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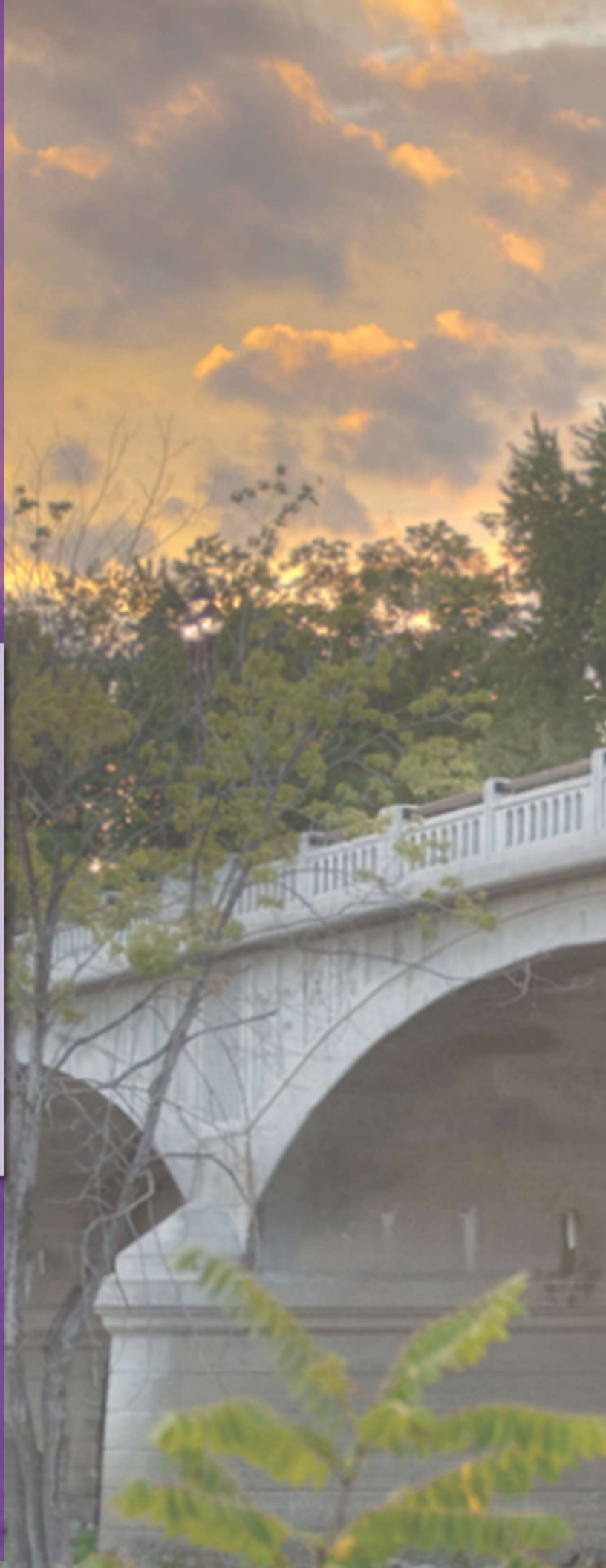


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A Message from Broome County Mental Health Commissioner

Nancy J. Williams LCSW-R

As Broome County continued to struggle with the ongoing challenges of the COVID-19 Pandemic, mental health services became increasingly important and in demand. The social isolation caused by the closing of schools and businesses contributed to a rising need for access to mental health and substance use disorder services. In alignment with Mental Hygiene Law, the Broome County Mental Health Department (BCMHD) oversaw the provision of New York State funded services provided by fifteen local agencies totaling over \$25 million. Persons with serious and persistent mental illness were particularly impacted by the stress related to the Pandemic. Broome County Mental Health saw increases in the number of individuals served through our Adult Single Point of Access and Children Single Point of Access programs. Addressing the needs of cross system youth became a focus in 2021. The closing of inpatient psychiatric beds and residential treatment beds due to COVID-19 related staffing shortages resulted in hospital discharge challenges for many of these youth.

The monthly census of individuals monitored through the court ordered Assisted Outpatient Treatment (AOT) process also continued to trend upward compared to the previous three years. In addition, the number of court-ordered evaluations increased by 39% compared to 2020.

The American Rescue Plan Act (ARPA) provided funds from the Federal Government to address the challenges resulting from the COVID-19 Pandemic. After discussion with the Broome County Executive's Office, Broome County Mental Health began to plan for the implementation of the County funded Gizmo curriculum for 3rd and 4th grade students throughout Broome County schools which will begin in the Fall of 2022 ([Gizmo 4 Mental Health](#)).

