

2020 Mental Hygiene Executive Summary
Broome Co Community Mental Health Svcs
Certified: Lynne Esquivel (4/26/19)

Broome County, bordered by Tioga, Delaware, Chenango and Cortland 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, NYS SUNY Community College, private collegiate institution, state psychiatric facility, and NYS Developmental Disabilities Regional Office. The county has a BOCES and 12 public school districts: Binghamton, Chenango Forks, Chenango Valley, Deposit, Harpursville, Johnson City, Maine-Endwell, Susquehanna Valley, Union-Endicott, Vestal, Whitney Point, and Windsor; as well as numerous private schools.

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, BC 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.

Mental Hygiene Goals and Objectives Form
Broome Co Community Mental Health Svcs (70000)
Certified: Lynne Esquivel (5/31/19)

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 opened up a Crisis Respite home offering 24/7 respite to eligible participants as well as the 24/7 warmline to all.

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

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.

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 always looking at ways to expand services in a thoughtful manner. Broome County did receive Addiction Family Navigator, expansion of Peer Advocacy services, Ambulatory Detoxification Services, Drug Free Communities Coordinator, and The Voices Recovery Center (opened October 2017). The Binghamton Evaluation Center through Helio Health opened last April (2018) to provide medically supervised withdrawal services. Fairview Recovery Services expanded the new women and children residence to include 2 more adult beds. Broome County through ACBC is working toward 24/7 open access to services. The Broome Opioid Abuse Council has over 50 members and meets monthly and it's 6 workgroups also meet monthly or bimonthly to address needs within the community. Local providers have been coordinated services with all law enforcement agencies in an effort to intervene at the earliest possible moment. Peer Advocates were 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 initiated 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. Jail SUD MAT services will begin soon by United Health Services (UHS). Fairview has 30 shelter plus care beds which includes 2 beds for a Mom with 1 child under school age. There are 6 Medicaid Redesign Treatment beds and 34 support living scattered site beds. ACBC offers MAT with vitrol and 30 clients receive monthly injections, 4 receive oral. There offer MAT with Suboxone, currently seeing 90 clients with varying visits and a 1 week wait. The Center for Treatment Innovation (COTI) staff include peers that outreach, help at Recovery High School, take client shopping, etc. The COTI team does assessments and holds groups at the Jail. Primary substances ACBC clients have are alcohol, marijuana and opioids. ACBC has adolescent services and groups at the Children's Home with currently 20 kids (3 are in middle school). ACBC holds many groups for admitted clients such as the Grief Group using the Grief Recovery Method, Crafts and Anger Management. DSRIP contributed funding to start this project that began in Primary Care offices at Lourdes Hospital, the Collaborative Care Model is an evidence-based multi-disciplinary team (Care Mgr & Psych. Consultant) approach to depression and anxiety in Primary Care offices. There is 1 pilot and a 2nd site. It is very successful and they hope to expand to all primary care offices in the future.

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 disability.

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.

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

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:

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

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. Community Habilitation needs are still very apparent as more providers are needed. There is also a need for respite services for individuals.

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) (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling (NEW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) (NEW)	<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 are badly needed in Broome County. Housing is a constant issue every year. New housing in the community is generally created for students at Binghamton University and not accessible for our vulnerable populations. HUD is in the process of major changes in some of its housing policies and the community is still attempting to figure out how this will impact the remaining HUD funded housing services. Binghamton Mayor Rich David has announced his administration will pursue creating 50 new beds for vulnerable populations.

There has been a lot of development but huge need remains. 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.

The Homeless Coalition's Continuum of Care Committee conducts a HUD prescribed Point in Time (PIT) count annually during the last week in January. The PIT is done over a 24-hour period and aims to collect statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. Chronic homelessness is one of the several homeless subpopulations tracked in the PIT. Substance Abuse is a significant factor contributing to chronic homelessness and as such, Fairview Recovery Services continues to expand the implementation of the HUD funded Homeless Management Information System, Shelter-Net. All the initial targeted emergency, transitional and permanent supportive beds are currently online. The HMIS provides the fastest and most accurate census of Broome County's homeless population and the system has expanded to other surrounding counties as well as HPRP grant funding. Through a HUD COC grant, the Homeless Coalition opened a Coordinated Entry office in June 2017 which creates a "no wrong door" approach for homeless individuals seeking housing. The Homeless Coalition was incorporated into a 501c3 agency. Many community members also serve on the Homeless Coalition, which is important to consider in the Continuum of Care since many clients with CD, MH, DD and co-occurring issues often end up homeless. The homeless population of Broome County impacts all the agencies that work together to affect planning for client care, thus the community agencies are committed to the Coalition and having a positive impact on the homeless population.

