Programs, Crisis Programs)	No Change
SUPPORT (Care Coordination, Education, Forensic, General, Self-Help, Vocational)	No Change

Q13

If you would like to add any detail about your responses above, please do so in the space below:

- Outpatient providers indicated that although demand had increased, access remained unchanged.
- Access to Residential Services decreased for certified programs but remained unchanged for Supportive Housing.
-

Q14

a. Since March 1, 2020, what number of mental health program sites in your county closed or limited operations due to COVID-19, apart from transition to telehealth?

4

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q15

If you would like to add any detail about your responses above, please do so in the space below:

Sunrise Wellness Center, Recovery Center, Four Seasons, and Stepping Stone closed operations during COVID-19 due to the drop-in nature of their services.

Q16

b. What number of mental health program sites in your county remain closed or are offering limited services now, apart from transition to telehealth?

4

Q17

If you would like to add any detail about your responses above, please do so in the space below:

Same services listed above.

Q18

N/A

c. If your county operates services, did you maintain any level of in-person mental health treatment

Q19

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q20

No

d. As a result of COVID-19, are any mental health programs in your county closing operations permanently? If yes, list program name(s) and type(s).

Q21

If you would like to add any detail about your responses above, please do so in the space below:

Uncertain at this time whether programs will close. None have done so yet.

Q22

No

e. Did any mental health programs in your county close due to workforce issues (e.g. staff infections, recruitment/retention issues)?

COVID-19 Pandemic Effects on Mental Hygiene Services Delivery System Local Services Plan
Supplemental Survey

Q23

Respondent skipped this question

If you would like to add any detail about your responses above, please do so in the space below:

Q24

a. Apart from telehealth, during COVID-19, did your county or mental health providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Yes (please describe):

Social media platform utilization, group sessions offered by zoom, virtual cafés with parents, increased telephonic outreach post-discharge, one-on-one support for Clubhouse members, learning opportunities offered online, lines painted on sidewalk to encourage social distancing when picking up bus passes, delivery of lunches to club members could continue if members are sick/unable to attend.

Q25

No

b. During COVID-19, did any mental health providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Q26

a. During COVID-19, how many mental health providers within your county implemented existing continuity of operations plans?

7

Q27

If you would like to add any detail about your responses above, please do so in the space below:

Most had plans in place that required some alteration given the nature of the situation.

Q28

b. During COVID-19, how many mental health providers within your county did not implement existing continuity of operations plans?

2

Q29

If you would like to add any detail about your responses above, please do so in the space below:

The agencies that did not have existing continuity of operations plans operate one Mental Health contracted program each that are support services. Plans were developed and implemented rapidly

Q30

None

c. During COVID-19, did your county LGU or Office of Emergency Management (OEM) assist any mental health providers in the development or revision of continuity of operations plans?

Q31

If you would like to add any detail about your responses above, please do so in the space below:

The LGU did not assist any mental health provider with the revision of their plans. OEM may have, but did not communicate that to the Department.

Q32

During COVID-19, what OMH guidance documents were beneficial to your disaster management process?

**Program-level Guidance,
Telemental Health Guidance,
Infection Control Guidance,
Fiscal and Contract Guidance,
FAQs,**

Please provide any feedback on OMH's guidance resources::

Providers indicated that all were beneficial, however Program-level and Telemental Health Guidance were cited the most frequently.

Page 3

Q33

1. Please indicate any needs for or issues with SUD and problem gambling prevention, treatment, and recovery providers acquiring Personal Protective Equipment (PPE), face masks, cleaning or disinfectant supplies, or similar materials related to the COVID-19 pandemic:

Two OASAS SUD provider agencies indicate a need for ongoing PPE supplies, one other specifically outlined a need for additional disposable face masks.

Q34

a. How has COVID-19 affected the delivery of and demand for SUD and problem gambling prevention services in your county?