Broome County Mental Health continued to provide community-based outreach and programming in spite of the limitations of the Pandemic through the *Broome County Suicide Awareness for Everyone* (BC SAFE), *BroomeINCLUDES* and *Drug Free Communities* programs.

Zoom meetings continued to be the norm as the County experienced a surge in infections caused by the Omicron variant. Local Services Planning and all other meetings were held using this platform. BCMHD is very fortunate to have committed stakeholders who contribute through their participation on various sub-committees of the Community Services Board. This process allows for the identification of gaps in the system of care for the residents of Broome County.

The staff and I look forward to continuing to provide for the mental health and substance use disorder needs of our community.

BROOME COUNTY MENTAL HEALTH DEPARTMENT

MISSION

The Broome County Mental Health Department (BCMHD), in partnership with the New York State (NYS) Offices of Mental Health (OMH), Addiction Services and Supports (OASAS), and for People with Developmental Disabilities (OPWDD), strives to improve availability, access and accountability within the system of care. Together with providers and stakeholders, the BCMHD seeks integration of services to address the full spectrum of needs within the community for the care of individuals and their families. Person-centered planning, in cooperation with data-driven processes, inform strategies and innovations for ongoing and upcoming programs and projects to best serve the community. The Broome County Mental Health Department is purposed to plan, organize, and oversee a comprehensive continuum of care for consumers of mental hygiene services in Broome County. The Department engages in participatory planning processes to develop mental hygiene services inclusive of stakeholders and recipients. The Department aims to assure that State and local oversight mechanisms are in place for responsible and efficient service provision. The Department fosters and encourages the ongoing coordination and collaboration amongst mental hygiene service providers for delivery of services that are responsive and culturally sensitive. The Department facilitates and oversees the system of care for consumers of mental hygiene services in Broome County.

VISION

It is the vision of the BCMHD to enhance the wellness of our community through a comprehensive continuum of innovative, compassionate, and efficient behavioral health services, ensuring interventions and programs are safe, effective, timely, equitable and person-centered. The vision of the Broome County Mental Health Department includes the following aspects:

Planning: The Department will engage in collaborative planning processes together with government officials, providers, community representatives, and recipients and/or their families to develop mental hygiene services in Broome County.

Accountability: The Department will ensure that state and/or local oversight mechanisms are in place and that services are delivered in a responsible, efficient manner.

Coordination: The Department will ensure that all mental hygiene service providers in Broome County coordinate and collaborate for the delivery of services that are responsive to the needs of recipients, including culturally diverse populations.

PARTNERSHIP WITH COORDINATED CARE SERVICES, INC. (CCSI)



The Broome County Department of Mental Health has a contractual agreement with Coordinated Care Services, Inc. (CCSI), a nonprofit agency dedicated to innovation through provision of essential business services and organization partnerships to improve lives and strengthen communities. The contract with CCSI provides personnel with expertise and specialized support in the areas of Project and Program Management, Performance Management, and Financial and Contract Management.

LOCAL GOVERNMENT UNIT (LGU) FUNCTIONS

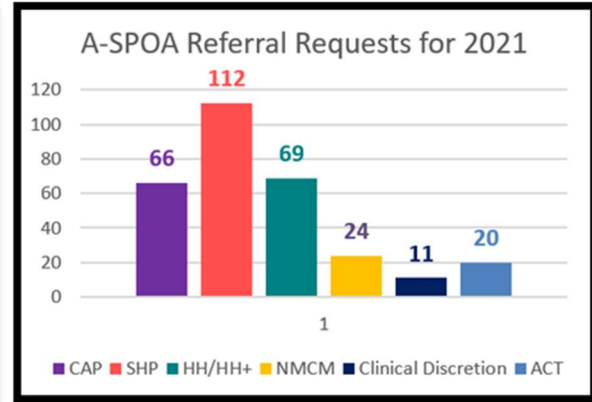
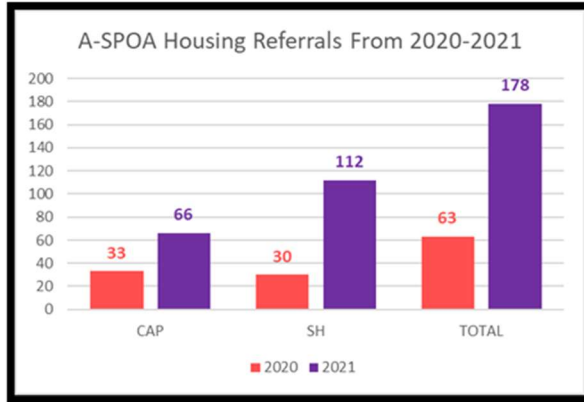
Broome County Mental Health Department, as a Local Government Unit (LGU), is statutorily required to carry out specific functions pursuant to New York State Mental Hygiene Law. The following sections cover those programs and services overseen and provided by the Department in 2021.

