

**DUTCHESS COUNTY
CRIMINAL JUSTICE COUNCIL
SPECIAL POPULATONS COMMITTEE**

Meeting Minutes—August 27, 2018

- Present:** Jonathan Heller, Chairman, D.C. Probation & Community Corrections
Steve Miccio, PEOPLE Inc., Diversion Committee Chair
Sam Busselle, Citizen Representative
Charles Robitaille, DBCH
Martin Lynch, Project M.O.R.E.
Thomas Angell, D.C. Public Defender, Re-Entry Committee Chair
Bill Eckert, DBCH
Honorable Frank Mora, Poughkeepsie City Court
Dawn Hawley, CJC Coordinator
- Guests:** Jean-Marie Niebuhr, DBCH
Amanda Brennan, DBCH
Marti Kardol, FSI

Approval of June Minutes – The minutes of June 25, 2018 were approved on a motion by Tom Angell and seconded by Marty Lynch.

RESTART Update – Jon reported that RESTART continues to make progress, particularly with Intake. Charlie reported that candidates are being screened by Probation which has been very beneficial. They screen all inmates at admission as they come into classification. This practice has centralized the process. We now have a single point of entry for all referrals. Jon added that we are targeting the proper population of people who have a proxy score of 4-6.

At the end of July, we had 64 participants in RESTART and 34 new admissions. There were 18 on the wait list. There were 17 successful completions at the end of month. Tom Angell commented that he would like the judicial system to become more involved. Jon said that RESTART is being considered more by the judges, but we want to further enhance this. Tom also commented that a number of years ago a group of people went to Montgomery, Maryland to look at a similar type of program. Very few people completed the program the first time, but they would often be given another chance. Jon said this often occurs with RESTART. If someone is removed from the unit for a disciplinary or behavioral issue, they may be considered for readmission. Very often, they are invited back to the unit. The program is fully staffed and the clinicians are doing a wonderful job. Project M.O.R.E. is focusing on outreach.

Announcement - Marty Lynch announced that they are recipients of the grant application submitted to DCJS. Marty continued that the amount was slightly reduced, but we will be able to introduce interactive journaling at the jail as an additional evidence-based intervention as well as add staff to RESTART. A provision of the grant is that new staff must work in the jail. Caseloads will be distributed among five people instead of three allowing for additional services. This will begin January 1, 2019. Marty added that in speaking informally to people in Albany, the success of the RESTART program over

the last few years was a considerable influence on them in deciding to fund similar programs throughout the state.

We still have challenges with transportation and housing after release. Tom Angell said that DCFS just received approval from the state to increase the shelter allowance for singles so that may make a difference. Tom also said that the new Re-Entry house just opened in Poughkeepsie. Tom said it is primarily for people coming out of prison, but it is possible it could be used for other purposes. There is 24/7 monitored supervision and there is a case manager. People are only supposed to stay at this house for three months. Tom said he was told that they may take Level 1 sex offenders.

MRT Facilitators meeting- The second meeting in the series has been set for Sept 19, 2018 at 230 North Road. Most of the facilitators in Dutchess County will attend. Marty said that Project M.O.R.E. has trained MRT facilitators available to assist other agencies if needed.

MAT – Medication Assisted Treatment for Opioid Use Disorder - Bill Eckert, Director of Clinical Health Services, Jean-Marie Niebuhr and Prevention Coordinator Amanda Brennen, Public Health Education Coordinator attended the meeting for a presentation and policy discussion regarding MAT. The focus of the presentation was to explore treatment approaches and bring out distinctions in traditional chemical dependency treatment and treatment for long term opioid dependent individuals.

In 2017, there were 72,000 overdose deaths nationally. This was a 14% increase since 2016. There was a 50% increase in fentanyl related fatalities from 2016, nationally and regionally. Bill discussed some opioid facts on a handout.

Diminished tolerance is the highest risk for fatal overdoses. Successful graduates of abstinence-only 28 day programs are at 32X higher risk for fatal overdoses in the first four months after release than untreated heroin users due to decreased tolerance. Traditional 28 day programs for opioid dependence are not recommended. Those who continue opioid use while in program or who drop out from 28 day programs are at far lower risk for a fatal overdose than successful graduates.

