



**Tompkins County  
COMMUNITY MENTAL HEALTH SERVICES BOARD**

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

Mary Hutchens, Chair

Nicole Zulu, Vice Chair

Jennie Sutcliffe; Commissioner

Harmony Ayers-Friedlander,  
Deputy Commissioner/Director of Community Services

Larry Roberts, Chair,  
Mental Health Subcommittee

James Beaumont and Jeff Boles, Co-Chairs  
Developmental Disabilities Subcommittee

Jacob Parker Carver, Chair  
Substance Use Subcommittee

**Tompkins County Community Mental Health Services Board  
201 East Green Street, Ithaca, NY 14850  
Monday, February 2, 2026, 5:30 p.m. Meeting Minutes**

**Minutes Approved  
March 2, 2026**

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

**Present:** Mary Hutchens; Jan Lynch; Jacob Parker Carver; Travis Winter; Khaki Wunderlich (Zoom); Jessica Conner, PsyD; Larry Roberts; Dr. Auguste Duplan; Anna Tamis, PhD; and Sheila McEnery.

**Excused:** Sally McConnell-Ginet; Stu Bergman; and Nicole Zulu, PhD

**Legislature:**

**Guests:**

**Staff:** Ms. Jennie Sutcliffe, Commissioner; Harmony Ayers-Friedlander, DCS; and Karan Palazzo, LGU Administrative Assistant

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Ms. Lynch called the meeting to order at 5:30 p.m. Introductions were made. Ms. McEnery moved to approve the minutes for December 2025 and January 2026, seconded by Ms. Hutchens; all were in favor.

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**Privilege of the Floor & Announcements:** A quorum must be present to vote on the slate of nominations.

**Substance Use Subcommittee Update** – Mr. Parker Carver provided a summary of the Substance Use Subcommittee meeting discussions, presentations, and events.

- The Rural Health Institute (RHI) gave a presentation on the prevention services it provides in the county, which include school outreach, parent classes, and an online hub. SU member Julie Carmalt discussed Cornell’s partnership with the Addiction Recovery Anti-Stigma Campaign, which includes a recovery film series (first screening of “The Outrun” on Feb 12) with a post-film panel; further screenings and an April book event are planned.
- CARS presented on Medication Assisted in Jail. Advances in medication-assisted treatment (MAT) and continuity of care in the jail compared to ~10 years ago. Since CARS absorbed clientele after ADC closure, it is facing staffing challenges. Cayuga Health’s withdrawal/stabilization unit was expected to be operational by December 2025.
- Deputy Commissioner of Services, Harmony Ayers-Friedlander, provided a thorough and informative report on the Social Health Needs & Health Care in the county.
- Serenity House gave a presentation and provided updates on services and is advocating to expand scattered-site housing. Increased adolescent presentations with ketamine and cocaine were noted.
- Discussed Fentanyl contamination across drug supplies; emphasis on destigmatizing and expanding drug-checking/testing (including for stimulant supplies).

- Discussed Medetomidine, a new veterinary-origin drug more potent than fentanyl/xylazine: Narcan-resistant, not detected by standard tests, that is overwhelming Emergency Departments.
- A review of the 2025 accomplishments
- Discussed 2026 agenda topics

They will continue to monitor and convene further discussions on the new veterinary drug and testing needs; coordinate substance use input into the proposed Suicide & Overdose Fatality Review Board; and continue discussions on expanding prevention outreach (schools, parents) and housing supports (scattered site model).

**Health Disparities in Tompkins County** – Ms. Ayers-Friedlander reports that overall, across housing, income, food, education, and health care, Black residents, other people of color, youth, and people with serious mental illness experience significantly worse outcomes than white and higher-income residents.

### **Housing & Homelessness**

Housing cost burden

- 33% of renters spend  $\geq 50\%$  of income on rent (vs 26% NYS, 24% U.S.) – a severe affordability problem.
- Rental vacancy is very low (3.2%), indicating a tight housing market.

Homelessness

- Point-in-time count rose from 91 (2018) to 273 (2023); still 155 in 2025, which is high.
- Homeless Management System shows ~700 unduplicated individuals seeking housing over a year.

Permanent supportive housing

- Units grew from 71 (2012) to 175 (2023), then declined to 153 (2024) while the need kept growing.
- Waitlist for some mental-health supportive housing is ~2.5 years.

Racial disparities in homelessness

- In 2024, 48% of shelter guests and 22% of unsheltered people identified as Black, Indigenous, or people of color, though BIPOC are only ~12.4% of the general homeless population.