ADULT SINGLE POINT OF ACCESS (A-SPOA)

The A-SPOA program provides adults with a Serious Mental Illness (SMI) accessibility to the most appropriate care management, treatment, and residential services available in Broome County. The program affords a streamlined, uniform process to match consumer needs with community resources, thereby reducing duplication of services.

By the Numbers:

A-SPOA received and processed 195 applications, a 12.8% increase from 2020. Of those, 178 individuals (91%) requested housing in two primary OMH levels of care: Community Residence and Supportive Housing. This demonstrated a 64.6% increase in applications seeking residential assistance from 2020. These numbers do not include contacts received from those seeking housing for themselves, or others, for mental health support, substance use support, or for affordability alone. The total referrals also included 104 applicants (53%) seeking Care Management, or support from the LGU to escalate the level of Care Management individuals, to aid in crisis management and treatment engagement needs.



Year in Review:

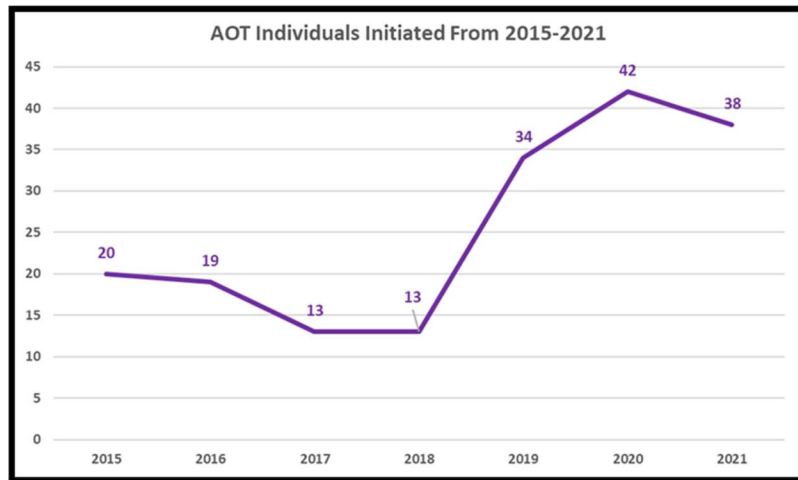
- The A-SPOA team participated in the oversight and conversion of 14 OMH Community Residence beds to 14 OMH Certified Apartment Treatment beds. This conversion provides the opportunity to aid eligible individuals who demonstrate need for this structured and supportive level of care, that can provide in-home services to assist with independence, structure, monitoring and engagement.
- The Department formulated a Request for Proposal in late 2020 to implement an additional 25 slots for Non-Medicaid Care Management Services for adults. This service, which began in 2021, is accessed and monitored via the A-SPOA committee.
- 2021 saw an increase in requests for complex case reviews for individuals with cross-systems needs and included recruiting additional representation from agencies to aid in the coordination of care of identified individuals. Although traditionally focused on OMH providers, these cases have presented needs associated with substance use, intellectual and developmental disabilities, and complex medical care.

ASSISTED OUTPATIENT TREATMENT (AOT)

Assisted Outpatient Treatment (AOT), known as Kendra’s Law, is a statutory framework to monitor the participation of eligible individuals in community-based services appropriate to their needs. An individual may be placed on an AOT only if, after a hearing, the court finds they have met specific eligibility criteria and the proposed treatment plan is the least restrictive alternative which will allow the individual to live safely in the community.

By the Numbers:

In 2021, 36 individuals were initiated on AOT. An additional 40 individuals, whose orders were initiated in 2020, received ongoing monitoring in 2021. Since 2015, when the average monthly census of active AOT Orders was 20, the number has since grown 90% to 38 individuals in 2021. Reasons for the



increase in executed orders may include: (1) greater awareness of the statute; (2) mandate from OMH to state-operated psychiatric and forensic hospitals to screen all individuals for eligibility; and (3) the cumulative success of many individuals in the 22 years since its inception that encourages the continued, and now increased, use of this Mental Hygiene Law statute.

