



Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

Office for People With  
Developmental Disabilities

# 2020 Local Services Plan For Mental Hygiene Services

Broome Co Community Mental Health Srvs  
September 5, 2019

# Table of Contents

<b>Planning Form</b>	<b>LGU/Provider/PRU</b>	<b>Status</b>
<b>Broome Co Community Mental Health Svcs</b>	<b>70000</b>	<b>(LGU)</b>
Executive Summary	Optional	<b>Certified</b>
Goals and Objectives Form	Required	<b>Certified</b>
New York State Prevention Agenda Survey	Required	<b>Certified</b>
Office of Mental Health Agency Planning (VBP) Survey	Required	<b>Certified</b>
Community Services Board Roster	Required	<b>Certified</b>
Alcoholism and Substance Abuse Subcommittee Roster	Required	<b>Certified</b>
Mental Health Subcommittee Roster	Required	<b>Certified</b>
Developmental Disabilities Subcommittee Roster	Required	<b>Certified</b>
Mental Hygiene Local Planning Assurance	Required	<b>Certified</b>

**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: Nicholas Hobson (9/4/19)

**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 vivitrol 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 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) <b>(NEW)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ab) Problem Gambling <b>(NEW)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ac) Adverse Childhood Experiences (ACEs) <b>(NEW)</b>	<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. MHASt 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.

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

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

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 successfull 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 though the county. In addition, there is the issue of cancellations and no-shows that they must contend with.

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

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

**Change Over Past 12 Months (Optional)**

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

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

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

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

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

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"><li>• 2018 CRMAC Survey Response Summary.pdf</li><li>• 2018 Peer Survey Final Report.pdf</li><li>• 2018CRMACAnnualReport.pdf</li></ul>

**New York State Prevention Agenda Survey**  
Broome Co Community Mental Health Svcs (70000)  
Certified: Lynne Esquivel (5/24/19)

The following survey is intended to promote alignment with the NYS Prevention Agenda for 2019-2024 as part of local services plan development.

All inquiries regarding this survey should be directed to [oasasplanning@oasas.ny.gov](mailto:oasasplanning@oasas.ny.gov).

### Background

The New York State Prevention Agenda for 2019-2024 aims to make New York State the Healthiest State in the Nation for People of All Ages. The Prevention Agenda's overarching strategy is to implement public health approaches that improve the health and well-being of entire populations and eliminate health inequities. This strategy includes an emphasis on social determinants of health - the social, cultural and environmental factors that influence health status, and are root causes of poor health and adverse outcomes. An agenda that focuses on social determinants necessitates cross-cutting policy development and support for local implementation.

As part of the Prevention Agenda, counties are required to submit Community Health Assessment and Community Health Improvement Plans to the Department of Health. LGUs responsible for mental hygiene services have often been active partners in the development and implementation of these plans that align with the statewide prevention agenda. The 2019-2024 Prevention Agenda includes goals and interventions specific to behavioral health, and overall health and well-being. Within the Prevention Agenda, available here, please review the Healthy Women, Infants, and Children Action Plan (pgs. 97-153) and the Promote Well-Being and Prevent Mental and Substance Use Disorders Action Plan (pgs. 154-171).

To reach the statewide prevention goals, future local service planning should include implementation of identified or other evidence-based interventions. Localities will need to create or identify metrics and data collection methods to determine impact. In some cases, data or metrics may not exist. Therefore, data collection will need to occur at the county/provider levels. These activities will require the support of all stakeholders.

### Questions

1. Has your LGU developed a plan that aligns with the Statewide Prevention Agenda?

No

Yes, please explain:

An LGU representative sits on the CHA Steering Committee which keeps us informed on the Prevention Agenda versus the Local Services Plan as well as working with ASA, MH PWDD Subcommittees.

2. Each of the eight goals in the "Promote Well-Being" focus area and "Prevent Mental and Substance Use Disorders" focus area, have an associated intervention. Please select which of the following interventions you have begun or will begin implementing:

#### Focus Area 1: Promote Well-Being

##### Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan

- 1.1 a) Build community wealth
- 1.1 b) Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care
- 1.1 c) Create and sustain inclusive, healthy public spaces
- 1.1 d) Integrate social and emotional approaches across the lifespan and establish support programs that establish caring and trusting relationships with older people. Examples include the Village Model, Intergenerational Community, Integrating social emotional learning in schools, Community Schools, parenting education.
- 1.1 e) Enable resilience for people living with chronic illness by increasing protective factors such as independence, social support, positive explanatory styles, self-care, self-esteem, and reduced anxiety.
- 1.1 f) Implement evidence-based home visiting programs
- 1.1 g) Other

##### Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages

- 1.2 a) Implement Mental Health First Aid
- 1.2 b) Implement policy and program interventions that promote inclusion, integration and competence
- 1.2 c) Use thoughtful messaging on mental illness and substance use
- 1.2 d) Other

#### Focus Area 2: Mental and Substance Use Disorders Prevention

##### Goal 2.1: Prevent underage drinking and excessive alcohol consumption by adults

- 2.1 a) Implement environmental approaches, including reducing alcohol access, implementing responsible beverage services, reducing risk of drinking and driving, and underage alcohol access
- 2.1 b) Implement/Expand School-Based Prevention and School-Based Prevention Services
- 2.1 c) Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) using electronic screening and brief interventions (e-SBI) with electronic devices (e.g., computers, telephones, or mobile devices) to facilitate delivery of key elements of traditional SBI
- 2.1 d) Integrate trauma-informed approaches into prevention programs by training staff, developing protocols and engaging in cross-system collaboration

- 2.1 e) Other

**Goal 2.2 Prevent opioid overdose deaths**

- 2.2 a) Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine
- 2.2 b) Increase availability of/access to overdose reversal (Naloxone) trainings to prescribers, pharmacists and consumers.
- 2.2 c) Promote and encourage prescriber education and familiarity with opioid prescribing guidelines and limits as imposed by NYS statutes and regulations.
- 2.2 d) Build support systems to care for opioid users or those at risk of an overdose
- 2.2 e) Establish additional permanent safe disposal sites for prescription drugs and organized take-back days
- 2.2 f) Integrate trauma informed approaches in training staff and implementing program and policy
- 2.2 g) Other

**Goal 2.3 Prevent and address adverse childhood experiences (ACEs)**

- 2.3 a) Address Adverse Childhood Experiences and other types of trauma in the primary care setting
- 2.3 b) Grow resilient communities through education, engagement, activation/mobilization and celebration
- 2.3 c) Implement evidence-based home visiting programs
- 2.3 d) Other

**Goal 2.4 Reduce the prevalence of major depressive disorders**

- 2.4 a) Strengthen resources for families and caregivers
- 2.4 b) Implement an evidence-based cognitive behavioral approach such as Peter Lewinsohn's Coping with Depression course, Gregory Clarke's Cognitive-Behavioral Prevention Intervention
- 2.4 c) Implement the Combined Parent-Child Cognitive-Behavioral Therapy (CPC\_CBT)
- 2.4 d) Other

**Goal 2.5 Prevent suicides**

- 2.5 a) Strengthen economic supports: strengthen household financial security, and policies that stabilize housing
- 2.5 b) Strengthen access and delivery of suicide care – Zero Suicide (a commitment to comprehensive suicide safer care in health and behavioral health care systems)
- 2.5 c) Create protective environments: reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches; reduce excessive alcohol use
- 2.5 e) Promote connectedness, coping and problem-solving skills: social emotional learning, parenting and family relationship programs, peer norm program
- 2.5 f) Other

