

2015 Mental Hygiene Executive Summary
 Broome Co Community Mental Health Svcs
 Certified: Katherine Cusano (5/30/14)

EXECUTIVE SUMMARY
2015 Mental Hygiene Local Services Plan

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

Estimated 2013 Census data shows the total population of Broome County has decreased slightly to 197,534 (from 200,600). As of the 2013 census data, 88.5% of the population is Caucasian, 5.2% African American, 3.6% Asian, 3.6 Hispanic or Latino and 0.1 % other.

Vital Statistics	
Total Population *2013 Estimate from Census data	197,534
Caucasian	88.5%
African American	5.2%
Hispanic	3.6%
American Indian or Alaska Native	0.2%
Asian	3.6%
Youth ages 15 to 19	15,726
Total Youth with SED (est. @ 12%)	1,646
Below Poverty Level *	18%
Born outside the US	5.9%
Language other than English spoken at home 5+ years	8.6%
BC Literacy rate	90.4%
High School graduates	89.4%
Persons with a disability	27,441
Median household Income *	\$44,970
*BC Health Department CHA 2013 to 2017	

2013 Census data shows that 11.1% of the population has an income below the poverty level, compared to the statewide rate of 11.4%. The median family household income is \$44,970 which is below the state median income of \$55,972 and the U.S. at \$51,484. 19.9% of Broome’s families with related children under 18 live in poverty compared to the statewide rate of 17.5%.

According to the Census data, persons aged 65 and older represent 16.5% of Broome County’s population compared to the 13.6% state wide. The largest population group is ages 45 to 54 at 15.2%. For persons age 65 and over, 8.5% live in poverty compared to the statewide rate of 11.4%.

Broome County has two Article 28 hospitals, Our Lady of Lourdes and United Health Services, in addition to Broome Developmental Center operated by NYS OPWDD and Greater Binghamton Health Center operated by NYS OMH. The BDC is scheduled for closure by sometime in 2014, including the Local Intensive Treatment Unit for intensive treatment which is restricted by admission criteria for specific populations. This closure has caused a public outcry within the

community as there are reports of clients being discharged to Boarding Homes rather than supervised living situations. The county enjoys three colleges, Binghamton University, Davis College and Broome Community College.

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

UHS also operates a Comprehensive Psychiatric Emergency Program (CPEP). CPEP is a mental health crisis service, and they also refer 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.

One issue that continues to greatly concern us in Broome County is the closure of the detox unit due to the subsequent stress that has placed on the system. To that end, the only service in the County and surrounding areas that provides inpatient detox is the Medically Monitored Withdrawal service at Fairview Recovery Services Addiction Crisis Center. The ACC is at maximum utilization on an annual basis at 99% (and is only not shown to be at 100% due to the way beds are "counted"). With the looming changes in regulations for the MMW's, the ACC could be forced to become a Medicaid Billable service which will potentially impact admissions to the unit. This is of grave concern to the community!

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 recently, however it will remain open for the time being with a 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.**

Broome County has a wide array of both inpatient and outpatient providers of Chemical Dependency, Mental Health, and Developmental Disabilities services to serve individuals. There are two licensed outpatient Chemical Dependency agencies as well as four outpatient licensed Mental Health Clinics. There are also numerous other supportive services provided by other non-profit agencies. Broome County has a demonstrated history of providing a comprehensive array of innovative services and supports for the citizens of our community with developmental disabilities although due to funding cuts, resources have been dwindling in the past several years. A solid partnership has been established among citizens with developmental disabilities, their families and advocates, provider agencies, county government and state government. Currently, the entire area of service delivery is in transition and there are some concerns that the changes will impact the partnerships that have been established over the years. Lourdes Center for Mental Health is currently applying for a full OMH Article 31 Clinic License which we anticipate will be approved. BCMHD has down-sized in recent years due to funding issues related to the new Medicaid structure.

Broome Developmental Center and the Developmental Disabilities Regional Office, Region 2 which includes the Broome district, continue to serve children and adults with developmental disabilities in a six county area which includes Broome County 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), Community Options, and Catholic Charities.

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

The People with Developmental Disabilities (PWDD) sub-committee of the Broome County Community Services Board meets monthly, and provides a regularly scheduled forum to address DD service needs in Broome County. With the attendance and input of a wide variety of stakeholders including service recipients, families, advocates, service providers, county and state government, the PWDD subcommittee is an excellent example of the partnership planning process at work.

