

RPS Working Group - Meeting #7

Thursday, September 16, 2021 - 6:00 - 7:30 pm ET

NEXT MEETING DATE: Thursday, September 30 - 5:00 - 6:30 pm ET Register [HERE](#)

Attendees: RPS Working Group, CPE Onsite team, Technical Advisors: Melody Faraday, Deanna Carrither , Schelley Michell Nunn, Mike Elli , Tammy Baker, Harmony Ayer Friendlander

Links:

[Meeting #7 Ref Docs](#)

[Shared folder - Internal Communications Folder](#)

[Meeting 7 Agenda Slides](#)

Note

- I. [REDACTED] Moment of Silence
- II. [REDACTED] [Group Expectations Reminder](#)
- III. Remarks from Dr. Phillip Goff
- IV. Working Group and Subcommittee High-Level Sequencing
 - Timeline has shifted back approximately one month, with the new deadline in January
 - WG meeting will move to biweekly
 - Biweekly subcommittee meetings will begin the following week - September 23, 2021Register [HERE](#)
 - Groups have been assigned and can be referenced below

Subcommittees

Staffing Levels, Shift Assignment, Beat Design (A)

- Travis Brooks
- Mary Orsaio
- Laura Lewis
- George McGonigal

Data Analysis & Research Data Recommendations (C)

- Luca Maurer
- Ducson Nguyen
- John Guttridge
- Scott Garin

Training, Equipment Needs, & Technology (B)

- Amir Tazi
- Eric Rosario
- Tom Condzella
- Yasmin Rashid

Proposed Operating Budget for New Public Safety Model (D)

- Amos Malone
- Mar'Quon Frederick
- Karen Yearwood
- Savannah Gonzalez

- Default scheduled time is 6:00-7:30 pm EST on non-WG days
- WG members are welcome to join any of the other recommendation working groups of interest

- Please recommend interested and engaged stakeholders and community members to join
- V. Local and National Examples of Alternative Response
- **Commons Outreach program** - Tammy Baker
 - Common Outreach work closely with Commons, but include Ithaca Police Department, homeless encampment, services, etc to respond to non violent mental health and substance abuse calls
 - Follow-up services: how can outreach help people remain housed?
 - Tammy began as the only staff member, and the program has expanded to 4-5 staff members across various departments
 - Outreach is not effective without services - e.g. psychiatric hospital units
 - So much mental health and substance use need that are not being addressed in Ithaca because there are not enough treatment or rehabilitation services
 - Outreach workers are not mental health or substance use workers, but are bearing the brunt of that work
 - **LEAD (Law Enforcement Assisted Diversion)** - Travis Brooks
 - Began in Seattle
 - Ithaca folks traveled out to Seattle and met with Seattle PD, LEAD worker, officers administering LEAD, and clients, and decided to bring LEAD back to Ithaca
 - LEAD is a program that addresses folks' needs and meets them where they are with dignity
 - E.g. If someone is caught shoplifting and the officers think they would be a good candidate for LEAD, the candidate would be diverted to LEAD without arrest and join the program. Over time they hopefully resolve their issues and are disincentivized from committing crimes
 - Preparing again for a soft launch and will soon fully launch in collaboration with many community stakeholders
 - Received \$1 million grant for use over the next three years
 - **County Mobile Crisis Unit** - Harmony Ayers-Friedlander
 - Designed for people who are imminent risk and need quick evaluation determining whether they need immediate hospital care, using but not limited to de-escalation tactics and crisis counseling
 - Primary, secondary, after-hours staffing
 - Primary are responders
 - Secondary are case workers
 - Respond within an hour
 - Calls come to MCU through suicide hotline, law enforcement, front desk, walk-ins, etc.
 - Always co-responds with law enforcement for off-site responses
 - Q: Would more hospital services be helpful?

- A: We need much more than that - e.g. homeless services, detox centers, crisis respite services, rehabilitation centers, etc. Hospitals will just be short-term responses and spit people back onto the street afterwards. New legislation is being vetted to see if we can better integrate substance use programs with mental health programs.
 - Recent IPD welfare check response to suicidal person allowed officer to de-escalate in part by IPD agreeing to take the person to a facility other than Cayuga Medical Center.
- [REDACTED] IPD does not have enough resources to support alternative response programs, and are left with no other recourse than to send people to the hospital, which is a short-term, inadequate response.
 - For example, [REDACTED] volunteers with LEAD and works the midnight shift
- **CAHOOTS (Crisis Assistance Helping Out On The Streets) CPE**
 - Provide mobile crisis intervention 24/7 in the Eugene Springfield, Oregon Metro area
 - Dispatched through the Eugene police-fire-ambulance communications center, and within the Springfield urban growth boundary, dispatched through the Springfield non-emergency number
 - Each team consists of a medic (either a nurse or an EMT) & a crisis worker (who has at least several years experience in the mental health field)
 - Help in three main areas: mental health, homelessness, and addiction
 - Specially trained 911 dispatcher recognizes non-violent mental health situations, then forward the call to mental health clinic and CAHOOTS, who respond
 - Most common responses are welfare check, substance use, etc.
 - CAHOOTS will call for Eugene PD backup about 2-3% of the time
 - Previous workload analysis showed that 5.3% of IPD calls for service were related to mental health 1500 calls/year and 1500 staff hours
 - Call number is likely higher, and some mental health-related cases weren't appropriately categorized