

**2009 Mental Hygiene Priority Outcomes Form**  
**Broome Co Community Mental Health Svcs (70000)**  
Plan Year: 2009  
Certified: Katherine Cusano (7/14/08)

Consult the LSP Guidelines for additional guidance on completing this exercise.  
2009 Local Services Plan Guidelines Glossary

## 2009 Priority Outcomes

### Priority Outcome 1

#### **Agencies/providers will be able to successfully recruit and retain dedicated, well-qualified direct care workers**

Agencies: OASAS; OMH; OMRDD;

Service Categories: Prevention / Public Health Promotion; Treatment / Clinical Services; Recovery / Community Support Services;

Focus: Increase in Retained Employment / Meaningful Activity / Education; Increased Social Connectedness/Community Inclusion;

Transportation/Community Supports; Increased Availability of and Access to Services; Quality Management/Performance

Measurement/Consumer Satisfaction; Cross System Collaboration/Service Integration; Workforce Development;

Impacted Populations: All Ages; Male; Female; Addiction; Mental Illness; Mental Retardation / Developmental Disability; All Races /

Ethnicities; No special population targeted;

Virtually all service providers report difficulty recruiting and maintaining dedicated, well-qualified staff to work in direct care occupations such as: residential aides, residential habilitation providers, respite workers, case managers, job coaches, habilitation specialists, behavior specialists, CASACs, CPPs, CPSs, LMSWs, nurses, etc. There is a limited pool of individuals and particularly Prevention Specialists are difficult to find and recruit. Many CASACs are aging out of the work force and although new trainees are coming in, the existing number of qualified people in the field is shrinking, which also makes on-the-job training problematic.

#### *2008 Progress:*

*Agencies continue to experience difficulty recruiting and retaining well-qualified direct care workers. Despite the COLA, funding remains an issue. Agencies continue their efforts to make direct care positions more enticing by offering low cost incentives including flexible hours, agency based awards, work performance based incentives, recognition, training opportunities, etc. The wages most agencies are able to pay for direct line staff however, are not competitive enough and do not provide adequate compensation considering the responsibilities and duties inherent in most direct care positions. In addition, since many direct care positions are part-time (e.g., respite workers, residential habilitation providers, etc) they tend to have a high turn-over rate as staff frequently leave them when opportunities present for them to move into full-time positions. The Dual Recovery Project continues to provide high quality, free training to the community. The Mental Health Department has contracted to provide a series of day-long in-service trainings on various Mental health topics to licensed community providers. We continue to build on established collaborations with the two colleges and build deepening relationships.*

*A Task Force was responsible for the development of various training modules for “cross systems” training. Some of these were pre-existing training curriculum available through Broome Developmental Center. Other training modules, most of which are power point presentations, were added and focused on topics pertinent to youth with co-occurring disorders of mental health and development disabilities. There is a “catalogue” of 13 different training modules currently available for agencies and community groups to request.*

*In May 2007, the first cross-training program was held and was attended by close to 80 participants. As a result of the Task Force’s efforts, both Single Point of Accountability (SPOA) and Coordinated Children’s Services Initiative (CCSI) have opened their admissions to children with Developmental Disabilities and Mental Retardation.*

*The Broome DDSO has developed a cooperative relationship to provide psychological consultations to consumers with developmental disabilities seeking emergency mental health services from CPEP.*

*Binghamton University has added a training component for already licensed Nurse Practitioners, allowing them to pursue psychiatric specialization. Once the University has obtained all of the necessary accreditations, they will off a full program for psychiatric nurse practitioners.*

#### **Strategy 1.1**

In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Participants: Vocational/Employment Organizations ; State certified and funded providers; Other Community Based Agencies; Private Foundations/United Way; Faith-based Organizations; Media; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OMRDD DDSO;

**A work group is being developed through the MRDD Subcommittee of the Community Services Board to address this issue**

**Strategy 1.2** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Participants: Higher Education; Other Community Based Agencies;

