

Residential Programs:

Eligibility Requirements: Individuals with primary diagnosis of serious mental illness

I. Catholic Charities Community Residence (CR)
Seven Community Residences for a total of 62 beds provide a **24-hour staff supervised group** setting in which counselors assist individuals with activities of daily living, medication management, and preparation for less restrictive living. Specialized Community Residences include those for:

Mentally Ill-Chemical Abuse/Dependent
Mentally ill-Mild Mental Retardation
Geriatric

Houses are located in Utica and Rome. Individuals usually share a room and are expected to transition out within approximately 2 years. Restrictions: No arsonists, no history of violent felonies, no level 2-3 sex offenders. Other restrictions by building *can* be insulin/oxygen dependent if able to handle their own meds

II. Catholic Charities Pathways to Independent Living (APT)

Apartments are located throughout the Utica – Rome area. Individuals are seen a minimum of once a week for assistance with household tasks, money management, and preparation for independent living. Individuals are expected to transition out within approximately 2 years. Most are double occupancy. Capacity 41

Restrictions: Individually owned cars can be difficult because of parking, substance abuse issues are problematic. Staff cannot administer meds but count them once a month. No arson history or level 2-3 sex offenders. Single adults only.

III. The Enriched Living Center of the Utica Rescue Mission (ESRO)

OMH Licensed, 52 single room residential facility. The program is based on Psychiatric Rehabilitation principals and has **24 hour staff supervision 7 days a week**. Individuals must be independent in meeting basic hygiene needs and complete a self-preservation test in 2.5 minutes. Services include medications supervision and management, transportation to medical/vocational appointments and a Representative Payee. Residents access Adult Health Day Care and other social/recreation activities through various community agencies. Cafeteria style eating but cannot accommodate special diets.

Individuals are expected to participate in restorative rehabilitation skill training to transition out into the community at a pre-determined future date. The average length of stay is approximately 4 years. Restrictions: Unable to accept people with a history of arson conviction within the last 15 years or level 1-3 sex offenders. Unable to accept individuals with major physical health problems like a long-term dependence on insulin or oxygen. Please call to discuss physical status as these individuals may be accepted on case by case basis.

IV. Mohawk Valley Psychiatric Center: Family Care (Referrals are typically limited to those being discharged from HPC/MVPC or the TLC.) A residential service that places individuals with a serious and typically chronic mental illness with families certified to deliver residential care in their own homes. This setting provides guidance, support, and companionship in a family environment. Rooms are shared or single. Individuals must participate in day programming.

V. Mohawk Valley Psychiatric Center: State Operated Community Residences (SOCR) (Referrals are typically limited to those being discharged from HPC/MVPC or the TLC.) Two Community Residences located in Whitesboro and Yorkville that have 12 beds each. Most are shared rooms. The programs include **24 hour staff supervision**, and strive to engage individuals during their recovery from mental illness, in the development of skills necessary for successful reintegration into the community, commensurate with their level of functioning utilizing psychiatric rehabilitative principles. Emphasis is placed on the principles of normalization in a home like residential setting. Restrictions: Can have car but not drive other residents. Some handicap accessibility. No residents on oxygen. Individuals who are insulin dependent are eligible if able to self-administer medication.



Anthony J. Picente, Jr., County Executive
Robin E. O'Brien, Commissioner

120 Airline Street, Suite 200
Oriskany, New York 13424

Phone: (315) 768-3663 Fax: (315) 768-3670

Website: www.ocgov.net Email: mentalhealth@ocgov.net



Adult Single Point of Access and Accountability (ASPOA/A)

*Provider
Descriptions and
Eligibility Criteria
For Residential or Case
Management Services*



Care Management Services:

I. Health Home Mental Health Care Management (HHCM)

The Central New York Health Home Network, LLC is a system of care coordination. Upon enrollment individuals are provided with a care manager who will be the single point of contact for them and their family for all healthcare and social service needs including:

- Mental Health
- Substance Abuse
- Medical
- Housing
- Self-Help and Support
- Specialty Services
- Home Care and Nursing
- Financial
- Educational
- Food, Shelter
- Any other area of unidentified need

Eligibility Requirements:

Adults who reside in Oneida County, have a Serious Mental Illness and have Medicaid or are Medicaid eligible may qualify for services through the Central New York HHCM.