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

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

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 opened up 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 which will most likely push out affordable family housing around that area. The community needs to balance the needs of all individuals to offering affordable housing.

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

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.

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 divert officers being immediately dispatched prior to accessing the acuity of the crisis. MHAOST opened a 6 bed Crisis Respite residence.

The Addiction Stabilization Center (ASC) has continued two beds that are dedicated to the Sheriff's Assisted Recovery Initiative Program which allows people in need of stabilization from drug use to access a bed at the ASC more easily with the help of the BC Sheriff. Binghamton Evaluation Center opened its doors in April 2018 and is providing medically supervised withdrawal services for people in need of detox from substances. This will help to address people in crisis with substance use disorders.

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

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

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

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

Change Over Past 12 Months (Optional)

Narcan training is offered consistently and Narcan is being deployed regularly, saving lives.

We have 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.

Broome County Sheriff's Office continues to maintain an unwanted prescription drug drop off site 24/7. In April, the Sheriffs' Office sponsored a community event and collected over 1,200 pounds of unwanted drugs in 4 hours.

Broome County received a grant from the Mee Foundation to purchase and monitor two additional Drop Boxes in the community -- one at the County Office Building and one at the Endicott Police Station.

BOAC, Broome County Sheriff's Office, Fairview Recovery Services and United Health Services Hospitals continued the Sheriff's Assisted Recovery Initiative and as a result, 71 people were assisted to the Addictions Stabilization Center in 2017.

Enhanced programs at New Horizons.

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.

Binghamton Evaluation Center opened its doors in April 2018 providing medically supervised withdrawal services for people in need of detox from substances. This will help to address people in crisis with substance use disorders.

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 successful maintain their community placement.

MHAOST 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

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

There has been difficulty finding providers even if services have been authorized; ex, Community Hab, Respite, etc. Wages are not competitive

and schedules are often unpredictable. Even if qualified workers are found it has been difficult to retain people in direct service positions. There is a high burnout rate.

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

Many community agencies are expressing concerns regarding difficulty in hiring and retaining qualified experienced staff.

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)

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

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, one of which all supported increase for clinical staff working in voluntary agencies serving individuals with ID. However, there is simply more demand for individuals to work in the field than there are individuals seeking employment in the field.

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

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

There are not enough employment opportunities for individuals with developmental disabilities. Sheltered workshops 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) was outsourced to Family and Children's Society and they continue to serve clients with MH issues with their resumes; skill building and employment support services.

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 support 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 licensed prevention agency. They provide the Student Assistance Program SAP as well as ADEPT educational services on substance use disorders. LYS was effective in lobbying for additional SAP funding, therefore this program is in most of the Broome County public schools.

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

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

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

Change Over Past 12 Months (Optional)

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

2h. Recovery and Support Services - Background Information

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

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

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

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 to date, offering various support groups, yoga, guitar lessons, community outreach events, alternative recovery modalities and a space for groups to meet.
The Binghamton Evaluation Center (SBH) is looking to host a recovery event each year in August that will be open to the community.
Each year the LGU hosts a Chemical Dependency Professional of the Year Breakfast to celebrate the dedication and hard work of all providers in the community as well as to honor in recovery.
Local treatment providers, BT BOCES, and alternative education school system are working to set in place a Recovery High School setting for students that are identified at risk or using substances. Districts would be able to refer to this program which will be a combination of academics and treatment.

