

Dutchess County Special Populations Work Group Meeting

November 3, 2014

KEY AGENDA ITEMS AND INFORMATION:

The following was the agenda for the meetings:

Agenda:

1. Finalizing jail programs unit needs
2. Review of additional data
3. Review of new facility needs
 - a. In Jail Transition Unit for Men
 - b. In jail Transition Unit for Women
 - c. Transition House (should this be on campus)
 - d. Community Transition Center
 - e. ITAP

Other Items:

Present:

Ronald Knapp, Chair, City of POK Police Chief
Shirley Adams, Catherine Street Community Ctr, CIC Chair
Thomas Angell, Public Defender, Re-Entry Chair
Onaje Benjamin, DC Jail
Sam Busselle, Citizen
Gary Christensen, Consultant
Bill Eckert, Dutchess County Mental Hygiene Jail Based Services
George Krom, DCJ
Hon. Frank Mora, Poughkeepsie City Court
William Grady, District Attorney
Mary Haight, Project MORE,
Jon Heller, Dutchess County Office of Probation and Community Corrections
Margaret Hirst, DMH
Noel Knille, Commissioner, DCDPW
Martin Lynch, Project MORE
Steve Miccio, PEOPLE, Inc
Michael North, DMH
William O'Neil, County Executive' Office
Tracy Stevens, BI
Mary Ellen Still, Director of Probation
Kevin Warwick, Consultant, ASA

The minutes of the October 6, 2014 meeting were sent out late and would be approved at a later time after review by the group.

Kevin Warwick began by covering the agenda items for the meeting. He also said that he had spoken with NIC, and Mary Ellen Still will be working on an application letter to them for future training.

1. Finalizing jail programs unit needs

A draft schedule was prepared for the units. This is not a final schedule. Substantial information was provided by Onaje Benjamin. Kevin also spoke with Margaret Hirst on possible curriculums for substance abuse. Onaje spoke with Dutchess Community College (DCC). They do require that those who do not have their GED to complete three-hour sessions for 18 days in order to take the test for their GED. For those that do have their GED, some type of coursework can be plugged into that time schedule. The number of inmates for the intensive treatment unit would be about 50 people and they would be broken into smaller groups for specific classes. These groups would consist of 12 to 16 inmates, depending on the group. There would be more than one group going on at the same time. This would depend on resources and staffing available. Gary Christensen added that we also need to include time for some individual casework. Again, this is just a model and does not address who is running groups, spacing issues, clinical, etc. Mary Ellen added that this model provides a basic structure, but we need to now address specifics.

Kevin said that this model also shows what resources are available, and also what and where are the gaps that need to be addressed. For example, MRT can be provided by trained correctional officers, but other programs need trained caseworkers or specifically (clinical, educational, etc.) trained staff. The intake and screening process will also be critical in placing inmates within the program unit. The Ready, Set, Work (RSW) program is a companion piece that will involve a screening process and incentives. Probation staff would be able to assist the program by facilitating some of these classes.

In terms of what else is needed, Kevin asked if case management was fully available now. Onaje commented that it was not. This could be outsourced, through a community-based provider as this is how it is handled in some areas. For clinical services, Margaret said that Bill Eckert currently has six groups. This consists of anger management, substance abuse, etc., and only some individual time. There is a need for additional resources and staffing. Gary said that whatever the curriculum, there is a need for a strong community component that is the same whether the person is transitioning from the jail to transitional housing or directly to the community. Onaje said that there is no centralized case management component and that needs to be reorganized. Margaret said currently Bill Eckert, Bill Goff, and two case managers link people to the community. Current case management for the program unit is handled by existing officers, Bill Eckert and Onaje. Onaje added that his vision is for a consistent group of people involved with assessment, tracking, and ensuring there is a treatment plan throughout an

inmate's time at DCJ. There is no central oversight or coordination at present. Kevin said that in order to accomplish this full program schedule there will be a need to increase resources and staffing. This could be done through community-based agencies or through other sources. The benefits of this full schedule include reduced recidivism rates and greater connection back to the community. Tom asked what the process would be to set this up and who would teach these classes. Kevin said that if we do want a full program schedule, we could form a sub-committee to establish this plan. Marty Lynch suggested that we start with optimal dosages and work backwards and find the staffing and resources to meet those needs.

