



Tompkins County COMMUNITY MENTAL HEALTH SERVICES BOARD

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

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Sheila McEnery, Vice Chair

Frank Kruppa; Commissioner

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

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Developmental Disabilities Subcommittee

Marley Brooks and Jacob Parker Carver, Co-Chairs,
Substance Use Subcommittee

Tompkins County Community Mental Health Services Board
201 East Green Street, Ithaca NY 14850
Monday, February 5, 2024, 5:30 p.m. Meeting Minutes

Minutes Approved 3.4.2024

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

Present: Jan Lynch; Mary Hutchens; Sheila McEnery; Stu Bergman; Jessica Conner, PsyD; Dr. Auguste Duplan; Sally McConnell-Ginet; Howard Reid; and Larry Roberts (Zoom)

Excused: Travis Winter; and Deb Barber

Legislature:

Guests: Khaki Wunderlich; Anna Tamis; and Jana Thibodeau

Staff: Frank Kruppa, Commissioner; Harmony Ayers Friedlander; and Karan Palazzo, LGU Administrative Assistant

The meeting was called to order at 5:30 p.m. by Ms. Lynch. Introductions were made. The agenda was amended to include an executive session. Mr. Bergman moved to approve the January 8, 2024, minutes, seconded by Ms. Hutchens; all were in favor; with an addition to include Ross Milne’s title of Public Health Fellow.

Privilege of the Floor & Announcements: None

Deputy Commissioner’s Report/Update: Ms. Ayers-Friedlander provided an update on the recent temporary suspension of the 24/7 residential support program at the Markham House due to staffing shortages. The Office of Mental Health (OMH) is involved in the process of moving residents to other locations within the county, with only one remaining resident in need of a residence. This is an issue many counties are seeing across the State.

Commissioner’s Report/Update: Mr. Kruppa reported that the City of Ithaca has identified a social worker in the launching of a second CARE Team and noted that this team will use a different model from the sheriff’s department.

Request For Proposals (RFP)

- Opioid Settlement Funds RFP - coupled with the City of Ithaca, the RFP is out and advertised to the public
- The Outreach Worker Program RFP – the City of Ithaca and the Downtown Alliance partnered to create a joint RFP for the Outreach Worker programs to operationalize in the downtown and rural areas. The RFP is under review with county finance and the county attorney and after its approval, the RFP will be advertised.

Ms. Ayers-Friedlander noted that the Opioid Settlement Funds can only be used for new services, not existing ones. She added that a new State position, “Workforce Coordinator” has been created to address the workforce shortage. She believes that extending an invitation to the coordinator to virtually attend a CSB meeting would be a great opportunity to share and provide information about our workforce challenges.

Annual Incident Review: Jana Thibodeau, Quality Assurance & Improvement Coordinator presented the 2023 Annual Incident Review of the Mental Health Clinic's Incidents. This review is required to be presented to the Advisory Board (CSB) of the Mental Health Clinic annually.

Mental Health Program Priorities

- Integrated Care (mental health and substance use)
- Trauma Informed Care
- Diversity, Equity, Inclusion, and Belonging (DEIB)
- Suicide Prevention

In 2023, the Incident Review Committee (IRC) reviewed 37 reportable incidents, including 19 deaths (11 natural causes, 7 fatal overdoses, and 1 suicide) 15 suicide attempts, and 3 other incidents. The committee discussed hypotheses for the increase (2022 vs. 2023) in overdoses and deaths, including more polysubstance drug use, increased engagement in mental health services, and the potential aftermath of COVID-19. It was noted that non-fatal overdoses that are not explicitly reported as suicide attempts are not included in the data, leading to an underestimation of the true number of overdoses.

Integrated Care - Corrective actions were taken including addressing co-occurring substance use disorders, staff training, caseload management and engagement, addressing client social determinants of health, mobilizing a CARE Team, staff recruitment and retention initiatives, assessing risk and safety planning, and updating policies and procedures.

Research showed that there is a strong relationship between trauma and adverse health effects and death later in life. As an organization, it is addressing some of the root causes of adverse childhood experiences and trauma through its mental health program priorities.

As a certified Opioid Overdose Prevention Program (OOPP), TCMH is allowed to distribute Naloxone kits and provide training to clients with opioid use disorders. In 2023, the organization distributed 3-6 times more Naloxone kits with Xylazine and Fentanyl test strips than in 2022, with a focus on making them more accessible to clinicians; updated the Naloxone distribution policy to include the role of front desk staff in Naloxone distribution; created signs advertising free Naloxone kits; and finalized instructional Naloxone distribution brochures with an emergency help number for clients. School policies restrict access to naloxone, due to legal and logistical challenges.

Trauma Informed Care - The organization implemented trauma-informed care training series and committees; updated trauma-informed care risk assessment to improve client safety; and implemented trauma-informed care initiatives, including hiring peer specialists, and expanding the program.

Risk Assessments – Monthly review of charts to update risk assessment; IRC utilization review; provide clinicians monthly caseload data with most recent assessment date; clinicians receive weekly updates on the high-risk clients on their caseloads; and clinicians attend weekly treatment team/high-risk meetings with psychiatrists and supervisors to collaboratively plan and triage care.