**Continue to collaborate and advocate with Broome Community College and Binghamton University to provide internships and other opportunities to train and educate individuals in this field with the hopes of retaining these individual in the local workforce.**

**Strategy 1.3** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Participants: Other Community Based Agencies; Faith-based Organizations; Consumers; Families/Friends; Advocacy Organizations;

**Identify and implement strategies and create incentives that would increase the appeal of direct care service occupations**

**Strategy 1.4** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Private Sector/ Business Community ; State certified and funded providers; Other Community Based Agencies; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

**Lobby funding sources for increased funding in order to offer more competitive wages and benefits packages for direct care positions**

**Strategy 1.5** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Participants: State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Media; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations;

**Support service providers in their efforts to be creative in designing, defining and advertising direct care positions**

**Strategy 1.6** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010  
Participants: Higher Education; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations;

**Ensure adequate training and cross training is available for all disciplines**

**Strategy 1.7** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: Department of Social Services/ Child Welfare; School Districts/BOCES; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

## Improve access to diagnostic assessments

**Priority Outcome 2**

**2. Recruit and Retain Board Certified Psychiatrists, Nurse Practitioners, Psychologists, Physician Assistants to increase availability and access to medical, psychiatric, clinical and psychological services for children and adults with mental health, substance abuse, mental retardation and developmental disabilities and co-occurring issues**

Agencies: OASAS; OMH; OMRDD;

Service Categories: Prevention / Public Health Promotion; Treatment / Clinical Services; Recovery / Community Support Services;

Focus: Health and Wellness; Increased Availability of and Access to Services; Abstinence from Substances/Decreased

Symptomatology; Increased Retention and Engagement in Treatment/Reduced Utilization of Psychiatric Beds; Cost Effectiveness

(Average Cost); Quality Management/Performance Measurement/Consumer Satisfaction; Cross System Collaboration/Service

Integration;

Impacted Populations: All Ages; Male; Female; Addiction; Mental Illness; Mental Retardation / Developmental Disability; All Races / Ethnicities; No special population targeted;

From the MRDD Perspective: There are limited medical specialists in Broome County. There are even fewer medical specialists available in the County who treat children. Medical specialists who accept Medicaid insurance are even scarcer. Families (who are able to) travel long distances to access the services of pediatric neurologists, developmental pediatricians and dentists. Psychiatric and psychological services are even more difficult to obtain. Many individuals are deemed ineligible to receive inpatient and outpatient mental health services including evaluations, medication management and counseling and psychiatric hospitalization by virtue of the fact that their primary disability is mental retardation. This issue has been widely discussed in virtually every committee and group in the County that addresses needs and services pertaining to individuals with mental retardation and developmental disabilities.

From the MH Perspective: All Broome County providers who employ psychiatrists have been challenged to recruit and retain psychiatrists. The average age of Broome County Psychiatrists is probably over 60 years of age. We have had two long term psychiatrists die within the last few years. In years past, Greater Binghamton Health Center would recruit and employ psychiatrists that would also work in Community-based programs part-time. In recent years, Greater Binghamton Health Center has been hiring Limited Permit psychiatrists who cannot work outside of a hospital setting. We also think that salaries for psychiatrists are not sufficient to recruit. All providers are using Psychiatrist Nurse Practitioners; however, they still need to collaborate with a Psychiatrist.

From the CD Providers Perspective: Due to the high incidence of individuals with co-occurring issues in the CD system, these clients also need access to Psychiatric services.