Rapid methadone and buprenorphine detoxes put heroin dependent users at high risk for overdose if released immediately back to the street. Rapid detoxing is not recommended for long term opioid dependency. Active participation in Methadone Maintenance Treatment (MMT) reduces drug poisoning mortality roughly 75% compared to active heroin users.

Jean-Marie continued that a recent study in the New York Times showed that addicted patients given buprenorphine (suboxone) in the emergency room were twice as likely to be in treatment a month later compared to information/referral only group. Some hospitals are giving buprenorphine in the emergency department so a person is started on suboxone the same day they overdosed. They are seeing a huge reduction in overdose risk with this type of treatment intervention. In a 2018 National Institute of Health study, all inmates admitted to the RI Correctional System are screened for opioid dependence at the time of admission. Opioid dependent inmates are offered immediate access to Methadone, Suboxone, or Naltrexone. The result is a 60.5% reduction in fatal overdoses among released inmates. Only nine (5%) of the 157 fatal drug overdoses in RI were related to inmates released from incarceration compared to 14% of the statewide total the previous year.

Bill went over another slide that looked at the cost associated with relapses and the different treatments. Tom Angell asked if this shows that medically assisted treatment not only costs less, but is

much more effective. Bill said that is correct. Jean-Marie next looked at the goals of opioid agonist therapy. It is meant to prevent relapse and allow the brain to slowly heal. The difference between Opioid Agonist Therapy (OAT) and Opioid Antagonist therapies were compared. OAT (methadone maintenance & buprenorphine maintenance) is frequently prescribed for patients exhibiting withdrawal symptoms. With Opioid Antagonist therapy (long acting Naltrexone/Vivitrol) the patient must be reliably abstinent for 7-10 days prior to administering. Bill said that in his experience, by the time you get someone in the jail to the point they are considering Vivitrol, they have already gone through the discomfort of withdrawal. They may not feel they need help. Some people do not want the shot.

Methadone vs. Buprenorphine was discussed. Methadone is highly controlled. It is dispensed by a nurse and lasts between 24 and 36 hours. Counseling and other services are provided. It is an art and a science to get the correct dosage for methadone. The blocking dose does not cause intoxication. Buprenorphine can be prescribed by a physician and picked up at a pharmacy. Jean-Marie said that we need to understand that recovery will look different for each individual.

Bill spoke about the effectiveness of treating chemical dependency. There is traditional chemical dependency treatment which includes counseling and other rehabilitative services. There is also the harm reduction model. If abstinence is your only yardstick, other important measures, such as criminal involvement or health issues, may not be looked at. Looking at different criteria such as a reduction in fatalities, criminal activity and transmission of sexually transmitted diseases gives a broader picture.

Bill discussed some of the MAT treatment available in Dutchess County. They have expanded the services at the methadone clinic including liquid dosing. Arms Acres has started a methadone program. Suboxone has some availability in Dutchess County, but many providers will not do the initial induction. Linda Woodbine uses Hudson River Health Care.

Tom said that the problem is we have a health crisis that is not getting better. We haven't changed our practices. Marty said we need to be open to new ideas, especially regarding MAT. Public education needs to be done in order to get support for this approach.

The traditional treatment community needs to shift their perspectives as well. Tom added that we are not changing the way we are recommending treatment for people in the criminal justice system and are still recommending 28 day treatment programs for opioid addiction. Jon mentioned that he attended an excellent training at Lexington regarding opioid treatment that covered this very point. Jon has made arrangements for this training to be given to Probation staff. Tom said that the judges and the DA should be invited. Education is a first step, but it must be followed by an implementation plan. Tom said that structurally we have not yet redesigned our treatment to reflect what we have heard today. Tom added that we need to have a work group for this issue. Jon will contact people who might be on the work group. Tom asked Jean-Marie to forward program designs she has researched that would be helpful.

Other Business – none.

Next meeting – October 1, 2018 – location to be determined.

Adjournment – A motion to adjourn was made by Mary Lynch, seconded by Judge Mora.