2i. Reducing Stigma - Background Information

Each year we have a Day of Recovery for the community that includes speakers who talk about recovery from all Behavioral Health Disorders and we generally get a large crowd of over 100 people to attend. One of the main focuses is to reduce stigma and promote recovery in BC. BC has a large recovery community with numerous mutual twelve step support groups as well as faith-based and SMART Recovery. The community has held multiple forums on sports injuries and opioid prescription medications at area schools. Also, numerous community education nights have been well attended which include speakers and information on addiction and reducing stigma. The Drug Free Communities Grant Program recently held a Prevention Night at the Minor-League Ball stadium that was alcohol-free to promote alcohol awareness and positive choices. Among the attendees at the game, there were 285 people who pledged to be drug-free.

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

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

Change Over Past 12 Months (Optional)

The Baseball stadium owners have pledged to offer an alcohol free section for the remainder of the 2018 season.
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.

- Two licensed outpatient agencies with plans to develop a 3rd licensed outpatient clinic at Family & Children's Society as a satellite from Family Services from Cortland County.
- Outpatient Rehabilitation
- Dual Recovery Coordinator Program
- Comprehensive Psychiatric Emergency Program (CPEP)
- 20 bed inpatient chemical dependency unit and 4 extended observation beds that can be utilized to observe people in crisis for up to 72 hours
- Broome County Chemical Dependency Services Unit provides assessment for those applying for DSS public assistance.
- Broome County Suicide Awareness for Families and Educators (SAFE)
- Broome County Sheriff's Assisted Recovery Initiative
- Addiction Stabilization Center
- Fairview Recovery Services
 - Community Residences
 - Supported Living
 - Shelter Plus Care
 - Housing First Apartments
 - Medicaid Redesign Treatment
 - Mannion house supportive living for clients with co-occurring disorders
- Broome County Prevention Point Syringe Exchange Program
- Family Navigator Program
- Peer Advocate Program
- Recently implemented Recovery Outreach Center
- 8 bed Bridge Program/YWCA
- Mental Health Juvenile Justice Program
- Outpatient Vivitrol Program
- 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 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, Broome County funds the “The Bridge”, partnering with the YWCA to offer a supportive living environment with wrap around services for 5 women with infants who were born affected by opioids. The women and their infants live at the YWCA and are provided Case Management, child care, transportation and any other services needed to assist them in sustained recovery from Substance Use Disorders. At the same time, the infants are referred to all appropriate Pediatric services as needed.

NYS OASAS recently awarded Broome County 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. These are reported out at each Provider Meeting and there is a special emphasis on services for Women and Women with Children. FRS is now opening a new Women’s Community Residence with several additional beds targeted to women with children. Fairview also serves clients who are appropriate for Low Demand Permanent Housing. This information and data collection is coordinated with the efforts of the Homeless Coalition.

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

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

- BOAC website improved to include a detailed list of resources in BC, with relevant current events and information.
- BOAC brochure created and distributed at community awareness events.
- Narcan trainings are offered to community members.
- Good Samaritan cards were developed, distributed and available on the BOAC website.
- Over \$2 million has been generated system-wide to improve access to services including the family navigator/peer advocate program, intensive case manager, Bridge program, etc. for programs in Broome County.
- Parent card created and distributed - questions to ask physicians regarding prescriptions of opioids.
- The Opioid Prescription Reduction by Academic Detailing (OPRAD) project was funded by the Community Foundation for South Central New York. The project consultant has met with 25 medical providers to date and the education has been very well received so far. BOAC’s handout “Opioid Prescribing Best Practices” is shared with medical providers.
- System-wide changes in United Health Service Hospitals in prescribing practices for acute pain
- Broome County Sheriff’s Office continues to maintain an unwanted prescription drug drop off site 24/7. In April, the Sheriffs’ Office sponsored a community event and collected over 1,200 pounds of unwanted drugs in 4 hours.
- BOAC, Broome County Sheriff’s Office, Fairview Recovery Services and United Health Services Hospitals continue the Sheriff’s Assisted Recovery Initiative serving on average 10 people a month.
- The parent and grandparent addiction group is being held at Voices Recovery Center twice a month.
- Enhanced programs at New Horizons.
- Addiction Center of Broome County has increased its footprint by 35% (facility growth).
- ACBC is opening an ambulatory detox program.
- Law enforcement attitudes have positively changed toward a guardian approach.
- BOAC is now collaborating with the Southern Tier Pharmacy Association.
- Some positive press coverage of various community initiatives has sparked interest in programs/services.

