Name of County - Organization(s): Tompkins County Whole Health (formerly Tompkins Health Department), Cayuga Health, a member of Cayuga Health
2024 Workplan
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Priority	**Focus Area**	**Goal Focus Area**	**Objectives**	**Disparities**	**Interventions**	**Family of Measures**	**Completed Year 1 Intervention(s)**	**Completed Year 2 Intervention(s)**	**Projected (or completed) Year 3 Intervention**	**Implementation Partner**	**Partner Role(s) and Resources**
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan	1.1.2 Reduce the age-adjusted percentage of adult New Yorkers reporting frequent mental distress during the past month by 10% to no more than 10.7%)	Poverty, low-income, geography; Race and ethnicity, age	1.1.2 Support housing improvement, affordability and stability through approaches such as housing improvement, community land trusts and using a "whole person" approach in medical care.	1.1.2 # of OPWDD beds # of working groups for CoC, # of people housed # of successful discharge plans to beds at least one collaborative activity with the Youth Homeless Demonstration Project	Planned to restore OPWDD residential beds lost during COVID. Planned to document information about local housing, including residential supports available to advocate for additional emergency and supportive housing solutions, that is accessible to all partners through shared documents or on a website. *Planned to coordinate with the Continuum of Care to participate in a working group and support initiatives to increase safe, affordable housing for those unhoused or unstably housed in our community, and have a model for continued support services to meet health-related social needs. Planned to complete an activity with the Youth Homeless Demonstration Project, an initiative that involves youth in the decision-making project. Planned to review TC Housing Plan and the CoC Homeless Needs Assessment and Plan to better understand goals and objectives.	The Learning Web has ongoing collaboration with the Youth Homeless Demonstration Project. They also host a social worker from REACH once a week to **facilitate coordinated care**. ADC assists patients with housing as part of their substance ~~mis~~use treatment. The Village operates a crisis **transitional housing program**, which includes a house with 9 beds and staff who provide supportive services to youth and young adults experiencing homelessness and housing instability. Village at Ithaca has been supporting unaccompanied YYA experiencing homelessness or housing instability through our educational advocacy services for almost twenty years. The Village has been providing focused and intensive case management support in addition to educational advocacy since Fall 2019 and have significantly increased this support with the onset of the COVID-19 pandemic in 2020. **HSC CoC workgroups**: Governance, System Evaluation/Ranking, Home, Together, Housing First, Youth Homelessness, Health and Housing, ESSHI - property managers, human service staff, and developers related to ESSHI funded projects.	Opioid Settlement Fund regional abatements awarded to Catholic Charities of Tompkins Tioga for a 3 year pilot emergency housing program for people with substance use and co-occurring mental health issues. **10 clients housed** between Q2 and Q3, for a total of 584 resident days. In 2024, the Human Services Coalition (HSC) Continuum of Care (CoC) had **153 units of Permanent Supportive Housing and 45 units of Transitional Housing**. There were 153 individuals who exited from Coordinated Entry list to permanent housing. HSC CoC workgroups: The **Unsheltered Homelessness Committee** featured several presentations including a shelter provider in Troy, NY, a sanctioned encampment in Rochester, NY, and a presentation from the City of Ithaca regarding the unsanctioned encampment response. The **ESSHI Committee** was expanded to include other supportive housing providers, and together these providers identified a few key ways to improve service delivery in supportive housing spaces. These included more accessible mental health services, mechanisms for removing unsafe guests, and targeted education for landlords regarding the housing first approach. This committee met	Community-based organizations	COFA, Human Services Coalition, TC Whole Health, TC Planning Department, FoodNet, Village at Ithaca, Learning Web, community members, Visiting Nurse Services, SNFs, Bang's Ambulance, ADC