*2008 Progress: A new diagnostic service - The Youth Evaluation Program - has been developed at Broome County Mental Health Department. Staffed by a psychologist from the Broome County Mental Health Department and a number of Binghamton University PhD students, this program provides psychological assessments for children suspected of having both mental health diagnoses and developmental disabilities. The Broome DDSO has been able to hire a psychiatrist to serve individuals in the OMRDD system. In addition, the Broome DDSO provides psychological consultation for CPEP staff when individuals with MRDD present at CPEP for emergency mental health services. Two Fellows from SUNY Upstate Medical Center are going to be completing their fellowships at Greater Binghamton Health Center (GBHC). Their expertise will greatly benefit our community. Binghamton University is developing a psychiatric specialization track for students in the Nurse Practitioner program. A medical specialists committee has been established to address the shortage of medical specialists. The committee meets on a monthly basis and has among its members staff from the High Risks Birth Clinic, STIC, HCA and Binghamton Pediatrics (UHS). They hope to identify strategies that will be effective in bringing various medical specialists in concert into the area. While progress has been made, much more is needed to adequately address the medical/psychiatric needs our citizens with mental retardation and developmental disabilities.*

**Strategy 2.1** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Hospitals/Medical/Dental; State certified and funded providers; Other Community Based Agencies; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Explore the possibility of establishing a specialty clinic (or a mobile medical team) that would be staffed by medical specialists that would come to the area on a regular basis to provide evaluation, assessment and treatment

**Strategy 2.2** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010

Participants: Department of Health/Public Health; Higher Education; Hospitals/Medical/Dental; State certified and funded providers;  
Other Community Based Agencies; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Explore option of tele-medicine

**Strategy 2.3** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010

Participants: Department of Health/Public Health; Higher Education; Hospitals/Medical/Dental; Other Community Based Agencies;  
Consumers; Families/Friends; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Utilize the resources and talents of area universities and colleges, hospitals and other community agencies to establish a collaborative approach to addressing these issues.

**Strategy 2.4** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010

Participants: Department of Health/Public Health; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO; Other federal or state participants - unsure;

Need to advocate for changes in federal legislation that prohibit limited permit and J-one physicians from working in community health care. Develop recommendations so that doctors are not the only ones at the top of the treatment plan. Need to identify legislative barriers that exacerbate this problem and change to allow nurse practitioners to be able to sign-off on treatment plans.

**Strategy 2.5** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2010

Participants: Higher Education; Hospitals/Medical/Dental; State certified and funded providers; Consumers; Families/Friends;  
Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Partner with UHS or GBHC as part of a residency program for one of the state schools where psychiatry degrees are offered. Need state elected officials support to institute this change.

**Strategy 2.6** In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2011

Participants: State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Advocate to Local and State Officials to institute loan forgiveness programs

**Priority Outcome 3**

**Funding must keep up with cost of operations. This includes net deficit, COPS, Medicaid and DSH.**

Agencies: OASAS; OMH; OMRDD;

Service Categories: Prevention / Public Health Promotion; Treatment / Clinical Services; Recovery / Community Support Services;

Focus: Increased Availability of and Access to Services; Cost Effectiveness (Average Cost); Cross System Collaboration/Service

Integration; Workforce Development;

Impacted Populations: All Ages; All Races / Ethnicities; No special population targeted;

Broome County has experienced a series of funding cuts over the last decade that have had a significant impact on the system. An example of these cuts include: Shared Staff, ARMS, and State Aid Reductions. Over the same 10 year period, many programs experienced increased costs associated with fringe benefits, utility and rent increases, increased transportation cost, etc. At the same time, program revenues have been held flat or have had one time only increases. The overall effect has been that funding and revenue have not kept up with the cost of living. This

translates into further program cuts as agencies are forced to live within their budgets.

*2008 Progress: OMH is currently looking at financial restructuring for clinical services. The OMH, OASAS and OMRDD State agencies have committed to COLAs through 2010. The local LGU and Providers will continue to lobby for continued funds to ensure that mandatory cost increases are covered from year to year. This will ensure services will be able to be maintained.*

**Strategy 3.1** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: Other Community Based Agencies; Advocacy Organizations; OASAS Field Office;

Make Case Management a billable service under OASAS regulations, as it is under OMH

**Strategy 3.2** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: State certified and funded providers; Other Community Based Agencies; Consumers; Families/Friends; Advocacy Organizations; Other local participants - Elected Officials;

Educate elected officials as to the importance of keeping funding commensurate with needs of the agencies.

