**Minutes for Criminal Justice/Alternatives to Incarceration Advisory Board (CJATI)**

**Date:** 7/25/2018

**Call to Order:** 12:05

**Attendees:** Geno Tournour, Benay Rubenstein, Jodi Anderson, Susan Robinson, Matt Van Houten, Lance Salisbury, Mark Dresser, Ken Lansing, Brian Robison, Ray Bunce, Pat Buechell, Dan Cornell, William Rusen, Sharon MacDougall, Deb Dietrich, Megan Hogan, Matt Anticoli, Rich John, Henry Granison, Marie Boyer, Louise Miller, David Sanders

**Additions/ Deletions**

An updated Agenda was handed out with a few minor changes.

**Announcements**

On July 11th Judge Miller organized a stakeholder meeting to discuss the Ithaca City Mental Health Court. A planning and steering committee will work over the expected next 8 months to look at referrals, potential participates, collaborations, and outcomes – which will include Mental Health improvement, engagement with community resources, and improved public safety.

**Updates, Reports, and On-going Business**

**Tompkins County received $156,000 in funding for (SUD) substance use disorder treatment and transition services in the Jail– Ken/ Sharon**

Mental Health and the Sheriff’s department recently met to discuss how to treat substance use disorder within the County jail. Taking into consideration inmate population and current personnel, a plan was developed using FDA approved products for the treatment of opioid dependence and withdrawal. The product chosen is called **Sublocade** (buprenorphine extended‐release). This product is used to help with carvings and withdrawal symptoms.

The link below provides a greater understand of Medication-Assisted Treatments (MAT’s)

<https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm600092.htm>

Sharon stated that the funding is one-time, she would like to lobby for a 3-year funding extension but believes that to make that happen we will need to collect data. She would like to use RBA to measure quantity, quality, effort, and effect; believing the likelihood of a possible funding extension would be much greater if we can show program impact/results.

Dan had mentioned that a FDA has approved a Hearing Aid- like device called the NSS-2 BRIDGE, described as a percutaneous nerve field stimulator (PNFS) device system, it can be used as an aid to reduce the symptoms of opioid withdrawal, see link [**https://i-h-s.com/**](https://i-h-s.com/)

for more information. The device costs $600 each, an alternative to Medication-Assisted Treatment options.

**Long Term Jail Statistics**

Long term inmate report was presented, Ray states that at one point recently, the jail held only 56 inmates. To put that in prospective 52 was the lowest (in recent history). The CJATI advisory group discussed why we look at long term inmate reports. This is an ongoing practice to determine reasons certain inmates are detained for long periods of time. When there are patterns we look to streamline and potentially create better efficiencies within the system. This led to a brief discussion about Grassroots, and a lengthy chat concerning Parole.

Grassroots was reported to be very well organized. Camping arrangements and the elimination of long lines to get in, resulted in one of the better events. There were no arraignments, one DWI, and just over a dozen parking tickets. From the current information provided there were no reports of sexual assault.

The conversation then focused on Parole. A very long discussion ensued concerning barriers and how best to address these obstacles. One of the greatest issues included the Administrative Law Judge (ALJ) who, we were told, typically hears parole violation cases once a month. If there are a back-log of cases, which after an entire month is likely, it can take two months before the situation is heard. To add to the congestion a Revocation Specialist not a Parole Officer is warranted to review cases and can only process a limited number of cases per day. To make matters worse, the Parole violation may be minor (not involving a new crime) and the result might just be a stricter curfew, increased supervision, or Electronic Monitoring (EM). Although numbers fluctuate, on average there are SIX (6) parolees in the County Jail on any given day. With average daily census declining that accounts for 14%-18% of the jail population.

Parole Revocation guidelines are below:

**WHAT ARE PAROLE REVOCATION GUIDELINES?**

In January 1997, the Board of Parole adopted guidelines governing the parole revocation process. Under the amended regulations, revocation outcomes reflect a guideline structure that considers criminal history, crime of conviction, number of prior parole violations, and current violative behavior. The guidelines are structured to ensure that those violators with a history of violent behavior receive the most severe penalties and those with **substance abuse problems receive the necessary treatment.**

<http://www.doccs.ny.gov/Parole_Handbook.html#h4_1>

Decreasing average length of stay for technical violations that require only increased supervision is a potential target of CJATI. In addition, some cases might benefit from substance abuse treatment with additional reentry and ATI supports as indicated by the Board of Parole guidelines.

**Reentry Program - Marie**

Marie presented her quarterly report. She manages the Reentry program through Mental Health. To date she has worked with (97) formerly incarcerated individuals – an impressive feat as she has only been employed for six months. Her report included age, residence, gender, race, RBA performance measures and a brief narrative. To support the development of our other ATI’s this report has been shared with other providers to help steer them in developing their own performance measures. Marie answered questions concerning her report, offered details not highlighted within, and when asked to identify barriers or obstacles she stated “Housing” was a major issue. Many of her clients are homeless. Housing, as many are already aware, is a major barrier.

**Grant Applications (Resolution Routing) -Dave**

After receiving on average 3-4 potential grants per week, Dave addressed the current process. Typically, a grant opportunity is brought to our attention with only 3 weeks until the due date. Applications are up to 77 pages long, and most are extremely competitive (6 grants for the entire Nation.) To apply for a Grant, we (County Adm.) need only provide (information) to Public Safety. To accept a Grant however, a resolution will need to go before the Public Safety Committee and (if not budgeted) before the full Legislature. Dave added, that he would like to include the CJATI Advisory Board in our “routing” process.

**Local SIF (Supervised Injection Facility) – All**

Due to the recent HHS and Public Safety meeting that discussed SIF’s, the topic was brought before the CJATI advisory committee and an open discussion was encouraged. Although there were a wide range of opinions, and consensus wasn’t expected, it did seem that there was some agreement that the collection of data and research is extremely important. In addition, effectiveness, quality management, and sustainability were all debated. Others were concerned that experiences and data within other countries and larger metropolitan areas may or may not guarantee the same results in a small city. The CJATI Advisory Board conclude with the expectation to share data and research on the topic.

On 7/27 CJATI provided information on SIF to all its members which included:

* Public Health Medical Director’s Dr. William Klepack presentation and research on SIF’s
* Board of Health resolution to the Legislature about SIF’s
* Community Services Boards statement to the Legislature
* NYC SIF feasibility report to the mayor.

As well as the TC Public Health Opioid web page for latest information:

<http://tompkinscountyny.gov/health/opioid>

**Adjourn** 1:21

**Submitted:** David M Sanders

**Date**: 7/25/2018