II. Dual Recovery Network (DRN)

An intensive case management program providing time limited (generally 6 months), services to adults with co-occurring mental health/substance abuse issues. Case Managers assist in addressing homelessness and work towards stability in all areas of life. Case load size is 10 clients per case manager. Clients are seen as often as necessary. Capacity 40.

Eligibility Requirements:

- Homeless/at significant risk of homelessness **and**
- Documentation of a mental health diagnosis history within the past five years or be scheduled for an evaluation to determine a diagnosis of mental illness **and**
- Documentation of an alcohol or substance abuse diagnosis history within the past five years or be scheduled for an evaluation for a diagnosis of alcohol or substance abuse or dependence.

The individuals must:

- Be willing to address their homelessness
- Be willing to work towards stability
- Be willing to seek treatment for mental health and/or substance abuse disorder

III. Intensive Case Management (ICM) Adult Services

Services are targeted to individuals diagnosed with a serious mental illness that have high service/support needs. Services include assertive outreach and support to coordinate and monitor treatment, advocacy and linkages to community based and other natural support systems. ICM promotes consistent utilization of outpatient services toward the goal of reducing reliance on emergency and inpatient services. Consider SCM (see above) if there is no prior case management history: Case load size is 1 case manager for every 12 Clients. Clients are seen a minimum of 4 times/month. Capacity 108.

Eligibility Requirements:

Three (3) inpatient psychiatric admissions in 24 months or one (1) inpatient psychiatric admission lasting 60 days or longer, current clinical presence of serious, persistent mental illness.

And Difficulty in at least four (4) of the following areas:

- Numerous contacts with forensic or law enforcement agencies
- Multiple Emergency Dept. and/or crisis services
- Homeless or at risk of homelessness
- High risk behaviors, suicidal/homicidal gestures or ideations
- Functionally disabled in areas such as self-care, social functioning, activities of daily living, economic self-sufficiency, self-direction and ability to concentrate
- Not connected with and/or inability to remain connected with treatment and/or service providers

Referrals for Health Home Care Management services **only** should be made using the Health Home application available on the Oneida County Department of Mental Health website:
<http://www.ocgov.net/oneida/mentalhealth/spoaa>

Referrals for all other programs or Joint Referrals for HHCM and another program should be made using the ASPOAA Referral form

IV. Assertive Community Treatment Team (ACT) A mobile, clinical mental health treatment team which includes a psychiatrist, mental health professionals, an administrative assistant and a team leader. The team's mission is to provide short-term treatment, rehabilitation, and intensive supports to people in the community to help them re-connect to traditional clinic services. The program is available 24/7. The team's program capacity is 65, the staff to client ratio is 1:10.

Eligibility Requirements:

- High use of acute psychiatric hospitals (2 hospitalizations within one year, or one hospitalization of 60 days or more within one year);
- High use of psychiatric emergency or crisis services;
- Persistent severe major symptoms;
- Residing in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live in a more independent setting if intensive community services are provided;
- Demonstrates functional deficits as a consequence of mental illness;
- Has been unable to effectively connect with traditional mental health services;
- May also have a co-existing substance abuse disorder (duration greater than 6 months);
- May also be a current high risk or have recent history of criminal justice involvement;
- May also be court ordered (pursuant to MHL 9.60) to participate in Assisted Outpatient Treatment;
- ACT services are not appropriate for individuals with a **primary presentation** of a personality disorder(s), substance abuse disorder(s) or mental retardation.

Contact the ASPOA/A Coordinator at 315 768-3663 for further information on completing a ASPOA/A referral.