**Goal 2.6 Reduce the mortality gap between those living with serious mental illnesses and the general population**

- 2.6 a) Implement a multilevel intervention model that focuses at the individual, health systems, community and policy-levels. This model describes a comprehensive framework that may be useful for designing, implementing and evaluating interventions and programs to reduce excess mortality in persons with SMD.
- 2.6 b) Implement integrated treatment including concurrent therapy for mental illness and nicotine addiction
- 2.6 c) Support and strengthen licensing requirement to include improved screening and treatment of tobacco dependence by mental health providers
- 2.6 d) Other

Please describe your efforts implementing the interventions selected above (if any). Also, if you selected an "other" category from any set of interventions above, please describe it here:

The Southern Tier Homeless Coalition supports housing improvements. BroomeINCLUDES promotes inclusion for all abilities. The office of the Aging is promoting Broome as an Age-Friendly Community. The Community Systems Coordinator has trained DSS employees in Mental Health First Aid and she continues to facilitate MHFA and trauma-informed trainings throughout the community. Our Drug Free Prevention Coordinator facilitated the PNA survey and has held many activities with schools and community partners to promote and educate youth and parents about drugs and alcohol. BCHD, CDC and NYSDOH initiated a UHS STEADI Fall screening program. BMTS is developing trails to promote exercise and activity. NY Traffic Safety Committee does child passenger safety trainings for teen driving, bike pedestrian.

3. Have you engaged any local or regional partners in implementing actions related to the New York State Prevention Agenda (e.g., Local Health Department, hospital or hospital system, substance use disorder prevention coalition)?

No

Yes, please explain:

The Tobacco Free Coalition, Drug Free Coordinator and the Broome Opioid Awareness Committee and Coordinator work closely together to address prevention throughout Broome County with various activities, trainings, educational seminars and school programs. Narcan trainings are with free kits are offered almost monthly. Education sessions held at schools to talk about substance use disorders.

4. As data and metrics related to the Prevention Agenda's behavioral health interventions may not exist, has your LGU considered how to track progress of implementation?

No

Yes, please explain:  
The Drug Free Coordinator facilitated the Prevention Needs Assessment survey to 10 out of 12 school districts in Broome County and that 2018 data will be presented in various forums by Summer 2019.

5. Has your LGU identified statewide policies that assist or impede implementation of Prevention Agenda interventions?

No

Yes, please explain:  
LGU identified Jail SUD program with OASAS and it was brought to Broome County jail.

6. Is your LGU planning for Prevention Agenda alignment by Article 31 and 32 clinics via implementation of evidence-based practices? If so, please describe, and include relevant details on any LGU support of data protocols that would assist clinics in determining outcomes.

No

Yes, please explain:  
OASAS Client Data System, MAT Treatment

7. Are the Prevention Agenda's cross-cutting goals and priorities (e.g., environmental concerns, chronic illness reduction) addressed in your health department's Community Health Assessment and Community Health Improvement Plan? If so, how will your LGU support these cross-cutting goals and priorities?

No

Yes, please explain:

8. DSRIP funding has advanced many projects related to the overall improvement of behavioral health and well-being. Of these projects supported by DSRIP, are there local prevention opportunities that your LGU could build upon and sustain?

No

Yes, please explain:  
DSRIP helped fund the Mobile Crisis Unit that is available during the week and some evenings to respond to the Police's call on assisting with a Mental Health Crisis and following up with that person to get connected to treatment or other services needed. DSRIP also funds the Crisis Respite facility to offer a place for those to stabilize before returning back to their home. Mental Health First Aide and Assist for Suicide were funded by DSRIP also.

9. Aside from Prevention Agenda activities, please identify any of the following social determinants of mental health that you are addressing in your community:

Un/Underemployment and Job Insecurity

Poor Education

Food Insecurity

Poverty/Income Inequality

Adverse Features of the Built Environment

Adverse Early Life Experiences

Housing Instability or Poor Housing Quality

Poor Access to Transportation

Discrimination/Social Exclusion

Other

Please describe your efforts in addressing the selections above:

The LGU attends the Southern Tier Homeless Coalition monthly meetings and participates in work groups to address housing instability. Also, the LGU has a Housing Task Force addresses the huge need for affordable, safe housing for all. GetThere has helped address access to transportation but we need more options. United Way has addressed Food insecurity with their Basic Needs Committee funds. We have many pantries and Churches who offer free food, toiletries and cleaning supplies for all who come. Another local church offers free showers, clothing and food. Promise Zone School Coordinators help with school attendance, family engagement, support and resources for the families.

10. In your county, do you or your partners offer training related to strengthening resilience, trauma-informed or trauma-sensitive approaches?

a)  No  Yes

b) If yes, please list

Title of training(s): ACE Training at Southern Tier Independence Center CCSI offers ACEs Training and Trauma-informed  
The Community Systems Coordinator is planning for Trauma-informed trainings

How many hours: 8

Target audience for training: providers

Estimate number trained in one year: 50

11. New to the 2019-2024 cycle of the Prevention Agenda is the incorporation of a Health-Across-all-Policies approach, initiated by New York State in 2017, which calls on all State agencies to identify and strengthen the ways that their policies and programs can have a positive impact on health. As part of this effort, New York State was designated as the first Age-Friendly State in the nation by the American Association of Retired Persons (AARP).

Does your LGU have policies and procedures in place to support the positive environmental, economic, and social factors that influence the health and well-being of all residents, especially older adults?

No

 Yes, please provide examples:  
The Office of Aging has created an Age-Friendly movement with guidance for the community and providers to engage all needs.

**Office of Mental Health Agency Planning (VBP) Survey**  
Broome Co Community Mental Health Svcs (70000)  
Certified: Lynne Esquivel (5/24/19)

The purpose of this survey is to promote continued and improved access to quality mental health services in Medicaid Reform (DSRIP/Value Based Payment). All questions regarding this survey should be directed to Melissa Staats, MA MSW, at 518-408-8533, or [Melissa.Staats@omh.ny.gov](mailto:Melissa.Staats@omh.ny.gov)

**Background**

On April 14, 2014, New York received a waiver from the federal government that allowed the state to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms and support the redesign of the health care delivery system. Of this, \$6.42 billion is used to support Delivery System Reform Incentive Payments (DSRIP). The DSRIP program promotes community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. DSRIP projects focus on system transformation, clinical improvement and population health improvement. All DSRIP funds are based on performance linked to achievement of project milestones.

**DSRIP serves as a bridge to value-based payment in New York State.**

DOH website

**DSRIP Performing Provider Systems (PPS)**

Organizations responsible for implementing DSRIP goals via Project Plans are called Performing Provider Systems. Many counties report the value PPS brings to communities as they provide resources that support efforts currently not funded by Medicaid.

**DSRIP Project Lists**

New York State Delivery System Reform Incentive Payment Program Project Toolkit  
DSRIP Performing Provider Systems (PPS Statewide)

**Value Based Payment (VBP) - Reduce Costs/Improve Quality**

The New York State Medicaid managed care system is transforming from one that pays for service volume to one that rewards value, as defined by the intersection of cost and quality. This transformation is detailed in the NYS VBP Roadmap for Medicaid Payment Reform.

