# Agenda Jail Study Committee

Thursday, June 15, 2017 5:00 PM Legislature Chambers

1.	Call to Order	
2.	Public Comment	
3.	Changes to Agenda	
4.	Minutes Approval a. May 11, 2017	
5.	Report on College Initiative Upstate Program	Benay Rubenstein Program Founder
6.	Report on Education Services Provided at the Jail	Diahann Hesler T-S-T BOCES
7.	Understanding a Harm Reduction Approach to Drug Use Intervention	Dr. Sheila Vakharia Long Island University
8.	Adjournment	

# **Jail Study Committee**

Regular Meeting Minutes (same as Notes) – Draft 5-16-17 Thursday, May 11, 2017 5:30 PM Legislature Chambers

# **Attendance**

Attendee Name	Title	Status	Arrived	Departed
Rich John	Chair	Present		
Anna Kelles	Vice Chair	Present		
James Dennis	Member	Present		
David McKenna	Member	Late	5:39 PM	
Martha Robertson	Member	Present		6:52 PM
Ray Bunce	Jail Administrator	Present		
Patricia Buechel	Probation & Community Justice Director	Present		
Lance Salisbury	Supervising Attorney, Assigned Counsel Program	Present		
Marcia Lynch	Public Info. Officer, County Administration	Present		
Michelle Pottorff	Chief Deputy Clerk	Present		
Sharon MacDougall	Deputy Mental Health Commissioner	Present		
Paula Younger	Deputy County Administrator	Present		
Michael Sigler	Legislator	Present		
Joe Mareane	County Administrator	Present		
Evelyn Goldsberry	Tompkins County Jail Nurse	Present		

Guests: Bill Rusen, CARS

#### Call to Order

Mr. John, Chair, called the meeting to order at 5:31 p.m.

#### **Public Comment**

Erin Griffith, City of Ithaca, stressed the ways the jail population can be reduced such as: implementing recommendations contained in the Ithaca Plan and specifically the community-based detox center, implement recommendations contained in the report of the Municipal Courts Task Force and specifically the LEAD Program (Law Enforcement Assisted Diversion), continue to support the mobile Mental Health Unit, support bail reform and ROR (Release on Recognizance), and continue to support services that are already being provided to reduce incarceration. She asked that there also be support to community members by providing easy access to services before they end up in the Jail.

Sareanda Lourdes, Brooktondale resident and volunteer at the McCormick Center in Caroline, said the people she serves are mostly black and brown and she doesn't believe this population is committing crimes more often. She said racism puts people into the system and stated that the last time she attended a meeting what she saw was a white justice system addressing the needs of black and brown people. She asked that more work be done around involving black and brown and working- and lower-class people. She stated there is racial and class profiling; the entire judicial system is flawed and she doesn't believe everyone has done something against the law to be placed in the Jail.

Jesse Goldberg, City of Ithaca, spoke in opposition to any expansion of the Jail said there is a misunderstanding that community members who attend meetings are against the interests of incarcerated people and their family and said those who have spoken against Jail expansion are not against getting

people in the Jail the services that they need or desire. They want to see that they have access to programs while they are in the Jail but do not want any more Jail cells. He agreed that boarding inmates to other counties is disruptive to families and friends. He said if the County wants to solve the social problem the Jail cannot be the focus. The best thing that the Legislature can do is support programs in the community and to create a society that incarcerates fewer people.

#### Mr. McKenna arrived at this time.

Lily Gershon, Freeville, stated Decarcerate Ithaca is not against providing services to people who are in Jail but doesn't support there being conversations about providing services that may seem like a justification for expanding the Jail. She said she was told that the study began because State pulled the variance but the numbers are decreasing. If the goal is to have less boardouts there needs to be investment in programs to divert individuals from the Jail. A very small portion of the Jail population has committed a violent crime and a lot of people in the Jail should be diverted to other programs and this would free up space to be used for programs. She said there needs to be support and investment in services that are in the community.

Brenden McQuade, Ithaca, reiterated comments he has heard and expressed concern about recent discussions about providing drug treatment in the Tompkins County Jail. He said our country has built the largest prison system in the world in large part because public health problems like drug addiction have been criminalized. He said the trend can be reversed by providing effective community-based drug treatment and encouraging law enforcement to divert drug users to treatment. He said incarceration places immense fiscal and emotional stress on families.

