Tompkins County
COMMUNITY MENTAL HEALTH SERVICES BOARD

Tompkins County Whole Health
201 East Green Street
Ithaca, New York 14850-5421

Developmental Disabilities Subcommittee
May 12, 2026, 10:00 a.m. via Zoom
Meeting Minutes

Minutes Approved
June 9, 2026

Present: James Beaumont; Jeffrey Boles; Sheila McEnery; Nancy Saltzman; Allison Weiner-Heinemann; and Sally McConnell-Ginet
Excused: Walaa Maharem-Horan and Khaki Wunderlich
Unexcused:
Guests Present: Teresa Edwards, YAI; Deborah Finn and Al Alfaro of Mozaic; Jessica Conner; Tricia Tom, Aaron Brozon,
Staff: Harmony Ayers-Friedlander, DCS; Shannon Alvord, TCWH; and Karan Palazzo, LGU Administrative Assistant

The meeting was called to order at 10:05 a.m. by Jeff. Sheila moved to approve the April 2026 minutes, seconded by Sally with an edit.

Privilege of the Floor

Announcements/Correspondence: Jeff shares that July is Americans with Disabilities Awareness Month.

Discussions:

YAI Presentation

Theresa Edwards, Program Director at YAI at CSIDD services, explained that YAI provides crisis services for individuals with developmental disabilities. The program launched in this area 4 years ago, covers 20 counties, recently received national certification, and serves high-intensity cases. The program provides short-term targeted services for individuals with intellectual and developmental disabilities and focuses on high-intensity services for individuals experiencing frequent hospitalizations and crisis visits, aiming to prevent escalation to higher crisis stages.

The program operates on a tiered system based on Behavioral Presentation Intensity Review (BPIR) scores, with services ranging from systems-based consultation to in-home coaching. Teresa outlined the referral process, eligibility criteria, and various intervention levels, emphasizing their strengths-based, positive psychology approach and the role of Medical Director Dr. Cummings and Clinical Director Rhonda Ellison.

The START model is described as a systemic, evidence-informed approach designed to build capacity within community services and improve quality-of-life measures.

Eligibility and Referral Process: CSIDD enrollment eligibility includes being enrolled in Medicaid, being at least 6 years of age, and meeting medical-necessity criteria, such as OPWDD eligibility. Referrals can be made by care managers, family members, or hospitals, and the process involves contacting the caregiver within two hours and sending a referral packet.
The regional office reviews the referral and authorizes the service, with a rare chance of denial.
The program assigns a START coordinator to begin the intake process within 72 hours of assignment, focusing on system-based work rather than direct therapy.

Reason, Referral, and Intervention Levels:

- Common reasons for referral include aggression, family needs assistance, and decreased daily functioning.
- The program operates at three intervention levels: tertiary (active crises), secondary (beating the odds), and primary (changing the odds).
- Tertiary interventions involve working with systems to prevent crises, while secondary interventions include community education and medical consultations.
- Primary interventions focus on training community partners and providing support to individuals with intellectual and developmental disabilities.

Clinical Team and Guiding Principles:

- The clinical team includes the medical director, Dr. Cummings, and the clinical director, Rhonda Ellison, along with certified START coordinators and clinical team leads.
- The program follows a strengths-based, positive psychology approach, focusing on wellness, trauma-informed care, and cultural competence.
- The CSID treatment plan encompasses a strengths-focused, trauma-informed plan with positive strategies and engaging activities.
- In-home coaching is provided to assess and stabilize individuals in their natural environment, focusing on positive psychology and character strengths.

Resource Center and Service Flow:

- The program has been searching for a resource center for over three years without success but has access to Region Three and Region Four resource centers.
- The resource center provides emergency stays, biomedical assessments, systemic supports, and transitional and discharge planning.
- The service flow includes intake, consultation, therapeutic supports, service linkages, and cross-system crisis intervention and prevention plans.
- The program aims to increase service system capacity, decrease emergency service use, and improve mental health stability and quality of life.

MOZAIC Presentation

Mozaic Clinical Services - Deborah Finn, Intensive Clinical Services Supervisor**,** shared that Mozaic Clinic provides social work counseling, vocational rehabilitation counseling, and psychiatric services through telehealth. The clinic is located at 950 Danby Road and serves clients with a variety of needs, including anxiety, depression, and substance use issues. A new outreach coordinator has been hired for the clinic, and a new flyer is being developed with information about services, which will be distributed to social service agencies, care management organizations, and medical providers in Tompkins County.

Al Alfaro, Licensed Master Social Worker and Mozaic's primary therapist in Tompkins County, offers client-centered individual therapy to clients ranging from adolescents to older adults, using approaches such as DBT, CBT, strengths-based, and solution-focused methods, with flexible session length and frequency based on client needs. Mosaic currently serves local clients both in person and via telehealth and is actively building out group services (e.g., emotion regulation, healthy relationships) once enough participants have been identified. The clinic is also expanding outreach through flyers, mailers, and coordination with social service agencies, care management organizations, and medical providers to increase referrals and community awareness of available developmental disability–focused mental health supports.

Self-Direction – James provided updates on self-direction budget submission requirements, including the need for a current coordinated assessment system (CAS) or a Child and Adolescent Needs and Strengths (CANS) assessment. Effective June 1, self-direction budget submissions must include verification of a current assessment, and the process involves coordination with care managers and fiscal intermediaries. The goal is to standardize assessment practices statewide and ensure individuals have up-to-date assessments before budget changes or new budget submissions.

51st Anniversary of the Willowbrook Consent Decree - James shared information about the Willowbrook Consent Decree, which was approved in 1975 following the exposure of horrific conditions at the Willowbrook State School on Staten Island, making 2026 the 51st anniversary. The decree required New York State to dramatically improve conditions and ultimately move people with developmental disabilities out of large institutional settings into more community-based, rights-focused services. It also helped establish core principles still central today: the right to humane care, education, least restrictive settings, and ongoing court oversight to prevent a return to neglectful, custodial models. For governance bodies like your DD

subcommittee, the Willowbrook legacy is often invoked in budget and policy debates as a reminder that underfunding, staff shortages, and bed reductions can quickly erode gains and risk a slide back toward institutional conditions in the community.

NYS budget – 1.7% COLA – James shared that the New York State budget process included a 1.7% COLA (Targeted Inflationary Increase), the proposed across-the-board rate increase for human services providers (including DD/OPWDD). Practically, this means agency reimbursement rates would rise only 1.7%, which is below recent inflation, so providers gain a nominal increase on paper but still lose ground in real purchasing power (wages, benefits, transportation, utilities, etc.). For boards and subcommittees, this is why you're hearing concerns about chronic underfunding, ongoing staffing shortages, bed closures, and waitlists despite "getting a COLA" for several years in a row. From an advocacy standpoint, the 1.7% figure is often positioned as insufficient to stabilize the workforce or preserve community-based capacity, especially when compared to actual inflation and the costs of operating 24/7 residential and day services. He emphasized the need for year-round advocacy to address the gap between provider rate increases and inflation.

Annual Resource Fair - James highlights the importance of the IDD resource fair, scheduled for May 19 at Boynton Middle School, and encourages participants to share the flyer and attend. The resource fair aims to bring together various providers and update the resource list, providing valuable information and networking opportunities.

Self-Direction Presentations will be the agenda topic in June.

The meeting was adjourned at 11:00 a.m.

The next Developmental Disabilities Subcommittee Meeting is
Tuesday, June 9, 2026, at 10:00 a.m.