New York State VBP Roadmap

Further details regarding VBP readiness and implementation can be found at: DSRIP - Value Based Payment Reform (VBP) and VBP for Providers

**NYS Behavioral Health (BH) Value Based Payment (VBP) Readiness Program**

The BH VBP Readiness Program provides funding over 3 years to selected BH provider networks that have formed a Behavioral Health Care Collaborative (BHCC), beginning in 2017. There are 19 BHCCs across the state receiving this funding.

A BHCC is a network of providers delivering the entire spectrum of behavioral health services available in a natural service area. The BHCC includes, but is not limited to, all licensed/certified/designated OMH/OASAS/Adult BH HCBS programs and service types. The Readiness Program is designed to achieve two overarching goals:

1. Prepare behavioral health providers to engage in VBP arrangements by facilitating shared infrastructure and administrative capacity, collective quality management, and increased cost-effectiveness; and
2. Encourage VBP payors, including but not limited to MCOs, hospitals, and primary care practices, to work with BH providers who demonstrate their value as part of an integrated care system.

Value Based Payment Readiness for Behavioral Health Providers

New York State Behavioral Health Value Based Payment Readiness Program Overview

New York State's goal is to have the vast majority of total managed care payments tied to VBP arrangements by 2020. DSRIP funding to support BHCCs and PPS projects ends March 31, 2020.

**Questions**

1. Have the PPS supported your LGU and community? For example, support for efforts such as: addressing gaps in services, promoting evidence based and best practices, and facilitating clinical integration.

- a)  Yes  No

b) Please provide more information:

DSRIP supported the Collaborative Care Model that Lourdes is implementing in their Primary Care offices. Family & Children's Counseling Services received an integrated Chemical Dependency clinic license.

2. Has your LGU planned for PPS project sustainability beyond March 31, 2020?

- a)  Yes  No

b) Please explain:

Discussions are in the works.

3. Are there any behavioral health providers in your county in VBP arrangements?

- a)  Yes  No

b) Please explain (if "yes" include steps providers have taken to execute contracts):

4. Is the LGU aware of the ways in which managed care organizations and mental health providers plan to leverage VBP resources to implement evidence and best practices like, but not limited to, Collaborative Care Model (CCM), Dual Diagnosis Integration, or Self-Help and Peer Support Services?

- a)  Yes  No

b) Please explain:

Yes, Lourdes has implemented the Collaborative Care Model in their Primary Care Settings. UHS and Family & Children's Counseling Services both have a Dual Diagnosis clinics. ACBC has peers to support those in recovery with Substance use disorders.

5. Is the LGU aware of the development of In-Lieu of proposals?

a)  Yes  No

b) Please explain:

6. Can your LGU support the BHCC planning process?

a)  Yes  No

b) Please explain:

7. Does your county have access to data and IT systems that will support further transformation to VBP and outcomes management?

a)  Yes  No

b) Please explain:

PSYCKES, CFR and Metrics we collect from quarterly reporting of MH and OASAS programs that are contracted through the LGU.

**Community Service Board Roster**  
 Broome Co Community Mental Health Svcs (70000)  
 Certified: Lynne Esquivel (3/6/19)  
 Approved: Nicholas Hobson (3/14/19)

**Note:**

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

<b>Name:</b> Donald Bergin	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> ASA	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> dbergin@aol.com
<b>Name:</b> Jennifer Yaun	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> ASA	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> jyaun@co.broome.ny.us
<b>Name:</b> Jason Shaw	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Legislature	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> jshaw@co.broome.ny.us
<b>Name:</b> William Knecht	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community Member	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> smile453@juno.com
<b>Name:</b> Kim Taro	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Mental Health	<b>Term Expires:</b> 12/2020	<b>Email Address:</b> kim.taro@yourmha.com
<b>Name:</b> Abbey Pelot	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Mental Health	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> a.pelot@hcaserves.com
<b>Name:</b> Karen Lawrence	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> PWDD	<b>Term Expires:</b> 12/2023	<b>Email Address:</b> kroselaw@aol.com
<b>Name:</b> Steve Houser	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> ASA	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> shouser@stny.rr.com
<b>Name:</b> VACANT	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b>	<b>Term Expires:</b>	<b>Email Address:</b>
<b>Name:</b> Meggan Taylor	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> PWDD	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> mtaylor@achieveny.org
<b>Name:</b> April Ramsay	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community Member	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> aramsay@familyenrichment.org

<b>Name:</b> Susan Wheeler	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> Community Member	<b>Term Expires:</b> 12/2021	<b>Email Address:</b> swheelerstargrp@aol.com
<b>Name:</b> Robert Russell	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Psychologist	<b>Represents:</b> Mental health	<b>Term Expires:</b> 12/2019	<b>Email Address:</b> russell1255@gmail.com
<b>Name:</b> Amanda Welch	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> PWDD	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> awelch@ccbc.net
<b>Name:</b> Susan Metzgar	<input type="checkbox"/> Physician <input type="checkbox"/> Psychologist	<b>Represents:</b> ASA	<b>Term Expires:</b> 12/2022	<b>Email Address:</b> aloha123i@aol.com

Indicate the number of mental health CSB members who are or were consumers of mental health services:

Indicate the number of mental health CSB members who are parents or relatives of persons with mental illness:

**Alcoholism and Substance Abuse Subcommittee Roster**  
 Broome Co Community Mental Health Svcs (70000)  
 Certified: Lynne Esquivel (4/26/19)

**Note:**

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

<b>Name:</b> Jennifer Yaun	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Probation	<b>Email Address:</b> jyaun@co.broome.ny.us
<b>Name:</b> Donald Bergin	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Public Representative	<b>Email Address:</b> debergin@aol.com
<b>Name:</b> Elizabeth Jennings	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Catholic Charities	<b>Email Address:</b> bjenn206@gmail.com
<b>Name:</b> Steve Houser	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Public Representative	<b>Email Address:</b> shouser@stny.rr.com
<b>Name:</b> Colleen O'Neil	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> DSS	<b>Email Address:</b> cesullivan@co.broome.ny.us
<b>Name:</b> Pearl Reid Klein	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Catholic Charities	<b>Email Address:</b> dyna12161@aol.com
<b>Name:</b> Rebekah Jamison	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> ACBC	<b>Email Address:</b> rjamison@acbcservices.org
<b>Name:</b> Jill Alford-Hammitt	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Lourdes	<b>Email Address:</b> jalford-hammitt@ascension.org
<b>Name:</b> Susan Wheeler	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> swheelerstarGrp@aol.com

**Mental Health Subcommittee Roster**  
 Broome Co Community Mental Health Svcs (70000)  
 Certified: Lynne Esquivel (4/26/19)

**Note:**

- The subcommittee shall have no more than eleven members. Three subcommittee members must be members of the board; those members should be identified here.

New York State Mental Hygiene Law requires that "each subcommittee for mental health shall include at least two members who are or were consumers of mental health services, and at least two members who are parents or relatives of persons with mental illness."

Under item labeled "Represents", enter the name of the member's organization or enter "Consumer", "Family", "Public Representative", etc. to indicate the perspective the member brings to the subcommittee.

