

2009 Mental Hygiene Planning Activities Report
Broome Co Community Mental Health Svcs (70000)
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Consult the LSP Guidelines for additional guidance on completing this exercise.

I. Assessment of Chemical Dependence and Problem Gambling (OASAS) - Provide an assessment of the nature and extent of the chemical dependence and problem gambling in the county. Describe the results of qualitative activities, including the use of consumers, providers, task forces, workgroups, committees, public forums, key informant interviews, and other stakeholder groups. Describe the quantitative assessment activities, including data resources used, surveys conducted, etc. Include a geographic and demographic description of the service area. **Note: Please address prevention needs assessment separately in the next question.**

Service Area

Broome County is located in South Central New York State. It is bordered by: Tioga, Chenango, Delaware and Cortland Counties, and the State of Pennsylvania border. The total land area for Broome County is 706 square miles. The County has a central urban/suburban core comprised of Binghamton, Johnson City, Endicott, and Vestal, surrounded by rural villages and towns. According to the 2000 Census, about 70% of our population is considered urban, with the remaining 30% described as rural.

The total population of Broome County is just under 200,000, with a population density of 283 people per square mile. 2006 census data reveals that 89.2% of the population is Caucasian, 4.3% African-American, 3.5% Asian, 2.4% Hispanic or Latino and .8% other. The County has served as a Refugee Resettlement site for over 3000 Asian, Middle Eastern, African, and Eastern European refugees since 1988.

Census data also shows that 12.8% of the population has an income below the poverty level, compared to the statewide rate of 14.6%. The median income is \$35,347, which is below the state median income of \$41,994; 15.9% of Broome's children live in poverty.

Nearly all of the jobs, services, health care and educational facilities are located in the central urban/suburban area. Once a thriving manufacturing and Defense Industry community, the last recession hit Broome County particularly hard, which caused the closure of numerous industries. An estimated 12,000, well paying, manufacturing and industrial jobs were lost in the past decade. The current unemployment rate is 4.6% in Broome County.

The service area for Chemical Dependency includes the entire County, many areas of which, as mentioned, are in rural locations, and the County is also a regional location for Community Residence beds – serving a multi-county agreement with four other neighboring counties, and the Methadone Clinic also contracts with other New York State and some Pennsylvania Counties.

Assessment and Nature and Extent of the Problem

In looking at the current Service Need Profile, the prevalence of Chemical Dependence Problems (alcohol and non-opiate drugs) is approximately 11% of the adult population and 10 % of Youth ages 12 to 17 in Broome County.

The County has a designated sub-county population in Western Broome that includes the Village of Endicott and surrounding towns. The Sub-county Plan is designated to expand more services into that section of the County in an effort to serve people who have transportation difficulties, etc. This planning area serves about 28% of the total County population. The unmet need in annual visits is approximately 19,216. The number of unmet annual visits County-wide is 33,712.

According to the BCMH Forensic Unit, the number of inmates with Drug and Alcohol and/or MICA problems (or related arrests) who are incarcerated is around 70% of the jail population. The BC Public Safety Building has 460 beds and approximately 360 prisoners are released each month. This equates to approximately 250 individuals who are released into the community monthly who may be in need of CD services. Jail numbers fluctuate and these are anecdotal numbers that do reflect the need for the provision of services to inmates being released back into the community.

Gambling has been a growing concern in the community because there are two large gambling businesses within short drives of our area: Tioga Downs Racetrack and Turning Stone Casino. Also, online gambling is becoming more popular and a potential treatment issue. Broome's licensed treatment and residential programs have all been trained in gambling issues. All agencies are willing to implement a "Gambling Track" if the need arises. To date, there have not been enough identified individuals to warrant a specialized treatment track. Lourdes Youth Services states that their Student Assistance Program reports a significant incidence in adolescent gambling issues.

Qualitative and Quantitative Activities

Broome County utilizes the following in its planning; CRISP; PRISMS; treatment providers IPMES Reports; prevention Work Plans; the Prevention Needs Assessment Survey; and treatment need methodology. The County also conducts Needs Assessments based on perceived needs of the Consumers, Providers and the Subcommittee members as the oversight body. The PAG with the LGU is involved in following through with discussing and implementing findings and recommendations.

