



**Tompkins County**  
**COMMUNITY MENTAL HEALTH SERVICES BOARD**

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

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Developmental Disabilities Subcommittee

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Substance Use Subcommittee

**Mental Health Subcommittee**  
**Via Zoom**  
**September 19, 2023, @ 1:00 pm**  
**Meeting Minutes**

**Minutes Approved**  
**11/16/2023**

**Present:** Larry Roberts; Ed Bergman; Jessica Conner; Mary Hutchens; and Tracy Decker

**Excused:** Mary Orsaio; and Dan Doyle

**Guests Present:** Briggs Seekins, Challenge; Judi McGee, Unity House; Jozef Phillips, Lakeview; Kim Musser, Children’s Home of Wyoming; Susan Tabrizi; and Ben Komor

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

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The meeting was called to order at 1:04 p.m. by Larry. Introductions were made. Mary moved to approve the June 2023 minutes; seconded by Tracy; and all were in favor.

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**Privilege of the Floor & Announcements:** None.

**Children’s Assertive Community Treatment (ACT) Team Presentation:** Kim Musser, Program Manager of Children’s Home of Wyoming based in Broome County said that they were awarded the Youth ACT program for the western region of New York to expand services to Tompkins and Tioga Counties for 48 slots. The Youth ACT model is based on the Adult ACT model.

The 48-slot Youth ACT team includes:

- Team Leader – licensed professional
- Psychiatric Nurse Practitioner
- 3 Licensed Mental Health Professionals
- Program Assistant
- Clinical Support Staff – BA required
- Family Peer Advocate – Credentialed
- Youth Peer Advocate – Credentialed

The Youth Act program works with youth ages 10-21 at risk of entering or returning from high-intensity services and prioritizes those coming out of hospitals or RFT placements. It is family-driven, youth-guided, and developmentally appropriate and addresses the needs of the child/youth within the family, school, medical behaviorally, psychosocial, and community domains. Services are delivered in the youth’s community, meeting them in their environment rather than requiring them to come to an office or a facility.

#### Eligibility requirements:

- Ages 10 to 21
- A determination of serious emotional disturbance (SED) – DSM 5 diagnosis; at least two moderate functional limitations due to emotional disturbance over the past 12 months continuous or intentional basis
- Have continuous high-service needs that are not being met in more traditional service settings
- The youth's county of residence is within the program catchment area (Tompkins or Tioga Counties)
- Medicaid or private insurance

Referrals must go through SPOA to ensure eligibility and proper process. The number of admissions cannot exceed 4-6 per month and does not refer out for mental health-related clinical, rehabilitative, or supportive services except at points of transition due to Medicaid funding restrictions for non-billable services for Youth ACT participants. Participants receive Youth ACT and substance abuse services simultaneously.

The clinical support role involves coordinating with schools and educational institutions to ensure youth receive appropriate education and support. They advocated for educational options that are sustainable and tailored to each youth's needs including alternative forms of education.

Youth ACT team operates as an interdisciplinary team in a mental health program, where each child sees every therapist and therapists share notes electronically to provide a comprehensive approach. Daily team meetings are held to discuss each child's progress, plans, needs, and adjustments with the psychiatric nurse practitioner to ensure an integrated and well-informed methodology.

#### Frequency of Services:

- 6 minimum contacts per month with the youth/family (at least 15 minutes each).
- Best practice includes one contact per week per youth/family.
- Accessibility during after-school, evening, and weekend hours.
- 24/7 availability for crises and urgent situations.

#### Youth ACT Services:

- Assertive Engagement
- Case Management
- Assessments: Preliminary (completed in the 1<sup>st</sup> seven days), Comprehensive, and CANS-NY (both comprehensive and CANS-NY are completed in the first 30 days and updated every 6 months in addition to the service planning)
- Individual, Group, and/or Family Counseling/Therapy
- Family Psychoeducation
- Individual Psychoeducation
- Psychosocial Rehabilitation
- Crisis Intervention Services
- Medication Management
- Health Services (Coordinated with health professionals)
- Family Peer Services
- Youth Peer Services
- Vocational/Educational Services

#### 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.

**Expected Outcomes:**

- Successfully stabilize youth to remain in their home, school, and community
- Youths actively engaged in their community-based services and have adequate support to sustain their goals
- Eliminated or reduced frequency of inpatient admissions, emergency room use, crisis service use
- Youth and family acquire effective skills to achieve age-appropriate developmental milestones
- Youth and family have enhanced capacity to sustain healthy interactions, secure emotional attachment, and functional relationships

**Child/Family Discharge Criteria:**

- No longer want to receive services through Youth ACT
- Met the goals of their individualized service plan and no longer require Youth ACT services
- No longer meets the definition of SED or has complex mental health needs requiring ACT level of care
- Hospitalized or locally incarcerated for three months or longer
- Admitted to another program (Community residence, RTF)
- Turns 21 y/o
- Moves out of the geographic area

Discharge is a three-month transfer period, and they may voluntarily decide to return to the Youth ACT program.

The Broome County Youth ACT program has provided valuable experience and found there is a lot of cross-system involvement. They will meet with the Tompkins County Adult ACT team as their age acceptance is 18 years old.

The agency provides respite services and works to be creative with funding to support non-traditional respite options. The program provides services to anyone in Tompkins County, regardless of their location. The team assists with transportation and housing assistance but has limitations due to funding but looks creatively to find ways. They expect to provide services in November 2023.

**Discussions:**

**Mental Health Subcommittee Agenda Topic Ideas:**

- An in-depth presentation of the crisis services in the community in collaboration with the sheriff's department and the mental health clinic.
- Agency/provider updates.
- Updates on the Zero Suicide Initiative from TCWH, the shortage of health care providers, and what efforts is the County making to attract students/pre-licensed students to seek employment in Tompkins County after they obtain their degree
- What are the schools seeing from the kids socially and emotionally?

**Loneliness and Its Loneliness and Its Impact on Mental Health:** Larry and Mary will review the full report for a future discussion. Jessica feels it is a growing problem in healthcare and there are screenings and referrals for support available through healthcare providers. Mary suggested inviting members from the Developmental Disabilities and Substance Use Subcommittees to address this common issue.

The meeting was adjourned @ 2:12 p.m.