

**Behavioral Health Sub-Committee
Criminal Justice Policy Advisory Commission
Criminal Justice Policy and Planning Division
Connecticut Office of Policy and Management**

Minutes

August 29, 2007 9:00 – 11:00 am (Russell Hall, CVH)

1. Introductions

- a) Dr. Michael Norko is new co-chairperson for BH Sub-Committee. Loel Meckel has co-chaired with Dr. Dan Bannish for the past few months to assist with these duties. Dr. Norko is the new Director for the DMHAS Forensic Services Division and was the former Medical Director and Director at the Whiting Forensic Division of Connecticut Valley Hospital. (Dr. Patrick Fox has moved from DFS at Russell Hall to take the place of Director at Whiting.)
- b) Roundtable introductions were made by everyone attending today's meeting; sign-in sheet was passed around to sign-in and to update any information on roster.

2. Additions to agenda: No new additions to the agenda

3. BH program updates

- a) Project ASIST report
 - i. Mike Aiello and Mike Peloso had put together a synopsis of their program and distributed the handout "ASIST Program – Advanced Supervision and Intervention Support Team; A DMHAS, DOC and CSSD Collaborative Initiative." It outlines the mission, model and purpose of this program which integrates mental health services and community based supervision toward the goal of reducing the rate of incarceration of individuals with mental illness and provide programs that suit the needs of this population.
 - ii. The ASIST program will begin as soon as staffing is in place and clinicians/mental health providers are trained as to the policies and procedures of this program. Funding has been allocated to offset the cost and is structured in a way to fully support this collaborative effort among the different agencies (DMHAS, DOC and CSSD).
 - iii. Zoning issues pose a challenge in slow approval to build locations that would be accessible to more clients. To date, there are 8 locations in the state identified that will provide mental health and

community based supervision. These and other issues need to be reviewed within 1-2 years to determine the type of progress the ASIST program has made within the community and what changes need to be made to expand this program to other areas of the state.

b) Jail Re-interview report

- i. The collaboration of community based supervision and clinical services would allow a larger number of clients to be diverted from incarceration. Currently there are not enough AIC staff members to help address the needs of this population. The Mental Health Jail Re-interviewers (MHJRIs) that are in place at correctional facilities, in conjunction with DMHAS Jail Diversion staff, would help to assess and direct those pretrial defendants (with low bond and minor charges, who are not diverted by the courts) into appropriate programs otherwise unknown to the courts. If the courts decide on alternatives, such as clinical services and AIC supervision, DMHAS clinicians will take on these cases in order to help reduce the amount of clients being incarcerated.

c) Probation and Parole

- i. DOC and CSSD have staffed Mental Health Parole and Probation Officers (MHPOs) who will refer directly to the Local Mental Health Authorities (LMHA) and other providers to provide evaluations and treatment. LMHAs in Hartford, Bridgeport and New Haven will be staffed and funded through ASIST to insure the success of this program. Since Dec. 2006 at Garner, Osborn and York, with the installation of the MHJRIs, there has been an increase of re-interviewing to move a larger percentage of people out of jail.

d) Summary and Follow-up

- i. These pre-ASIST programs work for the interim until the full ASIST program will be launched. It was stated that if these programs are in place that the courts will be able to release these individuals into the community and reduce the rate of those incarcerated. A major issue with release from DOC is the follow-up and monitoring of how medication is distributed and prescriptions filled upon release. Most times when clients are discharged, they do not have their medications in place and are only provided with a two week supply. They often do not get to see their physician to renew their prescriptions within 2 weeks, so there is a gap or delay in receiving this type of attention.

OPM is leading discussions of options to provide medications in the community for discharge inmates. About 40% of inmates receive a prescribed medication for "medical" and/or "mental health" needs.

4. DOC MH Infirmary Bed utilization data

Dr. Bannish presented data about the numbers of people with various mental health scores, and various bond levels in Garner. [data sheets attached

5. Request by CJPAC to review Adam Walsh Child Protection Act

Dr. Norko presented a summary of relevant features for the states regarding the Adam Walsh Child Protection Act of 2006. [Copy attached] Attorney Rossi and Mike Aiello reported that their agencies are working with the Dept of Public Safety on modifications to the sex offender registry that are needed to bring the state into compliance with this federal legislation.

