



Tompkins County COMMUNITY MENTAL HEALTH SERVICES BOARD

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

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Jacob Parker Carver, Chair
Substance Use Subcommittee

Tompkins County Community Mental Health Services Board
201 East Green Street, Ithaca NY 14850
Monday, May 5, 2025, 5:30 p.m. Meeting Minutes

Approved Minutes
June 2, 2025

<https://www.youtube.com/channel/UCkpJNVbpLLbEbhoDbTIEgSQ>

Present: Jan Lynch; Sheila McEnery; Larry Roberts (Zoom); Mary Hutchens; Jessica Conner, PsyD; Howard Reid; Nicole Zulu, PhD; and Sally McConnell-Ginet

Excused: Anna Tamis, PhD; Travis Winter; Khaki Wunderlich; Dr. Auguste Duplan and; Stu Bergman

Legislature: Randy Brown

Guests: Thomas Kelly, Chief of Police, Ithaca Police Department

Staff: Harmony Ayers-Friedlander, DCS; Jana Thibodeau, Quality Assurance & Improvement Coordinator; Ross Milne, PH Fellow; and Karan Palazzo, LGU Administrative Assistant

Ms. Lynch called the meeting to order at 5:30 p.m. Introductions were made. Ms. McEnery moved to approve the minutes from April 7, 2025, seconded by Dr. Conner with an edit to include the executive session; all were in favor.

Privilege of the Floor & Announcements: Dr. Conner announced that this week is Youth Mental Health Awareness Week, featuring activities aimed at engaging students, promoting mental health awareness, and offering supportive resources in collaboration with Collaborative Solutions Network and local school districts. The theme for this year's event is "Look Around and Find Your Glimmer." Additionally, the third annual "Better Together" event which aims to foster community partnerships will take place on Saturday, May 10, 2025, at Stewart Park from 11 a.m. to 2 p.m.

Annual Incident Review Committee (IRC) Report: Ms. Thibodeau, Quality Assurance and Improvement Coordinator, presented the 2025 Annual Incident Review for the Mental Health Clinic, which is required to be delivered to the Advisory Board (CSB) annually. The IRC was created under the Protection of People with Special Needs Act in 2012 to protect vulnerable persons served by state agencies. The IRC reviews reportable incidents, identifies process improvements, and reports corrective actions to the New York State Incident Management and Reporting System (NIMRS) which is a HIPAA-compliant, web-based application for reporting and managing incidents. The portal is specifically designed for agencies like OMH (Office of Mental Health) to systematically track, report, and address incidents involving vulnerable populations, ensuring transparency and continuous improvement in service delivery.

Incidents that occur off-site and not under intended supervision, are only required to be reported to OMH (Office of Mental Health), not to the Justice Center. Jana noted that the majority of their incidents do not happen in the building but rather occur when clients are not directly under their supervision. The IRC's primary goal in these cases is not to assign blame, but to:

- Identify opportunities for process improvement
- Mitigate future risks for clients
- Understand where processes might be breaking down

The IRC is made up of representatives from various County departments, including Deputy Commissioner of Services, Harmony Ayers-Friedlander,; PROS Director, Heather Sanford; Hilary and a community representative, Mary Hutchens as the IRC focuses on continuous process improvement, with ongoing training and resource allocation.

2023 vs 2024 - Ms. Thibodeau believes that the rise in reported incidents may result from improved reporting mechanisms and heightened awareness among clinicians, rather than a true increase in problematic events.

2024 Incidents:

- Total cases reviewed: 42
- Deaths: Same number as 2023
- Fatal overdoses: 2 (down from 7 in 2023)
- Suicides: 2
- Non-fatal overdoses: 15-26 (including illegal and prescription drugs)

Key Differences:

- More incidents overall in 2024
- Fewer deaths
- Significant reduction in fatal overdoses (from 7 to 2)
- Increase in suicide attempts (potentially due to new clinicians being more diligent about reporting)

Substance Use Highlights:

- 45% of clients have a documented substance use diagnosis
- Improved assessment processes for substance use
- Enhanced medication-assisted treatment options

Corrective Actions:

Address Co-Occurring Substance Use Disorders

Improve Coordination of Care

Offer Groups & Peer Specialist Services

Risk Assessments & Safety Planning

Staff Retention & Training

Caseload Management &

Update Policies & Procedures

Leadership Team - The leadership team continues to focus training and resources on Integrated Care (mental health & substance use); Trauma Informed Care; Diversity, Equity, Inclusion Belonging (DEIB); Suicide Prevention; and Client Engagement/Customer Service.

