

Dutchess County Special Populations Work Group Meeting

December 7, 2015

KEY AGENDA ITEMS AND INFORMATION:

The following was the agenda for the meeting:

Agenda:

- **RESTART updates**
- **Software updates**
- **Quality Assurance Updates**
- **Updates on the jail**
- **Look at heroin population**

Present:

Ronald Knapp, Chair, City of POK Police Chief
Shirley Adams, Catharine Street Community Center, CIC Committee Chair
Tom Angell, Public Defender
Sam Busselle, Citizen
Bill Eckert, Dutchess County Mental Hygiene Jail Based Services
Colleen Feroe, DCDMH
Jon Heller, Dutchess County Office of Probation and Community Corrections
George Krom, DC Jail
Martin Lynch, Project MORE
Winifred Milkovich, DC Jail
Judge Frank Mora, Poughkeepsie City Court
Mark Sasvary, HVMH
Eunice Senatore, DCDMH
Mary Ellen Still, Director of Probation & Community Corrections
Kevin Warwick, Consultant, ASA

Kevin stated that the draft of the previous month's minutes should be distributed next week for review and approval. The January, February and March meetings were scheduled; places to be determined. Quality Assurance meetings will now be scheduled at 9:00 a.m. as our Special Populations meeting will take place at 10:30 a.m.

1. RESTART updates

Bill Eckert reported that the program is now fully staffed with three case managers from Project MORE and two clinicians from Hudson Valley Mental Health. All staff have caseloads and we have increased the number of core groups. Jon mentioned that there are approximately 45 men and 12 women participating in RESTART. The admissions process has been streamlined. Tom Angell will be provided with the information he needs for Public Defender clients in the

program. Colleen noted that there is training on Seeking Safety being scheduled. There is MRT training tentatively scheduled for January 2016.

As additional updates on the program, Kevin reported that all screenings will happen with one specific case manager who will work with the jail staff. Once a person is on the unit, the COMPAS and full interviews will take place with the clinical staff. The discharge plan will be done by the case managers. The clinicians will handle the majority of the groups, and MRT will be handled by the case management staff. Cheryl Atkinson will work with the women as the case manager.

2. Software Updates

Marty stated that the COMPAS software has been installed and we are waiting for permission from DCJS to begin using it. Mary Ellen indicated that she checked on the status and that the IT department of DCJS is reviewing our request and should grant permission in the near future.

3. Quality Assurance Updates

Jon Heller reported that the quality assurance group will meet with three participants to see how things are going from their perspective. We want to find out what they consider to be most valuable and what can be improved upon. This information will then be shared with the RESTART staff and the Special Population Committee.

4. Updates on the jail

George reported that the current count at the jail is 433, with 24 housed out in other counties. There is one POD that is closed down due to classification issues. They are awaiting permission from the Commission to allow different classifications to be housed in the same PODS.

George also reported that the draft RFP for the jail architect has been written. Some drawings have been sent to the COC. There will be a meeting with the COC on December 15, 2015. It is tentatively anticipated that near the end of January we will request funding from the Legislature.

The RESTART staff is scheduled to visit Sullivan County to review their program. Mark Sasvary added that the staff will receive intensive clinical training for 10 days in 2016. Kevin noted that the model design here is solid because it is connected with the community providers. Shirley asked if the CIC could host a training or information session in order to get this information out to the community. The committee agreed that this makes sense and will plan this with Shirley.

5. Look at heroin population

Vivotrol is a replacement therapy for heroin. It is an antagonist and blocks the effects of opiates. It is administered every 28 days for 6 months. Bill Eckert reported that the final issue holding up the initiative was securing a place for patient referrals. This protocol works only with outpatient treatment. ITAP is ready and most of the ITAP buildings' structural issues have been addressed. Participating inmates would receive the initial dose shortly before they are released from the jail,

to be followed by outpatient treatment. It is an expensive treatment, but the pharmaceutical company will provide scholarships. In the short term, participants will receive treatment through ITAP, and in the long term through Lexington. Colleen reported that they are working toward a start up in early January.

Meeting was adjourned at 12:00 noon.

**NEXT MEETING: MONDAY, JANUARY 11TH AT 10:30 A.M.
POUGHKEEPSIE**