

Dutchess County Special Populations Work Group Meeting

October 6, 2014

KEY AGENDA ITEMS AND INFORMATION:

The following was the agenda for the meetings:

Agenda:

1. Finalize flow into treatment unit based on risk need
2. Identify core programming
3. Discussion options for evidence based curricula
4. Other Business / Update from Steve

Other Items:

Present:

Ronald Knapp, Chair, City of POK Police Chief
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
Frank Mora, Poughkeepsie City Court
William Grady, District Attorney
Jon Heller, Dutchess County Office of Probation and Community Corrections
Margaret Hirst, DMH
Noel Knille, Commissioner, DCDPW
Martin Lynch, Project MORE
Steve Micchio, PEOPPL, Inc
Jenny Salimbene, Lexington
Tracy Stevens, BI
Mary Ellen Still, Director of Probation
Kevin Warwick, Consultant, ASA

The minutes were approved by Tom Angell and MaryEllen Still. One noted correction to the September 8, 2014 minutes. *The September meeting was called to order at 9:05am, not 8:05am.*

Ron Knapp called the October meeting to order at 9:10 a.m.

The focus of the October meeting was to review the items covered from the September meeting

and to have a final plan for the jail programming when the PODS come in. The goals for the November meeting will be to focus on the community programming. In covering some of the items from the September meeting, one of the primary items agreed upon was that the risk need scores and length of stay would be governed by the proxy and the compass will be the assessment tool to drive people into the program

1. Finalize flow into treatment unit based on risk

Gary Christensen began his presentation by clarifying that this data was a one day snapshot of the jail from data supplied from George Krom and OCIS. The sample size was 504 people. For this one day sample, when broken down by male/female, the male population showed higher risk than the female population. The male population is skewed towards the higher levels for transitions. Meanwhile of the 58 female inmates, 44% are lower risk, and are viable for pretrial release. There is then a question if Unit 22 is appropriate for females because there is such a small number that would need programming. Of the total sampled, 119 were sentenced, and 385 were unsentenced. Kevin noted that the lower risk populations can be placed in community-based options, and that there is not an appropriate use of resources at present. Of those 119 sentenced, there are 62 housed out, and 57 housed in. We want the lower risk to not be shipped out. Of those 385 unsentenced, they include those on probation and parole. At the time of this meeting, there are 206 at the jail, and 179 are housed out. We want to work on a 5-10% reduction in recidivism amount for the higher risk offenders, which will have a significant impact on savings and public safety. Gary said that next we need to establish the number of SMI (serious mental illness) at the jail for any given day.

Discussion

Kevin said that our goal for this meeting is to discuss length of stay and other driving forces in the unit. It is felt that transition units 22 for men and 23 for women are best for programming. Socio/psychological assessment takes place after being assigned. In terms of national averages, 85% have an addiction issue, and 65-70% has some type of co-occurring issue. There will be a small percentage of high risk individuals that do not have other issues but there will be some other type of programming available for them such as cognitive behavioral programming, employment programming, etc., not everyone in the unit may have addiction issues.

Critical factors for driving people into this unit are to begin with identifying the types of people we want there. Gary said that theoretically anyone in the 4, 5, 6 category would fit. Kevin said that this type of placement would occur after pods the come in, and this process will take one to two months to get together. It was added that this group is constantly being reviewed, and we need to ensure that there will continue to be mechanisms in place into order to look at a person. Kevin said that for those that are high risk, there needs to be some residential time in order to stabilize. We also need to look at the minimal level of stay to create an impact and reduce recidivism. Is it 60-90 days? Not all of that time has to be in the jail. Mary Ellen said that we

would need to build in a point when we move the individual into the programming. Programming needs to be built around length of stay.

Gary noted that the average length of stay (ALOS) is skewed high at this time. First triage is risk. Second triage is length of stay, and there are exclusions such as crime type, and those that are state prison bound, that need to be considered in determining programming and its effectiveness.

For those that are mentally ill to the level that they cannot function encompass a small portion of the jail population, and are generally hospitalized. Research has shown that offenders with mental health issues do well in CBT. CBT helps with thinking skills and rationality. There was a discussion that if someone is mentally ill, we also need to remember the criminogenic factors that put them in jail. Kevin clarified this by adding that the discussion followed two different tracks. One is for those of medium to high risk that are in the jail and need intensive programming. Those with mental health issues should not be excluded except for certain cases that will be directed by mental hygiene staff, and for this there will be specific triage criteria. We want to move people out that should be out, and those that need transition programming. The community needs to be involved in all parts of this for the flow coming out of the jail, and for programming to prevent those from coming to jail.

When looking at the jail, we should have a target number that can be adjusted over time. The key is knowing what each person gets ahead of time. Then community agencies would know what they are receiving. The linkage with community is a critical component. Community partnership should be available for all levels. We do have a lot available in this community.