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									with the Ithaca Police Department regarding mechanisms for removing unsafe guests, and had several meetings to provide feedback to TCWH and other mental health professionals about the gaps and accessibility issues in local services. The **Services Second Committee** focused on identifying support service resources for tenants moving into PSH at Asteri through the housing surge. This included conversations with the landlord about how the space itself could be accessible to providers to serve clients on site. This committee was also involved in discussions about improving access to mental health services with the Supportive Housing (formerly ESSHI) Committee. The **System Evaluation Committee** met briefly but was ultimately cancelled for a smaller group, which included city, county, and DSS representatives, to carry the charge of better understanding how the county could fund a low-barrier shelter. The group that met to discuss lower-barrier shelter drafted a proposal and budget that was ultimately not funded by the County. The **Housing Surge Workgroup** was successful in its charge and all 40 units of Permanent Supportive Housing at Asteri are still currently occupied with tenants from the housing surge. The **Coordinated Entry Workgroup** approved new Policies and Procedures and made major updates to the Coordinated Entry intake process. The most significant update is that our local system will be transitioning to a new		

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									vulnerability assessment tool in 2025: the Balance of State Vulnerability Assessment Tool (BoS-VAT). The **Rank and Review Workgroup** introduced five new members to the rank and review team this funding round. This year, the workgroup was able to recommend funding for projects from three new agencies including a project that will expand the CoC Annual Renewal Demand by utilizing a pool of set-aside funds for households fleeing domestic violence. Village at Ithaca did not reapply for Village House program funding in the FY2024 funding competition. We received applications for a new RRH program by Learning Web and a new Kinship Care project by Family & Children's that will utilize those funds in FY2024. We look forward to supporting those new projects and continuing to support the Learning Web's Scattered Site Permanent Supportive Housing program for youth. Catholic Charities operate **21 supportive housing units**, including transitional and permanent housing at scattered and congregate site, with plans to expand in 2025-26. Their housing programs focus on single adults with mental health and substance use disorders. During 2024, to support housing stabilization, they assisted **80 households with security deposits**, **10 households with rental arrears**, and **100 households with utility shut-off prevention**.		

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.1: Strengthen opportunities to build well-being and resilience across the lifespan	1.1.2 Reduce the age-adjusted percentage of adult New Yorkers reporting frequent mental distress during the past month by 10% to no more than 10.7%)	Poverty, low-income, geography; Race and ethnicity, age	1.1.4 Support programs that establish caring and trusting relationships with older people.	1.1.4 **# of participants** in the Senior Planet tablet program.	Planned to increase enrollment in the Senior Planet tablet program, focused on individuals who are low-income, rural, socially isolated, and do not understand how to use a computer and other technology. Planned to match 20 clients with friendly visitors to engage and teach the participant how to operate the program. Planned to have regular capacity-building meetings between Cayuga Medical Center and key partners including community skilled nursing and other facilities, Visiting Nurse Service, transportation providers. Meetings focusing on upcoming discharge planning needs, barriers to transition between hospital and facilities, and situational awareness of each partner's capabilities and challenges at that point in time. Extended planning to longer-term partnerships including workforce, communications, and system efficiencies and improvements. The social engagement subcommittee of the Long-term care committee disseminated an informational brochure throughout the County to build awareness about social opportunities in the County.	**COFA** subcontracts with the local Senior Center to provide health promotion and social programming. COFA began to act as a hub for NYS CRC to launch a respite program for caregivers. There are current three trained volunteers, with the goal creating a registry of trained respite providers. There are currently 6 participants in the Senior Planet tablet program. Originally, 20 tablets were distributed, along with an internet stipend. FoodNet hosted **congregate/community meals every weekday**, along with periodic events intended to foster community building among elders. In 11/23, there were 1080 meals served to 67 participants. FoodNet and COFA organized a new congregate meal location (TBD), to be opening 2/24. The **YMCA** offers a variety of senior-centric programs and services including a **Senior Savings Day each Thursday** to increase socialization and physical activity in the senior community. We also offer an **evidence-based walking and socialization** program for seniors who may suffer with arthritis called **Walk with Ease**, which had **70** attendees YTD. The Y also offers an evidence-based fall prevention program for seniors called **A Matter of Balance**, which had **21** attendees, YTD.	