

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

Date: June 26, 2024

Time: 12:00-1:30 pm

Location: Virtual Meeting

**Attendees:** Bridgette Nugent, Sherron Brown, Ray Bunce, Kate Shanks-Booth, Lauran Harrison, Chief Jerry Wright, David Sanders, Sadie Crusade, Scott Miller, Lance Salisbury, Dr. Cliff Ehmke, Taili Mugambee, Peter Salton, Deana Bodnar, Emily Ashby, Mike James.

- 1. Welcome and Introductions and Group Updates:** In the interest of conserving time for other agenda items, Bridgette asked the group to introduce themselves during the meeting if/when they speak.
- 2. Changes to Agenda:** The agenda was reorganized so the presentation from OAR and CIU can be first.
- 3. Minutes Approval:** The minutes from the May meeting were approved.
- 4. Updates:**
  - a. Updates from OAR & College Initiative Upstate: Dave Sanders and Sherron Brown-** David presented OAR's 2023 Impact Assessment.
    - i. There are currently 14 staff members at OAR. 79% of their staff have lived experience.
    - ii. There are 13 programs with a total of 1,332 clients participating in those programs.
      1. Outreach, 72 clients; Client Services, 928 clients; CIU 211 clients; Domestic Violence Support, 8 clients; Endeavor House, 5 residents; Emergency Housing, 6 clients; Employment Assistance & Transportation, 68 clients; Housing Coordination, 143 clients; Parolee Reentry, 65 clients; Peer Navigator (Wellness and Drug Courts), 11 clients; Sunflower House/Peer Crossings, 54 residents; Bail 2023 – 3, 2024- 7; Food Distribution, over 9,000 meals in 2023.
    - iii. Dave listed items and resources that they provide to their clients and clients from other organizations. The items and resources range from Advocacy/referral services to clothing and hygiene items.
    - iv. In 2024 they have partnered with Probation, Treatment Court, City of Ithaca, Food Distribution groups, Clean Slate Act with local law groups and the Community Health Resource Network.
    - v. Performance is measured by the number of people enrolled in their programs. They measure the quality and quantity of their effort and the effect on program participants (measured by participant feedback and pre and post testing). 1,332 people were served, 95% of

participants reported being happy with the services provided to them.

- vi. 53% of OAR clients are homeless. 7% of clients have a college degree, 7% are employed full-time, 52% receive DSS or SSI benefits.
- vii. From June 2020-May 2024 there have been 21,719 visits to the main office.

**viii. Sherron presented information for CIU:**

1. In 2023 there were 17 students enrolled in CIU, 82% of them completed the course. 5 of the participants enrolled in college and 4 of them joined the workforce.
2. Sherron shared personal experiences of people enrolled in the program.
3. CIU has been in contact with upstate prisons so they can connect with people that are being released to Tompkins County. They have also done presentations about the program at Probation, DSS, the Advocacy Center and other agencies.
4. There have been 221 participants in CIU. Of that number only 26 have recidivated.

**b. Chairs Update: 13-A Funding Reauthorization to CIU: Vote- Bridgette**

**Nugent-** Bridgette asked the group to formally vote to reauthorize the funding for CIU. The money is from NYS under their 13-A (alternatives to incarceration) allotment.

- i. All in favor none opposed.

**c. Cayuga Health Behavioral Science Dept: Dr. Clifford Ehmke-** Dr. Ehmke was invited to share information regarding the process to determine if someone is eligible to be admitted to the Behavioral Health unit when they are transported to the emergency department with substance use disorder and/or behavioral health concerns.

- i. Dr. Ehmke said that people with mental health and substance use crises seeking help at community hospitals is still a relatively new issue following the mass closure of state psychiatric hospitals.
- ii. He said the process when someone is brought to the ER is that they are evaluated, and a plan is made for appropriate intervention.
  1. The patient has a medical evaluation, then a mental health evaluator will collect information from people that are familiar with the patient. The patient is then interviewed for history and current concerns. That information is then shared with a psychiatrist over the phone. Then a determination for treatment is made. The three treatment options are that they will be discharged, admitted to the BH unit or kept in the ER for more observation.

2. There are 3 criteria for a patient to be admitted to the BH unit. Suicidal Ideation, Homicidal Ideation or the inability to care for themselves in a less restrictive environment (thought disorganization, Psychosis, or Grandiose Mania for someone with bipolar disorder).
  - a. Bridgette asked what happens when someone is discharged. Dr. Ehmke said that the person is connected to resources in the community.
  - b. Lance said that one of the frustrations that local attorneys have is the issue of people with drug induced psychosis that may have underlying behavioral health concerns are cycled out based only on the drug use and not any ongoing, underlying behavioral health needs. Dr. Ehmke said that folks experiencing drug induced psychosis do not want to be on the unit and pose a danger to the other patients and they interfere with the treatment of other patients. He said it is difficult to treat substance users for BH concerns because the traditional prescription treatments cannot counteract the effects of substance abuse.
  - c. Peter asked how the lack of a detox/behavioral health unit effect CMC. He also asked how a local detox/behavioral center would interact with the BH unit at CMC. Dr. Ehmke said that depending on the medical needs of the person they would either be treated at CMC, if it is a medical emergency or they would be sent to the detox center if it was non-emergency and therefore could be treated at the detox center. Peter asked if there were any plans to open the center at Triphammer. Dr. Ehmke said that he hopes for CMC and CARS to work together to bring the services to the community.
  - d. Dave S. asked if an infographic can be created to highlight the gaps in treatment options in the community.
3. Dr. Ehmke invited anyone from the group to shadow him in the ER, and he is happy to speak to the room again if there is an interest.

**d. Long Term Inmate Report: Ray Bunce-** Most of them have had recent court dates. Some people are waiting for PSI's. He said that the MH process and evaluations are contributing to the wait that people in the jail are experiencing. Lance reiterated that some of the processes do take a long time. He said that it is important for the legal issues and the advocacy are

being properly addressed. Lance said that the court calendars are very crowded, and it is difficult to schedule hearings.

5. **Adjournment- Bridgette** – The meeting was adjourned at 1:36 pm. The next meeting is scheduled for July 24<sup>th</sup> at 12:00.