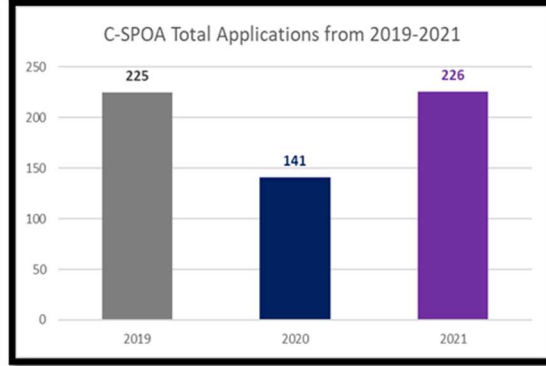
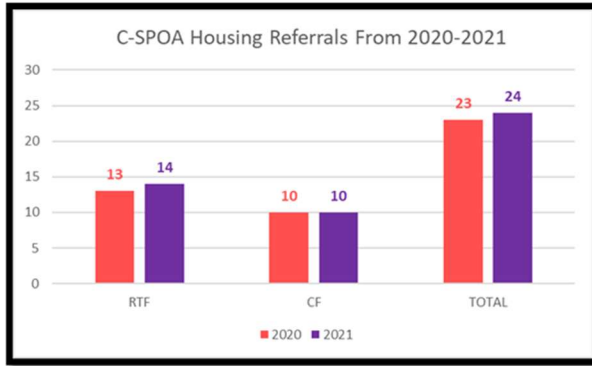
** Data recorded from previous annual reports for AOT individuals initiated represents the moment in time they were collected. The data above is the annual sum.*

CHILD SINGLE POINT OF ACCESS (C-SPOA)

Child Single Point of Access is a centralized intake process to access specialized services for children, ages 5-21, experiencing a Serious Emotional Disturbance (SED). C-SPOA is designed to improve access to services while monitoring and coordinating utilization of these services through a single access point.

By the Numbers:

C-SPOA processed and presented 226 referrals in 2021 including initial applications seeking services, requests for additional services of existing youth in the C-SPOA system, and increased lengths of stay requests for existing services. C-SPOA saw a 60.3% increase in completed referrals over 2020. However, as 2020 was an anomalous year, included in the graphs below is 2019 as a comparison.



Year in Review:

- Residential Treatment Facility (RTF) referrals for the year necessitated a waitlist, experienced across the state, which continues to be stagnant due to compounding factors of staffing shortages and COVID-19-related issues.
- Identification of gaps within the children’s service continuum continues and is communicated to Broome County’s Director of Community Services and NYS Office of Mental Health. This reporting assures the complex, cross-system needs of youth in the County are illuminated for stakeholder collaboration and problem-solving.
- The C-SPOA Family Peer Advocate worked diligently with families to increase engagement and support throughout the SPOA process.

COMMUNITY SERVICES BOARD (CSB)

The Community Services Board (CSB), a function of NYS Mental Hygiene Law, is comprised of individuals invested in the system of care for behavioral health services in Broome County. The Board is responsible for an annual Local Services Plan (LSP) which identifies goals for the upcoming year. The Board and Subcommittees (Alcohol and Substance Abuse, Mental Health, and People with Developmental Disabilities) participate in planning for the provision of community mental health programs and services within the purview of the Local Government Unit (LGU), to the Commissioner of Mental Health, County Executive, and/or the County Legislature.

Community Services Board Members*

Donald Bergin (Former Chair)	Abbey Pelot	Erica Robinson
Cara Fraser (Current Chair)	April Ramsay	Karen Roseman
Michael Hatch	Nancy Ranger	Jason Shaw
Rena Kovac	Zachary Rankin	Amanda Welch
William Parsons	Pearl Reed-Klein	Susan Wheeler
		Jennifer Yaun

Subcommittee Members*		
Alcohol & Substance Abuse	Mental Health	People with Developmental Disabilities
Jill Alford-Hammitt	Emily Burns	Jessica Aurelio
John Barry	Cara Fraser (Chair)	Nicole Cashman
Donald Bergin	Renee Gotthardt	Jenna Dyer
Kara Kasmarcik	Paul Hamilton	Nicki French
Colleen O'Neil	Carol Lanois	Ester Frustino
Pearl Reed-Klein (Chair)	Angela Lynch	Ashley Gamba
Erica Robinson	Tedessa McDonnell	Rena Kovac
Susan Wheeler	Abbey Pelot	Nicole Ranger
Alan Wilmarth	William Parsons	Karen Roseman (Chair)
Jennifer Yaun (Previous Chair)	Lisa Schuhle	Meggan Taylor
	Katy Shefler	Amanda Welch
	Mary Wood	Jeffrey Winner