Substance Use and Opioid Use Prevention Initiative: Ms. Thibodeau discussed the OMH opioid use prevention initiative, which focuses on identifying substance use disorders, implementing sub-screening, and distributing Narcan kits. The goal of the initiative is to assess every client for substance use by their second intake appointment. The IRC has enhanced the process for evaluating substance use, particularly by emphasizing annual appointments for long-term clients. During the discussion, various medication-assisted treatment options were also reviewed, including buprenorphine, Naloxone, Suboxone, and naltrexone.

In making Naloxone kits widely available the instructional brochure provides a QR code for online training information, allows people to access training resources, and enables self-guided learning about Naloxone use. People can get kits without mandatory in-person training, but clinicians can offer additional training if needed.

Coordination of Care and Community Engagement:

- Improved external coordination with other home health programs; offering offsite services at the Village of Ithaca; available nurse practitioner at SRO
- Improved internal coordination by adding peer specialist services as well as a community health worker at Brown Road with plans for a community health worker at Green Street

- Developed interdepartmental referral committees
- Collect emergency contact and release information at intake
- Created three cross-functional teams focused on communication efficiency and client needs; TCMH psychiatric nurse practitioner attends weekly hospital treatment meetings and coordinates with long-acting injectable medications.

Caseload Management: New clinic director, Hilary Riley, focuses on personalized engagement strategies.

Personalized Engagement Strategies:

- Offer appointments with multiple providers on the same day
- Make client visits more convenient
- Reduce multiple trips to the facility

Intake Process Improvements:

- Coordinate site intakes across different programs
- Develop care teams for intakes
- Offer intakes at school-based satellite locations
- Respond to community feedback about wanting off-site intake options

Clinician Support:

- Schedule quarterly applied days for: Training, Catching up on documentation, Client engagement efforts

Caseload Tracking:

- Provide monthly caseload data to clinicians and
- Track metrics including: Appointment attendance, Risk assessment updates; Documentation status; Last seen date; and next scheduled appointment

Ideal Caseload Target:

- Approximately 85 clients per therapist
- Slightly higher for nurses

Staff Recruitment and Retention Efforts:

- Implemented a personal loan repayment program for clinicians and medical staff.
- Direct service positions have been created, including licensed clinical therapists.
- Hiring for emergency limited placement waivers has been extended for another two years.
- Hired six clinical physicians and seven new clinicians in 2024.

Diversity, Equity, Inclusion, and Belonging (DEIB) Initiatives:

- Completed the National CLAS Standards Training for cultural sensitivity.
- Cross-functional team has developed a data plan centered around health equity.
- Reconvene in the winter to work on the next two deliverables, including a cultural alignment assessment.
- The Zero Suicide Committee meets monthly to train staff in suicide prevention
- The Trauma Informed Care Committee focuses on improving access and the physical environment.

Suicide Prevention and Trauma-Informed Care:

- The Zero Suicide Committee trains staff in CALM, SafeTALK, and suicide prevention by Dr. Laura Sadari.
- The Trauma Informed Care Committee focuses on improving access, the physical environment, and staff needs
- The committee has developed staff recharge rooms and a brochure of resources for staff
- The crisis intervention services annual review has been completed, and the attendance and engagement policy has been updated.