The KYDS Coalition is based on the Communities That Care (CTC) Model of Community Development, and thus uses many types of data and research in forming goals and objectives for the community. The 2006 PNA Survey Report is utilized in planning. The KYDS Coalition Goals and Objectives are in the "Workplan for Year Five", which is attached.

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 substance abuse is one of the several homeless subpopulations tracked in the PIT. FRS continues to expand the implementation of the HUD funded Homeless Management Information System, Shelter-Net. All of 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.

Fairview Recovery Service's Addiction Crisis Center keeps track of the number of people turned away from that facility on a daily basis. FRS, Inc also tracks waiting lists for services to their residential programs. These are reported out at each PAG and ASA Meeting and there is a special emphasis on services for Women and Women with Children. There is a continual waiting list for residential services for Women and Women with Children. Broome County is once again submitting a Schedule C for a new Women's Community Residence with several new beds targeted to women with children. Fairview is also tracking clients who may be appropriate for Low Demand Permanent Housing with supports rather than admission to the ACC. This information and data collection is coordinated with the efforts of the Homeless Coalition.

The CCSI Performance Management Staff conducts a number of oversight activities with some 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.

The 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. The Broome County Youth Evaluation Project (YEP) is fully implemented and seeing approximately 10 children per month who are assessed for co-occurring MH and MR problems.

Other areas of interest in Planning in Broome County are: we continue to plan for and ensure Cultural Competency Planning is integrated into the inter-workings of every agency; we also have established Continuous Quality Improvement protocols; STAP implemented a Syringe Exchange Program as a result of their data analysis and planning in the Broome County area; the Mental Health Department is near the end of an assessment of Forensic Services in the area and this Report, with its findings and recommendations will be released in the next few weeks; and as always all planning in the County is a collaborative, coordinated effort that is done on an ongoing basis through many different venues.

2. Prevention Needs Assessment (OASAS) - Please describe the county's prevention needs assessment efforts, including the resources utilized and needs determined. Describe the role of prevention providers and other stakeholders in those efforts.

CTC has been utilized to conduct an ongoing, comprehensive assessment of the needs and resources of our community, and specifically related to youth substance abuse issues. In 2006, the PNA Youth Survey was conducted in the following local school districts:

- Broome-Tioga BOCES
- Chenango Forks
- Johnson City
- Maine-Endwell
- Susquehanna Valley
- Union-Endicott
- Vestal
- Whitney Point
- Newark Valley
- The Children's Home of Wyoming Conference

The survey measured twenty-three risk factors and ten protective factors. Results of these surveys show that alcohol continues to be the most used drug among youth, second to tobacco. All together, 4,953 students in grades 7-12 participated in the survey in 2006. This survey found that 58.6% of students have used alcohol some time in their lifetimes, 31% have used cigarettes, 23.9% have used marijuana, 13.3% have used smokeless tobacco and 13% have used inhalants. 31% of students surveyed reported that they have used alcohol in the past 30 days, 12.7% have used cigarettes in the past 30 days, and 12% have reported using marijuana within the last 30 days (Broome County Youth Survey Report, Prevention Needs Assessment). The survey also helped the KYDS Coalition identify the top Risk and Protective factors to steer local focus prevention efforts.