<b>Name:</b> Vacant	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b>	<b>Email Address:</b>
<b>Name:</b> Emily Burns	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> DSS	<b>Email Address:</b> emily.burns@dfa.state.ny.us
<b>Name:</b> Cara Fraser	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> UHS	<b>Email Address:</b> cara.fraser@nyuhs.org
<b>Name:</b> Lisa Schule	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Office of Aging	<b>Email Address:</b> lschule@co.broome.ny.us
<b>Name:</b> Renee Gotthardt	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> GBHC	<b>Email Address:</b> renee.gotthardt@omh.ny.gov
<b>Name:</b> Robert Russell	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Psychologist	<b>Email Address:</b> russell1255@gmail.com
<b>Name:</b> William Parsons	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> recovery2015x3@gmail.com
<b>Name:</b> Abbey Pelot	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> HCA	<b>Email Address:</b> a.pelot@hcaserves.com
<b>Name:</b> Kim Taro	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Mental Health Association of the Southern Tier	<b>Email Address:</b> kim.taro@yourmha.com

Indicate the number of mental health subcommittee members who are or were consumers of mental health services:

Indicate the number of mental health subcommittee members who are parents or relatives of persons with mental illness:

**Developmental Disabilities Subcommittee Roster**  
 Broome Co Community Mental Health Svcs (70000)  
 Certified: Lynne Esquivel (4/26/19)

**Note:**

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

<b>Name:</b> Nicki French	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Consumer	<b>Email Address:</b> afrench1@stny.rr.com
<b>Name:</b> Meggan Taylor	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> ACHIEVE	<b>Email Address:</b> mtaylor@achieveny.org
<b>Name:</b> Amanda Welch	<b>CSB Member:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Represents:</b> Catholic Charities	<b>Email Address:</b> awelch@ccbc.net
<b>Name:</b> Nancy Ranger	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Life Plan	<b>Email Address:</b> nancy.ranger@lifeplancdny.com
<b>Name:</b> Esther Frustino	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> HCA/Parent	<b>Email Address:</b> e.frustino@hcaserves.com
<b>Name:</b> Rena Kovac	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Family	<b>Email Address:</b> renasar@aol.com
<b>Name:</b> Karen Lawrence	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> STIC	<b>Email Address:</b> karenl@stic-cil.org
<b>Name:</b> Nicole Cashman	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Spring Brook	<b>Email Address:</b> cashmann@springbookny.org
<b>Name:</b> Kimberly Corbett	<b>CSB Member:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Represents:</b> Spring Brook	<b>Email Address:</b> corbettk@springbrookny.org

**2020 Mental Hygiene Local Planning Assurance**  
Broome Co Community Mental Health Svcs (70000)  
Certified: Lynne Esquivel (4/26/19)

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

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

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

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

OASAS, OMH and OPWDD accept the certified 2020 Local Services Planning Assurance form in the Online County Planning System as the official LGU assurance that the above conditions have been met for the 2020 Local Services planning process.

## 2018 CRMAC Survey Response Summary

The CRMAC meeting on December 13, 2018 asked for your input via the 5-question survey below on identifying what is important to you/your agency in meeting and growing your cultural and linguistic needs. Sixteen responses were received.

We asked respondents to check those topics they want to attend/were interested in. The top 3 responses focused on trauma and unconscious bias trainings.

Topics	Total Responses
Cultural Competency 1 - 3	5
Secondary Trauma	8
Diversity & Inclusion	5
Mental Health Interpreters	3
Adverse Childhood Experiences (ACE) Training	6
Counteracting Provider Burnout	4
Disabilities with Ability	6
Recovery through Person-Centered Planning & Documentation	4
Trauma Informed Care I or II	7
Unconscious Bias	8
Other ideas: Anti-racism, LGBTQ-BU/Pride, Grief Support, Implicit Bias, Veterans & Services, Perspectives on Mental Health, Social Determinants of Health, the cultural formulation interview from the Center of Excellence, increase trainings to encourage Bilingual employees, Cultural Diversity in Rural Areas, History of ADA & Olmstead	

Sixteen respondents agreed that their agency values Diversity and Inclusion. See comments below:

- I think diversity & inclusion is valued in theory, but most lack the understanding and training to implement principals of such practice.
- What have internal work to do with intake forms and external challenges with funders, community partners, & IT platforms to be more inclusion and person-centered.
- We have a cultural awareness and competence committee
- My agency could be more outcome driven with these topics considered.
- More outreach and education to the general community.
- Improve staff recruitment and engage participants more
- Improve diversity – hold community providers more accountable for cultural competency

Respondents said these would improve their agency's diversity and inclusion values:

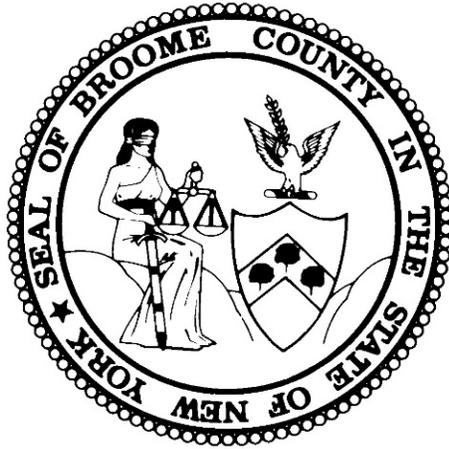
- Inclusion among different realms (OMH, OASAS, OPWDD)
- Empowering peers
- Cultural competency priority should increase
- Increase peer designed by implemented with more emphasis on successful outcomes
- More broad cultural initiatives – beyond race/ethnicity, language or sexuality

Respondents wanted the focus for the 2019 CRMAC to be:

- Helping staff feel more connected to their clients they are working with
- More trainings and diversity among trainers
- Promoting Awareness of unconscious bias and ACES/Trauma
- Expand to more counties
- Encourage “buy in” process to gain more involvement from more agencies

Respondents left these comments:

- Thanks for the opportunity to give this kind of feedback
- More collaboration with CNYFO's CC Committee
- How can we increase the number of agencies to get involved?
- Connect with more partners from other regions
- Encourage field visits from the OMH regional field offices



# Broome County Mental Health Peer Survey Final Report

March 2019

**Prepared by:**  
Lynne Esquivel, MPA  
Quality Improvement Manager  
&  
Rachel Pasternak, BS  
Program Associate, Performance Management

**Summary**

The CCSI Performance Management Staff conducted a “Peer Survey” on December 18, 19, and 21 to assess the satisfaction of individuals using mental health services in Broome County. A total of 79 individuals, at four different locations, took part in the survey. 78% percent of participants said they were *better able to control life* because of the mental health services they received in Broome County (10% had no response). Additionally, 73% of individuals participating in the survey indicated their overall experience was “good” to “excellent” with the mental health services in Broome County.

**Introduction**

On December 18, 19 and 21, CCSI Performance Management Staff for Broome County Mental Health (BCMh) conducted a series of Peer Surveys. The purpose of the survey was to determine consumer satisfaction with the programs and providers in the area regarding their mental health service experience.

As background, the open meetings were held at the Mental Health Association – Sunrise Wellness Center, Catholic Charities – Four Seasons Club and Stepping Stone Drop In Center, and the Greater Binghamton Health Center - Community Treatment & Recovery Center (GBHC CTRC) Day Treatment Groups. The survey inquires about the treatment the consumer received, the people who provided the service and the results achieved. Comments, suggestions and recommendations were encouraged and included on the back of the survey (see Page 5). Also, charts on age, service rating, direct services, location, survey responses, race, and gender are included for reference in the Appendix.

The survey (see Appendix) was created by CCSI for this specific purpose.

The measures included in the survey are:

- Consumer Treatment
- Staff/Client Relations
- Services Received
- Client Satisfaction
- Overall Experience Rating

The results were based on input from mental health service recipients.

All survey meetings were scheduled from ½ hour to 1 hour blocks as needed to provide time for discussion. Table 1, titled *Survey Details*, lists the meeting locations and specifics.