**Strategy 3.3** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: State certified and funded providers; Other Community Based Agencies; Private Foundations/United Way; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations;

Agencies share the cost of a dedicated staff for grant writing initiatives

**Priority Outcome 4**

**Increase opportunities for individuals with mental retardation and developmental disabilities to participate in meaningful activities**

Agency: OMRDD;

Service Categories: Recovery / Community Support Services;

Focus: Increased Access and Stability in Housing; Increase in Retained Employment / Meaningful Activity / Education; Increased Social Connectedness/Community Inclusion; Self Direction/Independence/Economic Self-Sufficiency; Transportation/Community Supports; Increased Availability of and Access to Services; Use of Evidence-Based Practices/Best Practices/Promising Practices; Quality Management/Performance Measurement/Consumer Satisfaction;

Impacted Populations: All Ages; Male; Female; Mental Retardation / Developmental Disability; All Races / Ethnicities; No special population targeted;

Broome County's citizens with mental retardation and developmental disabilities will have access to a variety of activities based on their needs, interests and choices. This will include opportunities to participate in employment, training and habilitation activities, social and recreational activities, and respite services. Individuals with disabilities and their families will also have access to information and support to assist them as they identify and pursue goals. This is particularly important during periods of transition (eg. during the transition from school to work, and during the transition from living at home to living independently/living with friends).

*2008 Progress: The Broome DDSO has proposed to develop an additional Day Habilitation program. They are in the process of trying to locate a suitable site for this service. In addition, ACHIEVE (formerly Broome-Tioga ARC) was able to serve five additional people in their Day Habilitation program. The Handicapped Children's Association (HCA) proposal to develop a 6-bed VOIRA for children is progressing. They have purchased a property in the town of Maine and are presently working on obtaining design approval. ACHIEVE had submitted an OPTS proposal to develop a 6-bed VOIRA that would have 3 permanent beds and 3 beds for emergency crisis respite. This VOIRA was to be specifically designed to address the needs of individuals who are dually diagnosed (those individuals with developmental disabilities as well as mental health diagnoses). Since the retirement of OPTS this proposal has been delayed. While ACHIEVE was able to access some OMRDD funds for the project the amount was insufficient to fund the proposal. The operational budget is under agency review and feasibility of continuing to move forward with this project is being studied. The development of a 4-bed SOIRA is in process. A 4-bed SOIRA on Pamela Drive is scheduled to open in June of 2008. The DDSO is also continuing to make progress in relocating one SOIRA from Johnson City to Governors Lane in Endicott and another from Farm-To-Market Road in the Town of Union to Taft Avenue in Endwell. The DDSO has received approval to develop two 4-bed SOIRAs for children with Autism. This is a research-based pilot program for adolescents 11 - 14 years of age. The DDSO is in the process of conducting a property search and are working with Binghamton University on the environmental and programmatic design. The DDSO and the Greater Binghamton Health Center (formerly Binghamton Psychiatric Center) are participating in a joint initiative*

that would develop two 6-bed OMRDD certified short-term crisis residences on the grounds of the Greater Binghamton Health Center. One of the crisis residences would serve children and adolescents and one would serve adults. Both would be designed for individuals with MRDD who are experiencing a mental health crises. Renovations on one of the properties is already underway. It is anticipated that the crisis residence for adults will be completed by the Spring of 2009. The crisis residence for children is expected to be completed by the fall of 2009. Southern Tier Independence Center (STIC) has received funding through an OMRDD Family Support Services grant to hire a Behavior Design Specialist. This individual will work with developmentally disabled school age children. The Behavior Design specialist would be available to consult with schools and families and to develop intervention plans to assist children who are experiencing behavioral difficulties. This service is expected to begin in July of 2008. STIC had also submitted a proposal to develop an Expression Through the Arts program through OPTS. While OPTS has been retired, STIC was able to receive the funding from OMRDD to develop this program. The Expression Through the Arts program will offer opportunities for children with developmental disabilities to express themselves through art and music in a fully integrated setting. SWS, Inc. is participating in the OMRDD Internship Program which is dedicated to assisting consumers access employment by providing one-on-one job coaching at a community agency/business for up to 18 months.

