



Tompkins County COMMUNITY MENTAL HEALTH SERVICES BOARD

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

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Substance Use Subcommittee

Tompkins County Community Mental Health Services Board
201 East Green Street, Ithaca NY 14850
Monday, December 4, 2023, 5:30 p.m. Meeting Minutes

Minutes Approved
1.8.2024

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

Present: Ellice Switzer; Jan Lynch; Travis Winter; Sheila McEnery; Stu Bergman; Dr. Auguste Duplan; Sally McConnell-Ginet; Jessica Conner, Psyd.

Excused: Mary Hutchens; and Larry Roberts

Legislature:

Guests: Nicole Zulu; Anna Tamis; Howard Reid; Khaki Wunderlich (Zoom); Carrie Stock, Guthrie; Shawn Karney, Guthrie; Alaina Zapf, Guthrie; Deb Mohlenhoff, City of Ithaca

Staff: Frank Kruppa, Commissioner; Harmony Ayers-Friedlander, DCS; Ross Milne, TCWH fellow; and Karan Palazzo, LGU Administrative Assistant

The meeting was called to order at 5:30 p.m. by Ms. Switzer. Introductions were made. A presentation from the nominating committee will be added to the agenda. Ms. Lynch motioned to approve the October 2023 and November 2023 minutes; 2nd by Ms. McEnery; it was unanimous; all were in favor.

Privilege of the Floor & Announcements: Dr. Connor updated the CSB that she found grants available to fund free swim lessons for individuals with developmental disabilities. Ms. Switzer reminded the CSB that this would be her last meeting.

Implementing the Zero Suicide Initiative at Guthrie Medical Group: Mr. Karney, Vice President of Operations at Guthrie Medical Group in Tompkins County discussed Guthrie’s implementation of the Zero Suicide Initiative in supporting communities with mechanisms around their patient-centered medical home model. He shared how Guthrie has expanded over the years, currently with 5 hospital facilities, including two inpatient behavioral health units and two medical offices in Tompkins County, supporting more than 111,000 ambulatory patients. Another hospital is expected to open in February 2024 in Binghamton.

Supporting Zero Suicide was initially developed through their Cortland inpatient facility and led to composite conversations with Scott McLeod of the Sophie Fund for the Zero Suicide Model. Guthrie integrates behavioral health services with primary care to meet New York State’s patient-centered medical home standards. Major depressive disorder is the second leading cause of disability worldwide affecting 120 million and studies report that patient outcomes are improved when there is a strong collaboration between primary care providers, case managers, and mental health specialists.

Ms. Carrie Stock, Clinic Director at City Harbor at Guthrie Medical Group stressed the importance of building trust with patients in primary care setting to reduce stigma and increase comfort in seeking mental health support. Guthrie clinicians screen yearly, all patients 12 years of age and older for depression using the standard evidence-based screening tools PHQ-2 and PHQ-9,

followed by a warm handoff to behavioral health services. She noted that by answering positively to either of the first two questions, the clinician must ask the full nine questions. An inpatient treatment center is recommended for more severe cases.

Mr. Karney stressed that early intervention matters in successfully identifying and connecting patients at risk of suicide through regular screening and referrals. Guthrie has increased depression screenings and Tompkins County currently has a screening rate of 88% and looks to have over 90% by the end of the year using the PHQ-2 and PHQ-9 screening tools. Guthrie is making more concentrated investments as the trends in the community increase.

Alaina Zapf, PsyD, Primary Care Clinical Psychologist at Guthrie Medical Group provides a short brief term model of care where patients are seen for an average of four to six sessions to get them stabilized until they get into a care system. A full neuropsychological assessment is not done but uses a paragon model that allows a discussion with NYU specialists which is a brief version of a psychological assessment evaluation. With their integrated behavioral system, she can communicate daily with medical providers.

Ms. Stock said that Guthrie considers all employees, caregivers including housekeepers, and front desk staff to work together to help patients. Guthrie created the Thrive Wellbeing Program for their employees to support staff during the Pandemic with the added stresses it enhanced. It is a free, confidential, comprehensive, emotional, well-being, and work-life balance program for our caregivers and their families with 24/7/365 counseling with a licensed clinician.

