

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

Meeting Minutes—February 26, 2018

**Present:** Jonathan Heller, Chairman, D.C. Probation & Community Corrections  
Kevin Warwick, ASAI, Consultant  
Charles Robitaille, DBCH  
Bill Eckert, DBCH  
Thomas Angell, D.C. Public Defender, Re-Entry Committee Chair  
Winifred Milkovich, D.C. Jail  
Sam Busselle, Citizen Representative  
Cathy Tegtmeier, DBCH  
Dr. Tom Quinn, DBCH  
Jason Bailor, Lexington Center for Recovery  
Kevin Hazucha, HVMH  
Honorable Frank Mora, Poughkeepsie City Court  
Chief Tom Pape, City of Poughkeepsie Police Dept  
Mark Sasvary, Hudson Valley Mental Health  
Dawn Hawley, CJC Coordinator

1. **Minutes** - The minutes were approved on a motion by Tom Angell, seconded by Judge Mora.
2. **Introduction of Dr. Tom Quinn, Deputy Commissioner of Behavioral and Community Health.**  
Jon introduced Dr. Quinn who was invited to the meeting. Kevin said that Special Populations focuses on the needs of special groups both within the jail and the community and those areas of the jail that have treatment units such as RESTART. RESTART is an intensive evidence-based program developed over the last several years. We are using a curriculum that flows from the jail to community programs. We are working on the design of the RESTART units in the new facility. We have had a lot of input on the infirmary. There is great coordination among systems. We also have a RESTART Quality Assurance group that looks at fidelity of programming and curriculum. Kevin said that there are many good things happening in this community. Dr. Quinn said that he worked in this community years ago, but to come back and see so many things operationalized is astonishing and very impressive. Jon added that this group is a subcommittee of the Criminal Justice Council and was established in September of 2014. The Stabilization Center got its original start from this group through Steve Miccio. There was already work being done on establishing jail-programming, but RESTART was developed through the work of Kevin and the committee, the office of Probation and Community Corrections and Office of Behavioral Health. Jon added that the committee has done a lot of work on treatment of opioid users and is currently working on assisting people with special needs incarcerated at the jail. Sam said he was interested in Dr. Quinn's ideas about how we are dealing with the mentally ill and drug addicted in the system. Tom said that various groups are looking at this. Some of the efforts that Bill and Charlie and their colleagues have made in the last few years have been about trying to

use diversion services. Sam asked if we can predict how many people would be affected by diversion and its impact on the jail population. Tom said he could not give a prediction at this time.

Tom Angell said that he has heard that Dutchess County has a higher incidence of mental health issues than surrounding counties. He asked if this is accurate and why this might be the case. Tom Quinn said you would need to look at the statistics, but it could be anecdotal. Also, historically, we had two psychiatric centers in Dutchess County. We became a center for people needing that level of care. When hospitals closed, the money saved was supposed to be funneled into the communities, but this was not always the case. We may attract people from areas where there are fewer services available. Mark said that he has been looking at some internal data and HVMH serves about 3,500 people in Dutchess County annually and we have a higher rate of what is called "high utilizers" than the state or regional averages. Tom Quinn added that he went to a meeting on Friday with commissioners from surrounding counties and one of the attorneys from OASAS was there. He said that historically community providers look toward the government. Because of the nature of the epidemic and crisis we are facing now, OASAS is now looking to the community. Jason said most of his clients are dually diagnosed. There is a portion of people he has treated over the years that came from different states or other counties and traveled to Dutchess County for substance abuse treatment. Sam asked if there was any discussion about residential facilities for the mentally ill. Dr. Quinn said that the lack of residential facilities for the mentally ill was discussed. Steve Miccio is developing a survey that we can distribute statewide to find out what issues other counties are having as well as potential solutions. Tom Angell added that it is very difficult to get people out of the jail and into a place where they can receive the treatment that they require. It is extremely frustrating and time consuming. They have turned the jail into a mental health facility and this has happened throughout the state and the country

Charlie said that in a few cases, the Stabilization Center has been used. City court judges have issued an order so that an individual can be transported from booking to the Stabilization Center. Charlie has been coordinating with probation and the Mobile Team. Tom Angell added that this is good for some people, but will not work for those who are homeless. Tom Angell would like to work on documenting the need for housing for the severely mentally ill. Tom continued that this issue continues to be discussed, but we need a realistic plan to address it. Tom said maybe the Alliance House, which is going to close, could be repurposed. We need to obtain the data on this issue. Bill Eckert said he was very interested in capturing this data and volunteered to get involved. Tom said that doing a SPOA (Single Point of Entry) application takes time and is often not effective in getting housing. Bill said that it is important to do the application, but it is not an effective jail release mechanism. It can't be relied on to coincide with jail release. The jail-based case managers are working to get interim housing. Charlie said there are some places that use pods to house people while they wait for more permanent housing. Tom Quinn said that at one meeting he attended, they talked about moving from fee for service to value based payments for mental health treatment. The idea is to place people into a health home system. People are assigned care managers and a level of care. Counting the number of homeless people can be challenging and it is difficult to get an accurate count.

Cathy Tegtmeier introduced herself. She is from Community and Behavioral Health and her role is Director of Communicable Disease and Public Health Preparedness.

3. **RESTART Update** –Charlie said that they are interviewing to fill a clinician position. HVMH has provided coverage during this vacancy. Charlie said that it is nice to hear that the inmates who are in MRT and New Directions etc. really look forward to the programing. Charlie said that we are strengthening our work in the community. Charlie has been encouraging RESTART case managers, clinicians, and all who work with inmates to help link people to community services. Statistically, if people get to their first appointment, they are more likely to attend regularly. Charlie said they help with transportation and sometimes with court issues. Charlie said they are trying to reach people at booking provided they are able to be interviewed. If they say they are not interested, Bill is using Motivational Interviewing and Stages of Change for two weeks. Many have responded to that. This gives us the opportunity to offer RESTART before they settle in. Charlie said that space continues to be an issue. Kevin said that the design in the new building will have plenty of space for programs. Recently, the TCUDS-5 screening instrument for drugs/alcohol was added. Kevin said that the TCU data that Gary has been sending is encouraging. The process has evolved over six months and Judge Mora agreed. Tom Angell said people are being interviewed quickly and the process is moving along.
4. April meeting date – April 16.
5. Quality Assurance - Jon reported that the committee met before the meeting today. The focus of the meeting was the interface of probation and RESTART.
6. Tom Angell said that the number of slots for the methadone program was increased substantially, but he has now been told that they are not accepting new clients. Jason Bailor replied that they removed the cap in July which brought in about 100 new patients. There are a number of issues related to the large increase in patients that will need to be resolved including patient to clinician ratio and space issues. Last week OASAS looked at a temporary plan for space. The permanent plan is either 1) Methadone Clinic moves to a completely new building or 2) they move into the old F Wing at 230 North Road. Tom asked if any thought has been given to changing the jail's policy on methadone. Kevin said that it is relatively rare to see methadone used in a jail.

The next meeting is March 5 at 230 North Road, Training Room B.