



Tompkins County
COMMUNITY MENTAL HEALTH SERVICES BOARD

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

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Substance Use Subcommittee

Mental Health Subcommittee
Via Zoom
June 20, 2023, @ 1:00 pm
Meeting Minutes

Minutes Approved 9.19.2023

Present: Larry Roberts; Jessica Conner; Tracy Decker; and Dan Doyle

Excused: Ed Bergman; Mary Orsaio; Jan Lynch; and Mary Hutchens

Guests Present: Briggs Seekins, Challenge; Helen Kaplan, ADC; Judi McGee, Unity House; Natalya Cowilich, FCS; and John Stenson, OMH

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

The meeting was called to order at 1:02 p.m. by Larry. Introductions were made. Jessica moved to approve the April and May 2023 minutes; seconded by Tracy; and all were in favor.

Privilege of the Floor & Announcements: Tracy announced that she is the Chief Operating Officer at FLIC. Helen announced that this will be her last meeting as she accepted a position in a different location. Jessica Maine will be her replacement.

Deputy Commissioner's Report: Harmony reported that the subcommittee chairs will meet tomorrow to review information for the Local Services Plan (LSP). A total of 270 members of the community completed the needs assessment survey with 160 from the community at large, Board and Subcommittee members, and agency/provider members. The questions were focused on diversity, equity, and inclusion. Information/data from various sectors including State Plans and systems, and the Community Health Assessment (CHA) are still being analyzed and evaluated. It is expected that LSP will go before the CSB for approval at the next meeting in July.

Harmony provided a summary of Liddy Barger's presentation on "Home, Together: Tompkins" which she presented at a recent CSB meeting since she was not able to attend today's meeting.

Liddy Barger works for the Continuum of Care which is a program by the US Department of Housing and Urban Development, dedicated to organizing community-wide involvement in preventing and ending homelessness. The goal of the continuum of care is to rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness. The Continuum of Care does this by promoting access to supportive housing and other supportive services for individuals experiencing homelessness through the coordinated entry process. As well as organizing community planning and education regarding building a more trauma-informed housing-first homeless response system.

This work is important as it was recognized that there are linkages between homelessness, mental illness, substance use, and developmental disabilities. A majority of LSPs across the State identified housing as a significant issue and need in communities. With significant needs in Tompkins County, the CSB, Developmental Disabilities, Mental Health, and Substance Use Subcommittees will focus much of their attention on homelessness.

From a demographic perspective, there are 600 unique individuals who experience homelessness annually in our community with 120 that are chronically homeless, and those people are mostly outside of their emergency shelter system. The average person they found was a white male between the ages of 35 and 42 with a dual diagnosis and mental illness and substance use and who had on average about three episodes of homelessness. The current shelter in Tompkins County is 29 emergency shelter beds but being used to serve 80.

Recommendations:

- Housing navigators through the Tompkins County Recovery Fund
- Expanding the capacity of the human service sector
- Expanding access to safe low-cost adequate housing with supports
- Evidence-based practices supporting policies that reduce the criminalization of homelessness
- Access to low-barrier shelter

Severe Service Needs:

- Significant functional impairment includes physical, mental, developmental, or behavioral health disability and it's based on their severity, not on the type of disability.
- A history of high utilization of crisis or emergency services to meet basic needs; Individuals, including but not limited to jails, emergency rooms, and psychiatric facilities.
- Experienced vulnerabilities with risks of poor health outcomes like serious illness, or possibly death
- Vulnerable victimization
- Currently live in an unsheltered situation or have a history of unsheltered situations.

There are 141 permanent supportive housing systems which is the highest level of support needed including Magnolia House, Chartwell, Founders Way and Art House mostly funded through HUD, the Community Development Block Grant, and County and City funds. The Opioid Task Force through the LGU met and identified the development of a rapid response program to help people with substance use and co-occurring mental health disorders.

Harmony encouraged the group to read the entire report on “Home, Together: Tompkins”. Tompkins County does not qualify for funding for many programs and is regionally funded. There was a lengthy conversation on funding. Liddy’s recommendations are being brought to various avenues and Tammy Baker, Housing Coordinator, will be involved.

Unity House Respite Services: Judi reported that their program consists of a six-bed, three-two-bedroom respite program for those living in Tompkins and Tioga County to provide temporary emergent shelter to adults with mental illness. People stay one to ninety days. The program is staffed with a full-time counselor who also works for the supportive housing program and oversees both the 15-bed supportive housing program and the 6-bed respite program that staffs a part-time peer. The program manager works out of Kristin.

Eligibility: 18 years or older with a substantiated mental health diagnosis; in need of increased support for psychiatric stabilization; able to manage medications and hygiene independently; able to prepare meals and keep the apartment clean; no weapons, no pets, no alcohol, no overnight stays, no smoking and willing to follow the program expectations. It is preferred that a person has a place to return to once they are discharged from the respite program but accept people who are homeless.

Referral process: The referral form needs to be completed, a screening is done, and when there is an opening they will be admitted. Admissions are only done Monday – Friday during business hours as they do not have weekend or night staff.

After-hour services residents utilize a 24/7 call line where they will call the line who will then call the manager, as there is always somebody on call on weekends and after-hours.

Staff help residents find housing, resources, benefits, and case management.

They are currently serving five people for respite services.

The meeting was adjourned @ 2:22 pm.