Broome County is a leader in promoting and implementing Evidence Based Practices. The County has worked through the KYDS Coalition and providers to increase the number of evidence based prevention programs for consumers. Currently there are a number of Evidence Based Prevention initiatives for adolescents occurring throughout the County through Lourdes Youth Services and the schools. And the following are EB programs that have been put in place in nearly every school district:

- Reconnecting Youth
- Life Skills Training
- Allstars
- Student Assistance Program
- Families and Schools Together
- Club Ophelia

Other Evidence Based Programs and practices that are utilized in the County include:

- Functional Family Therapy – one of the DSS Purchase of Service Programs
- Single Point of Accountability (SPOA) – Children's
- Nurturing Families
- Strengthening Families
- Seven Challenges
- Children's Flex Team
- Assertive Community Treatment
- Single Entry Process – for Adult Case Management and Residential
- Family Psycho-education at Catholic Charities

- Motivational Interviewing
- Stages of Change
- Cognitive Behavioral Therapy
- Rational Emotive Therapy
- Trauma Therapy Groups
- Contingency Management
- Buprenorphine Withdrawal Protocols
- Campral Pharmacotherapy
- Nicotine Cessation Programs

Other initiatives include:

- Further development of Dual Diagnosis Capable and Dual Diagnosis Enhanced Standards of Care (DDC and DDE)
- Lourdes OASAS Methamphetamine Education Demonstration Project
- Children's Mental Health/Mental Retardation Co-occurring Project
- Youth Evaluation Project (BCMHD): a program to evaluate youth who have possible co-occurring MH and MR problems to assess which system can better serve their needs.

The Adolescent Addiction Taskforce has taken initiatives to bring together all agencies in all disciplines to provide community support services through this collaboration. It is felt that family support services are a key component missing from the present offerings. The group has written and submitted a number of proposals to apply for funding for expansion of adolescent treatment services. They have also agreed to a collaborative plan for providing case management services for adolescents and their families, particularly those who need mental health services including Psychiatry. The group has participated in completing an MOU with Conifer Park to provide linkages for referrals and aftercare for adolescents who are admitted to Conifer's inpatient adolescent program. The AATF has felt that the most beneficial services at this point would be those offered as Wraparound services through a collaboration of Adolescent Providers in the County.

3. Analysis of Service Needs and Gaps (OASAS) - Describe and quantify the chemical dependence and problem gambling prevention and treatment service needs of the population. Describe the capacity and resources available to meet the identified needs, including those services that are accessed outside of the county and outside the OASAS funded and certified system. Describe and quantify the gaps between services needed and services provided. Describe existing barriers to accessing needed services. Use this section to identify target populations and specialized service needs. If the county believes that local service needs are different from those estimated by the OASAS treatment need methodology, include the alternative county estimates and explain the basis for those estimates.

The existing resource capacities included in the treatment and prevention continuum of care in Broome County is as follows:

Crisis : The United Health Services Hospitals (UHS) New Horizons Program has a Medically Managed Detox Unit for those who are in need of that level of care. Also, Fairview Recovery Services, Inc. (FRS) has a Medically Monitored Withdrawal Unit, the Addiction Crisis Center (ACC) that works closely with the hospital's Detox and Emergency Department. :

Inpatient UHS has a 20 bed Inpatient Unit and, based on our planning priorities and provider and consumer input, UHS is currently looking at developing an inpatient MICA unit. As of today, the treatment teams from Inpatient CD and Inpatient MH are being shared to better address MICA issues in the patients of both inpatient units.

Criminal Justice Services: The Continuum also has a variety of Criminal Justice Services including: the BCMH Forensics Unit; the BCMHD Chemical Dependency Services Unit; Drug Treatment Court; Family Drug Treatment Court, Domestic Violence Court and the Road to Recovery. The Treatment Courts work closely with the District Attorney's Office and the Public Defender's Office. All local treatment agencies participate in the teams.

Methadone: UHS also has a 75 slot Methadone Program, which is also specially licensed by the DEA to prescribe Buprenorphine (suboxone) for treatment of opiate dependency. Although the Methadone Clinic was expanded fairly recently, there is still an 85% unmet need according to the prevalence data. Also, our admission numbers show that Opiates are one of our problem substances here in the County. The program has recently submitted a Certificate of Need to increase the slots from 75 to 80. Also, UHS is in the planning stages of implementing an outpatient suboxone clinic.