Barbara Regenspan, Ithaca, said there is agreement amongst everyone present that jails are currently housing poor people and unemployed people. She spoke of the lack of affordable housing and said there are big social problems for which we don't have the solutions at hand. The issue is the fact that jail expansion is a false way of solving the problems of employment, underemployment and housing. She said she wants the community to be bold enough to face the fact that we don't have any solutions and to allow Ithaca to be what it is uniquely positioned to be -- the community that looks at the real facts on the ground. She said we need to rethink capitalism, where it's going, and what its impacts are in the community and this might need to be the community that takes leadership in pushing for a guaranteed income for all human beings.

Shari Korthius, Ithaca, said the Industrial Development Agency approved a project earlier today for a building that will hold 108 units of market-rate rent on the Commons and said the project will not create any jobs or any affordable housing. She referred to the large SWAT raid and the number of people who were just arrested yesterday for dealing drugs. She said they are dealing drugs because they cannot afford to live and haven't been given a chance in society. She also expressed deep concern for the children who are living with inmates in detention facilities. Mr. John clarified at todays' IDA meeting action was not taken on the project; a public hearing on the project was scheduled.

Joanne Cipolla-Dennis, Dryden, said she was speaking as a concerned citizen and described many injuries she sustained while being a Corrections Officer and the events that led her to becoming disabled. She said the current system is a complete failure by design to those who are charged in the community and to officers who have to work with those who are detoxing from diseases such alcoholism and drug addiction. She spoke of safely detoxing inmates and does not believe the current Jail administration is following safe practices. She cited a number of incidents she said occurred during the current Administration's term and said there needs to be accountability for the health and safety of those in the Jail.

Paula Ioanide, Ithaca, stated that the Jail population increases for the last 15 years had nothing to do with increases in crime. She said property and violent crime rates have declined while Jail populations have increased because more people are being detained while awaiting trial and are too poor to post bail. She said this means approximately 90% of Jail populations across the Country, including Tompkins County's, growth is a result in changes in policies and detaining more people while they are awaiting trial or sentencing. Ms. Ioanide said if the Legislature votes for Jail expansion it is actually committing the community to deepening poverty in Tompkins County and offering no incentives to the police and justices to reverse policies and practices that have resulted in the increased jail population. Ms. Ioanide said there are concrete alternatives to reducing the Jail population and reducing boardout costs while fulfilling its responsibility with the Commission of Correction.

# **Privilege of the Floor by Committee Members**

Ms. Kelles thanked the public for coming and asked that they continue to come. She said her personal values are very much aligned with what the speakers have said. She appreciates everyone's input and said she would like to see a place where there is a feeling on both sides that instead of the traditional and typical feeling or assumption that the Legislature and the public are in opposition, that both are working towards a vision that is similar or parallel. She said this Committee has been meeting since last July and has heard a variety of presentations that included services provided both in and outside of the Jail. Ms. Kelles said a lot of things that have been suggested are already under discussion. Lastly, she said there is an assumption by some members of the public that by assuring the ROR (Release on Recognizance) would reduce the number of pretrial individuals is up to the County. Although the District Attorney can continue to encourage that the magistrates in municipalities use ROR as much as possible the County cannot dictate that to them. She encouraged members of the public that in addition to continuing to attend these meetings, to go to the municipalities and educate magistrates in municipalities that do have the final word on this.

Ms. Robertson suggested that members of the public should also go to City of Ithaca Common Council meetings because the City has not put any money into the Ithaca Plan. Ms. Wilkinson, former District Attorney who was appointed the Director of the office that will work on the Plan, has been volunteering. She also recommended that the public go to Cortland County, where that County is only half the size of Tompkins County, and is planning to build a 230-bed Jail. They have a citizens group that is trying to push back on that and could benefit from the wisdom of the public who are present. She said incarceration may be up around the country but it is not up here, and noted that data shows the opposite in Tompkins County. She stated in the late 90's it was 93 per 100,000; in the last 5 years it was 88, and it is now 79 per 100,000. She said Tompkins County has been making it happen which is why the County hasn't faced this from the Commission of Correction for a number of years and may be able to protect the variances because of all the work that has been done in addition to the plans that are in the pipeline.

Mr. Dennis addressed comments that have been made relative to how many people are incarcerated because they cannot make bail in Tompkins County and said the County helps to support OAR (Opportunities, Alternatives, and Resources) and that agency pays up to \$2,500 to bail people out of Jail. Second, he clarified that he was Chair of the Public Safety Committee only on an interim basis for five months. While serving as Chair of the Budget, Capital, and Personnel Committee the County began the process of Ban the Box which was eventually approved by the full Legislature.

