


Tompkins County
COMMUNITY MENTAL HEALTH SERVICES BOARD

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

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Ellice Switzer, Vice Chair

Frank Kruppa, Commissioner

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Stu Bergman, Chair,
Substance Use Subcommittee

Tompkins County Community Mental Health Services Board

May 2, 2022, 5:30 p.m. Meeting Minutes

Via Zoom

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

APPROVED 6.6.2022

Present: Dr. Maria Morog; Ellice Switzer; Stu Bergman; Tom Lipa; Jan Lynch; Sheila McEnery; Dr. Auguste Duplan; Paula Winner; Travis Winter; and Sullymar Pena Vazquez

Excused: Larry Roberts; Khaki Wunderlich; and Mary Hutchens

Legislature: Veronica Pillar

Guests:

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

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The meeting was called to order at 5:30 pm by Dr. Morog, Chair. Introductions were made. Motion to approve the April 2022 minutes; Ms. McEnery 1st and 2nd by Mr. Bergman; all were in favor.
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Privilege of the Floor: None

Announcements: None

Chair's Report: Dr. Morog reported that the Bylaws committee was unable to meet in April and is scheduled to meet on May 10th.

Commissioner's Report:

Audit: Mr. Kruppa reported that the TCMH recertification licensure audit went well last week and will update the Board with the findings from the auditor's exit interview. The State (OMH and OASAS) has returned to auditing as he has attended three exit interviews for local agencies which all seemed to go well.

Bylaws Update: Mr. Kruppa reported that in anticipation of any adjustments or amendments, the CSB and BOH will need to vote on sending their amended bylaws to the legislature by the September meetings in order for them to get into the October Human Health Services Legislative Committee. It would then move for approval in November and full approval in December.

Merger Update: Mr. Kruppa reported that

- Work continues with County Finance in merging the chart of accounts for the budgeting process
- The senior leadership team focused on children and youth programs work on initial licensing issues; and creating a scope and charter for the next cross-functional team to who will focus on the service integration for the children and youth programs and will look at how to best serve them at the co-locations by the different departments
- The branding team reviewed and gave feedback to the branding consultants' summary of the first discovery meeting. The team awaits the available options.

- The cross functional team working on internal employees learning and understanding more about each other is analyzing data from the completed network mapping survey. Bi-weekly newsletters go out with an employee bio and picture from each department to see and know about them. A staff picture directory is also in the works.
- An all-staff meeting is scheduled for June 29th and both departments will be closed for the day to bring all the employees together to connect, and to re-energize/re-kick off for the staff. The all-day event will be held at the Public Health's backyard area with activities and team building.

Deputy Commissioners Report: Ms. Ayers-Friedlander reported:

- The Suicide Prevention Coalition will be on the County website soon
- NYS Department of Health is holding a public comment on the 1115 Medicaid Waiver Amendment tomorrow and May 10th (link to be provided). The amendment focuses on improving health equity redesign in the current system of care on how Federal Medicaid can be billed.

Goals:

- ❖ Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care;
- ❖ Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations; strategies to ensure case management and care coordination services
- ❖ Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages
- ❖ Creating statewide digital health and telehealth infrastructure
- ❖ Enhancing services for children; expand intensive outpatient programs; expand ACT program to children; increase beds for youth hospitalizations who require a higher level of service

Ms. Ayers-Friedlander encouraged Board members to participate in the public comment which will give an opportunity to learn how the State is thinking about improving behavioral health in the next years to come.

Rich Shaw, Coordinator of Dual Recovery Services & Single Point of Entry at Tompkins County Mental Health Services: Mr. Shaw shared a PowerPoint presentation to better explain his position and how it came about. He stated that dual recovery services are a network of different agencies with regulatory oversight by either OMH or OASAS with quarterly reporting. He works with treatment programs, housing, hospitals, DSS, probation and treatment court and serves the entire county. The two systems of care are the Mental Health System of Care and Substance Disorder System of Care.