Residential: Fairview Recovery Services, Inc. (FRS) has two Community Residences, a 24 bed male house and a 12 bed female house. They also offer a 40 bed Supportive Living Program and a 25 bed Shelter-Plus-Care Program. FRS also has 5 beds set aside to house MICA clients with an LCSW dedicated to providing care and case management services for those clients who have been diagnosed as SPMI. They also have the "Mannion House" which is a six-bed supportive living residence for longer-term MICA clients who have a difficult time living in a less structured setting. Intensive Residential Services are offered in neighboring counties. Expansion of beds is being looked at in terms of a Capitol Request to build a new Women's Halfway House and add several women's beds capable of also housing their children while the women are in CR. ACBC also works directly with Catholic Charities Madison House which is a MH Community Residence for MICA clients. ACBC has a staff collocated at the facility, who is a CASAC. Catholic Charities has a full array of mental health residential services. The YWCA, Salvation Army and The VOA are also part of the Continuum of Care as they offer residential services and housing options for consumers. The YWCA has Shelter Plus Care HUD funding to expand S+C program for women. Also, the Department of Social Services has funded the YWCA for "Today's Journey" which provides units to women with Chemical Dependency issues and their children, with more intensive supervision and Counseling services for those women who are able to benefit from that level of care.

Addiction Case Management: Fairview Recovery Services has an OASAS Grant-funded Addiction Case Management (ACM) Program (MATS). They participate in the Catholic Charities Single Entry Case Management process as well as taking referrals from the community, and serve approximately 90 clients annually.

Prevention Services: Broome County Chemical Dependency Services Unit completes CD assessments for the Department of Social Services for its workfare initiatives and also has a prevention program providing evaluations, treatment recommendations and counseling services for inmates at the Public Safety Building. Lourdes Youth Services at Our Lady of Lourdes Hospital provides the majority of prevention services within the County. They are also part of the Keeping Youth Drug-free and Safe (KYDS Coalition) and offer research based prevention programs in collaboration with this project that is based on the Communities That Care (CTC) Model. Lourdes provides training in Methamphetamine through a NYS Grant. Youth Educational Services (YES) is a unique Drug and Alcohol Abuse prevention program that serves many school districts and communities through Senator Thomas Libous and the 52nd Senate District. The program offers a variety of services to assist families, schools, and the community in combating substance abuse. The KYDS Coalition has worked together for the past seven years with eight school districts, BOCES and The Children's Home of Wyoming Conference and continues to expand to more districts in implementing the CTC model and other research based prevention programs.

According to the March 2008 Service Need Profile, the areas of unmet need in Broome County include: Medically Supervised Withdrawal, both Inpatient and Outpatient (100%); Outpatient services for adults (49%) and more significantly for Adolescents (78%); Methadone treatment (77%); Community Residence (64% for the Multi-County Agreement); Intensive Residential (85%); and Residential CDY (33%).

Gaps that currently exist in Broome County:

- Adolescent Treatment Services especially to include family treatment are currently non-existent due to the recent closure of the New Horizons program.
- There is a need to expand prevention services to the more rural areas of the County including additional Family Support Centers in other school districts.
- There is a need for better collaboration of services between the Human Service agencies for kids with co-occurring disorders
- Construction of a new Women's' Community Residence to expand beds and offer units for Women with Children
- Lack of access and availability to childcare for people in need of Chemical Dependency treatment and other Recovery Support Services.
- Offer a Children's Resource Room at one of the agencies.
- There is currently no inpatient MICA treatment and people in need of that level of care are sent out of County and sometimes, out of State for treatment
- Vocational Educational Services for people with CD is overflowing and in need of an additional Case Manager.
- There is no Gambling treatment currently offered in the County; however the treatment providers are poised to offer these services when the need arises.
- The County is in need of Low Demand Housing with supports for people who are "under the influence" and cannot access a bed at the ACC or other shelter-type services.
- There should be Case Management services for clients with HIV and other Blood-borne diseases who do not have AIDS but need Case Management services.
- There is a need to ensure a mechanism at the State level for adjusting the COLA expenses to keep up with inflationary mandatory costs.