Vocational training programs were discussed as an option, there would be a need to begin planning for this process and it will take some time to put together. These units require a large amount of physical space. This may also take 6-12 months for certifications and approvals. Noel suggested that as we are planning the design of the jail, to consider spacing for future vocational use. The in-house programming addressing criminogenic factors needs to be in place when the new facility is launched, and after that we can do the research on other spacing needs. Onaje added that outreach is important for addressing the criminogenic risk and we can build a more effective centralized case management in terms of transition and re-entry. BOCES and DCC are available now and we can plug individuals into these community agencies versus trying to build something in-house at this time. Kevin said that we need information on current resources to find the gaps for this intended full-time program schedule.

George Krom added that the officers now in program unit should be used for security. This added security will be needed with the incoming pods. It was then concluded that they need to evaluate resources now. We need to find the dollar amount and then we can determine if we should use available resources or contract out. From there we can look into where funding can come from and if we can pull from other areas. Tom said that there are two social workers from his office that are available. In regard to this new subcommittee it should be a similar group as the flow system subcommittee. The specific questions that need answers are: review of present staffing, how many hours are available for group or individual work, where energies are being reallocated from, and will this be in another unit other than 22 or 23. Bill Eckert added that this will need supervision in the beginning which will require a large segment of time. Once programs are running, they will need less time for preparation. The first three months will require additional time for supervision and implementation. Mary Ellen added we will need ongoing quality assurance.

Tom said that they had visited the facility in New Haven. It was found that those running groups were more effective if they had Masters degrees. Videotaping each session was also very effective. Minimally, at the clinical level, there is need for masters level facilitators. For other programs, Bachelor's level can be acceptable. Kevin said that videotaping can be used for quality assurance and there should be a quality assurance group assigned for the county. Marty added that they monitor fidelity to model to ensure outcomes, and that is what is needed here. Noel asked if the intent here is to have this programming set up immediately once the inmates

return or later on. George said that not all inmates coming back will go to the pods. There will need to be some reclassification and ensuring other aspects are also workable. Onaje said that for the start-up they would co-facilitate with an existing program officer.

2. Review of additional data

Gary provided a presentation of data for those incarcerated for 60+ days and then released to our streets. This is based on a three-year sample and consists of 1,327 people, with 1,115 male, and 212 female. For purposes of programming, our targets should include those with risk levels of 3, 4, 5, 6. Only about 5% of the population has physical, mental, and/or disciplinary issues that would prevent them from participating in this programming.

Bill Eckert presented information on the SPMI (Seriously and Persistently Mentally Ill) numbers. Bill clarified he did not retrieve this data by interviewing everyone in the jail, but rather his data files. It was found that there was an average of 25% on psychiatric meds and this was highly variable, and not all are chronic. Bill also selected a random day in September and reviewed Mental Hygiene data, and found that on average 81% had some mental hygiene registered number. Not everyone had a diagnosis, but he was able to get a diagnosis on 172 people, which equals 67% of people on that particular day. Some of these were diagnosed even prior to incarceration, and 21% had a SPMI prior diagnosis. Another finding is that 75% of those with a major psychiatric diagnosis also had substance abuse issue. The recidivism screening scores for this population based on proxy scores indicated that 39% of those with a SPMI had a score of 3 or below, with 60% at 4 and above. There is a persistently high percentage of offenders with psychiatric disorders in DCJ. Then aside from psychiatric issues there are criminal issues. There are groups that cannot be controlled with medications, and others that will not take medication.

Onaje said that when they visited New Hampshire they found that they did new psych and social evaluations when offenders entered the program. Bill said that by history at DCJ, 21% had a repeated diagnosis, but this is not necessarily current. Correctional Medical Care provides health and psychiatric care and assessment. DMH is primarily involved with release plans. Kevin said that this data clearly shows that there should be a *Seeking Safety* component for men and women. Gary said that Level 4 is approximately 15 out of 500 inmates. Jail behavior indicates how they will appropriately participate in a jail unit. It is essential that we provide full transitional programs regardless of SPMI. Kevin said that we need to coordinate all efforts moving forward. We need to prevent low risk offenders from entering the jail, and for others a way to transition more effectively. This can be done by continued enhanced use of community-based options.