Table 1: *Survey Details*

<b>Date</b>	<b>Time</b>	<b>Location</b>
Tuesday, 12/18	2:00 – 2:30	MHAST – Sunrise Wellness
Wednesday, 12/19	10:00 – 10:30	CC – Four Seasons Club
Wednesday, 12/31	11:30 – 12:00	CC – Stepping Stone
Friday, 12/21	11:00 – 10:30	CTRC

**Characteristics of the Respondents**

The highest turnout for the survey was MHASt’s Sunrise Wellness Center with 28 responses. Greater Binghamton Health Center CTRC and Catholic Charities Four Seasons Club trailed closely behind with 21 and 18 responses respectively. Table 2, titled *Responses by Location*, lists the number of completed surveys and percent of total for each of the four venues.

Table 2: *Responses by Location*

<b>Location</b>	<b>Responses</b>	<b>Percent</b>
GBHC CTRC	21	29%
CC Four Seasons	18	25%
CC Stepping Stone Drop In	6	8%
MHASt Sunrise Wellness	28	38%
<b>Total</b>	<b>73</b>	<b>100%</b>

The participant’s responses were close with 51% male and 42% female. Five individuals did not provide a response to the gender (demographics) question. Table 3, titled *Gender of Respondents*, lists the gender response to the survey.

Table 3: *Gender of Respondents*

<b>Gender</b>	<b>Responses</b>	<b>Percent</b>
Male	37	51%
Female	31	42%
No Response	5	7%
<b>Total</b>	<b>73</b>	<b>100%</b>

The range of age indicated by individuals varied from a maximum of 80 years to a minimum of 22 years. The mean (average) age of the respondents was 54.6 years and the median (middle) age was 56 years. Table 4, titled *Age of Respondents*, lists the range of age the survey represents.

Table 4: *Age of Respondents*

<b>Age</b>	
Minimum	22
Maximum	80
Mean	54.6
Median	56

A total of 73 individuals indicated a racial and ethnic background on the survey. The category White (Caucasian) received the most responses (51 or 70%). Next, six (6 or 8%) responded to the other category as well as six (6 or 8%) responded to selecting Spanish/Hispanic/Latino. Five (5 or 7%) individuals responded to the question selecting Native American. Also, three (3 or 4%) individuals responded to selecting Black/African American. The category receiving the least responses were Asian/Pacific Islander with two (2 or 3%) respondents. Six or 8% did not provide a response. The total responses and percents are listed in Table 5, titled *Race of Respondents*.

Table 5: *Race of Respondents*

<b>Race</b>	<b>Responses</b>	<b>Percent</b>
Native American	5	7%
Spanish/Hispanic/Latino	6	8%
Black /African American	3	4%
Asian/Pacific Islander	2	3%
White/Caucasian	51	70%
Other	6	8%
<b>Total</b>	<b>73</b>	<b>100%</b>

**Responses to the Survey**

The survey included six (6) Treatment and Service questions. Individuals provided a positive response approximately 80% of the time, by selecting “yes”. Approximately 5% of the responses were negative, with “no” selected by the individual and approximately 15% of the responses were neutral with “maybe” selected by the individual. Table 6, titled *Responses to Treatment and Services Questions*, lists the percentage of yes, no and maybe responses for each of the Treatment and Service questions.

The two questions; *Staff were knowledgeable and Services were available at times that were good for me* received highest percentage of individuals (90% & 92%) responding “yes.” The highest percentage of individuals (7% & 11%) responded “no” to two questions; *I felt comfortable asking questions about my treatment and medication* and *I was encouraged to use consumer-run programs*.

Table 6: *Responses to Treatment and Services Questions*

<b>Treatment and Service Questions</b>	<b>Yes</b>	<b>No</b>	<b>Maybe</b>	<b>Total</b>	<b>Percent</b>	<b>Percent</b>	<b>Percent</b>
					<b>Yes</b>	<b>No</b>	<b>Maybe</b>
Services were available (times)	67	0	6	73	92%	0%	8%
Felt comfortable asking questions	60	5	8	73	82%	7%	11%
Location was convenient	60	1	12	73	82%	1%	16%
Able to get all services (provided)	59	2	12	73	81%	3%	16%
Staff were knowledgeable	66	2	5	73	90%	3%	7%
Encourage consumer run programs	53	8	12	73	73%	11%	16%

The survey included three (3) Results questions. Individuals responded “yes” 74% of the time; therefore, indicating a positive response to these questions. Individuals responded “no” 12% of the time, and 27% of the responses were neutral with “maybe” selected. The question *I am better able to control my life* received highest percentage of individuals (78%) responding “yes.” The next highest percentage of individuals (74%) responded “yes” to the question *I have become more effective in getting what I need*. Table 7, titled *Responses to Results Questions*, list the number and percent of responses to each question in this section of the survey.

Table 7: Responses to Results Questions

Results Questions	Yes	No	Maybe	Total	Percent	Percent	Percent
					Yes	No	Maybe
Better able to control life	57	2	14	73	78%	3%	19%
Symptoms not bothering as much	52	8	13	73	71%	11%	28%
More effective in getting what's needed	54	4	15	73	74%	5%	21%

A total of 73 individuals provided a response for the *Overall rating of mental health services in this area*. The most frequent response was “Good, Excellent to Fair” with 86%. Both “Poor” and “Unacceptable” were the least frequent responses, with 0% each respectively. Also, 10 or 14% did not respond to the question. Table 8, titled *Overall Rating of Mental Health Services*, lists the number and percent of responses to the overall rating question.

Table 8: Overall Rating of Mental Health Services

Overall Rating	Responses	Percent
Excellent	22	30%
Good	31	42%
Fair	10	14%
Poor	0	0%
Unacceptable	0	0%
No Response	10	14%
<b>Total</b>	<b>73</b>	<b>100%</b>

A total of 7 individuals (9%) provided additional comments on the back of the survey. The comments were positive. Typically, the comments include personal experiences of the individuals, with respect to mental health services in this area. The comments are included below.

**Survey Comments**

- *Four Seasons and ACT Team saved my LIFE!*
- *Everything is going well.*
- *They do have great services.*
- *I like to see more peers that are my age. I like to see a sports team that Four Seasons has. I think having a sports team is good to show that people with mental disabilities can play sports.*
- *Need more funding for Art supplies, recreational products and updated books.*

- *At off all the mental health programs that I have attended is Compeer and CTRC and Wellness Center.*
- *I enjoy coming to Sunrise Wellness Center, it gives me a good and bright future with no complaints.*

## Conclusions

Exactly 72% of the respondents provided a positive (either excellent or good) overall rating to the mental health services in this area. Additionally, 86% of the respondents indicated (by selecting fair, good, or excellent) were satisfied with the mental health services in Broome County.

Furthermore, individuals were approximately 80% likely to respond positively (yes) to questions related to both Services and Results. The question *I was encouraged to use consumer-run programs* had the most “no” and neutral responses, with 16% of individuals selecting “maybe” and 11% selecting “no.”

Therefore, it can be generalized that the overwhelming majority of individuals participating in the survey were at least satisfied with the mental health services provided in this area. Individuals were most satisfied with *the services times were available for me, the staff was competent & knowledgeable and I am better able to control my life*. Individuals were least satisfied with *symptoms not bothering me as much, felt comfortable asking questions and being encouraged to use consumer-run programs*.

