Dual Recovery Project
Core Group Minutes

November 14, 2005
8:30 a.m. - 10:00 a.m.
BCMHD- 3rd floor

Attendance: Chair: Terry Cole
Katie Cusano, Liz Hubbard, Matthew Stanton, Nancy Johnson, Linda Daly, Abby Mack, Casey Epe, Barry Schecter, Robin Fechter, Petra Stone, Lisa Winters, Joe Gosney, Jim Sheridan, Terri Rustine, Pat Haley, Gary Pruitt, Colleen O'Neil, Robert Carter, Lorraine Mangini, Linda Burgess, Carole Belardinelli

Decisions:
Purpose: Continue discussion/concerns regarding "left over" Forensics, probation, AOT, public safety building issues/ concerns from October Core meeting; review of 2005 goals and recommendations for 2006.

Key Points and Decisions:

- Carole Belardinelli informed the group of the change in provision of MH forensics services that will occur in December at the jail. BCMH forensics will no longer provide forensic services at the jail and will provide services at the Wall St. office only. The jail has contracted with Correctional Medical Care, INC. (CMC) to provide forensic mental health as of January 2006.
- Abby said that she may not automatically take clients discharged from the jail as prior when her psychiatrist and nurse practitioner had seen and the need for the project to coordinate with the new providers of MH forensic services at the jail. The DRC distributed a draft copy of the 2006 work plan for the Dual Recovery Project. The group gave input and suggestions. The DRC will finalize the plan which will guide the project in the coming year. The DRC reported on the consultation October 28th with Fred DuFour from SUNY Upstate Medical on community teams and "how we're doing" as a group and community teams. The Core Group identified some areas to expand and build on as a project. The group will follow through on these ideas. Mr. DuFour is an excellent resource to our project.

The first area of question and discussion was regarding mental health court ordered evaluations (adult) and ability for an agency to access the evaluation and diagnosis. The following reflects comment and discussion of this topic:

- Carole clarified that adult MH court ordered evaluations are done at the Forensics Unit and the evaluation is in the chart at Forensics. The Mental Health Clinic can have access to the evaluation. Carole has been told by the court that the evaluation belongs to the court; it is not a treatment record.
- Abby clarified that it is not very often that an adult court ordered evaluation actually comes to the clinic; the clinic usually starts over to do another assessment.
- Colleen suggested for an agency who wants access to the MH evaluation and diagnosis that is in the court, to go through the clients' defense attorney; if it's a family court issue to go through CPS.

- There seems to be an issue with accessing client records from the court and we are looking into alternative ways of obtaining information.

The next area of question and discussion was the AOT process. Bob Carter was asked to take us through the AOT process from the beginning. The following reflects Bob's information on the process and group comment and discussion:

- There is a petition process---anyone can file the petition i.e. family, an agency. If there is no other petitioner, the Commissioner of Mental Health may be the petitioner of last resort.
- The petition is filed in court with signature of a cooperative psychiatrist. In theory, in developing the treatment plan, it works well if the cooperative psychiatrist lays out what the AOT order should look like.
- Petition goes to court and the judge says yes.
- There is no feedback loop from AOT to the judge; there is a presumption that the client will comply. Following or not following the AOT treatment plan is up to the community of providers to monitor etc.
- The only time the case comes back to court is in the event of a radical change in the treatment plan (not client's non-compliance with the plan but an actual change in the plan).
- The standard AOT order is six months. After six months it is the County's responsibility to renew it or not.
- The success of AOT with a client really depends on the client's willingness.
- It seems AOT could act as another resource to help an individual stay on track and it could help the families. It seems we are not using AOT enough.
- GBHC were not able to get AOT orders renewed, so they stopped filing them. They found that six months was not enough for the clients they petitioned.

The following reflects the discussion regarding a current AOT case that has caused much consternation throughout the community of providers:

- All involved in this AOT order thought they had "covered all the bases". Probation was the petitioner in this case. The client was non-compliant with probation and with the AOT order and was remanded back to jail (he had committed a crime in violating probation).
- Lt. Sheridan informed the meeting that the client is now out of jail.
- Bob feels that this individual belongs in the psych center.
- Members discussed could probation have done something different; could probation have gotten client committed to the psych center? Bob Carter stated "no".
- Client has a couple of weeks left on AOT and then will be going on diversion.
- The community is very concerned about safety of the ICM, the community at large. Client is adapt to know just when to deescalate his behavior so as to avoid a commitment. He is very adapt at "working the system".
- Client had a drug and alcohol evaluation but no recommendations for D&A treatment and he was recommended to the mental health clinic which is the lowest level of MH care in the community.

Members present today felt this was a productive meeting and process. It really gave all parties involved and affected by the AOT process an opportunity to get all the information and really understand what AOT can, and can not do. This meeting also gave all parties involved an opportunity to process a very difficult current AOT case.

Responsibility:

No specific recommendations were made. Primarily a process and informational meeting.

Progress:

- All the OMH and OASAS licensed outpatient adult treatment clinics/providers are involved in the project as well as DSS, housing, and consumers. This provides the best level of coordination possible. All have active staff participation.
- We completed a review of the first two years of the project with recommendations for 2005.
- Workgroups are making recommendations to the Core Group, thus utilizing the structure established by the Core Group in 2003.
- We identified the need to address AOT and Forensic issues and brought the community together to do so.
- Lt. Sheridan expressed interest in being regularly involved in the Core Group and the project.

Next Steps:

- The Core Group will meet **Monday February 6, 2006 - 8:30-10:00 at the BCMHD 3rd floor conference room.**
- **Focus of the February meeting:**