Prevention services operating in the county are institutional-based and therefore impacted by the operations of said institutions. Delivery of student services dropped as all students moved out of the classroom and into the home. Jail-based assessment continued unchanged.

Q35

b. How has COVID-19 affected the delivery of and demand for SUD and problem gambling recovery services in your county?

Recovery services have seen an increase in demand via peer and family services. Delivery of these services was remote for a time but has returned to in-person. The Recovery Center was forced to close its doors and move all services to telephonic or electronic means. Despite great efforts, contact with many participants and volunteers dropped significantly.

Q36

c. How has COVID-19 affected the delivery of and demand for problem gambling treatment services in your county?

Treatment services delivery has largely remained unchanged while demand has varied by service type and service provider. Some have seen an increase in demand while other remain unchanged or increased.

Q37

d. Since March 1, 2020, how would you describe DEMAND for SUD Treatment services in each of the following program categories?

INPATIENT	No Change
OUTPATIENT	Increased
OTP	No Change
RESIDENTIAL	Decreased
CRISIS	No Change

Q38

If you would like to add any detail about your responses above, please do so in the space below:

Treatment services delivery has largely remained unchanged while demand has varied by service type and service provider. Some have seen an increase in demand while other remain unchanged or increased.

Q39

e. Since March 1, 2020, how would you describe ACCESS to SUD Treatment services in each of the following program categories?

INPATIENT	No Change
OUTPATIENT	No Change
OTP	No Change
RESIDENTIAL	Decreased
CRISIS	No Change

Q40

If you would like to add any detail about your responses above, please do so in the space below:

Per provider report, access to services remains unchanged across the board with the exception of Residential services due to need to limit the number of residents to adhere to social distancing guidelines. Demand has varied significantly based on level of care and provider agency.

Q41

No

a. Apart from telehealth, during COVID-19, did your county or SUD and problem gambling service providers within your county develop any innovative services or methods of program delivery that may be continued post-COVID? If yes, please describe.

Q42

No

b. During COVID-19, did SUD and problem gambling service providers within your county form any partnerships with other providers that may be continued post-COVID? If yes, please describe.

Page 4

Q43

1. Has your county conducted analysis on the impact of COVID related to IDD services/OPWDD service system? If yes, please explain.

Yes (please explain):

Throughout the duration of NYS PAUSE, the LGU asked Mental Health, Substance Use Disorder and People with Developmental Disabilities providers to respond to surveillance surveys on a weekly, biweekly, or monthly basis based on the nature of the program and the likelihood of frequent changes. Participation in said surveys varied widely by program and agency. A more thorough analysis has not been conducted.

Q44

2. What are the greatest challenges your county will be facing over the next 12 months related to IDD services?

The greatest challenges Broome County will be facing over the next 12 months related to IDD services remains residential placement in the community. Many individuals are on the housing lists.

Coupled with residential placement, OPWDD needs to develop an emergency response plan that provides secure safe residential placement for individuals in crisis. Acute psychiatric admission is not the answer for these individuals in most cases. They will continue to consume inordinate amounts of resources in the emergency rooms and CPEP programs and delay care for other acutely ill patients.

Respite is likely to be more in demand than is currently due to families being quarantined together. Resuming of activities (Habilitation, Employment programs, etc.) that would have had individuals out of the family home during the day will be important to be reopening because families need time away from their loved one to have the endurance to keep being a caretaker.

All of these challenges will be felt more severely due to the budget withhold.

Q45

3. Is there data that would be helpful for OPWDD to provide to better information the local planning process? Please list by order of priority/importance.

9-1-1 addresses for all residences, population (age) served, and capacity (number of individuals) within the county

- Review of emergency department and CPEP data on frequency of visits, duration of visits and disposition of cases.