COFA no longer has the Senior Planet tablet program as it was grant funded and has ended. COFA provides other services focused on older adults who are socially isolated such as **Elli Q (19 distributed) and Companion Pets (19 distributed)**. FoodNet hosted congregate/community meals every weekday, along with periodic events intended to foster community building among elders. FoodNet/COFA host one congregate meal site at Titus Towers and has about **25-30 regular clients**. The YMCA Matter of Balance program had **15 participants**.	Community-based organizations	**COFA**, Human Services Coalition, TC Whole Health, TC Planning Department, **FoodNet**, Village at Ithaca, Learning Web, community members, Visiting Nurse Services, SNFs, Bang's Ambulance

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	1.2.2 Increase New York State's Community Scores by 7% to 61.3%	Poverty, low-income, geography; Race and ethnicity	1.2.1 Implement evidence-based home visiting programs	1.2.1 # home visits. PICHC (50), SafeCare (84), MOMs Plus (50), COFA Home Health Aide (35 unduplicated clients), CDC	Planned to increase enrollment and home visits in the PICHC program, MOMs Plus, SafeCare, and COFA's home health aide program.	COFA also houses the Project CARE Friendly Visiting program and the Caregivers Resource Center. Project CARE has 16 participants receiving weekly visits as of 12/23. COFA completed also home visits through EISEP Case Management (90 clients), TCARE Caregiver Assessments (2 participants), and CAP Home Safety Evaluations (18 as of 11/23) to promote aging in place.There were **437 MOMS** home visits, and **20 PICHC** home visits YTD .	COFA also houses the Project CARE Friendly Visiting program and the Caregivers Resource Center. Project CARE has 9 participants receiving weekly visits as of 12/24. COFA completed also home visits through EISEP Case Management **(77 clients),** Archangels Caregiver Assessments (**8 assessments**), and CAP Home Safety Evaluations (**1 as of 12/24**) to promote aging in place.There were **567 MOMS** home visits, and **115 PICHC** home visits YTD . Participants enrolled in the Child Development Council's Family Services program receive at least one visit per month. Frequency of visits is based on need but occurs at least monthly. In the period of January- October 2024, **87 individuals** have participated in Family Services in Tompkins County, receiving a total of **764 home visits**.	Community-based organizations	Cayuga Health, Cayuga Health Partners, TC Whole Health, Human Services Coalition, Mental Health Association, COFA, Alcohol and Drug Council
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	1.2.2 Increase New York State's Community Scores by 7% to 61.3%	Poverty, low-income, geography; Race and ethnicity	1.2.2 Implement Mental Health First Aid	1.2.2 # trainings offered, # of people trained, # of organizations where all or a majority of staff have completed the training course.	Planned training for employees and community members. Planned work with Mental Health Association to create a registry of local organizations, programs and departments where all or the majority of staff have completed the training course.	Learning Web promoted Mental Health First Aid training for their staff; the majority of their staff have completed the training. The Ithaca Free Clinic has trained 100% of staff in Mental Health First Aid. 100% of TCWH CHWs have been trained in Mental Health First Aid.	Mental Health Association (MHA) of Tompkins County **trained 98 people, with representation from 12 local organizations.** MHA continues to be the primary training agency for Mental Health First Aid (MHFA) in Tompkins County, they **trained 3 more staff in MHFA**, including one in youth MHFA. In 2025, MHA will be working on their strategic plan which will expand MHFA, and have a train the trainer program for MHFA. MHA also provides a Mental Health 101 training to reduce stigma and fear. MHA has **8 peers,** one is a Certified Recovery Peer Advocate (CRPA). Advocates attend drug treatment court, Ithaca wellness and recovery court, and family treatment court. They host an aging services support group,	Community-based organizations	Cayuga Health, Cayuga Health Partners, TC Whole Health, Human Services Coalition, Mental Health Association, COFA, Alcohol and Drug Council

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									walk-in peer counseling, and have peers in the Cayuga Health behavioral unit once a week.		