Planning for Mental Health, Alcohol and Substance Abuse Services and People with Developmental Disabilities in Broome County is a collaborative effort that is done on an ongoing basis through many different venues. The Alcohol and Substance Abuse (ASA) Subcommittee, the Mental Health (MH) Subcommittee, Management Council (MC) and Professional Advisory Group (PAG) all meet on a monthly basis, where much of the planning for chemical dependency and mental health services takes place. These groups often invite staff from the State or the community to attend their meetings to gather input or provide information that is relevant to the planning process. Planning has been added to every agenda as a standing item to be discussed at each meeting. In addition, various community leaders attend meetings with the State agencies in Albany, and the Commissioner of Mental Health and Deputy Commissioner attend Conference of Local Mental Hygiene Directors meetings on a regular basis. All of the subcommittees report to the Community Services Board (CSB), where planning and collaborating with the other Mental Hygiene disciplines occur. In particular, much collaboration occurs between the ASA, MC and PAG, and the Mental Health Subcommittee. There is also collaboration with the People with Developmental Disabilities (PWDD) Subcommittee and there has been a focus on the population of consumers (including children) who have co-occurring disorders in several human service disciplines. Another venue for effective community planning is the Integrated County Planning monthly meeting that is attended by all of the top-level administrators in the community who are directly or indirectly involved with Human Services.

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

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

Broome County has seen an alarming increase in admission rates for people whose primary

substance at admission is Opiates. This number has actually over-taken alcohol as the primary substance for two age groups: 18 to 24 and 25 to 34 years. The county has been addressing this issue through the provider groups as well as the Integrated County Planning Group that meets monthly. The Health Department has been tracking opioid prescriptions in an attempt to assist in addressing the problem. Concerns about Heroin have skyrocketed in recent months. The local Police Departments have been trained in administration of Narcan (Nalaxone) to be used in case of overdose and this has saved a number of lives already to date. STAP has the ability to train local providers and Lay People to be able to administer Narcan and the BCMHD is encouraging people to take advantage of this free training. Other efforts are underway to address this critical problem including community education; education of school students and personnel; etc.

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

Adolescent issues are considered a priority in the county. The Adolescent Addiction Task Force is a group of providers consisting of members from all disciplines: Mental Health; DSS; BOCES; Lourdes Youth Services; Community members; Probation; and CD providers. Providers of services for adolescents have come together at the table to plan for and develop a seamless system utilizing existing recovery support resources. The group has written a formal MOU to assure appropriate linkages. The AATF has been working to address the lack of Adolescent Treatment in the County as New Horizons closed the Adolescent Track in October of 2013. This leaves a huge void in services in the community.

The Mental Health Department is also represented at: the Integrated County Planning; the Coordinated Children's Services Initiative; Promise Zone, a new 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, 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.

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

Attachments

- 2013 Dual Recovery Project Assessment.doc - Dual Recovery Provider Survey Results
- 2013 Peer Survey Final Report.doc - 2013 Peer Survey
- BCMH Quality Improvement Plan-Revised-Crilly.doc - BCMH Quality Improvement Plan
- Executive Retreat Overview 6 7 13.doc - Executive Retreat Overview
- FF 2013 Year End Report.doc - Families First Annual 2013
- 2013 Reentry Accomplishments.doc - Reentry highlights from 2013



2015 Outpatient Sub-County Service Planning Form (Optional)
 Broome Co Community Mental Health Svcs (70000)
 Certified: Katherine Cusano (5/29/14)

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

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

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

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

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

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

Attachments
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Priority Outcome 1: Increase service options, improve coordination among OMH, OASAS, OPWDD services for children/adults including co-occurring disorders, forensic, geriatric, veterans services within the full continuum of care.

Priority Rank: 1

Rationale: It has become more and more fiscally challenging to continue to provide a full continuum of services to vulnerable individuals; however Broome County is committed to being responsive to our citizens with disabilities. We continue efforts to collaborate with individuals with disabilities, families, advocates, and our community partners to identify and provide the full range of supports and services they need and want. Since so many of our consumers have co-occurring disorders, it is imperative that we collaborate across all systems (No Wrong Door) in order to ensure provision of high quality, appropriate services addressing all consumer needs.

OASAS Priority Focus Area: Service Coordination/Integration

Sub-Focus Areas: Coordinate Care with MH, DD, and/or Primary Health Services; Coordinate Care with Recovery Support Services; Coordinate Care with Other Service Systems; Integrate Care with MH, DD, and/or Primary Health Services; Integrate Care with Recovery Support Services; Integrate Care with Other Service Systems.

OMH Priority Focus Area: Service Coordination/Integration

OPWDD Priority Focus Area: Putting People First

Sub-Focus Areas: Self-direction; Access to Services/Front Door; Managed Care Transition.

Strategy 1.1: Retain and Recruit Psychiatrists and Psychiatric Nurse Practitioners to provide the necessary prescriber services for service coordination across all disciplines of Mental Hygiene.

Metric 1.1: The Performance Management Team will collect data from the local programs that provide prescription services to clients of the Mental Hygiene Service continuum.

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 1.2: Explore methods of reducing wait-time to various treatment and support services for children and adults with mental health, substance abuse, developmental disabilities and co-occurring disorders. Identify barriers and gaps in services and encourage collaborative efforts to eliminate barriers to treatment/service provision. Some specific supports needed are: Respite for OPWDD services; additional Rapid Access services for the Chemical Dependency system; Adolescent treatment services for Adolescent Chemical Dependency; More timely access to Children's SPOA services.