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Q46

Please use the optional space below to describe anything else related to the effects of COVID-19 on Mental Hygiene service delivery that you were not able to address in the previous questions:

The responses in the survey reflect the impact the COVID-19 Stay at Home order and subsequent reopening had on service provision. The third quarter withhold for OMH and OASAS and withhold for the remainder of 2020 for OPWDD are causing additional impacts to programs across the service delivery system. Agencies and programs are working diligently to serve individuals to the best of their abilities given the funding limitations, but further withholds and formalized budget cuts will result in reduction of available services. At this time, it is unclear what impact the reduction in services will have on Broome County residents in need of supports.

County Suicide Prevention Planning Survey
Broome Co Community Mental Health Svcs (70000)
Certified: Emily Hotchkiss-Plowe (9/11/20)

County Suicide Prevention Guidance

The purpose of this survey is to develop a state-wide assessment of local suicide prevention approaches. The survey will be used to inform the development of technical assistance and training for county health and behavioral health agencies, suicide prevention coalitions, and the community toward the goal of reducing suicide attempts and deaths. In addition, counties that achieve the benchmarks outlined in the guidance document may receive a "Community United for Suicide Prevention" designation from New York State.

Guidance to inform the completion of this survey and additional resources for the development of a county-level suicide prevention framework can be found at the Suicide Prevention Center of New York's website at <https://www.preventsuicideny.org/designation-tool/>

As part of the County Suicide Prevention Planning Survey process, LGU's may designate an individual who is not employed by the LGU (e.g. local suicide prevention coalition representative) to complete the following survey. This individual will need to register with the OASAS County Planning System to gain access to the survey. If you would like to designate a non-LGU individual to complete the survey, please contact Patricia Bowes for specific instructions. Please note that the LGU has the ultimate responsibility for ensuring that all content within the LSP, including the County Suicide Prevention Planning Survey, is accurate and complete.

All questions regarding this survey should be directed to Patricia Bowes at 518-402-7948, or Patricia.Bowes@omh.ny.gov

Community Prevention Approach

1. Describe in narrative form the evidence-informed interventions being used to address suicide and the population(s) targeted by each intervention. Discuss the process for developing prevention priorities and interventions, the expected impact of the interventions, and the outcome measures used.

The Broome County Suicide Awareness For Everyone (BC SAFE) coalition's mission is to reduce the number of suicides and suicide attempts in Broome County, New York by increasing public awareness and providing educational and training resources. The Coalition assists access to evidence-based trainings for the community and school districts, either facilitated by coalition members or with certified trainers. Trainings for the general population include: QPR, SafeTALK, ASIST, Talk Saves Lives (AFSP), Mental Health First Aid – Adult; and for supporting the adolescent population (ages 10-24), Youth Mental Health First Aid, More than Sad (AFSP) and It's Real (AFSP). Additional intervention includes Evenings of Healing presented after a suicide loss to support communities. With the support of AFSP, the Coalition partners annually with United Health Services (UHS) to host International Survivors of Suicide Loss Day. Participant attendance at these events is one method used to determine the impact of outreach, and from this, the Coalition can gauge public awareness of suicide and prevention. Most trainings include an evaluation to determine the impact and effectiveness of the programs provided. To date, there has been limited creation and implementation of outcome measures outside the overall suicide data. Development of strategies for outcome measures, and the engagement of community partners to assist with doing so from an evidenced-based perspective would be a need for our community at this time.

2. Describe any formal public commitment to support suicide prevention strategies made in your county including who made it and in what manner (if in written form, attach a copy).

Membership in the Coalition is currently informal. However, BC SAFE is developing a more formal commitment from both individuals and agency/organizational members. BC SAFE does not currently utilize a Memorandum of Understanding (MOU) with local organizations but believes it would be beneficial to demonstrate commitment to the mission of the Coalition. The Community Health Assessment, completed by the Broome County Health Department, specifically cites BC SAFE as a resource to implement strategies that address reducing and/or preventing suicides.

3. Identify the entity who has taken the lead on suicide prevention efforts for the county.

BC SAFE is a community coalition that sits within the Broome County Mental Health Department.

