

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

Date: April 24, 2024

Time: 12:00-1:30 pm

Location: Virtual Meeting

**Attendees:** Bridgette Nugent, Chief Jerry Wright, Dan Cornell, David Sanders, Deana Bodnar, Dominick Recckio, Harmony Ayers-Friedlander, Jeremy Cranmer, Jordan Clemons, Lance Salisbury, Cpt. Lauran Harrison, Louise Miller, Matt Van Houten, Matthew Davids, Monalita Smiley, Cpt. Ray Bunce, Rich John, Rich Shaw, Scott Miller, Taili Mugambee.

**Welcome and Introductions:** Bridgette welcomed everyone.

- 1. Changes to Agenda:** No changes.
- 2. Minutes Approval:** The minutes from March were approved after a change to the information presented by Marie Boyer, number of clients listed is number of contacts.
- 3. Updates:**
  - a. Chair's Update- Bridgette Nugent –** No chair updates.
  - i. Trauma Informed Practices and Discussion, Rich Shaw, Tompkins County Whole Health -** Rich said that there are many resources for information regarding trauma informed care and the Substance Abuse Mental Health Association (SAMSA) has a lot of information.
    1. The expectation is that most people have experienced trauma in their lives. Trauma-informed approaches are for clients and staff. Some people that are having a trauma related reaction aren't aware that is what is happening.
    2. Principles of trauma informed care are safety, trustworthiness and transparency, peer support, collaboration, empowerment voice and choice, and cultural historical and gender issues.
    3. Being aware of your approach to someone that has experienced trauma is important. Make sure that you are using the outlined principles. Pay attention to your voice, tone, and the words that you are using. It is important to have a feedback loop when using trauma informed care so that you can continue to develop the skills and have positive outcomes.
    4. Dave asked what resources are available in the community for co-occurring treatment. Rich said that integrated care in Tompkins County is a goal that local agencies are working towards. He said that substance abuse treatment programs are screening for co-occurring disorders. He said that locally it is worth assessing what is available and making sure that collaborations can happen between different care programs. Rich said that he can compile and share a list of resources for integrated care. Rich John asked if there is any outreach to meet people where they are for treatment or are they only being treated after something bad has happened? Rich S. said

that this work does need to be done and it can and should be done with adolescents. Lousie said that sometimes parents can be a barrier to care for a child. Rich said that this can be a sign of intergenerational trauma.

5. Taili asked what treatments parents generally refuse for their children and what evaluation is done to change the outcome and get the children the help that they need. Louise said that the service being refused is therapy and sometimes the child is being abused, the parent may be involved in the abuse, or the parent is still in a relationship with the abuser or is also being abused by that person. Louise said it is a parent's right to refuse treatment for their child and there is no recourse.
6. Deana shared that at DSS there is a conscious effort to offer trauma informed care. It is important for agencies to make a long-term commitment to this work.
7. Rich will send the resources he has referenced to Bridgette so they can be shared with the group.

**b. Community Justice Center Data Dashboard, Monalita Smiley and Matthew Davids-** Mona said that the data on the dashboard comes from law enforcement and the criminal justice system. All CJC workplans were created to address the disproportionate outcomes that people of color face in the community and the dashboard seeks to create transparency and contextualize the way information is showed and look at other responses and alternative programs that can be utilized. The data comes from the Department of Emergency Response, DA, Sheriff's Office, and Ithaca Police Department.

- i. Matthew shared the dashboard with the group. The information that is available shows information on calls that are made to the dispatch center. The data is divided between emergency and non-emergency calls. The information is then filtered to show how many calls led to arrests. Matthew showed that the calls can also be filtered to show the nature of the call. The dashboard also shows information about race when it is possible but demographic information is not always available. Information about intake and releases at the jail is also represented. Matthew showed the glossary of terms and the platforms for people to submit feedback as well as links to the other dashboards that are available. Matthew said that location information is available only to the extent that it represents the municipality that the information is from.
- ii. Dan asked why the section that shows violations of parole does not say violations of probation. Matthew said that he will update that. Dave said if housing status information can be added to the other data sets as it is for probation. Dan said that he would like the housing status information to represent that it is the number of

people on probation per month, not that the numbers represent new probation cases.

- c. Long Term Inmate report: Ray Bunce, Matt VanHouten, Lance Salisbury-** Ray started the report by pointing out that the two people in the jail the longest are people waiting for MH treatment. He expressed the difficulties for the staff at the jail and for the inmates that are unable to get the care that they need. Matt explained the reason for the people on the list. The first person is waiting for an available bed in a mental health facility. The second person on the list has a case that has been resolved and he will be transported to a secure mental health facility in a month. The third person listed does not belong on the chart, he is waiting for the next step in his case based on a violation of probation. The fourth and fifth person are waiting for sentencing. The next person is waiting for a trial, there has been no date set for that trial. Lance added that the need for more beds in state forensic hospitals is a state issue, hopefully funding to meet this need will be added to the 2025 budget. Harmony added that the Governor announced that the budget passed to add 50 more hospital beds to forensic psychiatric units in the state.
- d. Group Updates-** There was no time for updates. If anyone has updates to share, please send them to Bridgette and she will share them with the group.

- 4. Adjournment- Bridgette** – The meeting was adjourned at 1:30. The next meeting is scheduled for May 22<sup>nd</sup> at 12:00.