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 1: Promote Well-Being	Goal 1.2 Facilitate supportive environments that promote respect and dignity for people of all ages	1.2.2 Increase New York State's Community Scores by 7% to 61.3%	Poverty, low-income, geography; Race and ethnicity	1.2.3 Policy and program interventions that promote inclusion, integration and competence.	1.2.3 PICHC: # of people with lived experience who participate in the advisory group. # of peer supports with lived experience # of DEI trainings offered # of Resilience to Thriving community trainings	Planned recruitment strategy and structure for a community action board for PICHC. Planned for the implementation of non-clinical supports, including the work of peers with lived experience with mental illness, to address social determinants of health and promote health equity for minoritized communities, to support recovery and quality of life. Planned and implemented a training program for TCWH as part of the DEI framework.	COFA hosted trainings and resources to promote inclusivity such as SAGE, etc. Five employees trained in mental health first aid. The majority of staff have been trained in CPR in Narcan administration. The Ithaca Free Clinic has regular training for all volunteers to receive guidance regarding inclusivity. HSC is helping to facilitate multiple supports for organizations through our capacity building initiatives. They are facilitating the **Leaders of Color initiative** that provides support and development for approximately a dozen local leaders of color. Workshops were offered addressing the following issues: understanding and managing personalities in a workplace, creating LGBTQ inclusive workplace, creating trauma informed organizations for leaders, conflict management and sexual	HSC is helping to facilitate multiple supports for organizations through our capacity building initiatives. They are facilitating the **Leaders of Color initiative** that provides support and development for local leaders of color. **Fifteen participants** were originally invited; however, only four had the time and capacity to complete the entire program. The other 11 were provided with opportunities for coaching and/or technical assistance external to this project. Workshops were offered addressing the following issues: trauma stewardship for helping professions, mediation for managers, trauma-informed teams, and supportive practices for change management. A total of **64 people** attended these workshops. HSC's Director of Leadership and Development infuses trauma-informed care into many of the capacity training offerings.	Community-based organizations	Cayuga Health, Cayuga Health Partners, TC Whole Health, Human Services Coalition, Mental Health Association, COFA, Alcohol and Drug Council

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								harassment prevention training. A total of **135** people attended these workshops. HSC's Director of Leadership and Development infuses trauma-informed care into many of the capacity training offerings. **TCWH WIC** held 12 DEI trainings, with an average of 3 staff attending per training. **TCWH CHWs** held 3 DEI trainings, with 3 CHWs attending two trainings and 4 CHWs attending the third. The PICHC **Community Advisory Board** has been initiated to improve the PICHC program, provide input from lived experience, focus on advocacy, policy change, and community building, with the first meeting being held on 10/16. The CAB planning group met 10 times prior to the first convening of the CAB. The CAB has 4 people with lived experience participating.	Cayuga Health offered **120 DEI trainings**. TCWH PROS served **213 unique individuals** and provided **16,407 services.** The PROS program includes one full time peer specialist and one part time peer specialist. The HiP Tompkins (PICHC) **Community Action Board** (CAB) engaged **8 individuals** who have lived experience giving birth and raising young children in Tompkins County. Four of the community members are participating regularly in CAB meetings and activities. The CAB had **8 meetings** in 2024, including planning meetings for the Sister Circle event in April 2024 for Black Maternal Health Week.		

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.2 Prevent opioid overdose deaths	2.2.2. Increase the age adjusted rate of patients who received at least one Buprenorphine prescription for opioid use disorder by 20% to 415.6 per 100,000	Poverty, low-income, geography, race, ethnicity, age	2.2.1 Increase availability of/access and linkages to medication-assisted treatment (MAT) including Buprenorphine;	2.2.1. Overdose death rates (outcome measure)2.2.4. # of ED visits for overdose (process)2.2.4. ED visits for overdose demographics (process)2.2.1. Overdose death demographics (process)	Planned to convene cross-sectional stakeholders as part of Opioid Taskforce.	ADC provides services to people who need substance use treatment, regardless of their circumstances, which **increases access to MAT**.REACH **offers medications for opioid use disorder** (MOUD) at every patient visit; they have 1,800 patients diagnosed with substance use disorder. In September 2023, the Tompkins County Legislature Opioid Taskforce awarded 8 organizations with $1.3 million dollars to strengthen the local overdose prevention network and harm reduction. This funding was granted to the County following the opioid settlement in 2022.	ADC ceased operations in February 2024 due to financial challenges. Cayuga Health has strengthened partnerships with REACH Medical and CARS to expand addiction medicine services, including the addition of certified recovery peer advocates and planning to open the Open Access Detox and Stabilization Center previously operated by Alcohol and Drug Council. They are also collaborating with community groups to help patients access resources for health-related needs and have increased screenings for these needs in both primary care and hospital settings. The health system is involved in local coalitions and working with the Cornell Center for Health Equity to advance health equity through sustainable solutions.REACH has **11 buprenorphine providers** and **19 Certified Peer Recovery Advocates** on staff. They have an active peer advisory board (PAB) of **11 people**. TCWH and Cayuga Health will coordinate in 2025 to better understand the number of overdoses (non-fatal) reported by the Emergency Department.	Community-based organizations	Opioid Task Force initiated in 2022 to coordinate countywide efforts; REACH, ADC, CARS, TCMH, STAP, Cayuga Medical Center (CMC)REACH and CMC collaborating via RHETC to increase number of providers waivered to prescribe buprenorphine.