A dual coordinator of recovery services promotes the twelve principles of integrated care. A few principles are below:

- Co-occurring conditions are an expectation not an exception
- It is a recovery partnership
- Each condition is considered to be primary
- There is no correct program or intervention for everyone

Areas of focus of the coordinator

- Cross-training of professionals
- Improved accessibility to services for individuals with co-occurring disorders (SPOE, AOT, Advocate for those with co-occurring disorders, Ombudsman role, QA with TCMH, etc.)
- Effective management, collaboration, and integration of diversified care
- Client/service outcome measurement

Recent Activities

- Mental Health First Aid training for the Tompkins County Sheriff's Department
- Consultation/training for Cayuga Addiction Recovery Services residential program
- Assisting the Tompkins County Family Treatment Court to develop integrated treatment planning
- Developing group programming for the county mental health clinic

The ultimate goal is to develop a system of care that is welcoming, recovery-oriented, integrated, trauma-informed and culturally competent in order to meet the needs of individuals and families with co-occurring conditions of all types most effectively (mental health, substance use, medical, housing, legal parenting, etc.) and help them to make progress to achieve the happiest, most hopeful, and productive lives they possibly can.

Dr. Morog asked about wait times for individuals. Mr. Shaw works with all the agencies which depends a lot on what is going on at the agency so wait times can vary greatly. All providers assess individuals for both mental and substance use issues and address within their services or refer accordingly. There are prioritization protocols. Mr. Shaw noted that Tompkins County Mental Health has open access hours which can speed up the intake process.

Dr. Morog asked about areas of growth or improvement. Mr. Shaw said a more efficient communication system and coordination for individuals in multiple treatment programs. He recommended a release of information of multiple providers form. Mr. Shaw said that he works with the local hospital, agencies, providers, and organizations such as the local NAMI chapter.

Mr. Kruppa complimented Mr. Shaw on the amazing job at helping to fill in gaps, but it is not his responsibility to integrate care in the community. It is a collective responsibility including the mental health department, mental health providers, substance use providers and developmental disability providers. Mr. Kruppa explained that for a mental health clinic, the primary diagnosis must be a mental health diagnosis and for a substance use clinic the primary diagnosis must be a substance use diagnosis. The same person could have two different primary diagnosis' depending on where they are seeking care. Great challenges come with billing when integrating such care and are systematic problems. In a recent presentation from local OASAS providers at a CSB meeting, they acknowledged the issues and are working on ways to better address the mental health issues or make appropriate referrals, but no one is being turned away.

It would be beneficial for providers and clinicians to meet about shared clients, but even more challenges come with time and available financial resources to be successful. Mr. Kruppa said these systemic problems will continue to be addressed and worked on. There is much work going on to fortify the existing systems of care which will give opportunity to build upon and improve. NYS has grants that address crisis stabilization around dual diagnosed individuals.

Ms. Lynch asked about the Opioid settlement money. Mr. Kruppa responded that the legislature makes the ultimate determination but there have been conversations with county administration who asked for direction from the legislature on how those monies would be spent on opioid support. He said that the opioid settlement money is a recurring annual \$180,000 for 18 years with a one-time allocation. Ms. Ayers-Friedlander added that there will also be money coming out of OASAS. Ms. Pillar added that the legislature is awaiting word from the State on the restrictions.

Dr. Morog proposed rethinking the Board's Mission in a future meeting and read the current mission statement. She explained that the purpose is why we exist, and mission is how the board fulfills the purpose. Ms. Winner suggests the purpose should include reflecting the integration of treatment for people with co-occurring disorders. Ms. Switzer feels more time is needed to discuss the operations of the purpose and to connect the purpose to actual activities and actions.

There being no further business, Mr. Bergman motioned to adjourn, 2nd by Mr. Winter; all in favor. The meeting was adjourned at 6:50 pm.



**The Next Community Mental Health Services Board Meeting
is June 6, 2022, at 5:30 pm.**