

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

Meeting Minutes—April 10, 2017

Present: Jonathan Heller, Chairman, D.C. Probation & Community Corrections
Mary Ellen Still, D.C. Probation & Community Corrections
Kevin Warwick, ASAI, Consultant
Tom Pape, City of Poughkeepsie Police Dept.
Sam Busselle, Citizen Representative
Charles Robitaille, D.C. Department of Behavioral & Community Health
Martin Lynch, Project M.O.R.E.
Mark Sasvary, Hudson Valley Mental Health
Thomas Angell, D.C. Public Defender, Re-Entry Committee Chair
Kevin Hazucha, Hudson Valley Mental Health
Honorable Frank Mora, Poughkeepsie City Court
Dr. Gary Christensen, CJC Consultant
Winifred Milkovich, D.C. Jail
Dawn Hawley, Acting CJC Coordinator

1. Approval of March 2017 meeting minutes- The March minutes were approved on a motion by Tom Angell and seconded by Mary Ellen Still.

2. RESTART Update - Samantha has accepted a position with Hudson Valley Mental Health as clinical staff. She will start on May 1st at the jail. Samantha is MRT trained. They will then be fully staffed. Charlie added that he is working with Probation and the DA's office to identify appropriate candidates for RESTART as early in the criminal justice process as possible. This will assure that the bridge is made from RESTART to the community. Charlie added that jail based services staff are meeting with RESTART case management staff to enhance coordination. There is currently a waiting list of RESTART candidates. Charlie added that someone can be removed from RESTART and later reinstated if it is deemed appropriate. Kevin said they are in the process of finalizing a weekly aftercare group post-release for both men and women. Kevin added that he feels that Charlie's attendance at community meetings and interaction with the clients is very important. Kevin said it has been his experience that when an administrator sits with the clients regularly, it changes the dynamics of the program in a positive way. Gary added that it is helpful for those people who are working in the program as well. Charlie said one of the goals of the community meeting is to provide encouragement to those getting ready to leave and making sure they understand we have aftercare.

3. Quality Assurance Updates--Jon reported that the committee met this morning. He continued that they have strengthened the communication and connections with the courts over the last several months. This has been valuable in identifying appropriate candidates and insuring they remain in the program for the right "dosage." Jon continued that the group reviewed their monthly statistical package

to identify any gaps. Jon said they also focused on more effective ways to continue to connect people to outside agencies when they are released from jail.

Tom asked how many people have successfully completed the program and been connected to services in the community. Kevin answered that we are presently gathering that data. The data is there but we are finalizing the details of the reporting process and will have that for the next meeting. We are adjusting the program to be able to retrieve the data. We are also gathering outcome data.

Stabilization Center Update – Steve was unable to attend today. Charlie reported that at least 200 individuals have come through the Stabilization Center to date. They have received positive feedback from family members and clients. Charlie said one thing that is relatively certain--many would have gone to the Emergency Room if the Stabilization Center was not available as an alternative. Kevin added that it is likely that some of the people brought in by law enforcement would have gone to jail. Kevin said that there is a substantial number of people whose first connection with the system has been service oriented because of the Stabilization Center and that is a positive thing. Charlie added that the Mobile Crisis Intervention Team was often able to deescalate a situation so that an arrest was not necessary. Now the Mobile Crisis Team can transfer to the Stabilization Center. Sam asked if there is a way to capture the data on the number of people who avoid going to the Emergency Room due to the Stabilization Center. Charlie said that he thinks it will be possible.

4. New Facility Update –Kevin said the planning has started and the needs of our special populations have been well thought out with consideration given to both programming and the layout. The recommendations of this committee have played a major role in design considerations. The NYS Commission of Corrections has made a preliminary review. Sam said that there is a difference between designing a jail verses a transition center. Kevin responded that Ricci Greene Assoc. has an extensive background designing facilities with programming, making sure there is enough space for various activities and that there is proper “flow” from one area to another is essential. Kevin has been impressed with everyone who has worked on this project. Sam asked if people can easily go out during the day for programing or treatment. Kevin said this is an operational and legal issue, but the design of the building will meet both programming and security needs. Tom asked about a transitional house and its location on the grounds. Kevin said that there is available land on the site, but no final decisions have been made yet. Mary Ellen added that planning and building is being done incrementally with the focus right now on the Law Enforcement Center as that must be done first. Preliminary plans for the Justice and Transition Center are underway. Sam would like to participate on the design committee and asked for the committee’s support. Kevin assured him that the committee’s ideas and recommendations have been submitted and taken into consideration. Mary Ellen added that our committee has a defined purpose and is fulfilling the goals outlined when it was created. She continued that the preliminary design discussions are more of a day-to-day discourse between various agencies as needed.

