

Dutchess County Special Populations Work Group Meeting

October 5, 2015

KEY AGENDA ITEMS AND INFORMATION:

The following was the agenda for the meetings:

Agenda:

- **Minutes approval (if not available, status)**
- **Opening of RESTART unit**
- **Quality Assurance outcomes for the RESTART Program**
- **Discussion of eligibility criteria and movement**
- **Staffing**
- **Updates on jail planning(if any)**

Other Items:

Present:

Ronald Knapp, Chair, City of POK Police Chief
Shirley Adams, Catharine Street Community Center, CIC Committee Chair
Gary Christensen, Consultant
Bill Eckert, Dutchess County Mental Hygiene Jail Based Services
Colleen Feroe, DMH
William Grady, DA
Jon Heller, Dutchess County Office of Probation and Community Corrections
George Krom, DCJ
Judy Lombardi (for Tom Angell), Public Defender
Martin Lynch, Project MORE
Judge Frank Mora, Poughkeepsie City Court
Mark Sasvary, HVMH
Eunice Skelly-Senatore, DMH
Mary Ellen Still, Director of Probation
Kevin Warwick, Consultant, ASA

1. Minutes approval (if not available, status)

The September minutes were not yet ready and would be emailed to all committee members.

2. Opening of RESTART unit

Bill Eckert started by speaking about the progress at Hudson Valley Mental Health (HVMH). Bill said that they completed the interview process for one clinician They will be starting men's and women's programming and will be starting two different sections of the substance abuse group using the New Directions curriculum. Moral Reconciliation Therapy (MRT) will be offered through Project MORE. Nicole with CTC has been doing MRT on the women's unit. They are

using the one multi-purpose room heavily for the men's groups. They need to start branching out to find other locations.

Marty said that they are continuing to interview, but it has been difficult to fill all the positions. Mary Ellen added that they are working through the technical parts of the contract, which has caused some delays. Bill Eckert said that there are 35-40 men and 10-12 women identified for RESTART. In order to have the full programming they still need to have one more fulltime clinician and one more Case Manager from Project MORE. Once it is fully running they will be able to look at QA issues. Marty said that the case managers are working with community groups. The next step is to get the software package in place in order to track individuals. Marty added that they were set up with COMPAS, and they want to get all the paperwork to be consistent with New York State. The case management software, which does include the jail, should be ready in the next week or so. Gary said that they can now start collecting data at any time now. Jon said that with the flow meetings they can review individual progress. Kevin said that this will help tie in better with the community. It is also integral that Probation oversee all areas. Gary added that we should start tracking those who leave and go to Probation. Jon noted that there are three different type of Probation groups: those that were on Probation but are now finished; those that will be continuing to stay on Probation; and those that will be new to Probation.

3. Quality Assurance outcomes for the RESTART Program

Kevin said that after the last time we discussed this they decided to pull out the percentages. Bill Eckert said we can begin this once we are at full capacity. Some of the things we will want to look at are:

- Number of people being screened
- The number of those with high criminogenic risk
- Number of those with medium criminogenic risk
- Number of RESTART participants who receive COMPAS assessments and related service and discharge plans

Once they are on the unit and receiving programming we will want to ensure that most people within the Unit (likely to be Unit 22) will be receiving programming. We will want to track:

- Number of individuals that will be there six to eight weeks
- Receive a minimum of ten units per week
- Individuals within the 4-6 proxy score range will be tracked
- Persons receiving case management

Then post-release includes:

- At least 75% of participants will keep a post release service appointment
- At least 50% of participants will engage in core community services and satisfactorily complete post release programming.

- 60% of RESTART participants will not be readmitted to the DC Jail within one year of program completion. We will review and compare those with same risk levels.
- 100% of participants with identified psychiatric issues will be released with a symptom management plan.
- At least 50% of those participants with identified educational deficits will be released with a plan to address education needs post release.
- Of those participants who are work-ready at time of jail release at least 60% will be employed or actively seeking employment.

Kevin noted that research has found that those who can make their first appointment after release have a higher rate of success. The data will determine where to go next.

4. Discussion of eligibility criteria and movement

A short presentation was done by Bill Eckert on the RESTART Admissions Criteria. The criteria includes:

- Proxy score of 4 to 6
- Multiple DCJ bookings
- COMPAS score of 8 - 10 with Three Criminogenic Risk Domains
- Anticipated period in jail of six to eight weeks
- Priority given to Dispositional Review Committee (DRC) which recommends a term of incarceration that is followed by supervision
- Parole violators (on a case-by-case basis)
- High need person with high risk of substance relapse
- They must meet required security and classification standards by corrections staff
- RESTART is not appropriate for sex offenders

Gary added that we need to know the proxy scores upfront. Generally high risk equals high needs. Jon Heller said that the exception to that are heroin users that are low-risk and high need, and do we want to mix low and high risk individuals. Bill Eckert said that they could create a report to monitor and track substance abuse persons. Gary said that according to research, a low risk/high needs person does better with intervention or alternatives outside of the jail. Jon Heller said that they have never encountered a zero or one on the unit. He added that they have been looking at two different tracks, with one just for those with substance abuse issues. This way those other individuals can receive cognitive treatment before they are released. In the long term, we should be looking for a separate track for those persons, especially within the new facility. Kevin added that the RESTART program does not address those that are low risk, ensuring only those with medium to high risk enter the programming. The low risk as Gary noted are best suited for alternatives. Kevin noted that we need to continue flowing people through the system and sort-it out as we go along, adding again that not all the issues can be addressed at once,. Marty asked how we can offer programming for those with less than six weeks of incarceration. Kevin said that six to eight weeks of programming is best for stabilization, so we need to look at those persons that are there for approximately two weeks and what are we doing as a system for those persons. Gary added that this would have two stipulations. One is if they are under supervision and we can mandate it. Second is if there is a strong community component. Kevin noted that this is something we will be able to evaluate over time. Mary Ellen added that those

that go through Probation review have a 4 to 6 proxy, 8 to 10 COMPAS, and have not been accepting of any community interventions. We hope to get them in a structured setting for some amount of time and hopefully that can make a change for when they are back out in the community. Marty asked if there is a way to get someone from DRC to RESTART. Bill Eckert said that they are already doing this, and they then have to go through pre-class. Kevin said we went with this model of six to eight weeks and four to six on the proxy for a reason. We are also very reliant on the community to continue this process. This is actually a short-term model overall. We also need to create benchmarks and test this out. Jon added that RESTART is just one component of the Special Population Group. Kevin said we should also try to advocate for the transitions house to be on the property.

Bill Eckert added that there will also be another type of intervention available, and that will be through the use of Vivotrol. Vivotrol is an injectable antagonist. This blocks the affects of opiates for 30 days, and could be given to individuals while still in the jail. It is not a stand-alone treatment, and is to be used along with the community portion. ITAP will be the out-patient receiving facility. Pilots have been successful in other areas. Jon added that this will cut their clean time in half within the jail.

NEXT STEPS

- Look at the heroin population, and issues with mental illness
- Barriers within the long term and short term populations
- Youth (under 21)

Meeting was adjourned at 10:55 am.

**NEXT MEETING: MONDAY, NOVEMBER 16TH AT 10:30AM
CATHARINE STREET COMMUNITY CENTER, 2ND FLOOR,
POUGHKEEPSIE**