21. 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

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 (UHSH) continues to build a "Hub & Spoke" program to train primary care physicians in Suboxone prescribing. Also, UHSH 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 (UHSH), in addition to Greater Binghamton Health Center operated by NYS OMH.

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

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

In April 2018, The Binghamton Evaluation Center opened in Broome County to provide medically supervised withdrawal program with 3 to 5 day detox to those needing this level of care.

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 two Adult Health Homes: Catholic Charities and United Health Services Hospitals. Both Health Homes are now represented at the Single Entry weekly meeting.

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

Adolescent issues are considered a priority in the county. The Adolescent Addiction Task Force is a group of providers consisting of members from all disciplines: Mental Health; DSS; BOCES; Lourdes Youth Services; Community members; Probation; and CD providers. Providers of services for adolescents have come together at the table to plan for and develop a seamless system utilizing existing recovery support resources. The group has written a formal MOU to assure appropriate linkages. The AATF has been working to address the lack of treatment in the County. BT BOCES has recently been awarded an initiative to develop a Recovery High school. BOCES will be working collaboratively with ACBC as the treatment provider to develop a BOCES located program for adolescents with SUD issues. This program will be available to all school districts within BT BOCES.

The Mental Health Department is also represented at: the Coordinated Children's Services Initiative; 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; Drug Court planning group; the Homeless Coalition and planning with the Department of Social Services.

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

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

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

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

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

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 or services for youth, families and adults.

The Dual Recovery Coordinator offers SUD/MH case review as needed for adults who are dually diagnosed.

2018 will include transition from Medicaid Service Coordination to Health Home Care Management.

2n. Mental Health Clinic - Background Information

Broome County has four licensed Article 31 Mental Health Clinics: GBHC's CTRC and Children's Clinic (1020 adults and 340 children served in 2017); United Health Services Hospitals MH Clinic (922 adults in 2016); Lourdes Center for Mental Health (631 adults and 358 children in 2017) and Family and Children's Counseling Services (FCS) (796 adults and 461 children in 2017). In addition, FCS has developed three school-based clinics and is working toward opening clinics in each school district.

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

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

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

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

Included in other goals.

Change Over Past 12 Months (Optional)

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

Other non-clinic services in BC include:

Adults:

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

Children and Youth:

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

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

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

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

Objective Statement

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

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

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

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

Change Over Past 12 Months (Optional)

2p. Mental Health Care Coordination - Background Information

Health Homes for Adults and Children are coordinating care for clients with care managers. It is still unclear how to measure how well Health Homes are serving adults and children since they are not required to report to the LGU. DOH is rolling out some reporting that includes enrolled, ER visits and Health Home comparisons with other counties. It is unclear if they are asking if clients are satisfied with Health Homes and the services they provide.

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

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

Change Over Past 12 Months (Optional)

2q. Developmental Disability Clinical Services - Background Information

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

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 psychiatrist that flies up to DDRO Region 2 once a week to provide services to the entire Region 2 are 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 thought 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 addresse 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):

We have had 3 individuals graduate in 2017 from residential schools, all of which will have adult placement by June 2018. 2 individuals will be graduating in 2018, of which an RFP for adult services have already been issued and planning for placement at time of graduation. The DDRO does consistent outreach with school districts, BOCES and educational fairs to ensure families and educators are connected for appropriate transitional and adult services.

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

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

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

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

Develop options for both children and adults for planned and emergency respite services for both in-home and site-based services. 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 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 296 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.

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 432 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.

2w. Autism Services - Background Information

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

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

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

Change Over Past 12 Months (Optional)

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

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

Supporting DSRIP PPS to support ACES screens in Primary Care sites.

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 increase of ACES screens in Primary Care as well as ACES training/education throughout the community with the Dual Recovery Coordinator's assistance.

Objective Statement

Change Over Past 12 Months (Optional)

Attachments
<ul style="list-style-type: none">• 2018 Peer Survey Final Report.doc - 2018 Peer Survey Report• 2018CRMACEAnnualReport.doc - 2018 Broome Cultural Competency Report• 2018 CRMACE Survey Response Summary.docx - 2018 Broome Cultural Competency Survey Results