A summary of the Adam Walsh Act by the National Conference of State Legislatures is available at:

<http://www.ncsl.org/standcomm/sclaw/walshact.htm>

The full text of the federal Adam Walsh Child Protection and Safety Act of 2006 is at:

<http://thomas.loc.gov/cgi-bin/query/D?c109:5:./temp/~c1099XPSNu::>

6. Workgroup updates

a) Housing/employment

The group has been on hold pending the discussion at today's meeting; it will now move forward along suggested lines raised today.

b) BH Services/system barriers

7. Other Items

The issue of Mental Health Accelerated Rehabilitation was raised, but tabled for further review of language being considered

8. Quarterly Meetings

- a. CJPAC BH Sub-Committee: Wed., November 14th 9:00am – 11:00am
Russell Hall, 2nd floor, CVH Campus**
- b. Systems Barrier Workgroup: Wed., September 19th 9:00am – 11:00am
Russell Hall, 2nd floor, CVH Campus**
- c. CJPAC BH Sub-Committee: Feb 2008 (TBD) - Loel Meckel has suggested that when a date is selected for this meeting that it be set after the Governor's budget for SFY09 is presented.**
- d. CJPAC Meeting: Thurs., December 13 9:00am – 11:00am
State Capital, Room 410**

Adam Walsh Child Protection and Safety Act of 2006
Summary Notes from Behavioral Health Subcommittee of CJPAC

Registry

States must have sex offender registries by July 2009. These must have three tier system:

Tier I – least serious; register for 15 years, update in person each year

Tier II – more serious: register for 25 years; update in person every six months

Tier III – most serious; register for life, update in person every three months

Must have a criminal penalty for failure to register

Info must be readily available on internet

Failure of states to comply may result in 10% loss of federal law enforcement grants

CT's registry meets some of these criteria, and not others. Representatives to BH SubComm from CSSD and State's Attorneys Office report that this work is underway along with Department of Public Safety; the needs for improvement are known.

Grants

Grants available for setting up registry, setting up GPS systems, and civil commitment programs.

Civil Commitment

Attorney General will make efforts to "cause a state to assume responsibility" for custody and treatment of sex offenders, but cannot force states to do so.

Total of \$10 million per year for 4 years available for states willing to establish sex offender civil commitment programs that meet standards of the act. Deadline for submissions July 2008.

[NASMHPD cautions that the money available will not cover the long-term costs to states for establishing such programs.]

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Mental Health Population Statistics (9/14/07)

MH 5

Total 60

Sentenced 24

10 EOS within 1 yr (all but one have < 2 yr sentences)

Unsentenced 36

Admission

9/4 – 9/14 14

12 have bonds < 25k

8/27 – 9/4 4

2 have bonds < 25k

Bail

= or < 25k 25

between 10k and 25 k 12

5k and 10k 8

< 5k 5

> 50k 11

> 200k 7

MH 4

Total 456

Sentenced 299

Unsentenced 157

Sentenced

< 2 yrs 90

< 6 mo. 19

EOS = or > 2010 137

2014 72

2017 49

Mental Health Population Statistics (9/14/07) Cont'd

Time left to EOS

| | | |
|----------------------------|----|-------------------|
| < 6 mo | 67 | (28 w/ probation) |
| 6 mo – 1 yr | 36 | (16 w/ probation) |
| Parole eligible | 63 | (23 w/ probation) |
| 6 mo to parole eligibility | 17 | (8 w/ probation) |

Unsentenced

Bail

| | |
|---------------------|----|
| = or < 25k | 40 |
| Between 10k and 25k | 26 |
| = or < 5k | 11 |
| > \$1 million | 21 |
| 250k to 1 million | 28 |
| 100k to 250k | 27 |

➤ 1 million charges

| | |
|------------------|----|
| Murder | 11 |
| Cap Felony | 1 |
| Sexual Assault 1 | 3 |
| Felony Murder | 3 |
| Kidnapping | 2 |
| Assault 1 | 1 |

< 25k charges

| | |
|----------------------|---|
| Possession | 4 |
| Harassment | 1 |
| BOP | 4 |
| Dis Conduct | 1 |
| VOP | 5 |
| Robbery 2 | 1 |
| Vio of PO | 2 |
| FTA | 1 |
| FTA 2 | 1 |
| Larceny 2 | 1 |
| “ 3 | 2 |
| “ 5 | 1 |
| “ 6 | 1 |
| Crim Tress | 3 |
| Crim Tress 3 | 1 |
| Crim Misch | 2 |
| Threatening | 2 |
| Drug Paraphanelia | 2 |
| Driv w/ Susp License | 1 |

Mental Health Population Statistics (9/14/07) Cont'd

| | |
|----------------|---|
| Risk of Injury | 1 |
| Assault on PO | 2 |
| Assault 3 | 1 |