**Strategy 4.1** In Progress

Agency: OMRDD;  
Target Complete Year: 2010  
Participants: Housing Authorities/Coalitions; State certified and funded providers; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OMRDD DDSO;

**Increasing and expanding residential options**

**Strategy 4.2** In Progress

Agency: OMRDD;  
Target Complete Year: 2010  
Participants: School Districts/BOCES; Higher Education; Private Sector/ Business Community ; Vocational/Employment Organizations ; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OMRDD DDSO;

**Increasing and expanding options for work and day other day activities including day habilitation**

**Strategy 4.3** In Progress

Agency: OMRDD;  
Target Complete Year: 2010  
Participants: Department of Social Services/ Child Welfare; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OMRDD DDSO;

**Increasing the availability and flexibility of respite services**

**Strategy 4.4** In Progress

Agency: OMRDD;  
Target Complete Year: 2010  
Participants: Transit Authorities/Coalitions; Private Sector/ Business Community ; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OMRDD DDSO;

**Increasing availability and access to transportation**

**Priority Outcome 5**

**Improve coordination and programming between OMH, OASAS, and OMRDD Services for Children and Adults including Forensic, Geriatric and Veterans.**

Agencies: OASAS; OMH; OMRDD;  
Service Categories: Prevention / Public Health Promotion; Treatment / Clinical Services; Recovery / Community Support Services;  
Focus: Increased Availability of and Access to Services; Use of Evidence-Based Practices/Best Practices/Promising Practices; Cross System Collaboration/Service Integration;  
Impacted Populations: All Ages; Male; Female; Addiction; Mental Illness; Mental Retardation / Developmental Disability; All Races / Ethnicities; No special population targeted; Persons in the Criminal/Juvenile Justice System; Veterans;

In Children and Adult services, there is a need to collaborate more between systems (OMH, OASAS, OMRDD) in order to provide a full range of services addressing all consumer needs.

2008 Progress: *This priority was addressed at various staff, management and provider meetings*

*over the last 3 years. Cross-system collaboration for Children services between OMH and OMRDD is already being addressed per a recent OMH/OMRDD research study done by the Center for Governmental Research (CGR) in late 2005. Cross system between OMH and OASAS is being addressed through the County's Dual Recovery Project. There is a new diagnostic service (Youth Evaluation Program) at BC Mental Health to evaluate children with suspected co-occurring MRDD and MH issues. The Task Force was an impetus for the Children's Home of Wyoming Conference to apply for and obtain a license through the Office of Mental Retardation & Development Disabilities. They are developing a range of services to offer to this population. Broome DDSO and GBHC have collaborated on a landmark proposal to create 2 six-bed residences on the GBHC campus for people with developmental disabilities (1 for youth and 1 for adults) to provide short-term crisis mental health treatment. These will serve a 6 county area. Achieve is working on a proposal for emergency respite for consumers in their residential programs who are in crisis. The Broome DDSO hired a psychiatrist, increasing services to consumers of the OMRDD system. The Broome DDSO has developed a cooperative relationship to provide psychological consultations to consumers with developmental disabilities seeking emergency mental health services from CPEP. Commissioner Art Johnson is involved in a State-wide initiative to increase psychiatric services for children, called the STEPS campaign. He has discussed the work of our task force, brought the issues we've identified to this larger group, and remains a very strong advocate for children with co-occurring mental health and developmental disabilities. The Task Force discontinued its committee on February 6, 2008.*

**Strategy 5.1** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: Department of Social Services/ Child Welfare; School Districts/BOCES; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Identify barriers (i.e.: Respite Services) on a continuing basis

**Strategy 5.2** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2009

Participants: Department of Social Services/ Child Welfare; School Districts/BOCES; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Improve access to diagnostic assessments

**Strategy 5.3** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

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.