Engagement Strategies - Open Access (No appointment necessary for initial intake); easy referral forms; automated engagement letters embedded with personalized clinician messages; improved screening process for court-mandated clients; internal referral process with Public Health to link clients to Community Health Workers; client telehealth option; Integrated SDOH screeners in the intake process; and participated in the OMH PSYCKES Project and TCMH's engagement letter was selected as the gold standard for other clinics. 39% of clients prefer a hybrid approach with the option to do Zoom or telephone calls in addition to in-person visits. The opening of an onsite pharmacy, "Genoa" improves engagement and treatment outcomes for patients.

There is a point person who tracks discharge summaries to ensure important information is communicated to psychiatrists and clinicians after hospital discharge reducing lag time and improving coordination of care. Clinicians discuss challenges with discharge planning for high-risk patients, including a lack of communication and coordination between hospitals and community services. On-site medication availability improves engagement and treatment outcomes for mental health crises.

The Tompkins County Sheriff's Department partnered with TCMH to create a Co-Response Team to respond to mental health crises in the community. The Ithaca Police Department's team launches in 2024.

The Sheriff's Department has a dashboard with great data at

<https://app.powerbigov.us/view?r=eyJrIjoiODAwYjY4ZTk0NjFjZS00MTBILTlYtktNWVlYzVhOTFkY2IwIiwidCI6Ijk5MDIkdDg4LWUwM2UtNGQ0Ni1iYTM2LWZmOGY3YjM0NDNjMyJ9>

Recruitment and Retention – Six staff members are participating National Health Service Corps Members Loan Service (5 social workers and 1 nurse practitioner); the Civil Service job description expanded to include a lot more therapists; and social workers don't have to take the civil service exam if hired this year. TCMH successfully hired and onboarded 6 positions in 2023.

Diversity, Equity, Inclusion, and Belonging (DEIB) – Staff book reads with a focus on Diversity, Equity, Inclusion, and Belonging (DEIB) were facilitated on anti-racism; TCWH staff completed a national class training which is a culturally sensitive training developed by the Health and Human Services Department; presentations by consultant Dr. Ezell the “Ask Because We Care” training series; and a presentation by Herb Alexander, Chief Diversity Equity Officer.

Suicide Prevention – Staff training on the Zero Suicide Model and Death of Despair; quarterly Zero Suicide Committee meetings; senior leadership presentation at the Suicide Prevention Townhall in September; TCWH completed a Zero Suicide Implementation Assessment in August.

Policy and Procedures - TCMH updated policies to improve patient care, including a new high-risk policy, long-acting injectable policy, discharge policy, and emergency response policies are under development as well as a transfer policy.

Q&A
Ms. Thibodeau responded that a special investigation is conducted for most overdoses and TCWH files requests for police reports and interviews clinicians and community service providers involved. A committee person assisting the special investigator will write up a synopsis and present it to the committee for a deeper root cause analysis of what could have been done better.

Mr. Roberts was very complimentary of all the good work being done with the crisis response and the collaboration with law enforcement, and he believes there is a need to improve the perception of law enforcement in the community. Mr. Kruppa agreed. He said that the new clinic director at Family and Children Services should be invited to discuss the changes and regulations in their agency; this is also a licensure requirement during their audit. Mr. Kruppa shared that opioid data projects, related to overdoses, are under development with a public health fellow, which will include data dashboards.

Wait times – Open Access has been the most successful in getting people in and reducing wait times, and this is directly reflected by the number of available clinicians and staff.

Subcommittee Membership Discussion: Ms. Hutchens opened the floor to discuss whether or not to allow funded agency representatives to become members of the subcommittees. The Substance Use Subcommittee was highlighted as it has the most need for CSB members and members.

Concerns of funded/contracted agencies representatives on subcommittee:

- Becoming provider groups having undue influence
- Influential in making decisions in the Local Services Plan
- May not serve the CSB well

Suggestions:

- Include language for funded/contracted agencies to attend the subcommittee meetings
- Grandfather people in who are currently members of subcommittees
- Update the bylaws to reflect tonight’s decision

After a discussion, it was recommended not to allow representatives of funded/contracted agencies to become members of the subcommittees. They encourage contracted agency representatives to regularly attend Subcommittee meetings and invite them to share their perspectives and insight into the critical issues that are discussed and planned for in those meetings. The bylaws will be updated to reflect this decision.

Dr. Conner moved to accept the recommendation, seconded by Mr. Roberts; all were in favor.

An executive session was added to discuss CSB applicant, Dr. Alaina Zapf.

At 7:03 p.m. Dr. Duplan moved to go into executive session to discuss the CSB applicant; seconded by Ms. Hutchens.

At 7:06 p.m. Ms. Hutchens moved to come out of the executive session; seconded by Mr. Bergman. The CSB recommended Dr. Alaina Zapf for a seat on the CSB.

The meeting was adjourned at 7:08 p.m.

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**The Next Community Mental Health Services Board Meeting is
Monday, March 4, 2024, at 5:30 pm.**