Jon Heller presented a flowchart of how people could flow in and out of the unit. Contained in this flowchart were paths to link back to the community. There needs to be better coordination of internal and external efforts, and we are not always connecting all points. Kevin said that the programming subgroup should also look at quality assurance.

3. Review of new facility needs

Transition house:

The transition house needs to be separate and distinct. Mary Ellen said it is currently not as efficient as it could be, given the age and set-up of the building and we need to include Project MORE in any of these discussions. Bill said that the stigma would be reduced if it were removed from the jail. Jon said that often they were keeping people in jail to transport to rehab. Marty added that the transition house should not be confused with support services for ITAP. George added that it needs to be on property to make it more centralized. Also there is maintenance staff on duty at the jail that can also take care of the transitions house. We will also be able to walk the person to the transitions house if on the property. Kevin said that the current transition house building is not suitable for housing both high and low risk clients. It was suggested that the new house be a re-entry facility as well. Can we have the transition house with adjacent housing on the property? There is economy of scale. The Step Down Model can provide support during periods of transitions. Gary said we will need to focus on community choices and decisions. There should be a referral to services. Gary added that this building will cost much less than the jail and we can have more than 38 beds. Kevin suggested it could be designed to house low risk and high risk clients in different areas of the building.

Another benefit is we can coordinate services. There may also be savings in terms of bookings, transportation, medical staff, etc. Margaret added that we need to help people look forward to the future. We also need to address growing needs. Clinical treatment should not take place in this facility. We can offer counseling and coordinate services, such as ITAP, for stabilization. Noel added that much of this can be addressed by the design of the buildings, and design of the site.

Community Transition Center (CTC)

Kevin asked if the CTC should also be on this campus. George suggested that the more buildings and programs on the site the more efficient and less expense involved. Gary said that this could help reduce the stigma and people could flow in and out more easily. This can improve communication, and may reduce recidivism and help stabilization. Marty suggested that they could co-facilitate the CTC with ITAP or other programs. If there is a good sense of connection, individuals are more likely to stay in treatment.

ITAP

Michael North suggested that the psychological component should be separate. There should be some separation, and this treatment component should be outside corrections. Margaret also added that people do not want to come back after release. Another issue then becomes transportation and getting people there. Noel also raised the point that there are only 14 acres to work with, and we need to evaluate the programs that would work best on the site, and others that could be someplace else. Jon Heller said then that the priority should be on transitional house and CTC. A suggestion was to combine the CTC and transitional house. ITAP would have to coordinate efforts but would not have to be at the same site. There was clear group

consensus among committee members that the transition house and the Community Transition Center should be on site at the new justice center.

Men's and Women's Transitions Units:

Kevin suggested that people visit the facility in New Hampshire or elsewhere to see different designs and functionality aspects. We should think of these units as being different from jail cells. There can be modified rooms with half walls, and the officer can see everyone. The cost is dramatically lower for these types of units and work well with offenders in lower security levels. Onaje added that in New Hampshire they are in program for most of the day. The program rooms were well lit and spacious. Kevin noted we should also think of the size of the units, and we do need to include vocational space. Marty said that he had visited the facility in Denver which had a 62 bed unit. It was well lit and spacious, and they used incentives to move inmates to that unit. Kevin added that Sullivan County is also complete and is two years from paying off the building. We should look into cost benefits. Ricci Greene would like to meet with a smaller sub group of our committee and discuss placement of a transitions house. The needs assessment will outline what is needed for beds, staffing, etc., and then we will be able to prioritize.

The meeting was adjourned at 11:40 am.

NEXT MEETING: MONDAY, DECEMBER 1, 2014 AT 9A.M.
PUBLIC SAFETY BLDG, POUGHKEEPSIE