4(a). Describe in narrative form the agencies/organizations and individuals who comprise the membership of the suicide prevention coalition. Discuss the strategy used for building the coalition and whether leadership from individual agencies made a commitment to having a representative serve on the coalition beyond individual staff interest.

Recognizing the need for diverse membership representing various community sectors, the BC SAFE coalition strives for a continuum of members and is working toward a more formal structure that defines sectors based on the review of data, inclusive to high risk populations, for suicide completions and attempts. Currently there are eleven (11) identified sectors: (1) Community – member, organization, (2) Business (CBO, civic/volunteer/fraternal groups or organizations, child care, etc.); (3) Educational Institutions (K-12, post-secondary, other); (4) Faith-Based/Religious Organizations; (5) Healthcare – professional, organization, system; (6) Media; (7) Local, State, Or Tribal Governmental Agencies; (8) Justice System (law enforcement, legal systems); (9) Mental Health - professional/organization/system; (10) Specialized Areas/Populations - individual, organization, system (LGBTQ, survivors (loss/attempt), adolescent/young adult/adult/senior, etc.); (11) Substance-Use Disorder - professional/organization/system; and (12) Veteran Populations - member, organization, system. The agencies and organizations that currently participate in the Coalition include: (1) Addiction Center of Broome County, (2) Binghamton University, (3) Broome County Health Department, (4) Broome County Mental Health Department, (5) Broome County Probation, (6) Broome Tioga (BT) BOCES, (7) Care Compass Network, (8) Clear Path for Veterans- Southern Tier, (9) Community Members, (10) Greater Binghamton Health Center, (11) Helio Health, (12) Johnson City Police Department, (13) Johnson City School District, (14) Mental Health Association of NYS, (15) Mental Health Association of the Southern Tier, (16) Mothers and Babies Perinatal Network, (17) NYS Conference of Local Mental Hygiene Directors, (18) Our Lady of Lourdes Hospital, (19) Prevention Coalition of Broome County, (20) Southern Tier Veteran Support Group, (21) SUNY Broome Community College, (22) Union Volunteer Emergency Squad, (23) United Health Services – CPEP, (24) [Binghamton] Veteran's Center. With the informality of the current structure, commitments come both from the individual level and the organizational/agency level through participation and partnering on projects, activities, and events.

4(b). Describe in narrative form the diversity of your coalition and the strategies used to assure the coalition represents the demographics of your community. Discuss your use of data as well as efforts to create public awareness about the group.

As mentioned, the Coalition works to build a membership reflective the local community. Using the Systems of Care model as a framework, along with other prevention coalition models for sector development, measures are taken to ensure that membership is diverse. Data relating to local suicides is also used when erecting sectors. In reviewing the data for Broome County, adolescents, young adults, middle aged men, and veterans represent high risk populations. To that end, every attempt is made to offer activities and collaborative projects that are inclusive of these

populations. Membership recruitment is done at events such as the annual World Suicide Prevention Day Breakfast and other tabling opportunities at schools, faith-based events, and health and business fairs.

4(c). Describe the methods used for establishing effective group facilitation and open and inclusive communication.

Coalition meetings and smaller project/event workgroups are scheduled monthly to ensure input from all members. Meetings are agenda-driven with minutes recorded and distributed to members. Use of virtual meetings and email are communication strategies utilized. By utilizing smaller workgroups with specific tasks, additional opportunities are provided for member input. The Coalition makes all decisions regarding strategic planning, community interventions, community education and training, and postvention measures as a group so that all members are offered an opportunity to contribute and invest in the coalition's work.

5. Describe the level of partnership and collaboration between all schools located in your community (including k-12 and college) and the suicide prevention coalition. Identify whether any school representatives are members of your coalition. Highlight any unique events/activities and opportunities for raising awareness.

