

# Dutchess County Special Populations Work Group Meeting

February 26, 2015

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

### Agenda:

1. Updates on Quality Assurance group
2. Next steps on Treatment Flow committee
3. Funding options (are there gaps in the systems and grants we want to pursue)
4. Community-based system gaps and strengths
5. 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  
Bill Eckert, DMH  
William Grady, District Attorney  
Jon Heller, Dutchess County Office of Probation and Community Corrections  
Margaret Hirst, DMH  
Steve Miccio, PEOPLE Inc.  
Mary Ellen Still, Director of Probation, CJC Chair  
Kevin Warwick, Consultant, ASAI

The meeting began at 8:45 a.m. Ron Knapp reported that things are now moving quickly. The PODS will be ready by the end of March. Training for the corrections officers is taking place.

Sam Busselle asked if the Nov. 15<sup>th</sup> report was now a public document. Mary Ellen said that it has been accepted by the county and is available to the public. It will be on the county website.

Kevin said that the meeting with the architects went well. The treatment and program units that are being proposed will be state of the art. The group space and work space is substantial. Sam asked if there were any drawings from the architects on the new jail. Mary Ellen said that the architects are still gathering information and that a Project Definition report would be completed by April 1st. Kevin said that the meeting with the architects was simply a subgroup. The subgroup's recommendations were based on discussion in our meetings. Ron added that they essentially met to discuss space allocations, security issues, dormitory size of rooms, number of rooms, etc. Onaje asked if he could be included in future meetings with the architects for discussions on the proposed programming spaces. Sam would like to be included in future architectural meetings. Mary Ellen explained that Kevin is not chairing these other groups and

that RicciGreene has a timetable and plan of action that includes meeting with smaller groups; people and agencies that will help to define the project. Larger meetings, such as the Visioning session, have also been held.

**1. Update on RFP and Quality Assurance**

Kevin reported that the committee has been doing great work, and has been working on finalizing the class schedule and the curriculum for programs. This subgroup has taken the items discussed at Special Populations meetings and put in the details - How do we get someone into the unit? What is the review process? How long will they stay in the program? What curriculum are we going to use? We have a good definition of a program to work with. Onaje asked about implementing software to track data. Kevin suggested a subgroup to discuss software, and Mary Ellen added that we need to include IT (OCIS) to be involved with this issue from the beginning. Mary Ellen volunteered to contact OCIS. Kevin said that there are a few potential software options available. Margaret added that this software needs to tie all involved departments together to ensure flow within the system. Kevin said that there may not be one type of software that will accomplish this, but options should be explored.

Mary Ellen reported that the programming RFP is now out. The return date for submittals is March 18, 2015. Kevin remarked that this was a very speedy and efficient process. It was asked if the committee could read the RFP, and Steve Miccio, who did have a copy, will email out to the committee. Mary Ellen noted that the RFP is listed on the county website and that Central Services coordinates the RFP process. Kevin noted that given the time needed for the RFP review process, and contract processing once a vendor is selected, the new contractor will likely begin in late April—early May 2015.

**2. Next steps on Treatment Flow committee**

Kevin's PowerPoint had the committee action items, responsible parties, and current status:

- |  |   |                                       |
|--|---|---------------------------------------|
| • Develop RFP for programs and services  | Committee                               | RFP Released; due back March 18, 2015 |
| • Develop Quality Assurance Committee to finalize curricula, program schedules, and work through programming flow issues | Committee                               | Working and ongoing                   |
| • Finalize program flow process; begin to target offenders for movement into the program                                 | Program Flow Committee                  | Working and ongoing                   |
| • Implement the Program  | DC Jail staff<br>Probation, DMH,<br>SPC | March/April 2015                      |
| • Recommendations to RicciGreene Assoc. for Jail Program Units   | Committee                               | First draft complete                  |

- Next steps based on the San Antonio model                      Committee                      Diversion Committee
- Review of community-based system                      ASAI Committee                      January 2015

Kevin added that we should now begin to discuss our future goals. Our next mission is to make sure that the Quality Assurance component is functioning. This will be a major project as we open up and redefine the programming throughout the CJ system continuum.