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.2 Prevent opioid overdose deaths	2.2.1 Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.3 per 100,000 population;	Poverty, low-income, geography, race, ethnicity, age	2.2.2 Increase availability of/access to overdose reversal (Naloxone) training to prescribers, pharmacists, and consumers	2.2.1. Overdose death rates (outcome measure) 2.2.4. # of ED visits for overdose (process) 2.2.1. # of community Narcan trainings	Planned for naloxone accessibility in all Cayuga Health and Whole Health locations. Planned for training of staff and distribution to clients.	**REACH** performs an average of 5 **community Narcan trainings** per month. REACH also offers Narcan to patients at every visit. The Learning Web has trained 100% of staff on **Narcan administration**. Alcohol and Drug Council conducts **virtual community Narcan trainings** once a month, all clients are offered training to receive a Narcan kit. The Ithaca Free Clinic has Narcan available in every treatment room and office. HSC hosted a Narcan training which was attended by 12 individuals. **As of March 2023**, naloxone had been administered 23 times by EMS, 3 times by law enforcement, and 36 times by the COOP program. TCWH hosted two Narcan trainings, 20 staff attended. All mental health service providers are trained in Narcan training and administration. Mental Health clinic is a registered OOPP (opioid overdose prevention program). In September 2023, the Tompkins County Legislature awarded 8 organizations with $1.3 million dollars to strengthen the local overdose prevention network and harm reduction. This funding was granted to the County following the opioid settlement in 2022.	**100% of clinical staff** in Cayuga Health ED are trained in Narcan administration. TCWH held Narcan training for all staff during summer 2024 professional development day. Training was facilitated by REACH.	Community-based organizations	Opioid Task Force initiated in 2022 to coordinate countywide efforts; REACH, ADC, CARS, TCMH, STAP, Cayuga Medical Center (CMC) Alcohol and Drug Council conducts virtual community Narcan trainings once a month, all clients are offered training to receive a Narcan kit. (Addiction Medicine Consult Service) providing services including Naloxone access/harm reduction.

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.2 Prevent opioid overdose deaths	2.2.1 Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.3 per 100,000 population;	Poverty, low-income, geography, race, ethnicity, age	2.2.4. Build support systems to care for opioid users or at risk of an overdose	2.2.1. Overdose death rates (outcome measure) 2.2.4. # of ED visits for overdose (process) 2.2.4. ED visits for overdose demographics (process) 2.2.1. Overdose death demographics (process) 2.2.1. # of community Narcan trainings	Planned for analyzing metrics about opioid deaths, naloxone trainings and distribution.	ADC is an Opioid Overdose Prevention Center; they perform **ongoing community trainings and treatment**. STAP hosts a **syringe exchange**, facilitates referrals to a wide range of programs, and has an Opioid Overdose Prevention Program. TCWH Mental Health clinic is a **registered OOPP** (opioid overdose prevention program).	TCWH has developed and continued to publish data on the website related to substance use, unintentional fatal overdoses, and Narcan use and prevention resources. In May 2024, TCWH convened a Narcan Partnership Workgroup, a cross-functional collaboration of **15 local agencies** involved in opioid overdose prevention work, with a focus on naloxone distribution. Work will be ongoing in 2025. TCWH met with the Office of Drug User Health to acquire County-level OOPP data compiled by the State for Narcan kits distributed and trainings. TCWH published **5 year historical data** on the website and will continue to update on a quarterly basis.	Community-based organizations	Opioid Task Force initiated in 2022 to coordinate countywide efforts; REACH, ADC, CARS, TCMH, STAP, Cayuga Medical Center (CMC)