BC SAFE school representatives include BT BOCES, Johnson City School District, and SUNY Broome Community College. Binghamton University is supportive of the work being done and is currently identifying staff that would be available to sit on the Coalition. As a community, Broome County is committed to the Systems of Care model and is a recipient of Promise Zone Initiative funding. Accordingly, BC SAFE provides trainings and resources for local k-12 schools for prevention through evidenced based training including Suicide Safety for Teachers and Staff and Youth Mental Health First Aid. Through our partnership with BT BOCES, opportunities to support local public k-12 school districts have been created including professional development, the delivery of resources, as well as training opportunity regarding mental wellness and suicide prevention. Broome County also has the benefit of having a community college, SUNY Broome Community College, and a four-year college, Binghamton University, located here. Through partnerships with both, the Coalition works to provide support at the post-secondary level by offering training and awareness opportunities. Additionally, Broome County Promise Zone and Binghamton University Community Schools (BUCS) have worked together for the past 4 years to train master-level social work interns and staff in Youth Mental Health First Aid and ASIST. Intervention work within the school districts is beginning to take hold. Districts continue to look internally at their own policies and plans to ensure the school community is prepared in the event of traumatic events, including suicides. One district is taking an active role in developing policies with direct support from the Coalition. The plan to pilot the plan and policies and offer it as a model to other districts. When a traumatic loss occurs within a school community, the Coalition has been able to offer support through Healing Conversations events, offering an opportunity for emotional support and resources in a safe and impactful manner.

6(a). Describe in narrative form efforts made to collaborate with the media. Identify whether any members of the media serve on the coalition and/or regularly participate in activities.

Successful collaborations with the media have developed through events, activities and projects occurring in the community. BC SAFE offers supportive information and resources to media when requests are made. The Coalition has identified the need for representation from the media sector and is actively working to address that membership gap.

6(b). Describe any public awareness campaigns promoted by the coalition. Discuss the target audience for each one and any unique collaborations. Highlight any successes.

BC SAFE promotes various public awareness campaigns and the Coalition tables at many events during the year. These events reach many different populations including, but not limited to, public schools' youth and families, and university staff, students and families. The Coalition has a strong presence at business fairs, health fairs, and other various public events such as the Binghamton Rumble Ponies minor league baseball games and the Binghamton Devils minor league hockey games. BC SAFE is gaining traction in the world of social media with an active Facebook page. The Coalition's page provides hope, inspiration, education and resource tools for the entire community. A local PSA campaign is being developed by students from BT BOCES. This campaign provides education and awareness not only to the students who are building the storyboards for the PSA's, but also to the public who will view them through social media. Middle-aged men have been identified as a high risk population for completion. Accordingly, the Coalition developed two campaigns to target this population. The first was a golf tee campaign in conjunction with local golf tournaments. The golf tee packet included suicide prevention information consisting of warning signs and risk factors and provided resources for support in the event of a crisis. A beverage coaster campaign was also developed, and the coasters were provided to local eateries for use during May and September, months focusing on mental health awareness and suicide prevention.

7. Describe efforts to address the unique cultural needs of the population in your community and strategies developed for implementing public health interventions, addressing social isolation, identifying points of crisis for specific populations, tailoring information and resources, and inclusion strategies to ensure traditionally marginalized communities are being engaged.

BC SAFE is a grassroots coalition with limited funding and correspondingly limited workforce. Currently, the infrastructure is not in place to identify unique needs of specific populations. BC SAFE has implemented strategies, as discussed above, directly targeting middle-aged men and military Veterans. The Coalition is working to more be data driven, identify specific needs of the community, formalize community support and strategic planning to address the components of this question.