Bill Eckert added that the previous programming had no division between programming and correctional staff. We will need to have more integration with uniform staff. Kevin said that there should also be a basic training or overview provided for correctional staff. We will need to arrange with George for additional staff meetings and trainings to go over the program model and next steps. There also needs to be coordination of timelines within this process. Jon Heller said that a delineation of the inmate workers from those in the program is needed. We need more coordination within classification. Onaje also added that there are issues with the women's unit. Kevin will contact George about these issues.

### **3. Crisis Center update**

Steve Miccio reported that they had their first committee meeting and were able to lay down the foundation and the vision. There will be Sobering Units, Detox Units, the Mental Health component, the medical portion, and drop-off areas for the police. This will also be available to the public. They did do a walk-thru of the building recently. The Mobile Team and Helpline will be there. Internally they are creating a staffing plan, and they need to coordinate flow and logistics. Steve has also set up a series of small meetings to get a better understanding of the judicial system, as well as organizing the community program aspect. This will enable the committee to understand the barriers and develop solutions. Steve also met with the police chiefs, who were receptive to the center and CIT Training.

Ron added that some diversion already exists. In reviewing calls for 2014 for the City of Poughkeepsie, there were 428 calls for EDP's (Emotionally Disturbed Persons) and of those 110 were escorted to Westchester Medical. The average call times to Westchester Medical were 19 minutes; there has been improvement in reducing wait time for law enforcement. The supervisors and officers are also more versed in the mental health law. When the Center opens, there will be a need for tracking repeat calls. Ron and Margaret added that if a person needs supervision, but not hospitalization, this could be addressed within the CIT training for officers.

Ron added that the County wants the one-day CIT training for all law enforcement in the county over the next 18-24 months. There is also a 40-hour training that will become available at local academies and for veteran officers.

Jon Heller said that through NAMI and the jail, there will now be a form available for family members of incarcerated individuals. This form will provide information on health related questions. This form will be available at the jail and on the jail's website. There is also a

document available with frequently asked questions for family members or loved ones. Mid-Hudson Regional Hospital will also be a partner for the medical.

Jon added that the new in-house program will be called *ReEntry Supportive Transition And Reintegration Track* (RESTART). Transitional Housing (ATI) is separate and currently off-site. Persons can go from RESTART to the Transition House, rehab, or other programs.

Kevin noted that the Crisis Center will focus on the front end of the system and is part of a comprehensive approach. No one program or initiative can address all needs. It will not work for all persons such as those with high criminogenic needs/behavior. However, it remains an excellent early intervention option. Shirley suggested we use the term "redesigning" of the jail instead of "building" a new jail. Sam added that we need better public awareness on what the numbers actually mean and to make it sound less ominous for the public.

#### **4. Funding options (are there gaps in the systems and grants we want to pursue)**

Kevin discussed three available funding options.

- Second Chance Act
- Safety and Justice Challenge
- Justice and Mental Health Collaboration Program

Kevin said that whichever option, it has to make sense for us at this particular time and needs to be sustainable. It needs to benefit the community. Steve said that they are working on the "Justice and Mental Health Collaboration Program". Each initiative we look at will affect others and those efforts need to be coordinated. We need to look at how it fits in; what are the goals; does it make sense to apply now or at another time. Ron said that the county is looking at the prospect of applying for the two grants that have been released (Second Chance has not yet been released.) The applicant for grants needs to be Dutchess County.

#### **5. Community based system gaps and strengths**

Kevin said that Quality Assurance Committee is working on the connection between the clinical and the criminogenic needs. There is a need for understanding between the different systems.

There is a need for training for the correctional staff and officers. Trauma informed treatment is also needed. This would be similar to the CIT training, but within the jail. Eric Weaver is a local police officer that has experience and provides CIT training for trainers and for the communities. Margaret said that we have been in contact with Eric. Ron said that we are taking advantage of CIT training that is available in Orange, Ulster, and Westchester counties. The county is working to put together 8-hour and 40-hour CIT trainings in Dutchess over the next two years.