Alaina Zapf, PsyD said that referrals come internally from Guthrie's family medicine, internal medicine, or self-referred and there is currently a waitlist out to February 2024. Doctors will communicate with her directly for urgent matters and help facilitate additional community resources to the best of their ability.

Question regarding mental health care coordination and follow-ups. Care coordinators help facilitate 7-day follow-ups for their mental health patients and many people are referred to community mental health where they can get long-term support, and their inpatients do not leave the hospital unless those appointments are scheduled. Mr. Karney added that with Guthrie having walk-in care, not urgent care, the standard does not apply but will attempt to facilitate follow-up appointments using community resources or in severe cases transport to Cayuga Medical Center.

LGU Opioid Settlement Program Design Update – Ross Milne, Public Health Fellow discussed the LGU Opioid Settlement fund distribution which will be spent over multiple years, will not be spent on capital projects, is based on the Local Services Plan, a lotting 15% for administrative costs, reserves 25% for residents of the City of Ithaca, and distributed over 16 years in varying amounts with most funds available upfront. The City of Ithaca and Tompkins County agreed to combine their funds totaling \$1,369,000,000.

Mr. Milne is researching evidence-based emergency housing programs and services to bridge the gap between the emergency services relied on to meet their basic needs. Funds will be used for housing to support people in treatment and recovery, and the general structure of services for people with opioid use and/or substance use disorders and co-occurring mental health issues. The objective is to improve housing stability, overall health, and well-being through improved access to the social determinants of health resulting in the reduction of the need for crisis response services to meet basic needs and potential interactions with law enforcement.

The Housing First model, paired with an intensive case management system with peer support specialists should produce positive outcomes to help people access the services they need when they need and want them. There are no sobriety requirements with only an expectation to meet with their peer support specialists and case manager regularly. A variety of housing types is needed to meet people's individual needs with occupancy agreements around safety in the units for an average stay of 9 months but dependent on the individual's needs.

The best practice for intensive case management will be kept to 10 clients per case manager, making it a small program. The case managers must be adequately trained for the individualized person-centered care plans. Peer support specialists will help navigate challenges with paperwork and appointments. Contracts with 988 or an evening person for 24/7 crises for safety plans after hours. The program will require data and information-sharing policies and procedures in coordination with crisis intervention teams and service providers.

Referral Process – An evidence-based tool to equitably prioritize Individuals will be used to identify individuals for the program in a coordinated entry process. The referral comprises three components: a pre-screening questionnaire, a vulnerability index, and a multi-party release, with additional assessment steps to determine clinical need.

Request For Proposal (RFP) – After meeting with community partners and experts for input and feedback to incorporate into the RFP, they anticipate an RFP posting in January 2024 with a possible implementation in Spring 2024.

Commissioner’s Report: Mr. Kruppa and members expressed gratitude and appreciation to Ms. Switzer for her many years of service on the Community Services Board and the Developmental Disabilities Subcommittee. Mr. Kruppa added that the Mental Health construction space at Brown Road is going well and the next CSB meeting will be held there where tours will be provided of the new space. There was a brief conversation about the open Homelessness Coordinator position.

An executive session was not needed to reappoint Larry Roberts to the CSB and Mental Health Subcommittee. Mr. Bergman moved to approve; seconded by Ms. McEnery; all were in favor. The CSB recommended Larry Roberts to the CSB and the Mental Health Subcommittee.

Nominating Committee - Ms. Lynch reported that the nominating committee recommends Jan Lynch as Chair of the CSB and Sheila McEnery as Vice Chair. This is the 30-day notice required by the bylaws for anyone interested in these two positions. The positions will be voted on at the January 8, 2024, meeting. Ms. Lynch added that members consider joining the Substance Use Subcommittee which requires two CSB members.

The meeting was adjourned at 6:50 p.m.



**The Next Community Mental Health Services Board Meeting is
Monday, January 8, 2023, at 5:30 pm.**