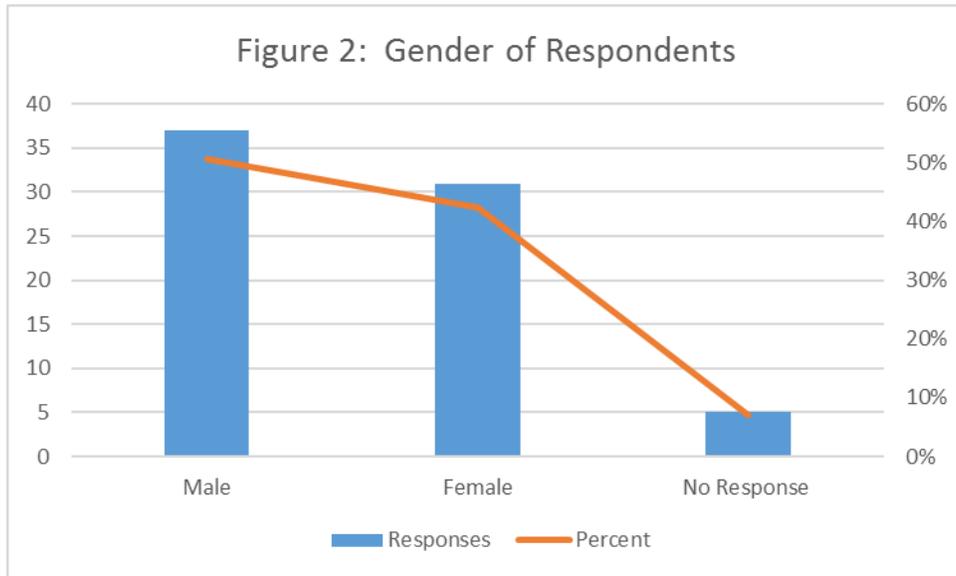
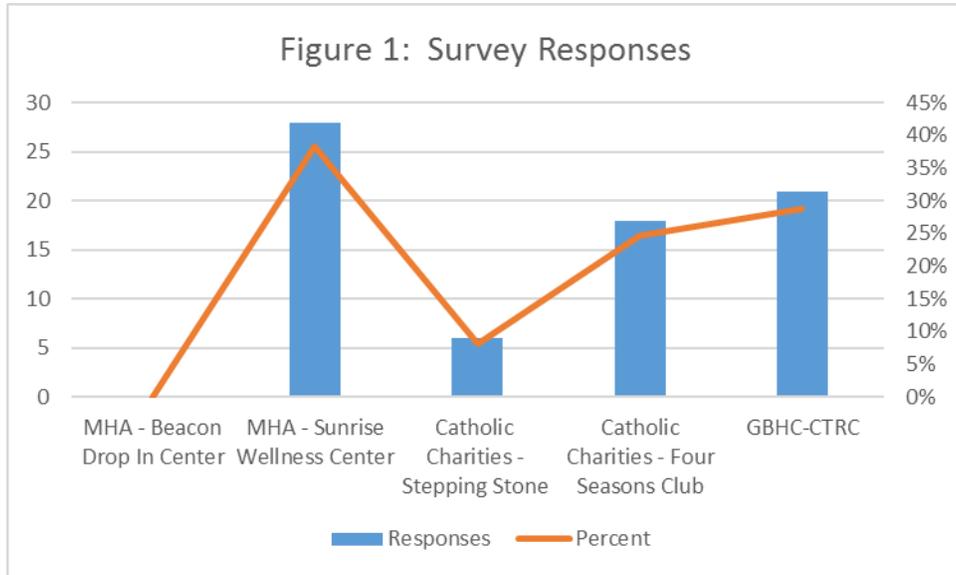
## Recommendations

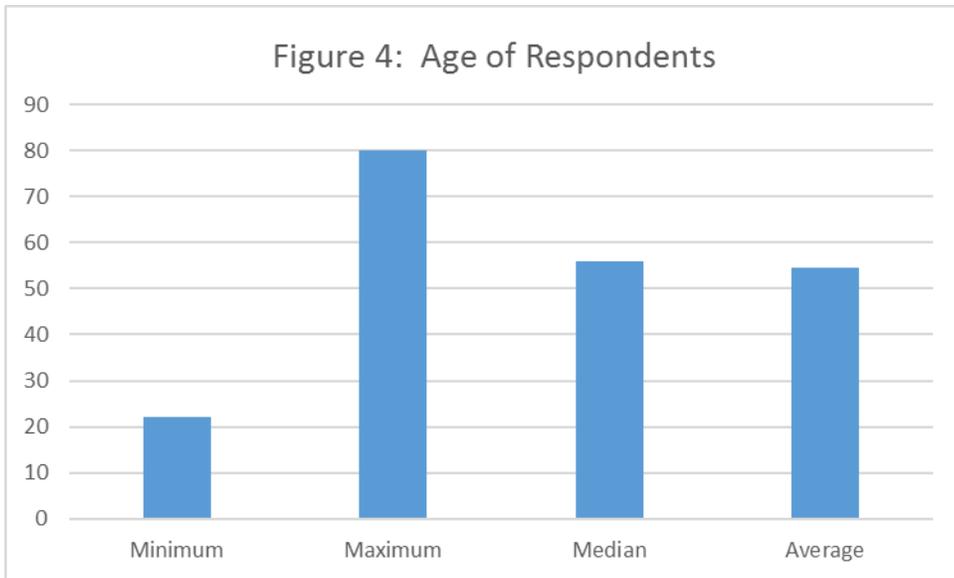
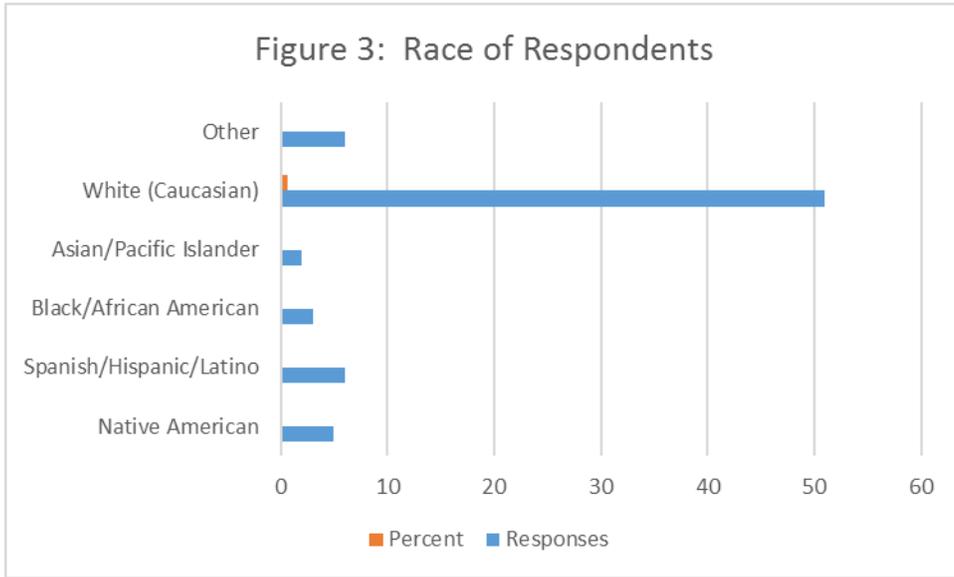
The 2018 Peer Survey measured the satisfaction of individuals with aspects of the mental health services provided in this area. However, the survey size and ethnicity is limited and the process could be modified to improve the quality and quantity of the results.

