

  
**Tompkins County**  
**COMMUNITY MENTAL HEALTH SERVICES BOARD**

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

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**Mental Health Subcommittee Meeting**  
**Via Zoom**  
**April 21, 2026 @ 1:00 – 2:30 p.m.**  
**Meeting Minutes**

**Minutes Approved**  
**May 19, 2026**

**Present:** Mary Hutchens; Ben Komor; Cindy Freidmutter; Tracy Decker

**Excused:** Jessica Conner; Larry Roberts, Aderonke Ilegbusi, and Susan Tabrizi

**Unexcused:**

**Guests Present:** Frank Kruppa, Centralus Health Systems; Tom Kelly, Ithaca Police Department; Ashley Manning, Unity House; Susan Shrog, Family & Children Services; Chris Kai-Jones; Cheryl Willer, Catholic Charities; Cesca Miller, Catholic Charities/RSS;

**Staff Present:** Karan Palazzo, LGU AA

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The meeting was called to order at 1:04 pm by Mary Hutchens, who filled in for Larry. Introductions were made. A quorum was not met, and the March 2026 minutes could not be approved.  
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**Privilege of the Floor & Announcements:**

**Discussions:**

**Crisis Stabilization Project Update**

Frank provided an update on the crisis stabilization project, explaining that although the goal is to open a center in 2027, current challenges, particularly unresolved debts owed by the Alcohol and Drug Council, are delaying progress. The crisis stabilization center began several years ago as a health system initiative, supported by county funding, following the state's rejection of earlier RFPs for crisis services. The state later allowed a non-competitive licensing route. When the Alcohol and Drug Council closed, the health system successfully applied to take over medically assisted withdrawal and residential rehabilitation services in the renovated Trip Hammer Road building. That site is now intended to co-locate three services: medically assisted withdrawal, residential rehabilitation (both OASAS-licensed), and a new OMH/OASAS joint-licensed crisis stabilization program that can serve people in either mental health or substance use crisis and bill sustainably.

As Frank mentioned earlier, progress has been slowed primarily by unresolved debts tied to the Alcohol and Drug Council, which affect the building and have prevented further investment. The health system currently leases the building and maintains it, but cannot proceed with renovations until OASAS and the county finalize a solution to the debt issue. Once resolved, the next phase will involve retrofitting the building: creating a fully separate children and youth area (exam room, consultation room, nursing station, milieu space, and a bathroom with a shower) and modifying adult areas, including building out a secure secondary entrance and corridor for law enforcement and EMS. OASAS requires that medically assisted withdrawal and residential rehabilitation be operational first, with the crisis stabilization unit opening roughly three months

after those programs. Given the debt resolution and construction timeline, no services are expected to be operating there before sometime in 2027. Staffing is expected to be a major ongoing challenge, with about 55 positions needed to support full operations in an already tight behavioral health workforce environment, although the larger health system's recruitment infrastructure will be leveraged.

### **Police Mental Health Training Evolution:**

Chief Kelly discussed how police training has evolved from primarily academy-based instruction and on-the-job learning to more robust, scenario-based training and close partnerships with mental health clinicians, including the care team led by Kristen Morris. In the City of Ithaca and Tompkins County, the Crisis Alternative Response and Engagement (CARE) Team embeds clinicians who work directly with officers, help de-escalate situations, follow up with providers, develop crisis plans when hospitalization isn't necessary, coordinate with hospitals and providers, and arrange follow-up care or 9.15 pickups as needed. This approach has reduced repeat crisis calls and unnecessary emergency department transports by providing better-informed assessments and more proactive follow-up.

CARE clinicians primarily cover daytime and evening hours, with a second clinician being added to extend evening coverage, while the county's mobile crisis team and on-call clinicians provide support during overnights and off-hours. CARE and mobile crisis are related but distinct: CARE is a more embedded, day/evening function in law enforcement, while mobile crisis is called in as needed and operates more intermittently. City and county teams can assist each other across jurisdictions, and the sheriff's office also has trained care team members.

Mary closed the meeting by connecting these presentations back to the Local Services Plan, noting that the plan includes ongoing goals around crisis response and service development. The Local Services Plan will be updated in the coming months, and future speakers will continue to be selected to align with and inform those community goals.

The meeting adjourned at 1:40 pm.

The Next Meeting is Tuesday, May 19, 2026 @ 1 pm