Youth homelessness

- Youth and young adults are a growing share of the unhoused.
- 11% of shelter guests are 18–25.
- In homeless youth: 25% LGBTQ+, 29% parents or pregnant, and only 36% enrolled in school or employed.
- No developmentally appropriate shelter for young adults in the county.

### **Economic Stability & Poverty**

Overall poverty

- County poverty rate fell from 20.3% (2013) to 15.9% (2023), but the cost of living remains very high.

Childcare & basic costs

- For a household with two children, childcare consumes 44% of the median income (vs 38% NYS, 28% U.S.).
- When combined with housing costs, many families have little left for food or other essentials.

Racial disparities in poverty

- Black residents: 37.2% in poverty.
- White residents: 13.9% in poverty.

Geographic concentration

- City of Ithaca: about 1 in 3 residents are in poverty.
- Remainder of county: about 1 in 10, though college students skew some numbers.

Unemployment disparities

- Overall unemployment: 5.3% (vs 6.2% NYS, 5.2% U.S.).
- Much higher unemployment among Black residents than white residents.

The key takeaway is that getting people into housing and a job is repeatedly identified as the most powerful lever for improving outcomes.

## **Food & Nutrition Security**

### General food insecurity

- 9–13% of residents are food-insecure between 2019–2023 (better than NYS overall, but still high).
- About 1 in 8 (13%) lack reliable access to sufficient food.
- 60% of survey respondents reported difficulty affording food in the past year.

### Racial disparities

- 33% of Black residents and 28% of Latino residents experience food insecurity, versus 13% overall.

### Child food insecurity

- Rose from 8% (2021) to 14% (2023) after the COVID-era support ended.

### Emergency food demand

- Food Bank of the Southern Tier pantry requests jumped from ~98,700 (2019) to ~235,500 (2024).

### Program access gaps

- Only ~50% of eligible residents receive SNAP.
- Only ~45% of eligible families are enrolled in WIC.
- Under-enrollment in these entitlement programs is seen as a *fixable* disparity (awareness, access, stigma).

## **Education & School Outcomes**

### Academic performance

- Only 43.7% of 3<sup>rd</sup> graders and 38.6% of 4<sup>th</sup> graders meet ELA (reading) standards.
- Only 19.6% of 8<sup>th</sup> graders meet math proficiency benchmarks.
- Poor 3<sup>rd</sup>-grade reading is flagged as a strong predictor of lifelong health and economic disadvantage.

### Chronic absenteeism

- 22.8% of students are chronically absent (miss  $\geq 10\%$  /  $\geq 18$  days of school).
- Across districts: ranges from ~17.7% (Lansing) to ~36.4% (Newfield).

### Disparities in absenteeism

- 59% of Black students, 53% of economically disadvantaged students, 48% of Latino students, and 45% of students with disabilities are chronically absent, vs 29% of white students.

Drivers – Families in crisis, domestic violence, poverty, and parents' own negative school experiences all interfere with kids' school attendance and engagement.

## **Health Care Access & Outcomes (Mental & Physical Health)**

### Racial/ethnic disparities

- Black residents experience:
  - Higher rates of homelessness, poverty, and food insecurity.
  - Higher rates of chronic disease, mortality, and preventable hospitalizations.
- Maternal & infant health
  - Black birthing people have lower prenatal care rates.
  - Much higher rates of preterm birth and low-birthweight infants.
- Serious mental illness & care quality (OMH Vital Signs data)
  - Medication adherence (for depression and schizophrenia, both acute and continuation phases):
    - Below state averages for Black and multiracial clients in Tompkins County.
    - At or above state averages for other racial groups.
  - Mental health follow-up after ED visit (7 & 30 days):
    - Lower than state averages for Black and Hispanic clients.
    - At/above state averages for other groups.
  - Mental health follow-up after hospitalization (7 & 30 days):
    - Higher than the state average for all groups, highest for Hispanic, then Black, then white.
  - Health Home Plus care management (serious mental illness):

- Lower than the state average for Asian American clients; higher for other groups which raises questions about stigma, outreach, and cultural fit of services.

## Structural & System-Level Responses

The county is using this data to:

- Guide the next Local Service Plan (5-year planning).
- Set Whole Health 2026 goals around:
  - Realigning public health and mental health services to current needs.
  - Workforce diversity and equity.
  - Maternal and infant health.
  - Suicide and overdose fatality review board.
  - Environmental health and safe housing/water.
  - School-based oral health programs.
- Require agencies receiving state mental health/substance-use funding to complete a workforce diversity and equity assessment, with the aim of tracking progress and outcomes over time.