8. Describe the postvention efforts within your community including the collaboration between agencies.

In the event of a suicide loss in a community, BC SAFE offers to lead a public event: Community Conversation of Healing. To date, these events have centered on the loss of a student and offered the community the opportunity to come together for a time of healing. The event includes a panel discussion on suicide awareness and prevention. The panel typically consists of local experts as well as individuals with lived experience who provide a discussion with the audience through a series of guided questions. In conjunction with the panel discussion, a tabling event is offered to provide the community an opportunity to interact one to one with local agencies and organizations who can provide support. As mental wellness is part of a continuum, the agencies represented include professional resources and a broad array of other services, including: faith-based organizations, veteran resources, the Mental Health Association, both Girl and Boy Scout representatives, LGBTQ organizations, SPOA (Single Point Of Access) information, Crime Victim's Assistance Center, CPEP, Bark9 Therapy Dogs, and others. The Coalition has partnered with UHS, one of the local hospital systems, to host AFSP's annual Survivors of Suicide Loss Day in November. Attendance tripled in 2019, the second year this event was offered. Additionally, these organizations, with guidance from AFSP, are exploring offering a local suicide loss survivor support group.

Zero Suicide

9. Describe any formal public commitment including who made it and in what manner (if in written form, attach a copy) - including the support for Zero Suicide strategies.

BC SAFE currently has no formal commitment to implement Zero Suicide strategies, but is committed to explore the Zero Suicide initiative to determine how we can best support the community. The Broome County Health Department's Community Health Assessment and Community Health Improvement Plan 2019-2024 outlines Zero Suicide as an objective for implementation in the Improvement Plan: Goal 2.5: Prevent

suicides Objective 2.5.1: By 2024, reduce suicide attempts by Broome County adolescents (youth grades 9 to 12) who attempted suicide one or more times in the past year. Baseline TBD ICD 10 codes In order to achieve this objective it is necessary to use the following interventions: Integrate use of Zero Suicide evidence based intervention, Dialectic Behavioral Therapy, suicidal ideation workflows adoption and safety planning in primary care and Cognitive Therapy Programs for at risk youth and families in primary care settings.

10. Describe the size and scope of health and behavioral health care in your community including the identification of providers who have adopted the Zero Suicide model. Discuss the goal development for increasing the adoption of Zero Suicide by community providers in the following settings: behavioral health services, emergency departments, primary care settings, crisis services, and medical/surgical settings. The strategy should identify benchmarks for the first year. Describe your efforts to reach the initial benchmarks along with your level of success. Broome County consists of both hospital based inpatient and outpatient providers, private not for profit outpatient providers, and private practitioners of mental health services. Providers have not yet adopted the Zero Suicide model. As stated above, the Health Department has outlined an objective to target Primary Care providers for adoption of the model, however a formal strategy has not yet been developed. Initial efforts would entail offering a formal educational opportunity for providers to discuss interest, formal agreement for staff trainings and the implementation of policies, procedures and protocols, as well as the identification of the partners that will provide the training to interested organizations.

11. Describe in narrative form the demographics of your community including the identification of populations considered to be at higher risk of suicide. Discuss efforts made to understand how those communities access health care and identify barriers to access and how those barriers have been addressed to assure equity.