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.2 Prevent opioid overdose deaths	2.2.1 Reduce the age-adjusted overdose deaths involving any opioid by 7% to 14.3 per 100,000 population;	Poverty, low-income, geography, race, ethnicity, age	2.2.6. Integrate trauma-informed approaches in training staff and implementing program and policy	2.2.1. Overdose death rates (outcome measure) 2.2.4. # of ED visits for overdose (process) 2.2.4. ED visits for overdose demographics (process) 2.2.1. Overdose death demographics (process)	Planned cross-sectional stakeholders as part of Opioid Taskforce. Developed community-wide goals using baseline database.	REACH, the Village, and Learning Web **trains all staff** in trauma-informed care and utilize a trauma-informed approach. TCWH held a **five part all staff training series** focused on trauma informed care. Training was facilitated by Deana Bodnar from DSS.HSC offers trauma-informed **training for local organizations**; it was attended by 21 people in 2023 YTD.	Cayuga Health offered **120 trainings for staff that were trauma-informed**.	Community-based organizations	Opioid Task Force initiated in 2022 to coordinate countywide efforts; REACH, ADC, CARS, TCMH, STAP, Cayuga Medical Center (CMC)

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.3 Prevent and address adverse childhood experiences	2.3.3 Increase communities reached by opportunities to build resilience by at least 10 percent	Poverty- low income, geography; race and ethnicity	2.3.1 Integrate principles of trauma-informed approach in governance and leadership, policy, physical environment, engagement and involvement, cross sector collaboration, screening, assessment and treatment services, training and workforce development, progress monitoring and quality assurance, financing and evaluation.	# trainings offered including principles of trauma-informed approach \# organizations with staff participating in trauma-informed approach trainings	Planned and convened a Community Health Integration Work Group with cross-sector partners to develop a countywide strategy to increase Community Health Worker professional development opportunities, including training on trauma-informed approach.	CATCHI, an **interorganizational working group**, meets monthly to address community health workforce development and collaboration, with efforts to integrate a trauma-informed approach.	Last CATCHI meeting was November 2023. The Healthcare Transformation Grant kick-off was December 2023. There are **15 organizations** in cohort 1. YMCA established a referral system with Cayuga Health using WELLD (a HIPAA compliant software) to connect people to evidence-based health programs. There are plans to expand this referral system to other organizations through the 1115 Medicaid Waiver and local Community Health Referral Network.	Community-based organizations	Community Health Integration Work Group (with representatives from Cayuga Health Partners, TCWH, Human Services Coalition, Cornell Cooperative Extension Tompkins County, and REACH Medical): develop countywide strategy for Community Health Worker professional development.
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.3 Prevent and address adverse childhood experiences	2.3.3 Increase communities reached by opportunities to build resilience by at least 10 percent	Poverty- low income, geography; race and ethnicity	2.3.3 Grow resilient communities through education, engagement, activation/mobilization and celebration.	**# health care practices** linking patients to **person-centered resource navigation services**	Planned direct education and engagement opportunities for families to build and celebrate resilience skills, including 7 parenting education workshop series through Cornell Cooperative Extension Tompkins County.	Although REACH does not see pediatric patients, they do screen all patients with children for child's safety needs and provided education regarding safe medication storage. Many of ADC's patients have experienced ACE(s); by providing treatment and recovery services, ADC **helps to facilitate** a more resilient community. **CCE and the Village** provide **person-centered resource navigation services**. **HSC's** Community Health Advocates also provide person-centered resource navigation services, accepting social needs **referrals from four (4) primary care practices** in the county.	Cayuga Health has **8 practices** providing person-centered navigation services.	Hospital	Cayuga Health Partners, CCE-Tompkins, and Human Services Coalition: offer person-centered resource navigation services following social needs screening in health care settings.