Outpatient: UHSH also has an outpatient program that offers Intensive Outpatient services as well as MICA services for adults and young adults. UHSH has a Family Program component that offers Family Therapy. They offer a free six week course on Family Education that runs continuously all year long. There is a second Outpatient Clinic in the community, the Addiction Center of Broome County (ACBC) that has a full array of outpatient services including an Intensive Outpatient MICA Program and the Outpatient Rehabilitation Model, which also has a designated MICA track for adults and young adults. With the advent of ACBC's Outpatient Rehabilitation Model, many of the MICA clients who have been sent to inpatient treatment in the past are being served effectively in this day-treatment style program. This helps to cut down on the need to refer out of County for some of these high need clients. ACBC also has evening and Saturday hours to meet the needs of clients who are unable to attend programs at other times. ACBC is planning on expanding services to adolescents and their families, as it has served this population in the past. They are awaiting imminent approval from NYS OCFS to open a prevention/educational program that will subcontract with Lourdes Youth Services to provide the Nurturing Parenting Program.

4. Service System Design (OASAS) - Considering the assessment of local chemical dependence and gambling problems in your county, the OASAS core continuum of services and program development hierarchy, the OASAS service need methodology, existing gaps in services, and any unique or changing local conditions, describe changes in the current configuration of the local service system that you believe would better meet the needs of individuals, families and communities in your county.

Some ideas that Broome County feels are important to change in the current configuration of the local service system to better meet the needs of individuals, families and communities are as follows:

- With the recent closure of the Adolescent Treatment Program at New Horizons, it becomes more apparent that OASAS needs to provide base funding in some form (i.e.: State Aid, increased Medicaid rate for adolescent services, etc.) to programs who are willing to do this type of treatment. Also provide incentives to programs that provide Family Treatment as a component of the services.
- Transitional or Low-Demand Housing should be funded that would provide a safe environment for individuals unable to access housing due to intoxication and the Addiction Crisis Center is full.
- Make regulations more compatible across the state agencies pertaining to specifics regarding intakes, assessment, treatment planning, treatment updates, discharge planning; to have standardized processes and client records so these agencies are able to accept records from each other without having to redo all of the paperwork and put the clients through an extremely repetitive process.

- Both OASAS and OMH should institute “client-friendly” policies regarding integrated treatment initiatives and acknowledge the role both illnesses play in the exacerbation of the other illness and how this adversely affects the clients. This should include the concept of “no wrong door” to make sure clients are not denied admission due to the co-occurrence of two or more illnesses, but rather that clients can be assessed and appropriate referrals made while they are under care, rather than “on their own”.
- There is a great need for practice guidelines for psychiatrists locally as well as State-wide who are treating individuals with dual disorders. Also, educating physicians on the dangers of prescribing narcotics to chemically addicted persons for pain control.
- Allow for more flexibility in using funding streams in order for more effective treatment to be delivered to clients who need more than one system of care.
- Design and implement a confidential data collection program that will allow the system to track clients with co-occurring problems more effectively, and where these clients are going to receive treatment, etc. This would allow for better tracking of outcomes, performance management, practice improvements and a better way to assess system gaps.

5. Capital Improvement Plan (OASAS) - Identify the need for capital improvements within the local service system. Include a list of active capital projects for which a **Schedule C - OASAS Capital Project Funding Request Form** has been completed and submitted to OASAS.

Broome County has submitted a Schedule C to build a new 14 bed Women's Community Residence that will include beds for Women and Children. Please see Schedule C.

6. Discovery Process Documentation (OMRDD) - Identify the constituent groups consulted as part of the local discovery and priority setting process (e.g., individuals with developmental disabilities, families, advocacy groups, providers of services, DDSO, other community organizations, etc.)

Broome County Mental Health Department consults with a myriad of constituency groups as part of Broome County's local discovery and priority setting process. Through a variety of forums and methods input is sought from individuals with disabilities, their families and advocates, advocacy and support group participants, service providers and representatives from state and local government including the DDSO and BCMHD.

