

# **Dutchess County Special Populations Work Group Meeting**

March 9, 2015

## **KEY AGENDA ITEMS AND INFORMATION:**

### Agenda:

1. DMH provider meeting
2. Training for correctional staff follow-up
3. Planning for implementation of the RESTART (meeting March 9th at 12:30 p.m.)
4. Curriculum planning--follow-up on coordination between agencies
5. DMH, D.C. Jail and Probation coordination with new provider at RESTART
6. Crisis Center Updates

### Present:

Ronald Knapp, Chair, City of Poughkeepsie Police Chief  
Shirley Adams, Catherine Street Community Ctr, CIC Chair  
Thomas Angell, Public Defender, Re-Entry Chair  
Onaje Benjamin, DC Jail  
Sam Busselle, Citizen Representative  
Bill Eckert, DMH  
William Grady, District Attorney  
Jon Heller, Dutchess County Office of Probation and Community Corrections  
Margaret Hirst, DMH  
Noel Knille, Commissioner, DPW  
Marty Lynch, Project MORE  
Steve Miccio, PEOPLE Inc.  
Honorable Frank Mora, City of Poughkeepsie Judge  
Dr. Kari Reiber, Commissioner, Dept. of Health  
Eunace Skelly-Senatore, DMH  
Mary Ellen Still, Director of Probation, CJC Chair  
Kevin Warwick, Consultant, ASAI

The meeting began at 9:20 a.m. Ron Knapp reported the February minutes were being reviewed and edited and will be sent out as soon as they are completed. Kevin Warwick's report is now on the county website.

At the previous meeting, Ron spoke about the number of calls his department received that were for mental health issues. Last year, they responded to 468 calls; 110 individuals went to the hospital rather than the jail. The police engage in diversion efforts now. It is difficult to predict the full impact of our initiatives when compared to San Antonio as we are at different points and they had virtually no programs or services prior to opening their recovery center.

## **1. DMH provider meeting**

Margaret Hirst reported that all the mental health and chemical dependency providers meet once a month. At their recent meeting, she provided an update on the Justice and Transitions Center project and the Restoration Center. There was a great turnout and interest. Kevin Warwick and Steve Miccio gave a PowerPoint presentation. The definition of risk in the treatment world is different from that of criminal justice, so we wanted to make sure that everyone understood the criminal justice definition and how it translates to treatment programs. We presented the curriculum that will be used for the jail-based program. We want them to understand this program so that there is continuity in the process of re-entry. Kevin added that there was lots of feedback and thoughtful discussion generated from the meeting. Also in attendance at this meeting was Onaje Benjamin from the Jail, Jon Heller from Probation and Bill Eckert from Mental Hygiene's jail-based team.

## **2. Training for correctional staff follow-up**

Kevin said that we need to set a date for the training soon. This needs to be different from the logistical meeting. We also should prepare something such as a newsletter to give to all staff at the jail. Kevin can get it started as a short synopsis of the program to educate staff and providers. We may want to distribute to other providers as well. Bill Eckert said that they would work on the curriculum and then bring ITAP and other agencies on board. Margaret added that it may be a good idea to include housing providers. These providers may be helpful if they are involved and understand the program. This will be discussed in detail with the Flow Committee.

## **3. Planning for implementation of the RESTART (meeting March 9th at 12:30pm)**

Kevin said that we are projecting early May for beginning the Restart groups. Screening has to be done and that will take time. They will meet on March 9th with jail staff. We need to address where the group space will be, the logistics of implementing the program model and what needs to be worked through in the coming weeks. We could have three men's groups and one women's group going on at the same time. There is small area in the PODS for group space that can hold up to 10 people.

## **4. Curriculum planning follow up--how can curricula be coordinated between agencies**

Bill Eckert said they have the material for New Directions, which is the core curriculum for clinical work in the RESTART program. It was primarily designed for a state prison population. From beginning to end, this is an intensive six-month program. Since we will not be able to do six-months, we are looking at each of the modules separately. Some of these modules include: orientation, substance abuse, education, criminal and additive thinking, work readiness program and a reintegration model. Some modules will be utilized more than others; we need to find the ones that are most relevant. Kevin noted that the relapse or reintegration model is often used at the transition point and perhaps can be used by outside providers. We need to take New

Directions and develop a six to eight week program. Onaje did MRT training, and there are 150 workbooks available. MRT facilitators are also available at Probation, CTC, the Women's Center and Transitional Housing. In addition, there is the anger management curriculum from SAMHSA. The Seeking Safety curriculum is also available, and we will need to develop a six to eight week program for the women's unit. There is also the Covington curriculum, which is specific to the women's unit. There are five curriculums that will be implemented, and these will be used in a rotating fashion. There will also be supplemental programs. An orientation will be needed for new participants.