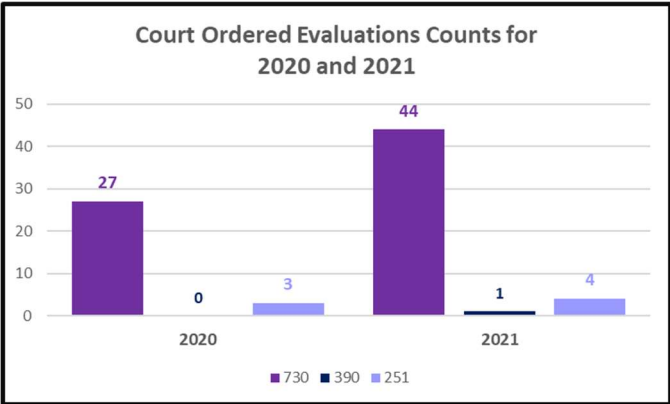
(* Individuals served on the Board or Subcommittee for at least a portion of 2021. This does not include those voted in and approved by legislature in 2021, but without any meeting attendance.

COURT ORDERED EVALUATIONS

The Department is responsible for the successful execution of Court Ordered Evaluations as This includes coordination of schedules, for part-time contracted evaluators, the defendant/respondent’s attorney, Greater Binghamton Health Center, United Health Services, and the Broome County Correctional Facility as indicated.

By the Numbers:

- Criminal Procedure Law (CPL) §730 – Mental Disease or Defect Excluding Fitness to Proceed (aka: Competency) = 44.
- Criminal Procedure Law (CPL) §390 – Pre-sentence Investigation & Report = 1.
- Family Court Act (FCT) §251 – Medical Examinations (aka: Mental Health Evaluation) = 4.



FORENSIC OUTREACH PROGRAM

The Forensic Outreach Program assisted 28 adults with Serious Mental Illness (SMI) released from NYS Prison to Broome County in obtaining mental health and substance treatment services. The A-SPOA team worked in collaboration with organizations aiding individuals with re-entry into the Broome County community providing resources, service referrals, and necessary supplies to assist with their transition.

TARGETED PROJECTS

Mental Hygiene Law §41.13 (a)(11) states the LGU shall, "serve as a center for the promotion of community and public understanding of mental disabilities and of the services necessary for their treatment." To this end, the BCMHD pursues projects to increase awareness and improved responses and outcomes for those with mental health needs in our community.

BROOME COUNTY SUICIDE AWARENESS FOR EVERYONE (BC SAFE)

BC SAFE, a community coalition, is dedicated to the prevention of suicide and suicide attempts throughout Broome County by coordinating suicide awareness and prevention efforts. Members represent various sectors of the community and utilize training, education, awareness events, and activities to further prevention goals. These goals are aimed at the reduction of stigma, increasing open dialog, and creating community awareness that ultimately aids in the reduction and elimination of suicide in Broome County.



Training and Education: For 2021, the pandemic continued to influence how the work of the Coalition occurred. For much of the year, the Coalition connected and collaborated virtually to support community education and awareness efforts centered on suicide prevention and hope. As the pandemic environment shifted, opportunities allowed for select in-person activities to occur in the last quarter.

Schools requested workshops for mental health and self-care to support faculty and staff, as well as strategies and support for working with students. One training, for Binghamton University graduate students, provided education on suicide awareness and prevention. This included information on risk and protective factors, warning signs, dialogue for at-risk individuals, and the available resources both locally and nationally. The *American Foundation for Suicide Prevention* (AFSP) continues to be a strong member partner. This collaboration resulted in many virtual program/workshop offerings to the community, including, *Talk Saves Lives* and *More than Sad*. Additionally, Coalition member Broome Tioga BOCES, continued to provide *Suicide Safety for Teachers and School Staff* and *Youth Mental Health First Aid* for districts in Broome County.