Broome County located in the Southern Tier New York State (NYS) and sits on the Pennsylvania border. The estimated population of Broome County in 2018 was 191,659. The county covers a land area of 705.77 square miles yielding a population density of 272 persons per square mile. The county is comprised of 16 towns, 7 villages, and 1 city. Three towns (Chenango, Union, and Vestal) and one city (Binghamton) have populations greater than 10,000 and 14 towns have populations less than 10,000. The largest concentrations of residents are in the southwest section of the county, which includes the City of Binghamton and the towns of Vestal and Union. Broome County ranks 19th out of 62 counties in population size. The median age in Broome County is 38.1 years for males, 42.2 for females, and 39.6 overall. Children under 18 years of age comprise 19.5% of the population; and adults age 65 and older, 17.9%. Broome County has a lower concentration of youth and higher concentration of elderly relative to the rest of the state. Thus, Broome County experiences a greater burden of care for their elderly than NYS or the US. Most of the Broome County's population is white and non-Hispanic. Population Estimates for 2017 are as follows. One race – White at 86.1%, Black or African American at 5.8%, Asian at 4.2%, Other at 1% and American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander both below 1% and finally those that identify as two or more races at 2.8%. Rural areas of Broome County show less diversity than urban and in all areas of Broome County, the proportion of non-white population is well-below NYS and US averages. The median household income was \$49,064, which is lower than both NYS (\$55,972) and the US (\$51,484). In 2017, 31,795 individuals were living below the poverty level, which represents 17.1% of the population for whom poverty status was determined. For the period 2013-2017, the proportion of individuals below poverty was higher in Broome County (17.1%) than in NYS (15.1%) or the US (14.6%). Using the NYS Health Connector Dashboard, high level data shows Broome County's top three age groups for death by suicide are 55-64, 25-34 and 45-54 when calculated by rate per 100,000, with males three times more likely than females to complete suicide. The age group with the highest rate for hospitalizations due to self-harm is 35-44 with males slightly higher than females. Finally, emergency department visits due to self-harm, the 10-19 age group is highest with females higher than males. BC SAFE will continue to work on strategies to address the high need and at-risk populations using review of the strategic plan to determine if efforts impact these populations accordingly.

Use of Data

12. Describe how data is used to identify groups at high risk for suicide, follow trends, and develop and evaluate prevention strategies. Data is used to develop BC SAFE's annual strategic plan. As relayed in the previous question, Broome County's highest risk population for suicidal completion are men between the ages of 34-65 and for attempts, the risk is highest in adolescents between 10-19, with a larger portion being female. This data in turn provides the structure and framework for planned projects and activities. Using the NYS Health Connector Dashboard, which offers state and local data, we can develop appropriate strategies to support the mission to educate and spread awareness. Going forward, the Coalition can use population level data to examine the efficacy of the strategies utilized, examine areas of greater need, and course correct to ensure that populations in need of supports are being reached. However, data lags and limitations in the number and specificity of metrics available hinders the groups ability to truly evaluate efforts in real time. Plans are often created using data from at least two years prior.

13. Describe how data is used to identify population groups and the variability in access to services as well as suicide deaths. The Community Health Assessment is a process used for examining the health of Broome County and provides a baseline for evaluating progress towards New York States prevention agenda goals for 2024. Priority area #2 was created to promote well-being and prevent mental and substance use disorders. The data published in the Community Health Assessment is utilized to drive the strategic plan for BC SAFE and assessing the intervention and postvention strategies that may be most impactful with limited financial and staffing resources. The Community Health Assessment clearly states a need for the implementation of training and education such as Zero Suicide, Compassion Fatigue and Mental Health First Aid in the coming years in Priority Area #2.

14. Describe the process for utilizing input, output, and intermediate measures in tracking the progress of identified interventions. Input collected from community and state-wide data is utilized to educate BC SAFE members for informed decision making. Input measures are gathered from trainings, presentations and events in the community. Output of identified interventions and postventions are driven from these discussions and the intermediate measures include overall engagement, feedback from community members or partners and testimonials from BCSAFE members. Output measures are gathered from social media, distribution of materials as well as attendance at community events. Outcome measures are more challenging considering time restrictions as well as capacity of members to do this work in addition to their primary job responsibilities. Within each workgroup, BC SAFE is working to build a stronger measurement system and implement strategies for this component. This is an area for improvement, yet with limited fiscal resources and other community priorities or job responsibilities, this area would need additional staffing focus to organize and develop clear and concise processes for the utilization of input, output and intermediate measures to assess progress.

15. Describe the level of collaboration with the county coroner/office of the medical examiner and investments made in data collection within that office.

The Coalition currently does not work with the county coroner or the medical examiner (ME). Currently, BC SAFE partners with the with Medical Director of Broome County Health Department for additional data. The value of a stronger relationship with coroner and ME is recognized and the Coalition plans to pursue the opportunity.