**Strategy 5.4** In Progress

Agencies: OASAS; OMH; OMRDD;

Target Complete Year: 2010

Participants: State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office;

Advocate that both OASAS and OMH should institute “client-friendly” policies that 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.

#### **Priority Outcome 6**

##### **Ensure timely access to Licensed Outpatient services to anyone who has a mental health diagnosis**

Agency: OMH;  
Service Categories: Treatment / Clinical Services; Recovery / Community Support Services;  
Focus: Increased Availability of and Access to Services; Cost Effectiveness (Average Cost); Use of Evidence-Based Practices/Best Practices/Promising Practices; Quality Management/Performance Measurement/Consumer Satisfaction;  
Impacted Populations: All Ages; Male; Female; Mental Illness; All Races / Ethnicities; No special population targeted;

Improve service zccess to non-crisis clients so they see a social worker within 5 days and medication needs are satisfied within 30 days. All high-risk clients (CPEP, hospital referrals) are currently seen by both the social worker/psychiatrist within 5 days.

#### **Strategy 6.1**

In Progress

Agency: OMH;  
Target Complete Year: 2011  
Participants: Higher Education; State certified and funded providers; Other Community Based Agencies; Consumers; Families/Friends;

Planning for a Binghamton University Social Worker Trainee Clinic could increase capacity (individuals could be seen quicker at this clinic and also affect the BCMH Clinic). The Binghamton University Social Work school could offer new clients timely appointments and access to therapy.

#### **Priority Outcome 7**

##### **Re-evaluate Utilization Review practices across the outpatient system (Clinic, Case Management and Housing)**

Agencies: OASAS; OMH; OMRDD;  
Service Categories: Treatment / Clinical Services; Recovery / Community Support Services;  
Focus: Cost Effectiveness (Average Cost); Use of Evidence-Based Practices/Best Practices/Promising Practices; Quality Management/Performance Measurement/Consumer Satisfaction; Cross System Collaboration/Service Integration;  
Impacted Populations: All Ages; Male; Female; Addiction; Mental Illness; Mental Retardation / Developmental Disability; All Races / Ethnicities; No special population targeted;

Examine the utilization procedures in the Clinic, Case Management and Housing to identify long-term patients that could transition off services to allow for new clients to enter systems. It has been identified that several hundred clients continue at the clinic, case management and housing when they may be able to graduate from services and be self-sustaining on their own.

#### **Strategy 7.1**

In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2011  
Participants: State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Utilization Review procedures need to be re-engineered to accommodate new clients and transition out long-term clients.

**Strategy 7.2**

In Progress

Agencies: OASAS; OMH; OMRDD;  
Target Complete Year: 2011

Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; School Districts/BOCES; Higher Education; Hospitals/Medical/Dental; Office for the Aging; Housing Authorities/Coalitions; Private Sector/ Business Community ; Vocational/Employment Organizations ; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; OMH Field Office; OMRDD DDSO;

Identify any other services necessary in order to ensure long-term client recovery support

**Priority Outcome 8**

**Increase availability of adolescent chemical dependency treatment and recovery support services to include access to a full continuum of care**

Agency: OASAS;

Service Categories: Prevention / Public Health Promotion; Treatment / Clinical Services; Recovery / Community Support Services; Focus: Health and Wellness; Increased Availability of and Access to Services; Abstinence from Substances/Decreased Symptomatology; Increased Retention and Engagement in Treatment/Reduced Utilization of Psychiatric Beds; Cost Effectiveness (Average Cost); Use of Evidence-Based Practices/Best Practices/Promising Practices;