There was a discussion about what would we do with those with higher length of stay? Don't want to have people sitting there after this 60 to 90 day program ends. Bill Grady added that the punitive aspect has yet to be addressed. The DA's office or a judge may sentence someone to six months but there is still need for programming in order to reduce recidivism. If a person completes a program in three to four months, we still have a stabilized criminal that needs to fulfill the punitive aspect of the sentence. Question then becomes how to handle those with longer sentences. Do we offer programming initially and then find way to finish their sentence, or some type of placement then programming that continues to end of sentence.

There was a suggestion that there be an early identification of unit placement, so that whatever processes need to take place are initiated. We need to set up criteria with identified points along the way to better manage flow. We do need to start with risk score. It was questioned if those that are unsentenced move into program, or that without knowing the sentence it's difficult to know the number of days.

There may be multiple flow charts to drive those with differing circumstances. A subcommittee may be formed to design different flowcharts. We are now saying that there is the flow for those in the jail, and the flow within the jail out into the community. There is a November 15th deadline to identify the programming. George added that the Commission will be coming to the

jail to update the classification system and perhaps there is a way to incorporate the proxy scores. Gary said that the proxy often does not correlate with classification risk. We can have different risks levels within one classification. Gary will run the numbers to find out how many are similar.

2. Identify core programming

Some of the programming now at the jail is not evidence-based, and may have to be eliminated. We need to identify the critical programs.

Cognitive Behavioral Therapy - A CBT program for a few times a week. This could be *MRT* or *Thinking For A Change* here in Dutchess. These present tools that they can take with them. For medium to high risk individuals, they need CBT as a baseline. Both of these programs have good results, but it is preferred to have one curriculum. We may find that we may want to train in both. Mary Ellen said that *MRT* is currently used by most agencies. Onaje noted that the cost is \$600 per person for *MRT* training with a minimum of ten-person classes. There may be a way to get most everyone trained on *Thinking For A Change*, then we can better assess both tools. Dutchess County could apply for Thinking for a change training with the National Institute of Corrections. If approved there would be no cost to the county. It was then decided that we would be going forward with a cognitive program, but that we are not necessarily moved away from *MRT*.

Substance Abuse Programming - There are a few Substance Abuse curricula available, those include *New Directions*, *Living in Balance*, *Prime Solutions/Prime for Life*, and *TAD (Treating Addiction Dependence)*. All these curriculum cost money, so we need to examine the costs. There is no free curriculum. Onaje added that trauma is a huge issue. Kevin said that *Seeking Safety* and *Start Now* are trauma based curriculum that can be used for men and/or women. Many of the addiction based curriculum offer discussions on relationships. Margaret also noted that not everything can be totally treated by the jail programming alone. Kevin added that five primary categories used elsewhere include CBT, an addictions component, *Seeking Safety*, an education component, and an employment component. DC is doing most of these at this time.

3. Discussion options for evidence based curricula

There needs to be a fully evidence based curriculum. Triage upfront is important. Tom asked what level of education is required for these programs. Kevin said that for CBT training there is not a need for master's level staff as long as they receive full training on the curriculum. For *Seeking Safety*, it needs to be a clinician, for addictions the person needs some clinical experience, but this can also be co-facilitated with an officer. Kevin said that we do have staff available that could run programs. Some may need additional training. Some type of supplement may be needed, and regarding the core programming here there may be some need for additional resources. Kevin will put something together on available grants and funding for resources. Kevin will also compile a curriculum for review the committee. This will apply to one 50-bed male unit, and one smaller unit for women. There can be varying sizes and types of units and programming may grow in the new facility. We can decide what we need now, but

deciding on programming now does not negate anything that will be happening later. Gary will also provide some data to the committee to give us a better understanding of potential length of stay issues.

There was a discussion that the current software does not allow them to track the type of data we may be looking for in the future. This may be something that will also need to be looked at. There are two different types of data elements. One that tracks statistics, and a second that is case management software that will track effectiveness of certain programs. Another recommendation is to review different types of case management software for DC.

Noel Knille recommended that we begin to incorporate multiple functionality for the architects in designing the new facility. For transitioning out, do we need a specific site adjacent to the new jail, or on the site, or can it be at a remote location. The more options the better.

Our next steps are to create a draft curriculum; create a classification system that includes substance abuse; explore options for training and grant funding.

4. Other Business / Update from Steve

Steve Miccio provided a handout on a facility in San Antonio Texas that he recently visited. One interesting component for misdemeanors is that the magistrate is on-site so that when they do come in through the intake they can be classified. There were also many providers working together in the community assessment center. There were also other facilities outside of the area that work with the jail.

The meeting was adjourned at 11:35 am.

**NEXT MEETING: MONDAY, NOVEMBER 3, 2014 AT 9AM
PUBLIC SAFETY BLDGE, POUGHKEEPSIE**