16. Describe in detail how data is shared across participating agencies (in compliance with all applicable state and federal privacy laws) aimed at

preventing suicide attempts and deaths.

High level data is shared with appropriate caution to ensure that information is not identifiable to the individual coalition members. Anecdotal information, again ensuring confidentiality, is also used to move work forward. Beginning conversations have occurred within the Coalition on what, if any, information agencies are willing and able to share to move the dial forward on suicide prevention.

Designation Consideration

17. Would you like your county to be considered for the Community United for Suicide Prevention Designation in 2020? It is acknowledged that suicide prevention planning requires ongoing effort and achieving the identified benchmarks may be a multi-year project. All plans will be reviewed, and feedback provided, but priority will be given to those counties which select to apply for the designation this year.

- Yes
- No

Office of Mental Health Cultural Competence Survey
Broome Co Community Mental Health Svcs (70000)
Certified: Lynne Esquivel (5/5/20)

Cultural Competence Guidance

Please answer the following questions related to the LGU's efforts on reducing disparities and working toward behavioral health equity for historically unserved, underserved, and/or marginalized populations.

These questions should be answered from the perspective of the LGU as the government entity responsible for the planning and oversight of local mental health systems, rather than from the perspective of the LGU as a service provider.

All questions regarding this survey should be directed to Matthew Canuteson at 518-473-8955 or matthew.canuteson@omh.ny.gov

1. Is there a person responsible for activities related to the reduction of disparities in access, quality and treatment outcomes for special/marginalized populations?

YES, within the LGU (Please briefly describe):
The Person-Centered Community Advocate works with ALL people to gain access to equitable, quality treatment and outcomes. The BroomeINCLUDES initiative focuses on inclusivity of all in the Broome County's System of Care. OASAS, OMH and OPWDD residents are encouraged to seek referrals from the BI Website, calling the office directly or connecting through other community partners to receive assistance.

YES, within another local government body (e.g. local health department) which is partnered with the LGU (Please briefly describe):

NO (Please detail any barriers to these efforts):

OTHER (Please provide any additional comments):

2. Is there a written plan for activities to identify and reduce disparities in access, quality and treatment outcomes for special/marginalized populations and does this plan includes concrete objectives, strategies, and an implementation timetable?

YES, developed by the LGU (Please briefly describe):
The plan was developed by the BCMHD Performance Management Unit several years ago after the first of 2 (2003 & 2014) Nathan Kline Cultural Competency Assessment's with Contract Agencies and Broome County Mental Health.

YES, developed by another local government body (e.g. local health department) which is partnered with the LGU (Please briefly describe):

NO (Please detail any barriers to these efforts):

OTHER (Please provide any additional comments):

3. Do you use current data identifying cultural/language needs, underserved populations and emerging population trends to meet the changing needs of your catchment area?

YES, led by the LGU (Please briefly describe):

YES, led by another local government body (e.g. local health department) which is partnered with the LGU (Please briefly describe):
The Broome County Health Department Community Health Assessment (CHA) 2019-2014 compiles race/ethnicity data from the County Health Indictors (CHIRE) that identifies cultural/language, underserved and emerging population trends. This data informs the Broome County Mental Health Department of the consumer needs of our catchment area. Broome County Mental Health staff participate at the CHA meetings promoting consumers to receive equitable, timely and person-centered behavioral health services.

NO (Please detail any barriers to these efforts):

OTHER (Please provide any additional comments):

4. Do you utilize data (e.g. Census, NYSED's Student Information Repository System (SIRS) - Enrollment) to inform workforce recruitment practices specific to the unique needs of the catchment area?

YES, led by the LGU (Please briefly describe):

YES, led by another local government body (e.g. local health department) which is partnered with the LGU (Please briefly describe):

NO (Please detail any barriers to these efforts):

OTHER (Please provide any additional comments):