Ms. Kelles said there is a company that specifically works to house people with mental health issues that is looking to develop a 50-bed, four-story building on the corner of Court Street and Route 13.

She encouraged the public to attend a public meeting about this on May 24th from 1 to 3 p.m. The new building, Lakeview, would provide very-much-needed housing for the community.

Mr. John said he has heard good comments made repeatedly and said he appreciates the good enthusiasm and engagement from the public. She echoed the statement made by Ms. Kelles that this isn't necessarily oppositional. He said the County is struggling with needing to answer to New York State in a viable way and does not believe any Legislator wants to build any additional cells as it is in the back of our minds that if you build it will be filled. He said if there is a community that is honest with itself about that worry he would say it is Tompkins County and spoke of the number of organizations and the amount of civic engagement on this issue. Mr. John said Tompkins County has 1/3 of the national average in its Jail population. He stated there are significant problems with implicit racism and poverty that the County needs to do much better on, Tompkins County is doing some very good things. He invited the public to attend future meetings of both this Committee and the Public Safety Committee. He said the Committee expects to receive the draft report from CGR in early June.

# **Changes to Agenda**

The report from Diahann Hestler of B.O.C.E.S. was withdrawn from the agenda.

# **Minutes Approval**

March 16, 2017

The minutes were approved with the amendments submitted by Ms. Kelles.

RESULT: ACCEPTED [UNANIMOUS]

MOVER: Anna Kelles, Vice Chair SECONDER: Martha Robertson, Member

AYES: John, Kelles, Dennis, McKenna, Robertson

#### April 20, 2017

RESULT: ACCEPTED [UNANIMOUS]

MOVER: Anna Kelles, Vice Chair SECONDER: Martha Robertson, Member

**AYES:** John, Kelles, Dennis, McKenna, Robertson

# Report from Sharon MacDougall

Ms. MacDougall said she has been in the position of Tompkins County Deputy Mental Health Commissioner for one year. Having worked for 25 years across New York State in county and local services she said there isn't a county as progressive on topics like this in New York State as Tompkins County is and in particular having law enforcement wanting support for mental health and behavior health clients in a jail setting. She explained her role as Deputy Commissioner and as the Director of Community Services. This unique double role allows her to do a lot of macro oversight for mental health and substance use population in Tompkins County, that includes identifying gaps, filling those gaps, and communicating to the State to try to get resources into the County to get service gaps met. It goes from macro-planning to micro planning and is a lot of oversight and responsibility to the population.

Ms. MacDougall said when she speaks about behavior health she is combining mental health and substance use; it is an all-encompassing term that is used to combine both at the same time. She noted there is a huge difference between diagnosis and a routine emotional response to something and explained the service and support to get over a routine emotional response is distinctly different than the intensive treatment that a person with a diagnosis needs. She said there is a big difference in behavioral health services and supports that are offered to all of the citizens versus behavioral health treatment that is offered to someone with a very strong diagnosis and treatment need.

Ms. MacDougall said in New York State incarcerates its behavioral health population at a higher rate and on an average day local jails throughout the State has at least a two to three times higher population compared to the general population with mental health and substance use issues. Approximately 20% of the people in the general population have a mental health disorder or diagnosis and 20% have some kind of substance abuse diagnosis. She spoke of how difficult it is for someone to acknowledge a mental health or substance use issue and said it is even more difficult in the Jail. Using these estimates she said there are approximately 20-30 people currently in the Jail who have some sort of mental health and/or substance use issue. In that environment it would be hard to acknowledge the need for support and the environment itself can make things even more difficult. In addition to the mental health and substance use population there is a higher rate of co-occurring issues.

Ms. MacDougall spoke to the question of why so many people with mental health issues are being incarcerated and in the last thirty years there has been a very strong de-institutionalization that has happened as all of the State psychiatric centers and State-run services for mental health as well as substance abuse providers have been discharging them into the communities without a lot of support to absorb that extra population that used to be served at the State level. Substance abuse trends are also very unpredictable in the community which makes it difficult for service providers to stay informed about the latest trend that they have to find evidence-based practices to treat very quickly.

At the State and national level there is a big emphasis on behavior health diversion from hospitals for cost-saving measures so there is a constant press for communities to keep people out of the most expensive levels of care and this puts greater pressure on communities to treat the behavior health population at a community level. This places a lot of stress on law enforcement and they are not trained to be crisis, behavioral health providers yet are put in that position daily without a lot of support or training. She identified this gap early in her position and tried to partner with them so they would have a mobile crisis team that could help them respond if they were in a crisis situation in the community. She said they have seen a large increase in behavioral health issues in criminal justice that are mainly related to minor offenses. She said a significant reduction in community treatment and funding for all outpatient mental health and substance use programs have hit strongly in the last few years and it is not a surprise that the behavioral health population is not able to access the care they need and are ending up in the criminal justice system.