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.3 Prevent and address adverse childhood experiences	2.3.3 Increase communities reached by opportunities to build resilience by at least 10 percent	Poverty- low income, geography; race and ethnicity	2.3.4 Implement evidence-based Home visiting programs: These programs provide structured visits by trained professionals and paraprofessionals to pregnant women and families, particularly those considered at-risk, necessary resources and skills to raise children who are physically, socially, and emotionally healthy and ready to learn.	# educational workshops and home visits to **build parenting and resilience skills**	Tompkins County Whole Health Moms PLUS+ Program planned to conduct home visits via a nurse with pregnant and postpartum families using the evidence-based Survivor Mom's Companion curriculum for expectant and new parents who have experienced trauma.	**CCE provides parenting classes** to teach resilience to families, along with communication skills. Parenting workshops address adverse childhood experiences and build resilience skills. In 2023 YTD TCWH community nurses conducted **14 Safecare** home visits.	In 2024 YTD TCWH community nurses conducted **27 Safecare** home visits. During 2024, CCE hosted **13 workshop series** and **4 family playgroup** series. They conducted **61 hours of home visits** and hosted **4 family gathering events** that focus on the 5 protective factors. Child Development Council held **4 sessions of Welcome Little One,** a 4-part series designed to help expectant first time caregivers prepare to welcome baby with competence and confidence. **16 total workshops** held in 2024. Families enrolled in the Council's Family Services program receive monthly visits during which parenting support and child development information is shared and resilience skills are supported.	Community-based organizations	Tompkins County Whole Health Moms PLUS+ program, CCE-Tompkins: complete home visits and offer direct education workshops around resources and skills that build resilience (other partners offering home visits, direct education, and engagement opportunities for families include Child Development Council, Tompkins Community Action, Learning Web, and Advocacy Center)
Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.5 Prevent suicides	2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000.		2.5.2 Strengthen access and delivery of suicide care --Zero Suicide	2.5.2. Number of actions by the Tompkins County Zero Suicide Steering Committee	Planned to hold quarterly meetings of the TC Zero Suicide Steering Committee.	In September 2023, the Zero Suicide Coalition hosted a community event with a panel of experts, to discuss opportunities for suicide prevention in TC.The Zero Suicide Coalition met monthly throughout 2023. 211, a member organization of the coalition, collaborates with and connects individuals to Suicide Prevention Crisis Services. 211 creates educational materials and presentations regarding the different helpline numbers. The TC Director of Communications collaborates with 211 on producing and distributing some of these materials. In 2023 YTD, 211 has referred 31 calls to crisis line services.	In October 2024, Zero Suicide Coalition held a Youth Mental Health and Wellness Town Hall.The Zero Suicide Coalition held 3 quarterly meetings as of 11/2024.**$16,400** secured in the Tompkins County 2025 budget (Whole Health department) for a part-time Suicide Prevention coordinator position.	Community-based organizations	TC Suicide Prevention Coalition, Sophie Fund. TC Whole Health's Community Health Workers (CHWs), 911 Call Center at the TC Dept of Emergency ResponseThe Tompkins County Zero Suicide Steering Committee. Goal: "To promote meaningful cooperation and coordination among healthcare leaders around suicide prevention using the Zero Suicide model." Purpose: "To advance tangible implementation of the Zero Suicide Model by caregivers and across healthcare systems."

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Promote Well-Being and Prevent Mental and Substance Use Disorders	Focus Area 2: Prevent Mental and Substance User Disorders	Goal 2.5 Prevent suicides	2.5.2 Reduce the age-adjusted suicide mortality rate by 10% to 7 per 100,000.		2.5.3 Create protective environments: Reduce access to lethal means among persons at risk of suicide; integrate trauma informed approaches, reduce excessive alcohol use	2.5.3. # gunlocks distributed # of organizations distributing gunlocks	In partnership with 10+ community organizations, planned to distribute 200 gunlocks provided by the VA Lethal Means Safety & Suicide Prevention. Coordinated by the Tompkins County Suicide Prevention Coalition, Lethal Means Safety workgroup: Priority Area 3: Increase lethal means safety.	CMC is implementing the **Zero Suicide model**, along with other community partners engaged with the Suicide Prevention Coalition. The Lethal Means Workgroup **distributed gunlocks** throughout 2023. FoodNet helps to create protective environments by providing **daily friendly check-ins** and regular assessment visits. REACH helps to create protective environments by administering a **mental health assessment** to every patients and providing them with behavioral health care, based on the level of concern resulting from the screening. ADC also screens their patients for behavioral health concerns.	**10 community partners** are distributing gunlocks. TCWH distributed about **40 gunlocks** in 2024.	Community-based organizations	TC Suicide Prevention Coalition, Sophie Fund. TC Whole Health's Community Health Workers (CHWs), 911 Call Center at the TC Dept of Emergency Response