Impacted Populations: Adolescents; Male; Female; Addiction; Other Medical / Health Disability - possible co-occurring issues; All Races / Ethnicities; Families; Parents;

Until recently, Broome County had one treatment provider for Adolescents, in the Outpatient Clinic at New Horizons. Early in 2008, New Horizons closed this service to look at possibly revamping it to include Family Services. To date, they have not reopened and this has caused a hardship for the community. One of the main issues for the closure was the lack of funding to support this service. It is strongly felt that there needs to be a base funding stream or an enhanced payment method to provide the monies necessary to support these time-intensive services.

*2008 Progress: 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. We are in the final stages of implementing a new program that involves ACBC 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. We are also finalizing our work with developing a model of treatment that will be housed at the BOCES and serve that population of adolescents on-site. Several of the AATF members have recently visited a similar program in Saratoga Springs to gain knowledge and insight into setting up this program. We hope to start it in the fall of 2008.*

**Strategy 8.1**

In Progress

Agency: OASAS;

Target Complete Year: 2010

Participants: Advocacy Organizations; OASAS Field Office;

Advocate with OASAS to provide base funding and/or enhanced rates to pay for this time-intensive service more appropriately, including Case Management services.

**Strategy 8.2**

In Progress

Agency: OASAS;

Target Complete Year: 2010

Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; School Districts/BOCES; Youth Bureau; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office;

Continue to collaborate with other providers from all disciplines in developing and providing a full continuum of care for adolescents in need of treatment for chemical dependency.

**Strategy 8.3** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; Other local participants - Elected Officials;

Continue to advocate with State and local officials concerning the importance and need to expand services for this vulnerable population.

**Strategy 8.4** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: School Districts/BOCES; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office;

Continue development of the BOCES model of treatment that is being implemented in several other counties in the State.

**Strategy 8.5** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; School Districts/BOCES; Youth Bureau; Legal/Court System/Jails; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office;

Continue to develop the model of “co-enrollment” of kids in several local programs to gain access to needed services such as transportation, case management, etc.

**Priority Outcome 9**  
**Increase sober housing in all areas of the residential continuum**

Agency: OASAS;  
Service Categories: Treatment / Clinical Services; Recovery / Community Support Services;  
Focus: Increased Access and Stability in Housing; Increased Social Connectedness/Community Inclusion; Self Direction/Independence/Economic Self-Sufficiency; Increased Availability of and Access to Services; Abstinence from Substances/Decreased Symptomatology; Increased Retention and Engagement in Treatment/Reduced Utilization of Psychiatric Beds; Use of Evidence-Based Practices/Best Practices/Promising Practices; Workforce Development;  
Impacted Populations: Young Adults; Adults; Seniors; Male; Female; Addiction; Other Medical / Health Disability - Individuals with Co-occurring Disorders; All Races / Ethnicities; No special population targeted; Homeless;

The County is in need of Transitional and/or Low Demand Housing that would provide a safe environment and supports for individuals who are “under the influence” and cannot access a bed at the ACC when it is full, or other shelter-type services. Also, the maximum length of stay at the ACC is 14 days. Given long waiting lists, admission into a treatment facility usually exceeds 14 days, so most clients must leave the ACC before they can transition to treatment. They usually do not have a safe place to stay while they are waiting. In addition, DSS funds that pay for treatment are not activated until the client is actually admitted into the treatment facility, so there are no means to pay for housing in the interim. Often the emergency shelter beds are full at the area shelters, leaving few to no options for safe housing.