Kevin sent out an article from SAMHSA about successful transition of offenders. Kevin said this is the kind of a model we are aspiring to. This is a five-year plan and we are a couple of years into our own plan. The components they speak about including jail programming and transitional planning are things we are doing. Kevin said the article talks about a combination of best practices in dealing with co-occurring disorders. The linkages they suggest would be provided by funding from the Second Chance Act which we recently applied for. Tom said he read the article and didn’t see anything we weren’t already doing. Kevin agreed and said we are building a model with components much like the best

practice models described in the article. The successful models will often be similar. Each model has some things that are excellent and some that can be improved on. We are one of a small number of jurisdictions that are using this kind of a model. Kevin said that this validates the basic model we have designed. Kevin said we are doing the right things; we just have to keep getting better at it.

Mark Sasvary, LCSW presented a PowerPoint to the committee on behavioral health and incarceration. The presentation indicated that upon release from jail or prison many people with mental or substance use disorders continue to lack access to services and too often become enmeshed in a cycle of costly justice system involvement. Jails and prisons house significantly greater proportions of individuals with mental, substance use, and co-occurring disorders than are found in the general public. Childhood traumas potentially explain about 32% of psychiatric disorders in adulthood. The PowerPoint contained information on how homelessness and trauma affect mental illness. Tom asked what Dialectical Behavioral Therapy (DBT) is. Mark explained it is a form of Cognitive Behavioral Therapy. It is an offshoot of Cognitive Behavior Therapy specifically targeting symptoms of borderline personality disorder. Borderline personality disorder is strongly linked to trauma and trauma histories. It has great research behind it and was developed to treat a lot of the symptoms that are associated with these sorts of histories. Mark thinks this therapy is a good fit for RESTART.

Tom commented that several weeks ago he spoke to the woman who oversees the 730 exams (for competency). She said that the number of people referred for those examinations is going up steadily. Tom asked Kevin what is being done to address the need for increased hospital beds for people that are psychiatrically involved and need inpatient care and whether there is a successful working model. Tom said that people in his office often feel like they are visiting a psychiatric hospital instead of the jail. Tom added that the trends are astonishing in terms of the number of people with psychiatric issues in the jail who are not receiving proper care and treatment. Tom does not see anyone acknowledging that this is an issue. Kevin feels that this community is trying to come up with ways to deal with it such as creating the Stabilization Center. However, some issues are beyond the county's control and we are coming up against a state system that is no longer as responsive as it was. Kevin said it's an issue we have to keep having a conversation about at the county and state level. There is no simple answer and it is complicated by legal issues. Kevin added it will be important to train people on trauma informed practice including correctional staff... Kevin added the physical environment alone in the new facility will help people with mental illness. Discussion continued about a co-occurring program in the jail and the impact the Stabilization Center will have on this population. Tom objects to the criminalization of people with disabilities. He has clients that came to the jail through the hospital because they were released without proper treatment. Charlie added that there is also a population that burns their bridges as they go along. There are several places that will no longer consider certain people. The cause in some cases is that they discontinue medication. Charlie said the number of people they have on AOT (Assisted Outpatient Treatment) has doubled. It is a great program, but requires a tremendous amount of coordination. Charlie added that despite what we try to do, sometimes individuals end up in jail. Tom said we need to have a new model that doesn't involve criminal justice. If it was taken out of criminal justice and put into health service it wouldn't go through our criminal justice system. Tom feels that the criminal justice system should be pushing back. Gary said they will still end up in jail when they commit crimes. Gary added that he ran numbers on special populations in the jail and they are up quite a bit and they account for three times the average length of stay. Kevin said that we need to look for options outside the criminal justice system, but we need to do that holistically. When we divert people, we need

to get them to the right place. Just having beds doesn't always work, but good case management does. Gary said the old way of doing business was to institutionalize people, but when we deinstitutionalized, there were not enough supports put into place. Mark added that Medicaid does not provide enough for providers to support their operations. Gary added that we should not lose site of the fact that the Stabilization Center is cutting edge. What this will do is divert people who should be diverted and recognize others who probably shouldn't be. Kevin thinks we need to recognize all of the things this community has accomplished. Our jail is being built as a trauma focused jail and people will do better in it. It was suggested that members of this group tour the jail and Jon will organize this.

Marty said the buzz word for the last few years has been trauma and trauma informed, but there does not seem to be a shared understanding of what this means. Marty went to some conferences about trauma last year and the effect of trauma on very young children is absolutely amazing. They demonstrated very clearly that a child can be traumatized in a matter of months or shorter given certain repetitive behaviors. In some cases, we are dealing with life time trauma. Marty said at some point we have to talk about trauma in terms of prevention. Mark said the trauma stats are staggering. Substance abuse, particularly for females, often stems from trauma.

5. Inmates with disabilities discussion – Winnie Milkovich expressed concern about the number of inmates with severe mental illness. There are currently six or seven inmates in the jail with severe mental illness. Winifred continued that they should not be in the jail. Jon Heller reported that we are in the midst of forming a smaller sub-group of this committee to address the issue. Toni Ciarfella and Tom Angell are participating along with other interested members.

Adjournment – A motion to adjourn was made by Tom Angell, seconded by Martin Lynch at 12 noon.

NEXT MEETING: Monday, May 8, 2017 at 10:30 a.m. The following meeting will be June 19.