Tompkins County Whole Health's social determinants of health were briefly discussed but highlighted several key points:

Data Collection Approach:

- Recently started collecting social determinants of health information on clients
- Recognized as a new and developing process

Potential Analysis Goals:

- Understanding cumulative stress factors
- Examine the impact on health outcomes
- Explore how social health needs affect the client's well-being

Screening and Referral Process:

- Integrated AHC (Accountable Health Care) screener into the intake process
- Developed a comprehensive assessment with embedded screening
- Provide referrals for follow-up if social care needs are identified

Engagement Strategies:

- Use peer specialists and community health workers to connect clients to services
- Offer flexible referral intake processes within the organization
- Developed a form and email system for internal referrals
- Created a meeting to review referrals and ensure nothing is overlooked

Broader Context:

- Recognize that social determinants significantly impact mental health
- Aim to create a more holistic approach to client care
- Focus on understanding and addressing underlying social factors

The organization is in the early stages of systematically addressing social determinants of health, with a focus on data collection, screening, and targeted referral processes. Additionally, a new question was asked in the integrated screening "if they have anybody new in their life who's asking about their financial situation" to help identify potential scams or financial abuse, particularly for older clients. During the intake process and provided referrals for identified needs.

Mental Health Subcommittee Update: Mr. Roberts reports that the subcommittee now has full membership with no vacancies. The monthly topics discussed by the subcommittee are aligned with the local services plan and include presentations on subjects of interest, such as suicide prevention, workforce survey, Cayuga Medical Center, and personal experiences shared by individuals who have lived with mental health issues. Meetings are held on the third Tuesday of each month via Zoom from 1:00 to 2:30 PM.

Additionally, Mr. Roberts emphasizes the importance of discussing and monitoring Medicaid services and potential changes to the involuntary transport policy. He feels the proposed changes to this regime should be monitored closely, as well as the reopening of beds at the Greater Binghamton Psychiatric Center. Ms. Ayers-Friedlander added that the potential transport order being considered by the governor proposes clarifying language around involuntary transport; more precise transport criteria; and updating evaluation standards for hospitalizations.

Governor's and Attorney General's Report on Federal Cuts – Ms. Ayers-Friedlander reports on federal budget cuts and their impact on New York State. These cuts include significant reductions for the Department of Health, the Office of Addiction Services and Support, and the Office of Mental Health. The committee will monitor how these reductions affect local services and programs while emphasizing the importance of maintaining and improving mental health services in the community.

In her update, Ms. Ayers-Friedlander also mentioned that the Rural Health Institute serves as the prevention provider for the County. The withdrawal stabilization services have been finalized, and an intensive crisis stabilization center is being established to provide 24/7 care for individuals in crisis, both on a voluntary and involuntary basis, with an opening date to be determined.

Additionally, requests for proposals (RFPs) for AOT care management services and an OASIS outpatient program are anticipated, and members are encouraged to participate in the review process. An RFP to fund vocational services under the Office of Mental Health is also in progress. REACH Medical is providing outreach support for individuals in subacute crises, and a voluntary RFP will be issued to assess the continuation of this program. The Suicide Prevention Coalition has approved funding for coordination support.

The College Partnership Program involves students from Ithaca College studying physical therapy, occupational therapy, and speech-language pathology who work with clients from the Mental Health Clinic. This program has shown success, and a report on its outcomes will be provided before the end of the school year.

The update of the local services plan will focus on goals, achievements, and future focus areas as outlined by subcommittee chairs and board members during the review process. The plan will be presented for review at the CSB meeting on July 7th and will then be submitted.

Ithaca Chief of Police Thomas Kelly has expressed interest in joining the CSB to contribute a law enforcement perspective. The CSB believes that Chief Kelly would be a valuable addition to the discussions and emphasizes the importance of including law enforcement viewpoints.

6:55 p.m. Executive Session - Ms. McConnell-Ginet moved to go into an executive session to discuss an applicant, seconded by Dr. Conner; all were in favor.

7:00 p.m. Executive Session ends: Ms. Cindy Friedmutter was recommended for a seat on the Mental Health Subcommittee.

The meeting was adjourned at 7:05 p.m.

**The Next Community Mental Health Services Board Meeting is
Monday, June 2, 2025, at 5:30 pm.**