Awareness: Traditionally, awareness work is largely offered through in person events in various settings within the community. The pandemic continued to necessitate a shift to a social media platform. Activities and supports offered include:

- Website – maintenance of website inclusive of information and resources for individuals seeking support and guidance for themselves and loved ones, as well as resources and information for those that have experienced loss.
- Sticker Campaign – Recognizing the challenges of continued isolation and the need for connectedness, a community sticker campaign encouraged conversations and included resources centered on coping.
- Newsletter - Quarterly newsletters were distributed electronically offering information and resources on timely and current topics relevant to mental health and the community. Hard copies and QR codes were made available for public access in high traffic areas.
- Public Service Announcement – A PSA created by the Coalition encouraged hope and resiliency, using the tagline #Broome Has Hope, was shared via social media.
- World Suicide Prevention Event – Riding the success of the groundbreaking *Chalk the Walk & Have the Talk*, awareness campaign in 2020, BC SAFE, in collaboration with the *Prevention Coalition of Broome County*, hosted the second annual iteration of this event. The event highlighted suicide as a public health concern with messaging specifically addressing the importance open conversations in the reduction of stigma. The planned *Week of Action*, in observance of *World Suicide Prevention Day*, encouraged schools and communities to beautify sidewalks and pavement with messages and images of hope and resilience. For 2021, this awareness campaign took root in other NYS counties, spreading the unified message of suicide awareness and prevention, using the BC SAFE-generated branding.
- Suicide Loss Survivor Day Event – Held virtually for the second year, the Coalition partnered with United Health Services and AFSP to offer the fourth annual *International Survivors of Suicide Loss Day*. Participants shared that, especially during these times, the event was much needed, and the support appreciated. The Coalition supported school districts by providing upstream resources for mental wellness, prevention, and intervention for those at high risk. And, providing postvention support to a district during the time of the tragic loss of a student.

BroomeINCLUDES

BroomeINCLUDES is an initiative aimed at aiding those at every level of ability throughout the county. The goal is the promotion of inclusion for all who experience challenges with a focus on those with intellectual, developmental, physical, mental health or substance use challenges. This is accomplished through a



variety of services inclusive of resource navigation, community partnerships, and advocacy.

Year in Review:

- Projects in 2021 specifically included agency presentations, provider collaborations, medication safety, and individual and agency resource dissemination and navigation.
- BCMHD staff completed Certification program allowing for the assessment of local programs, businesses, parks, and/or other organizations on their ability to provide access to persons of all abilities across the community. Actions with invested partners and stakeholders are planned with the goal of improving accessibility and inclusion.

DRUG FREE COMMUNITIES

Drug Free Communities (DFC) is a federal grant program funded through the Centers for Disease Control and Prevention. The overarching purpose of the DFC program is to reduce youth substance use within a community, accomplished by targeting both youth and their families with prevention strategies.



Strategies include collaboration with community partners to enhance prevention messaging, education regarding the harmful effects of substance use and addiction, and more broadly, increasing protective factors throughout the community. Broome County's DFC coalition, the *Prevention Coalition of Broome County*, is comprised of 60 members representing 12 unique sectors of the community, each bringing a unique perspective on local prevention needs.



The Coalition uses the data-driven planning process of the *Strategic Prevention Framework* to understand and effectively address substance misuse and related mental health problems. The Coalition's efforts are based on the county's biennial *Prevention Needs Assessment Survey*. Participating district students in grades 7-12 are surveyed regarding substance use, perceptions, and risk and protective factors which inform specific prevention needs.

Year in Review:

As part of its collaboration efforts, the Prevention Coalition worked with various community partners to provide prevention strategies and activities within the county. COVID-19 restrictions continued to change the landscape of allowable activities as historically large gatherings and face-to-face interactions are planned as activities to

increase protective factors. Despite these barriers, the coalition continued delivering strategies creatively within the community, most notably:

- Medication Safety Promotion - This initiative, aimed at removing or securing prescription medications from homes to reduce risk of misuse. The Coalition provided 900 *Deterra Drug Deactivation Bags* and over 250 *Medication Lock Boxes* to community members with more than 15 agencies who promoted prevention messaging with their clients.
- Medication Take Back Days - Two events were hosted in collaboration with the Broome County Health Department. Both events brought in a combined total of 1,100 pounds of medications and many home-generated sharps. The collection of sharps at these two events illuminated a need in our community that triggered preliminary work in 2021 to organize community facing sharps collection and disposal with the Broome County Health Department, the two local hospital systems, and various nursing home facilities.
- Collection of Sharps – A project involving United Health Services and Ascension Lourdes began planning to provide sharps collection/disposal and *Deterra Drug Deactivation Bags* at the hospital pharmacy locations to short-term opioid customers.
- Alternative Drug-Free Activities - In partnership with Broome County Parks & Recreation, the Coalition offered four *Movie Nights*, held at county parks during summer evenings. These free community events offered education and resources to families within a setting aimed at creating opportunities for strengthening protective factors such as family and community connection.