Ms. MacDougall said what Tompkins County can do when it comes to the criminal justice population and behavior health in criminal justice is to make sure there is a full spectrum of services available to the behavioral health population. There is not one service that works for everyone; there are different ways people need to access the supports they need. Sometimes an intensive hospitalization may be needed and at other times it might just be a support group in the community that is needed.

She said when it comes down to behavioral health and incarceration it comes down to three things: diversion from incarceration that will always be the focus because one person in the Jail is too many. This population should not be in the Jail because it is not a therapeutic environment but when they

do end up at the Jail they need extra supports and should get out of the Jail as soon as possible with services happening as quickly as possible upon release.

Ms. MacDougall spoke of what services are being recommended for enhancement. Although she would always be in favor of diversion, that is not always possible, therefore, Tompkins County Mental Health Services provides services to the County and to the population who is in the Jail. Over the last few months there was research and a hard look was taken on this. There are community partners who are already going into the Jail. The focus will be on identifying what enhanced services are needed at the Jail and a needs gaps analysis done (who are they, what do they need, how much, what is the frequency, and what is important). She said she has done a lot of mental health forensics in the past and reached out to her colleagues in other counties (Mr. John will see that a copy of the e-mail will be forwarded to the Committee).

As far as areas of growth where they think additional enhanced services at the Jail are warranted and needed include instituting a universal screening for mental health and substance use to get people the services that are needed. These screenings are intended to tell what the intensity of one's mental health or substance abuse issue is so that information can be provided to Cornell for linkage and discharge release planning so the person can get the services they need in the community when they get out of the Jail. What Tompkins County Mental Health is planning to do towards enhancing behavioral services at the Jail specifically is focusing on that screening, providing additional and more comprehensive assessments as needed, and offer additional services while they are there to get them to engage in services while they are at the Jail so that they are more likely to engage with treatment providers to get the services they need on a long-term basis.

Ms. MacDougall said the Department's Psychiatrist will be available if there is a specific need for behavioral or mental health medication treatment. She said the Sheriff's Department is looking at vivitrol and outpatient service providers currently prescribe vivitrol and can prescribe it so anyone coming out of the Jail can have the opportunity to continue that if needed. They are also looking at community support services and support in the Jail and want to expand those to anyone who is screening positive for mental health or behavioral health issues. She said they have been coordinating with agencies such as the Mental Health Association and will be looking at offering additional services. The Department has three forensic staff that will be at the Jail for up to 20 hours to focus on individual and group types of supports. The services offered are specific and will focus on psycho-educational, relaxation, self-calming, depression, anxiety reduction, and a self-management group. She said there are certain services they would not recommend for the Jail because of the environment such as sex offender and anger management groups. They are choosing specific types of services, treatments, and supports that aren't going to trigger someone in a jail situation.

Ms. MacDougall said they already work with Suicide Prevention Services as this is one of the populations they are most concerned about. She recently learned that the Sheriff's Office gives awards to officers for saving peoples' lives and helping prevent suicides at the Jail. She said it is amazing that the Jail staff has done this and how hard it is to recognize these things without the proper training. She said if anyone comes into the Outpatient Clinic who is suicidal they are sent to the Hospital and are then admitted and sometimes placed in restraint until they can be stabilized. Accessing inpatient psychiatric care is the forensics referral to State forensic hospitals. A frustration is that those beds are very limited and very difficult to access.

Ms. MacDougall spoke of discharge planning and said anyone coming out of the Jail needs to be quickly and smoothly linked to outpatient services. All behavioral health services in the community offer same day treatment to services.

In summary, she said she knows our behavioral health community is in the Jail and we don't want them there. Although services will be offered she will focus much more about diversion efforts to keep them out of the Jail.

Ms. Robertson referred to the comments about Corrections Officers not having training and asks if that can happen. Mr. Bunce clarified that Officers have training on basic suicide screenings and recognizing certain problems and issues but would welcome additional tools or training that can assist with their job.

Ms. Robertson suggested this Committee or the Public Safety Committee hear from the Re-Entry Program and suggested the Assigned Counsel attorneys may be interested in the training as well. She spoke of de-escalation training and said there are techniques that can help save lives. Ms. MacDougall said one of the Department's forensic staff will be going to a criminal justice training for behavioral health so that he can offer that training to other County employees. There has also been discussion of crisis training and the Department would welcome partnering with law enforcement on this.

