

## **Minutes – Criminal Justice Alternative to Incarceration Meeting**

Date: May 25, 2022

Time: 12:00 – 1:30p

Location: Virtual Meeting

**Attendees:** Deanna Carrithers, Harmony Ayers-Friedlander, Matt Van Houten, Ray Bunce, Lance Salisbury, Marie Boyer, Donna Fleming, Daniel Cornell, Benay Rubenstein, Sue Robinson, Bridgette Nugent, David Sanders, Suzi Cook, Karla Brackett, Angela Sullivan, Deanna Bodnar, Ryan Harriott, Erin Hynes, Rich John, Judy Griffin, Jerry Wright, Temitayo Sanusi Parkinson, Scott Miller, Mary Osario, Lousie Miller.

- I. Welcome and Introductions** – Deanna welcomed everyone.
- II. Changes to Agenda** – No proposed changes.
- III. Minutes** – Minutes from April meeting approved.
- IV. Chair Updates (Deanna):**
  - a. CJATI received the notification for a grant that was attached to the meeting agenda last time. If anyone is interested in pursuing that grant Deanna will send a meeting invite to the group, if anyone is interested in learning more. If there is not interest at this time, there will be other opportunities.
  - b. Deanna has sent the goals with the list of people that are going to work on certain goals.
  - c. The Sheriffs Unarmed Pilot Program has been launched. The Sheriff will do a presentation at the next meeting to give an update about hoe that is going and will answer any questions.
    - i. There are two new Sheriff’s clerks that will be taking calls for noise complaints, walk-in complaints, and some traffic complaints. They will begin taking calls July 5<sup>th</sup>.
- V. Mental Health Update** – Harmony Ayers Friedlander-
  - a. Deanna provided the information to Harmony regarding concerns the group has regarding services and response for people with MH needs in the community.
  - b. Harmony provided an overview of services that are provided. There is the clinic, the PROS Program (Personalized recovery Oriented Services) and in 2021 they served 2, 815 residents through the clinic and the PROS Program. The PROS Program is an intensive day program that served 199 people last year. PROS serves people that have chronic and persistent Mental Illness, and they focus on what works for them whether it be vocational, improving relationships or finding a hobby that brings them joy. There are also classes that can assist with symptom management. There are individual counseling services and medication management as well.
  - c. TCMH also supports wellness and recovery court through a coordinator that Harmony supervises directly. There are also liaisons in the Family Treatment Court and the 2 Drug Courts. In the Family Treatment Court there are spots held every week for people that may need to be seen ASAP. These slots are

available for people that may be very distressed because of what happens in court, or it is determined that they need to get treatment.

- d. There is also a program called Emerge, that program serves people in the Domestic Violence Batterers Services. MH also has a sex offender program (SORE) that they provide services for.
- e. Harmony meets with Marie each week and they also Have Rich working with people in a less restrictive setting where court involvement can help them with staying on medications and participating in their treatment. (AOT Program) He also handles all the paperwork and coordinating the services they need. Rich also organizes the regular risk review for this program. Rich also does the Adult SPOE Program to help with housing when they have significant mental health and co-occurring substance use disorders. He is also the dual recovery coordinator in the community, he can visit other agencies and provide services to better understand how dual recovery works. He recently worked with the folks at CARS in helping them understand the MH part of treatment since they have the substance abuse expertise.
- f. MH also offers School Based Services for Youth. SPOA a service that helps families, children and youth that have more intensive needs getting the care that they need.
- g. For the clinic intake process Harmony said she knows there are concerns with the time it takes for people to get services. In the clinic there was points in time where there was loss in staff and significant turnover, especially during COVID. At that time there was a 70-day period for intake. The process is now 2 sessions for assessment and some people may need 3 if their needs are more complex. The current intake time is an average of 13.5 days. They are still using paperwork rather than an online system so the time it takes to send the paperwork out and then have it returned adds to the turnaround time. MH added therapists to the intake team to improve the process. They have also implemented rapid readmission which means that if a person has had services before (within the last year) you are rapidly readmitted without going through the whole process again. There is also an easy referral form that MH can provide to other agencies, they can send that form with the person that they are referring to MH and it provides a better understanding of what an individual's needs are. MH is open Mon-Th from 8:30-3 pm and anyone can walk in and start the process of getting services. 16-20 people come for intakes per week. People are staying in care longer than they used to as well.
- h. Mobile Crisis Team Services are available 24/7, during the day there is one staff person that provides that coverage for the entire county. There are 2 people that are on call after hours, weekends and holidays. That team is one clinical person and one support staff that has already worked a full day and then they are on call after hours or when they would normally be off. It is common that there are several calls that are happening at the same time from the State Police, IPD a school or a doctor's office. The team can't be

everywhere all the time so they can't always respond. The team does a debrief with law enforcement to compare notes and get feedback for better communication and understanding of the different situations. The job of the team is to evaluate and the need for immediate care and get transportation to the hospital and to communicate with the hospital if someone needs to go there. They also do referrals and link people to the appropriate services.

