



Tompkins County
COMMUNITY MENTAL HEALTH SERVICES BOARD

Tompkins County Whole Health
201 East Green Street
Ithaca, New York 14850-5635

Ellice Switzer, Chair

Jan Lynch, Vice Chair

Frank Kruppa; Commissioner

Harmony Ayers-Friedlander,
Deputy Commissioner/Director of Community Services

Larry Roberts, Chair,
Mental Health Subcommittee

James Beaumont and Jeff Boles, Co-Chairs,
Developmental Disabilities Subcommittee

Stu Bergman, Chair,
Substance Use Subcommittee

Mental Health Subcommittee
Via Zoom
April 18, 2023, @ 1:00 pm
Meeting Minutes

Approved 6.20.23

Present: Larry Roberts; Mary Hutchens; Jessica Conner; Jan Lynch; and Dan Doyle

Excused: Ed Bergman; Tracy Decker; Mary Orsaio; and Beth McGee

Guests Present: Briggs Seekins, Challenge; Judi Magee, Unity House; John Stenson, OMH; Cara Hope, OPWDD; Karen Peterson, OPWDD and Rachel Webb, OPWDD

Staff Present: Harmony Ayers-Friedlander, DCS; Rich Shaw, TCWH; and Karan Palazzo, LGU AA

The meeting was called to order at 1:02 pm by Larry. Introductions were made. Jessica motioned to approve the January 2023 minutes, 2nd by Jan; all were in favor. Jessica motioned to approve the March 2023 minutes, 2nd by Jan; all were in favor.

Privilege of the Floor & Announcements: None

Assertive Community Treatment (ACT) Presenters: Karen Patterson, Director of Operations at Elmira Psychiatric Center supervises all inpatient and outpatient treatment and residential support programs; Cara Hope, ACT Treatment Team Leader; and Rachel Webb, ACT Social Worker.

Karen began the presentation. She said that since 2003, The Assertive Community Treatment Team (ACT) provides mobile intensive treatment and support to individuals diagnosed with severe mental illness who have been unsuccessful in traditional forms of treatment. Specifically, those who may not be responding well to traditional clinic treatments, those that have a hard time getting into treatment, and those that are struggling; have a lot of interactions with law enforcement; presenting frequently at the emergency department, and often have co-occurring substance use disorders.

ACT is an evidence-based model and it provides both treatment and case management services in addition to rehab for substance use disorders. ACT is not a clinical program; we meet them where they are in the community. It can be their individual apartment, group home, SRO, or a community setting of their choice if it's deemed safe for both the client and our staff. Some locations may include the library, drop-in centers, coffee houses, and other settings where there's some privacy. ACT is assertive in outreach and engagement efforts, but individuals must agree to services. ACT is limited and generally serves people for two years.

The Mid-Lake ACT is a 48-person team with an office located at 313 Third Street in Ithaca. Although there is a request to expand services in Tompkins County it is not feasible due to geography and staff not able to see consumers as required. ACT was built on an urban model and has tried to adapt to meet the needs of rural New York.

Karen explained that Assisted Outpatient Treatment (AOT) falls under Kendra's law. It is a court order that is established with the recipient of services in the community. They agree to receive services that are stipulated in the treatment plan under the

order through the court. It includes treatment, and oftentimes the medications are listed. Residential treatment or residential programming is also listed. There can't be any changes to that court order without going back through the court and requesting a modification to the order. AOT-ordered individuals are prioritized for housing and any waitlist that may exist for clinic services. If individuals are non-compliant, they don't have to meet all the criteria one would need under a 945-pickup order.

Rich added that typically the county brings people to court and makes a case for them to be court-ordered. At the hearing, the judge decides, and the order includes a treatment plan, treatment provider, and what medication is recommended. The county monitors whether the person's following through with that treatment.

Harmony added that they must have a history of prior hospitalization, two times within the last three years, or some violent episode related to their mental illness. Karen said that individuals must be at least 18 years old.

Larry was unaware that the geography and size of the County are limiting the expansion of services. Karen clarified that the geography and transportation issues are related to the staffing and agrees that conversations should continue on expanding services. Harmony added that this is not only unique to ACT but impacts other regional programs in rural communities, and she agrees we need to find other solutions.