Ms. Robertson was excused at 6:52 p.m.

Ms. Kelles said one of the things she has been thinking is how the Jail is not just stressful on the inmates but is also stressful for the staff. She remembered reading something and saw it implemented where mental health services were provided for the staff and by doing so it helped the entire experience for everyone. She said it intrigued her because everyone in the system is human and can relate to each other. She likes that the Sheriff's Department is receptive to this training and also asked how the 20 hours will be added by the Mental Health Department. Ms. MacDougall said they will be rearranging hours of three forensic staff and placing them in space at the Jail. At this time the Department plans to absorb the cost of these additional services although it will be tight.

Mr. John spoke of vivitrol and asked how far away this is from happening. Mr. Bunce said the Sheriff is in support of it; there are support services that have to go along with vivitrol that needs to be put into place; however, the Sheriff is not an expert in determining who has a substance abuse problem and coordinating this in the community.

Ms. MacDougall explained the Mobile Crisis Team and said the Mental Health Department provides crisis services, partners with law enforcement in areas such as hostage negotiation and has three specially trained staff. The Mobile Crisis Team has filled a gap that existed after hours and on weekends; it is a two-team model that is only accessed through the crisis line or law enforcement. They assess the situation, try to deescalate the situation and may have to send someone to the hospital for an evaluation.

# Report from Jail Nurse

Ms. Goldsberry is a Registered Nurse at the Jail, has a Bachelor's Degree in Science in Nursing and is a CHP (specialty Certification for Correctional Healthcare professionals). She explained the services she provides at the Jail and stated she provides all medical services and is currently the only Nurse at the Jail. She is at the Jail for 40 hours per week, five days a week. She coordinates all of the care for all inmates at the Jail, performs all intake screenings which includes assessing their medical history, coordinates with any previous medical treatment they were receiving, coordinates with the Jail Physician to continue that treatment, obtains medical records, and speaks to primary care physicians. The typical population is a very medically vulnerable population who has a lot of barriers to health care and access to health care. She manages all of the medications at the Jail including obtaining the medical

orders, putting medications to order for distribution, and maintaining all medical records. She sees inmates each day for sick calls.

Mr. John asked how many inmates are receiving medications; she said very few have no medical issues and she deals with medical crisis on a regular basis. She has patients who are being treated for cancer, who are on dialysis, and who suffer from the conditions that exist in the general population. She described the medical space and said it is a very small space within a jail cell and doesn't provide the ability to monitor a patient. Ideally, she would like there to be more nursing hours at the Jail, a medical person available at all times, and the ability to monitor patients.

Ms. Goldsberry said everyone is very motivated to start using vivitrol but there needs to be someone who could coordinate the aftercare. There is a very small population that it would be appropriate for and it would be ideal to give it to them before they left the Jail; however, there is no one available to do any discharge planning and established follow-up care for someone to be safe to take vivitrol. She said the therapy and counseling is crucial to it being successful as well as they have to be screened extensively to identify if it is right for them, and this would need to be someone who is qualified to diagnose a substance abuse disorder.

Ms. Kelles said the most eye opening part of her tour at the Jail was not only getting to speak with inmates but also to see what Ms. Goldsberry was doing in only half of a Jail cell. It was noted that she takes a day off during the week to prevent there being two consecutive days at the Jail where there is no medical staff. Ms. Goldsberry said she can take a vacation but it requires a lot of planning and the use of a per diem nurse. She said anyone who comes into the Jail receiving a specific medical protocol will continue to receive that unless it is not safe to do so.

Mr. Bunce said people who arrive at the Jail have often left in better situations than when they arrived. Ms. Goldsberry said she has a very unique role in that the nurse treats the whole person and the Doctor treats only the disease. People don't have information about diseases, risk factors, or how to access care. She speaks to inmates during the intake process and she can teach them ways in which to access care outside the Jail. A lot of people come in with pre-existing conditions but don't know how to manage them and she is unable to address that with them. Ms. Goldsberry said they meet all of the needs of those in the Jail regardless of what it takes but noted the situation could be better.

# **Adjournment**

Prior to adjourning Mr. Bunce responded to comments made earlier in the meeting and stated they are public information and were investigated.

Mr. John noted that the purpose of Legislature committees is not to focus on any employee's job performance in a public manner.

On motion the meeting adjourned at 7:20 p.m.