Bill said there is also discussion about having a female clinician on staff. Kevin said that it is good practice to have different programming for men and women. For a gender specific model, it is better to have a female therapist or clinician on staff to work with women. There is some gender specific programming done now, but the plan is to have a complete program design.

Bill added that they are now editing some of the curriculums. We cannot alter evidence-based programs, however. Also, they need to make decisions on what the training needs will be going forward. There are expenses associated with developing the program unit, though Kevin added that some of these costs would be one-time expenses.

We had been unable to introduce this type of program previously due to a multitude of factors, but primarily housing out. Many of the previous issues will be resolved by having all the inmates back. The programming will be structured and organized with a strong link to community services. Jail, DMH and Probation staff will work as a team along with the community based agency selected to provide in-jail services.

Sam Busselle asked how we are justifying 45 to 90 day programming when the average length of stay is 45 days. Kevin answered that those with shorter sentences will be referred to community agencies so there will be continuity of services. Inmates will need to be higher risk and have a stay of 45+ days for admission to the program. The release plan will include appropriate referrals to community based agencies for transitional services. In addition, that is the average; some individuals may stay longer than 45 days.

Sam asked how long it would take for a person to be accepted into the RESTART program. There would be an assessment process, but that would only take a few days. Sam also asked about the size of the eligible population. Kevin said there might be a larger pool than initially thought as circumstances change over time. Mary Ellen added that the size of the program was determined by an analysis of the data.

##### **5. DMH, Jail and Probation coordination with new provider at RESTART**

Onaje said there would be a population that serves jail time prior to entering the RESTART program, depending on length of sentence. Mary Ellen said some inmates would be serving a jail/probation sentence, but could begin their programming while in the jail.

Margaret added that we need to discuss how to document program outcomes within both the jail and the community. It was suggested creating a subcommittee to study this. In addition to the technical issues, there are privacy issues and HIPPA to consider. We need to determine what case records will contain and how they will be shared. Currently, there are no electronic case records in the jail. This subcommittee will be in addition to the Flow and QA subcommittees. Mary Ellen noted that OCIS must be included in these discussions from the beginning. She will contact OCIS regarding these identified needs. This subcommittee should include DMH, Jail, Probation, and the County IT Department (OCIS).

## 6. Crisis Center Update

Steve Miccio reported that they are meeting with DPW and the hospital. There is a large enough space to co-locate all of our 24-hour services. The services will include medical, mental health, a sobering unit, detox, and mobile crisis.

Margaret said that the next step is to coordinate with the New York State Office of Mental Health Mid-Hudson Field Office. We need to comply with all regulations.

Steve added that they are working on the Justice and Mental Health Collaboration grant. Kevin said that we might not be ready this year for the Second Chance Grant, as we want to test out our model first. This grant may be more helpful to us next year.

## Discussion

Sam Busselle said that it would be useful to know how many inmates have recidivated and develop a baseline. It would be good to have an unduplicated number. Sam said the Vera Institute report lists all the key decision making points and is accessible online. This provides a level of measurement. Sam said there are many consultants who could aid us. Kevin said that the Proxy does provide baseline information although it does not give recidivism. We do know from the Proxy that we have a higher risk population than many other jurisdictions and this is attributable to our pretrial programs that facilitate the release of lower risk individuals. We do have ways to evaluate criminogenic needs with the COMPAS and we do have the means to evaluate mental health issues. Mary Ellen added that we have also looked at key decision-making points and that Gary has data to facilitate our decision-making.

Kevin noted that we do need to prioritize our efforts as there is a finite amount of time and resources available and we have done a remarkable job in moving forward so quickly. There are only a few people with the knowledge and skills to accomplish many of these tasks, including grant writing, so we need to be strategic when considering our next steps. Mary Ellen said that we need to focus our efforts in order to be able to effectively devote our time and energy to those projects and programs that have been deemed a priority and that some issues are better addressed incrementally. We are also fortunate to have two nationally recognized consultants, Kevin and Gary, to help us address these needs.