- i. Some of the challenges that the programs are facing is the housing shortage, and housing is a critical part of wellness. Another challenge is the workforce shortage. All 3 ACT teams in the area have been put on hold because the Psychiatrist retired and has not been replaced yet. There are some programs that have had to shut down or reduce the number of available beds because of staffing shortages. Unintended consequences of Medicaid redesign to service delivery system. NYS made changes to how services were delivered, this has impacted children and youth services. For agencies that provide the support services the reimbursement did not cover the true cost of the services provided. So many agencies have stopped being able to provide them. There are gaps in services. There are no respite services for children and youth in the county. There are only 6 respite beds for adults, and they are only available from 9-5. The gaps in needs are across the state and the nation. COVID had a big impact on vulnerable people in the community. Collaboration is a solution. Having agencies come together, there is a small \$25,00 grant that brought 33 agencies together to talk about how the needs of the community can be addressed more comprehensively. Innovative and local programming. A focus on crisis and prevention.
- j. Locally there are services plans and committees that gather data and talk to providers and report to the county and state to make sure that the plans are followed. If there are any people interested in joining the committees to support the local plans that address the needs in the community, please reach out to Harmony.

**VI. Rich asked** -About 988- the emergency response operations committee. The roll out of 988 is a big undertaking. There may be multiple calls that require that police agencies may respond to some of the calls. It is important that there is the same kind of response whether it be law enforcement or a MH worker. It is important that HIPPA information is handled appropriately, there is a lot to do before July. Harmony agreed that the 90-day window which is a Federal Mandate seems overwhelming and not all parts of 988 will be figured out on the first day. It will take time to figure out what the capacity is for responding to the calls and how calls may be transferred if they go to 911 first. There were technical challenges for moving those calls, hopefully they have figured that out. The Office of Mental Health has not released their guidance and training for this yet. So far looking at the law with the help of Bill Troy to try to understand what is expected. **Marie asked** what resources are available now that there is a lack of prescribers in the county. When people are released and stabilized on medication and need a prescriber to keep them stable. Harmony said that there is a new Psychiatric Nurse Practitioner that is beginning in

June. She specializes in addiction treatment as well. There are laws that are going into regulation that give Psychiatric Nurse Practitioners can do, giving them more authority and that will be a good step forward. Marie asked if it is possible when someone is coming out of the jail, and they don't have the medication they need to remain stable it can put them in a bad spot. Harmony suggested that if there are people in Marie's program or people coming out of the jail that need to be triaged differently that is something they can work on together. Harmony says that they have been working with primary care providers in the community to make sure that they are available to provide med support for things like ADHD medications and that leaves MH available to provide med support for people with significant needs in the community. The providers know that if a patient needs change, they can be referred to the community. Harmony also offered to work with Ray on troubleshooting for specific cases as need be. Judy said there are limits at REACH as well as far as being able to prescribe. They are actively trying to recruit a new nurse practitioner as well. Harmony offered support from the Medical Directors when they do hire someone. **Ray asked** what the intake process is to make sure that it is not a 2-week process to help. Harmony confirmed that when someone comes for intake, they do the paperwork and have an intake appointment that day. This is where the referral form can help. He then asked if the MH Crisis team uses a 945 does the person, then go to the hospital, once there what happens to that person? Do they get the services? Harmony suggested that someone from the hospital can present on their processes. 60% of the people that walk in with MH or substance abuse crisis. Harmony has worked with the doctors to understand 960 and AOT orders. Judy asked if there is any flexibility in the MH intake process. Having an abbreviated intake to get people the medication they need and then finish the intake process in another way. Harmony said that the barrier is not the intake it is more the lack of prescribers. **Suzi asked** what can happen for PINS and other youth that are in court that need MH services, can they be taken right away to MH for those services. There needs to be a better mechanism between the court, MH and the hospital to make sure that the kids get the help they need. Suzi said that a lot of the kids can not safely stay home. Suzi said that meeting once a month to regularly plug the holes in the care for the kids. Harmony said that respite services and Wraparound services will help.

**VII. NYS Budget Update – Lance Salisbury-**

- a.** There were fewer changes than originally discussed. There were changes to discovery, there were changes related to MH issues related to criminal law. Kendra's law was extended to 2027. The other changes in terms of MH law, there are 2 changes in relation to assessments that allow judges to order a voluntary assessment, the defendant agrees to it. It is used when the judge sees that a person is Mentally Ill now and if left unattended could result in harm to themselves or others. The second one is involuntary assessment, where the person is considered to be mentally ill and a serious danger to themselves or others if left unattended. If not mentally ill the behavior would be deemed disorderly conduct. The person would be sent to a local hospital by law enforcement. Having a

history of mental health needs is not enough to order the assessment. Acting out may not be related to the mental health needs. It has to be a question of safety to themselves and others. There needs to be a balance. There were some minor changes to RTA, there was a gap in the statute of limitations is 30.10 time limit or 18<sup>th</sup> birthday. There was a gap where people were arrested after they turned 18 for crimes that were committed when they were younger. There are referrals to community based services for education, vocational programs and employment help. Data will be collected when bail is requested. More data is going to be collecting including in local courts (town courts). Weapons and firearms charges are now considered to be a qualified offense for bail. Some charges have been adjusted for criminal sale of firearms to give more latitude to courts to be able to set bail. For appearance tickets that are mandatory appearance for a weapon on school grounds also if you are charged with a hate crime. Is someone has an appearance ticket and then steals something under harm plus harm makes the second offense bail eligible. There is an exception that theft crimes that are crimes of poverty are not bail eligible. There will be a slight increase in cases where bail is going to be set. The other big change that occurred was that the judge can consider when considering release status they can consider a criminal history to determine release status.

**VIII. Long Term Jail Report-**

- a. Matt gave the report. There are 4 people on the long-term report there is 1 person that had a trial and convicted of a felony. The other 3 are heading to trial. They are working hard to keep the numbers in the long-term jail report low.

**IX. Adjournment-** Deanna will have Lance and Dave speak at the next meeting.