Metric 1.2: Agency provider workgroups will report wait lists and wait time each month at their respective meetings and discuss ways to shorten the access time (e.g. utilizing non-licensed adjunctive services to provide support; developing Rapid Access Teams; training reception staff; etc.).

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 1.3: Expand community partnerships including utilizing Peer Services, Advocacy Councils and Recovery Coaches to ensure holistic care that promotes wellness and recovery for all individuals with behavioral health issues while looking for other funding opportunities to enhance service provision.

Metric 1.3: The Performance Management Team will collect data from the Sunrise Wellness Center as well as other local programs that provide peer support services

Applicable State Agencies:

OASAS
OMH
OPWDD

Strategy 1.4: Develop community resources to accommodate individuals leaving State institutional settings that are downsizing and closing.

Applicable State Agencies:

OASAS
OMH
OPWDD

Priority Outcome 2: Training and Educational resources will be provided to the community to assist them in being effective and successful in their roles as providers of quality person centered care.

Priority Rank: 4

Rationale: It is important to provide all staff, particularly those engaged in direct care, with the appropriate tools they need to be able to provide high quality services to individuals with high needs. This will also improve staff retention at agencies, as this will reduce staff "burnout" and promote wellness. Often individuals have co-occurring disorders and it is imperative that staff members are trained in all areas of behavioral health in order to be effective.

OASAS Priority Focus Area: Workforce Development

Sub-Focus Areas: Train Workforce (Cultural Competency); Train Workforce (Treating Co-occurring Disorders); Train Workforce (Evidence-based Practices); Train Workforce (General/Other Topic Areas).

OMH Priority Focus Area: Workforce Development

OPWDD Priority Focus Area: Relationship Development and Community Supports

Sub-Focus Areas: Direct Support Workforce; Clinical Workforce; Public Education and Training.

Strategy 2.1: Engage local education and training coalitions to identify, organize, plan and provide community trainings for any staff in a variety of areas pertinent to behavioral health.

Metric 2.1: Performance Management Team will collect data regarding number of trainings offered, attendees, satisfaction ratings for each training offered at a minimum on a quarterly basis.

Applicable State Agencies:

OASAS
OMH
OPWDD

Priority Outcome 3: Identify the various types of safe and affordable housing possibilities in all areas of the residential continuum for individuals with behavioral health disorders.

Priority Rank: 2

Rationale: The County is in need of additional transitional and/or low demand housing that would provide a safe environment and supports for all individuals. Many individuals with developmental disabilities want and need opportunities all along the housing continuum.

OASAS Priority Focus Area: Service Capacity Expansion

Sub-Focus Areas: Housing; Other Recovery Support Services.

OMH Priority Focus Area: Service Capacity Expansion/Add New Service

OPWDD Priority Focus Area: Housing

Sub-Focus Areas: Group Homes; Supported Housing; Home Ownership; Family Care/Shared Living; Rental Subsidies; Respite; Nursing Home Transition and Diversion; Institutional Transition.

Strategy 3.1: The CSB Subcommittees, agency provider workgroups and other stakeholders will explore innovative housing options that are being utilized in other communities in an effort to plan for future options while considering necessary funding and needed supports.

Metric 3.1: The Subcommittees, agency provider workgroups and other stakeholders will document the results.

Applicable State Agencies:

OASAS
OMH
OPWDD

Priority Outcome 4: Increase opportunities for community education and advocacy efforts that promote Recovery, productivity and social connectedness for all consumers.

Priority Rank: 3

Rationale: This is a critical issue for many of our consumers with behavioral health issues. As they become stabilized in their recoveries, it is important that they have a sense of purpose and connectedness. It is our role as Advocates to have a shared responsibility to create and promote opportunities wherever possible to encourage full participation in life for our consumers.

OASAS Priority Focus Area: Service Improvement/Enhancement

Sub-Focus Areas: Implement/Expand Recovery Supports; Train Workforce; Improve Outreach to a Target Population (specify population):.

OMH Priority Focus Area: Service Coordination/Integration

OPWDD Priority Focus Area: Infrastructure

Sub-Focus Areas: Cross-system Collaboration; Funding Systems; Communications; Quality Improvement.

Strategy 4.1: 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 the effects of illness or disability.

Metric 4.1: Agencies will continue to educate, refer, assist and promote opportunities for consumers to expand their skills by referring to appropriate venues as captured by Performance Management Team outcomes.

Applicable State Agencies:

OASAS
OMH
OPWDD

2015 Multiple Disabilities Considerations Form
Broome Co Community Mental Health Svcs (70000)
Certified: Katherine Cusano (4/14/14)

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

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

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

- Yes
 No

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

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

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

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

- Yes
 No

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

Please see above.

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

- Yes
 No

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

Please see above.