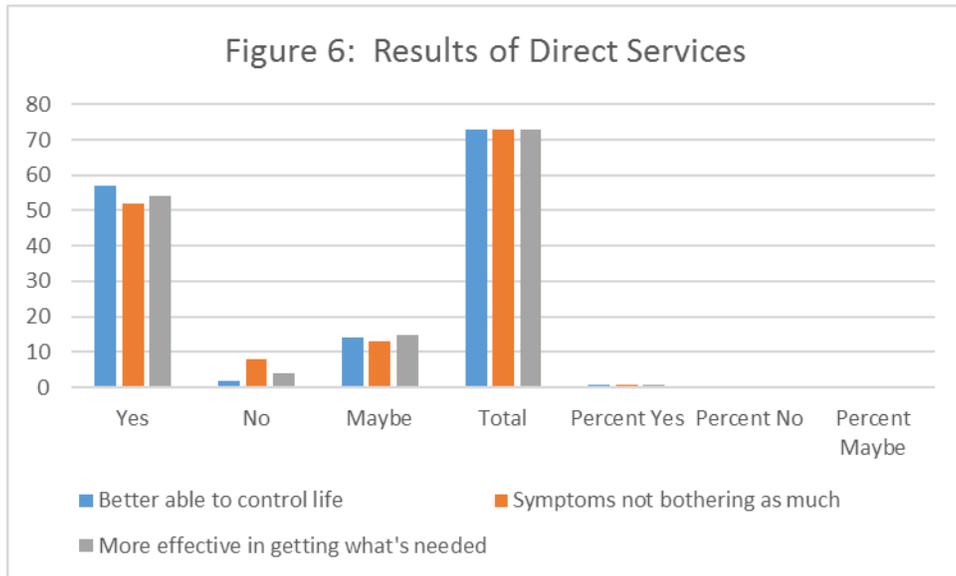
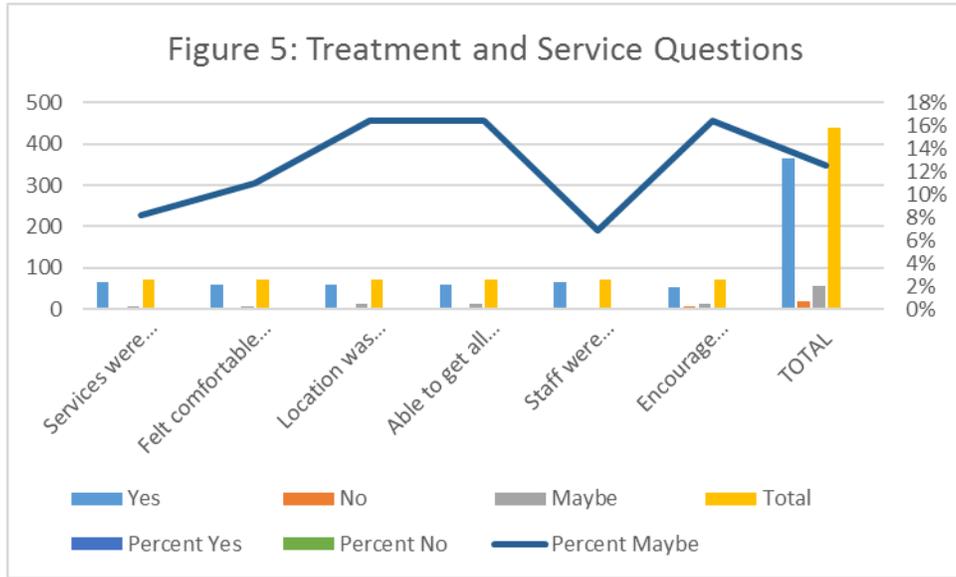
A satisfaction survey could be conducted annually to measure improvements. Additionally, using a standardized survey allows for comparisons from prior years. Finally, incorporating more locations into the survey would increase the number of participants; thus, making the survey a better representative of the population served and the opinions they share.

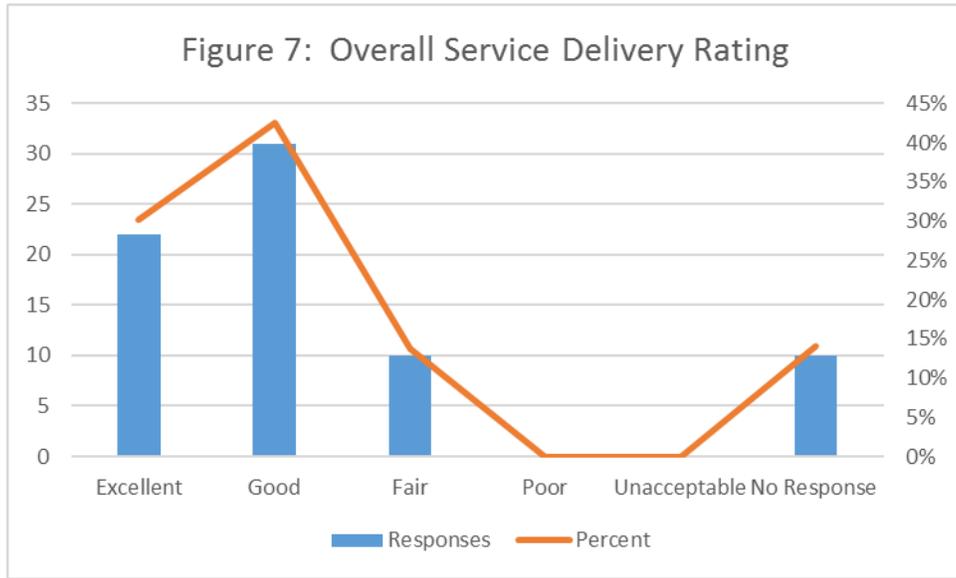
Appendix

Charts on Survey Responses, Gender, Race, Age, Service Rating, Direct Services & Overall











**Broome County Mental Health Department  
2018 Peer Survey**

**PLEASE, TELL US WHAT YOU THINK.....**

In order to improve mental health services, we need to know what you think about the treatment you received, the people who provided it and the results of this treatment. Please indicate your response by circling either Yes, Maybe, or No. Thank you!

**Concerning my services.....**

- |    |  |     |       |    |
|----|--|-----|-------|----|
| 01 | Services were available at times that were good for me.  | YES | MAYBE | NO |
| 02 | I felt comfortable asking questions about my treatment and medication.                         | YES | MAYBE | NO |
| 03 | The location of services was convenient (parking, public transportation, distance, hours, etc) | YES | MAYBE | NO |
| 04 | I was able to get all the services I needed.   | YES | MAYBE | NO |
| 05 | Staff I worked with were competent and knowledgeable.  | YES | MAYBE | NO |
| 06 | I was encouraged to use consumer-run programs (support groups, drop-in centers, etc.)          | YES | MAYBE | NO |

**As a Direct Result of Services I received.....**

- |    |  |     |       |    |
|----|--|-----|-------|----|
| 07 | I am better able to control my life.                 | YES | MAYBE | NO |
| 08 | My symptoms are not bothering me as much.            | YES | MAYBE | NO |
| 09 | I have become more effective in getting what I need. | YES | MAYBE | NO |

Please rate your overall experience with the Mental Health Services in this area by picking a choice below:

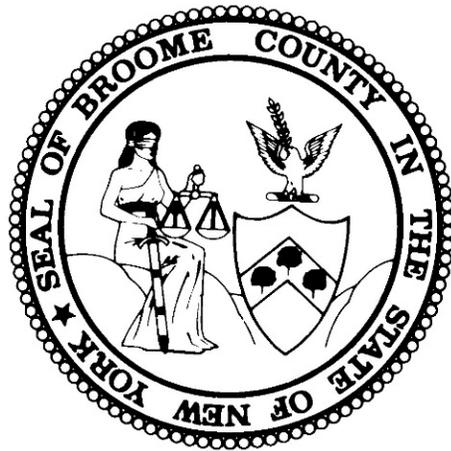
<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Unacceptable</u>
A	A- B+ B	B- C+ C	C- D+ D	F

*Please let us know a little about yourself. Thank you!*

**Age:** \_\_\_\_\_     
  **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_  
 **Race:** \_\_\_\_\_ Native American   
 \_\_\_\_\_ Spanish/Hispanic/Latino   
 \_\_\_\_\_ Black/African American  
 \_\_\_\_\_ Asian/Pacific Islander           
 \_\_\_\_\_ White (Caucasian)   
 \_\_\_\_\_ Other: \_\_\_\_\_



Your comments are welcome on the reverse side.