Advocacy: Upon New York State’s legalization of recreational cannabis, the Coalition partnered with *Tobacco Free Broome & Tioga* to develop/update smoke free outdoor policies with local municipalities to include cannabis language on all new and updated signage. This initiative will continue into 2022 until all municipality leaders are engaged, mutually purposed at changing social norms regarding this drug within the community.

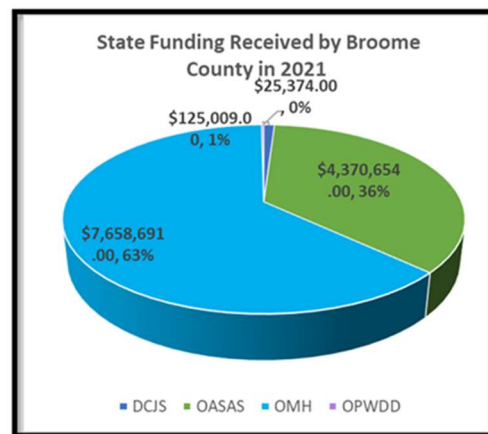
Training and Education: In partnership with Broome-Tioga BOCES and NY State Police, the *Drug Impaired Training for Educational Professionals* (DITEP), is intended to provide school administrators and other personnel with a systematic approach to recognizing and evaluating students who are impaired by drugs and/or alcohol. Early recognition can allow for timely intervention services, and a decreased risk of potential harm to either to the individual or others as well as disruption of the educational environment. Fourteen educational professionals were trained from seven of the county’s school districts.

FINANCIAL ADMINISTRATION

One of the most critical roles of the Broome County Mental Health Department (BCMHD) is the responsible distribution and accountability of financial resources. In 2021, the Department administered funding from four (4) NYS State agencies: Division of Criminal Justice Services (DCJS), Office of Addiction Services and Supports (OASAS), Office of Mental Health (OMH), and the Office for People with Developmental Disabilities (OPWDD). Funds are allocated, in accordance with state requirements and guidelines, to not-for-profit community agencies that provide services through a contracting process. BCMHD maintains both a Performance and Contract Management and a Financial Division to facilitate this process.

Depicted in this chart, the following state agencies provided funding totally more than \$25M:

- DCJS – approximately 1%
- OASAS – 36%
- OMH - 63%
- OPWDD - ≤ 1%



In 2021, the Department contracted with 15 local agencies. Table 1 details the individual contract agencies and level of funding distributed by source.

Table 1: Broome County Distribution of Funding by State Agency and Local Agency for 2021

Agency	State Aid				County Support
	DCJS	OASAS	OMH	OPWDD	
Addiction Center of Broome County	\$0	\$270,192	\$0	\$0	\$61,847
Binghamton University Community Schools	\$0	\$0	\$150,103	\$0	\$0
Broome- Tioga BOCES	\$0	\$0	\$335,737	\$0	\$0
Broome County Mental Health Department	\$0	\$119,910	\$928,746	\$25,374	\$0
Catholic Charities of Broome County	\$0	\$0	\$2,883,199	\$0	\$0
Children’s Home of Wyoming Conference	\$0	\$0	\$53,504	\$0	\$0
Clear Path for Veterans	\$0	\$0	\$185,000	\$0	\$0
Community Options	\$0	\$0	\$71,779	\$0	\$0
Fairview Recovery Services	\$0	\$1,810,103	\$0	\$0	\$0
Family & Children’s Counseling Services	\$0	\$0	\$500,083	\$0	\$0
Helio Health	\$0	\$1,582,427	\$0	\$0	\$0
Our Lady of Lourdes Memorial Hospital	\$0	\$386,522	\$47,437	\$0	\$0
Mental Health Association of the Southern Tier	\$0	\$0	\$1,496,385	\$0	\$0
Southern Tier AIDS Program, Inc.	\$125,009	\$0	\$0	\$0	\$0
United Health Services Hospitals, Inc.	\$0	\$201,500	\$1,006,718	\$0	\$0
TOTALS	\$125,009	\$4,370,654	\$7,658,691	\$25,374	\$61,847

PERFORMANCE AND CONTRACT MANAGEMENT (PCM)

In alignment with Mental Hygiene Law §41.13(a)(8), the BCMHD provides Performance and Contract Management (PCM) for agencies under its purview. In 2001, the roles and responsibilities associated with these regulations were carved into a specialized position. Since this time, the position(s) has evolved to support the changing needs of the community, furthering the mission through mindful metric collection and critical data analysis.