*2008 Progress: This is a standing agenda item on the PAG and ASA Committees. The agencies do their best to track waiting lists and be creative with services in the community. The Salvation Army was providing emergency beds for a time; however this practice was discontinued under*

*the new administration at that agency.*

**Strategy 9.1** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Housing Authorities/Coalitions; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations;

Provide training and support for staff in sober housing on a regular basis in differently creative ways so they feel more able to serve the “tough” population

**Strategy 9.2** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Housing Authorities/Coalitions; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; Other local participants - Dual Recovery Project members;

Continue data collection activities to show the need for further expansion. FRS has the HMIS system for the Homeless Coalition and could help with this process

**Strategy 9.3** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: State certified and funded providers; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office; Other local participants - County LGU;

Build a new Women’s HWH with increased capacity

**Strategy 9.4** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; Housing Authorities/Coalitions; State certified and funded providers; Other Community Based Agencies; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office;

Broaden the definition of sober housing and provide incentives to potential providers.

**Strategy 9.5** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Private Sector/ Business Community ; State certified and funded providers; Other Community Based Agencies; Private Foundations/United Way; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office;

Develop Recovery Community Center to ensure individuals have access to an abundance of supports.

**Strategy 9.6** In Progress

Agency: OASAS;  
Target Complete Year: 2010  
Participants: Housing Authorities/Coalitions; Private Sector/ Business Community ; State certified and funded providers; Other Community Based Agencies; Private Foundations/United Way; Faith-based Organizations; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations;

Consider a “housing first” model.

**Priority Outcome 10**

**Increase opportunities for treatment and recovery support services for individuals who are uninsured/underinsured or sanctioned.**

Agency: OASAS;

Service Categories: Treatment / Clinical Services; Recovery / Community Support Services;

Focus: Health and Wellness; Increased Availability of and Access to Services; Abstinence from Substances/Decreased Symptomatology; Increased Retention and Engagement in Treatment/Reduced Utilization of Psychiatric Beds; Cost Effectiveness (Average Cost); Use of Evidence-Based Practices/Best Practices/Promising Practices; Cross System Collaboration/Service Integration; Impacted Populations: All Ages; Male; Female; Addiction; All Races / Ethnicities; No special population targeted;

There is still a large percentage of clients who have no access or limited ability to purchase health care for themselves and their families. Even Child Health Plus has a co-pay for people making over an established threshold and many families do not have the means to pay. Also, when clients are sanctioned from DSS for non-compliance, they are terminated from Medicaid and this creates a domino effect of fiscal problems for the entire system of care.

*2008 Progress: OASAS has proposed new regulation that “ Amends the Social Services Law to repeal Medicaid sanctions imposed on safety net assistance applicants and recipients who are not in compliance with alcoholism and substance abuse identification and treatment requirements. Medical assistance sanctions for such non-compliant recipients and applicants create counter-productive barriers that hinder sanctioned recipients and applicants from returning to treatment and threaten public health by leaving sanctioned persons who have serious health problems without access to health care, including persons with HIV, Tuberculosis and Hepatitis. OASAS believes that it is a far better approach to maintain their Medicaid eligibility so that may return to treatment and continue to address their other health needs thereby furthering the likelihood that they may successfully complete treatment.”*

**Strategy 10.1**

In Progress

Agency: OASAS;

Target Complete Year: 2010

Participants: Department of Social Services/ Child Welfare; Department of Health/Public Health; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations; OASAS Field Office;

Advocate to the State and Federal officials the importance of health coverage for all individuals to be able to receive needed treatment

**Strategy 10.2**

In Progress

Agency: OASAS;

Target Complete Year: 2010

Participants: State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Advocacy Organizations; OASAS Field Office; Other federal or state participants - elected officials;

Advocate to State and Federal officials to reassess the Sanctioning program at Federal level and the Department of Social Services to realize the importance of people being able to access funding to cover treatment needs, and how no treatment affects the whole system.

**Strategy 10.3**

In Progress

Agency: OASAS;

Target Complete Year: 2010

Participants: Department of Social Services/ Child Welfare; State certified and funded providers; Other Community Based Agencies; Peer-based Support Groups; Consumers; Families/Friends; Advocacy Organizations;

Continue our collaboration and coordination of services with our local DSS to ensure funding for this population when possible.