**2018**

**Broome County Mental Health  
Central Region Multicultural Advisory  
(CRMAC) Committee  
Annual Report**

**January 2019**

**Prepared by:**

**Chair of CRMAC**

Lynne Esquivel, MPA  
Broome County Mental Health Department

**Co-Chair of CRMAC**

Holly Welfel, MSW  
Mental Health Association of the Southern Tier

## Summary

This report details the activities of the Central Region Multicultural Advisory Committee (CRMAC) during 2018. CRMAC is made up of 35 colleagues from local non-profit agencies, hospitals, colleges, government offices and consumers in the Southern Tier. The committee meets 3 to 4 times annually to focus on creating and supporting a diverse mental health system by promoting cultural and linguistic competency among mental health professionals, program staff, consumers and the community.

## Introduction

In 2013, Doris Cheung, PhD, Case Manager/Advocate at Binghamton University and Lynne Esquivel, MPA, Quality Improvement Manager of the Broome County Mental Health Department (BCMHD) renamed the BCMHD Cultural Competency Committee to the Central Region Multicultural Advisory Committee. Doris Cheung, PhD, stepped down from her chair position in 2016. Holly Welfel, Cultural Diversity Director at the Mental Health Association of the Southern Tier, began participation in October 2017 and was appointed to Co-Chair in January 2018. Lynne and Holly chair the quarterly meetings and are active members of the Statewide Multicultural Advisory Committee (MAC) which meet monthly via in-person and through WebEx.

## Meetings and Activities

In 2018, CRMAC actively sought routes to further initiatives around cultural competency and linguistics. CRMAC engaged a variety of organizations/entities through community or agency based trainings, forums, meetings and initiatives.

CRMAC met for quarterly meetings in March, June, September and December.

1<sup>st</sup> Quarter: On March 20, 2018, CRMAC Committee Members met. Presenter Robert Statham, NYAPRS. His presentation was on Cultural Competency I: Infusing into Practice to lay a foundational concept of cultural competence and develop your consciousness about culture. Assure your organization's understanding of and ability to meet Culturally and Linguistically Appropriate Services (CLAS) standards and much more.

2<sup>nd</sup> Quarter: On June 7, 2018, CRMAC Committee Members met. Presenter Robert Statham, NYAPRS. His presentation was on Cultural Competency 2: LGBTQ Awareness to increase the understanding and ability for organizations to become inclusion of and accessible to people of the LGBTQ community. Language and terminology are reviewed along with concerns, needs and expectations of the community.

3<sup>rd</sup> Quarter: On September 24, 2018, CRMAC Committee Members met. Presenter Robert Statham, NYAPRS. His presentation was on Cultural Competency 3: The "isms" of Inequality which addresses Racism, Sexism, ageism, Slurs, harassment, discrimination. It used to be so easy to know when someone was inappropriate with their colleagues, or disrespecting the people they serve. But as we have moved to a more diverse, "cultural competent" environment, these problems have not disappeared. They've evolved into subtler, but just as damaging practice that

## Broome County Mental Health Cultural Competency Project Report 2018

can chip away at morale and quality of our workforce and damage our ability to effectively work with the people we serve. In this training, we examine the face of hostility and discrimination today, and we review ways to understand and address it in our effort to move beyond Cultural Competence towards Anti-Racism.

4<sup>th</sup> Quarter: On December 13, 2018, CRMAC Committee Members met. Lynne and Holly designed and implemented a survey to inquire about: potential training ideas, perspectives on diversity and inclusion, gaps in services and opening a conversation within the network pertaining to Cultural Diversity & Linguistics. The survey results were gathered and organized to strategically plan the focused-on objectives for 2019.

Other Activities: Lynne and Holly are involved in the NYS OMH Regional Multicultural Advisory Committee Quarterly Meeting via a Telephone Conference held by Frances PriesterMoss and Matthew Bitten, Bureau of Cultural Competency. There are 6 Regional Multicultural Advisory Committees and each committee holds a monthly or quarterly meeting. The Regional MAC is an organized, diverse body established by the local community members within a county that are designed to strengthen the community's voice, knowledge, and understanding of cultural and linguistic competence. The Bureau of Cultural Competence began its community outreach for the creation of the Regional MAC on April 11, 2011. The Office of Mental Health embraces community based service delivery as we transition to a managed care environment that promotes and include the voice of the local community. Each Regional MAC engages in a variety of activities in their county and region.

Lynne and Holly attended the Statewide Multicultural Advisory (SMAC) Committee Meeting in Albany on March 5 and participated in SMAC conference calls on January 11, June 12 and September 11, 2018.

Lynne is engaged in a variety of multicultural initiatives. She sits on the Care Compass Network Cultural Competency & Health Literacy Committee (represents the Southern Tier region of DSRIP) which meets as needed (weekly to monthly) to discuss Cultural Competency and Health Literacy under DSRIP with several project deliverables due quarterly.

In January 2018, Lynne welcomed Holly Welfel, Cultural Diversity Director at Mental Health Association as the new co-chair of the CRMAC. Holly and Lynne plan to revamp the quarterly meetings to address the provider's cultural and linguistic needs for each agency. Also, continue with a training focused model that includes discussion/conversation to better serve our community with cultural and linguistic needs.

Holly seeks opportunities to build collaborations and sits on a variety of advisory committees and agency boards to increase awareness and encourage evolution around subjects pertaining to cultural diversity and linguistics. This work has reinforced or expanded the reach of CRMAC to strengthen relations with YWCA, Southern Tier Independence Center, Office for Aging, Department of Social Services, Children's Home for Wyoming Conference Center, Catholic Charities of Broome County, American Civic Association, Greater Binghamton Health Center, Castle Gardens, Veteran's Coalition and SUNY Broome Community College.

## Conclusions

CRMAC will continue to coordinate with NYS OMH Bureau of Cultural Competency and Central NY Field Office, and NYS Multicultural Advisory Committee to help agencies, providers and community members learn/implement cultural competency and linguistic best practices.

2019 Quarterly Meetings are as follows:

March 14 at 10am to noon: LGTBQ Awareness

June 13 at 10am to noon: Veteran Affairs & Services

September 12 at 10am to noon: Strategic Planning and TBD

December 12 at 10am to noon: Reflection, Next Steps and TBD

ALL Meetings are held at the Broome County Public Library at 185 Court Street, Binghamton, NY 13901

Other Meetings:

April 18 at 10am-noon: OMH Central NY Regional Communication Meeting