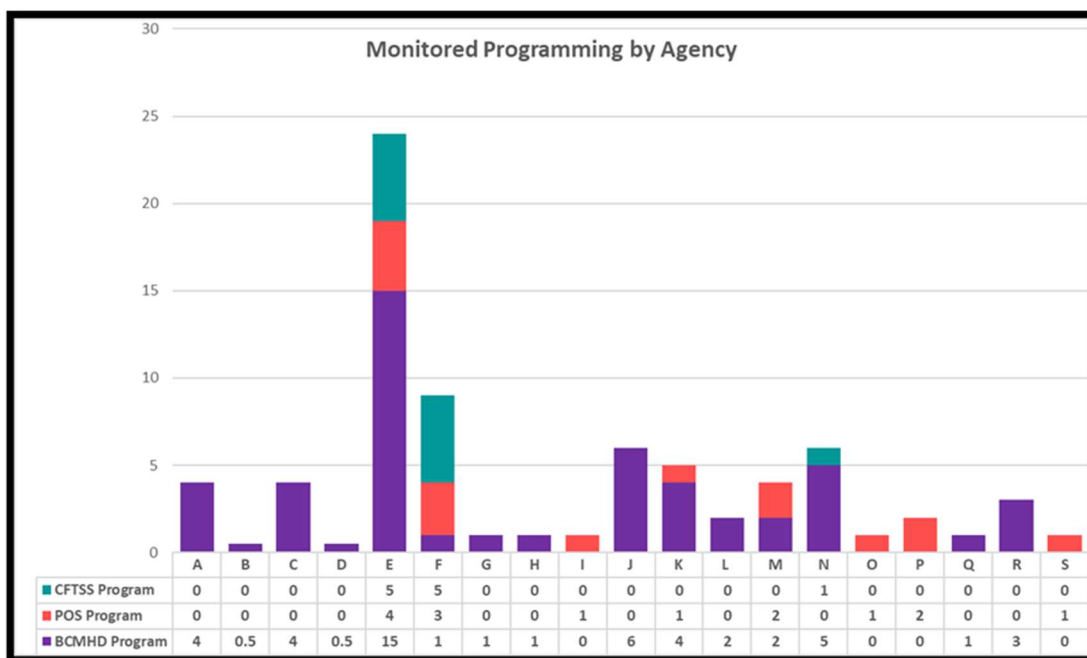
To ensure responsible utilization of resources, the Local Government Unit (LGU) employs a multifaceted approach that includes collection and analysis of data, review of performance goals and objectives, and monitoring of resources to successfully achieve the objectives of the Local Services Plan (LSP). BCMHD PCM staff strive to support an environment which encourages:

- Improved care and services for consumers.
- Accountability through utilization review and outcome measures.
- Use of innovative interventions and programs that promote consumer choice and satisfaction while reducing stigma.
- Transformation of the healthcare delivery system to embrace principles of recovery, person-centered care, and cultural and linguistic competency.

By the Numbers:

Information and data are collected, and reviewed, on pre-determined metrics on a monthly and/or quarterly basis via a digital platform. PCM oversaw data collection and analysis for a total of 19 agencies and 76 programs of the following three types in 2021:

- BCMHD Contracts - Fifteen (15) agencies supporting fifty (50) different programs.
- Broome County Department of Social Services (DSS) Purchase of Service (POS) - Eight (8) agencies operating fifteen (15) programs.
- Children and Family Treatment and Support Services (CFTSS) - Three (3) agencies with eleven (11) programs.



Year in Review:

Procedural Revision and Development - Staffing transitions within the year allowed for a review of the historic processes and those yet to be developed to clarify Departmental procedures and strategies both within the County system and with contracted partners.

- Data Requests - Initiating this process allows for more accountability and brings into focus information needed by our community partners and congruently, how that can be accurately collected for future planning.
- Request for Proposal (RFP) - formalized in 2021 to include the PCM team in greater capacity as subject matter experts involving project management, proposal construction, data review and synthesis, and establishing new program metrics within the system.

- Contract Analysis occurs to ensure consistency between the contracted services and services provision within the negotiated parameters, while being responsive the current and evolving needs of the community.
- Site Visits are conducted to gain a comprehensive view of an identified program within the context of the program's agency, location, and the provision of services. PCM staff constructed a formalized site visit workflow with documents associated to improve transparency with providers and further collaboration and progress. Site visits are planned based on categories of funding codes. *School-based programming* was the focus of the 2021 site visits.

Evaluation of data, couples with community changes creates an ongoing opportunity for a continuous improvement cycle, building momentum and empowering community partners with data to make informed decisions that are both responsive to current needs and forward thinking.