**Commissioner’s Report** – Ms. Sutcliffe uses the recent **Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)** data on disparities (housing, poverty, maternal health, chronic disease, etc.) to explain **where Whole Health is focusing its work in 2026**. Her report is essentially: *“Here’s what the data says, and here’s how we’re organizing the department and our partnerships in response.”*

### Internal (Within Whole Health) Goals

- 1. Realign Public Health Programs**
  - Reorganize public health services so they better match current community needs.
  - Strengthen integration between public health and mental health, using data to drive interventions and measure impact.
  - Specific concern: there’s too little focus on chronic disease prevention (cancer and cardiovascular disease are the top causes of death, but not a current program focus).
- 2. Assess and Adjust Mental Health Services**
  - Deep dive into who is being served, what workforce practices are in place, and how to:
    - Attract and retain a more diverse workforce.
    - Reach and engage clients who are currently not accessing services.
  - Emphasis on equitable, person-centered, integrated substance use and mental health care.
- 3. Embed Whole Health Core Values in Daily Operations**
  - Core values: compassion, integrity, respect, excellence, equity, stewardship.
  - Make these:
    - Part of performance evaluations and team goal setting.
    - A framework for allocating scarce resources (who/what gets prioritized when there isn’t enough to go around).
- 4. Safety and Security (Including Psychosocial Safety)**
  - Strengthen both physical and psychosocial safety for staff and clients.
  - Develop and implement policies and comprehensive staff training so staff can manage safety issues while preserving:
    - Dignity
    - Trust
    - Equitable treatment of people receiving services.

### External (Community-Facing) Goals

1. Maternal, Infant, and Perinatal Health

- Improve integrated prenatal and postpartum care, with:
  - Mental health supports
  - Nutrition services
- Focus on:
  - Better screening for social needs (e.g., housing, food, safety).
  - Increasing postpartum follow-up visits for Whole Health perinatal clients by 5%.

This responds directly to data on worse maternal and infant outcomes for Black birthing people in the county.

## 2. **Strengthen Key Cross-Agency Partnerships**

- Establish or deepen at least three partnerships aligned to shared public/mental health priorities, with two-way communication and joint problem-solving.
- Examples Ms. Sutcliffe names:
  - DSS
  - Youth Services
  - Ithaca Police Department (IPD)
  - Sheriff's Office
- A concrete focus area: youth respite, something Harmony and others have been pushing for.

## 3. **Suicide & Overdose Fatality Review Board**

- Create and launch a multidisciplinary Fatality Review Board for suicide and overdose deaths.
- Purpose:
  - Systematically review local deaths.
  - Identify contributing factors.
  - Generate concrete, community-driven prevention and response strategies.
- Status:
  - A charter is in final draft form.
  - Plan to bring it to key stakeholders (including people at this table) within the next month.

## 4. **Environmental Health & Housing-Related Conditions**

- Use Environmental Health's existing role with:
  - Manufactured home parks (water, sewer).
  - Sanitation issues, including severe clutter/hoarding and multi-unit housing problems.
- Goal: strengthen local water protection and environmental health by:
  - Updates to the sanitary code.
  - Expanded septic system support.
  - Better resiliency for residents on non-municipal water.
  - More outreach on harmful algal blooms.

Framed as an equity issue: access to safe drinking water and safe housing as a health determinant.

## 5. **School-Based Oral Health Program**

- Develop an equity-focused implementation plan for school-based oral health.
- Aims:
  - Expand preventive dental services.
  - Link children to a "dental home."
  - Reduce access barriers for underserved kids and families.

## **Equity Indicators & Workforce/Community Engagement**

Ms. Sutcliffe also describes two formal equity indicators that will guide Whole Health:

### 1. Workforce Diversity & Hiring Pipelines

- Expand recruitment pathways so new hires more closely reflect the racial, ethnic, and linguistic diversity of Tompkins County.
- Approaches:
  - Partner with schools, colleges, and community organizations.
  - Use inclusive, bias-aware hiring practices.

### 2. Deeper, Shared Leadership with Community-Based Organizations

- Move beyond transactional relationships with CBOs:

- Provide technical assistance and capacity building.
- Create structures where CBOs can lead and co-design programs, planning, and decisions, not just be “invited in” at the end.

**Slate of Nominations:**

Mary Hutchens was nominated for Chair of CSB

Nicole Zulu was nominated for Vice Chair of the CSB.

Ms. McEnery moved to approve the nomination, seconded by Mr. Jacob Parker Carver; all were in favor.

The meeting was adjourned at 7:00 p.m.

**The Next Community Mental Health Services Board Meeting is Monday, March 2, 2026, at 5:30 pm.**