Cara shared a PowerPoint presentation providing an overview of ACT

Outcomes:

- Improved engagement.
- Safe and stable housing.
- Improved management of psychiatric symptoms.
- Medication management.
- Reduction of the use of psychiatric hospitalization and emergency rooms.
- Improved overall wellness.
- The development of healthy coping skills to reduce stressors.
- Improvement of physical health and establishment of a Primary Care Provider.
- Reduced substance use.
- Community integration.

Areas of Service:

- | | |
|---|--|
| ➤ Service Planning & Coordination | ➤ Health |
| ➤ Wellness Self-Management & Relapse Prevention | ➤ Housing |
| ➤ Family & Social Relationships | ➤ Work Opportunities |
| ➤ Medication Support | ➤ Empowerment and Self Help |
| ➤ Problem-Solving | ➤ Money Management & Entitlements |
| ➤ Daily Activities | ➤ Integrated Treatment for Substance Use |
| | ➤ Crisis Intervention |

ACT Criteria:

Priority is given to individuals with schizophrenia and other psychotic disorders (schizoaffective disorder), bipolar disorder, and major/chronic depression as they more frequently cause long-term psychiatric disability.

- Inability to participate in traditional office-based treatment services and multiple service needs.
- Two or more psychiatric inpatient admissions over a 12-month period or one long-term hospitalization of 60 calendar days or more.
- Excessive use of crisis/emergency service.
- Persistent severe major symptoms (affective, psychotic, suicidal).
- Inability to meet basic survival needs (homelessness).
- Repeat arrests, incarcerations, etc.
- AOT court order.

Process:

- The team submits and reviews a referral (clinical information must be included with the referral).
- Assertive engagement begins – ACT will initiate engagement and schedule a screening for services.
- ACT will make an admission decision.
- If an admission is not indicated ACT will provide the reason and provide recommendations.
- If an admission is indicated, ACT will move forward with scheduling a date, time, and location with the individual.

ACT Model:

- ACT will provide at least six contacts per month.
- ACT places a strong emphasis on collateral contacts (family, social supports, medical providers, housing providers, AOT coordinator, DSS, social security, probation, parole, etc.)
- All consumers have a case record (initial and ongoing assessments, individual service plans, progress notes, collateral information, releases of information, medication list, etc.)
- The ACT team meets every morning to discuss this with each client.
- Services provided are person-centered, based on the assessment of clinical needs, and focused on maximizing independence.
- The end goal is to transition consumers to a lower level of care.
- ACT provides 90-day follow-up to support the consumer as they adjust to their new program or level of service.

In response to homelessness and Peer question. Rachel said that it is most difficult to house the most vulnerable but can work with some landlords. Ithaca's housing affordability is a major challenge. There is currently no waitlist. There are no peer specialists currently.

Cara clarified that referrals go through SPOA for those that do not engage with clinic appointments; people who are unstable in the community; those having frequent contact with the emergency departments crisis, law enforcement, frequent incarceration, increase in substance use disorder after meds; psychotic or manic; and those unable to do a lot for themselves. ACT tries to stabilize them in the community, reengage them in services, get them stable housing, make sure their basic needs are met, and then transition them on. SPOA applications can be obtained from Rich Shaw at the mental health clinic.

Deputy Commissioner's Report: Harmony reported:

Mental Health Clinic

- Construction for Genoa Pharmacy is underway and anticipates opening in May/June
- The pharmacy is open to the public and will specifically serve those with mental health and substance use issues and follow clinic hours

Co-Response Team

- Advertising for a co-response clinical position who will ride with the Sherriff's Department
- The City of Ithaca is looking at other models and has a separate committee from the county

Ithaca Community Recovery Services

- Service in Unity – Offering a new jobs program to help those with serious mental health or substance use issues overcome working challenges

Alcohol & Drug Council

- New Detox & Stabilization Center was toured and is soon to open

Invitation to attend Senator Lea Webb's strategic planning on mental health issues

Housing Needs

- Substance Use Subcommittee's Housing Series will be shared with the CSB who can then share it with the new homeless coordinator when hired.

Larry reported that a dispensary has opened in the old Trader K's. Mozaic will make a presentation at the next CSB meeting. CARS and Cayuga Medical Center have partnered together.

The meeting adjourned @ 2:22 pm