7. Methods of Discovery (OMRDD) - Identify the methods of discovery utilized to determine the issues, concerns, needs and priorities for local planning (e.g., surveys, forums, key informant interviews, focus groups, analysis of available data, etc.). Summary information obtained from these discovery methods should be included.

METHODS OF DISCOVERY

Broome County's local discovery and priority setting process is an ongoing one that seeks the input of all stakeholders. There are numerous venues devoted to addressing the needs and issues affecting the individuals in our community who have developmental disabilities and their families. 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 inclusion and independence.

The Broome County Interagency Task Force on Children's Mental Health Services was established over four years ago to an attempt to bring people together to strategize regarding how to best serve children and adolescents who receive, or need, services from both the OMRDD and mental health systems. The Task Force consisted of individuals from various systems including mental health, MRDD, social services, schools, probation, health, and other interested individuals. This group met on a regular basis during the past four years and was instrumental in pushing for some much needed changes and additions to services. Having succeeded in its mission this group wrapped up in March of this year.

The Broome County Opportunities committee also meets regularly to review requests for waiver services and environmental modifications that are supportive of each individual's life goals. This group is comprised of individuals with developmental disabilities, parents, advocates and service providers. Among the requests that come before this committee include those for Day Habilitation, Residential Habilitation, and Hourly Respite services.

The Medicaid Service Coordinators in our community meet together regularly to share information in an effort to best assist each other in meeting the needs of the individuals and families they serve.

Parents Empowering Parents is a support group for parents of children with disabilities. This group meets once a month throughout the school year.

Broome DDSO Family Support Services Advisory Council also meets monthly. This group consists of individuals with developmental disabilities, parents and other individuals acting in a care-giver role, and several DDSO staff that act in an advisory role. This group also addresses pertinent issues and advocates for needed services and supports for our citizens with mental retardation and developmental disabilities.

In addition to these venues, there are a multitude of intra-agency meetings and committees that regularly address challenges and dialogue and plan for innovative ways to help individuals with mental retardation and developmental disabilities to gain the supports and services they need to meet their goals.

The input from all of these organizations is sought and their input is included in the development of our local government plan for services for individuals with developmental disabilities. Members of each of the aforementioned committees are also invited to attend the MRDD subcommittee of the Community Services Board and receive the minutes of the MRDD meetings.

In addition to the regular meetings and committees that meet to identify and address issues pertaining to service needs and development, the Broome County Mental Health Department generally holds a Forum for Mental Retardation and Developmental Disability (MRDD) services each year. The last forum was held on April 4, 2007. The invitations were widely distributed via schools, agencies and other service providers. Announcements were sent to Southern Tier Independence Center for inclusion in their newsletter and notices were sent to the Family Enrichment Network for distribution to the families they serve. The announcement for Forum also appeared in Binghamton's newspaper. Following the Forum another effort was made to reach out to parents via the Early Childhood Direction Center and the Parent to Parent program. The Forum was well attended. A summary of the comments and needs identified at the forum are attached. This venue provides an important piece of the discovery process.

Broome County continues to work collaboratively with all stakeholders to share ideas and information, and design creative, cost effective, individualized approaches to addressing and meeting the needs of all of our citizens with mental retardation and developmental disabilities.

The Mental Retardation and Developmental Disabilities (MRDD) sub-committee of the Broome County Community Services Board meets on a monthly basis to address MRDD 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 MRDD subcommittee is an excellent example of the partnership planning process at work.

8. Assessment of Existing Supports and Services (OMRDD, optional) - This optional section should address the base resources of the county's developmental disabilities service system and the base of generic supports and services available within the county. Information may be summarized in a table or in narrative format. Data to assist in the formulation of this assessment is available under "County Data".

Please see attachment.

Attachments
<ul style="list-style-type: none">• Summary of 2007 Forum.doc - MRDD Forum Summary• AssessOfExistingSupportsAndReources(PlanningActivitiesRport#8).doc - Existing Supports and Resources• Adultpriorities (2).doc• Childrempriorities (2).doc• Workplan year KYDS attachment 5.doc• Map Sub County Plan darker copy 1.tif• MHSubcListNames (2).doc