

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

Minutes

May 14, 2009 9:00 – 11:00 am (Russell Hall, CVH)

In attendance: Michael Aiello, Dan Bannish, Martha Brown, Brian Coco, Judy Dowd, Erin Leavitt-Smith, Ed Mattison, Loel Meckel, Mark Meola, Michael Norko, Michael Peloso, Louise Pyers, Monte, Radler, Judith Rossi, Alicia Woodsby

1. **Introductions:** Introductions were made.
2. **Review of minutes of Nov 6, 2008 and Feb 5, 2009 meetings:** Minutes were reviewed and approved.
3. **Additions to agenda:** Monte Radler distributed copies of a positive review of the movie The Soloist, which is noteworthy for its treatment of homelessness and serious mental illness.
4. **BH program updates:** Dr. Norko reported on the following:
 - A. PJOC & Crime Bill funds initiatives – the ASIST program is threatened by inability to refill vacated positions. CSSD will fill a vacancy in Waterbury to keep that program going. River Valley Services will cover for a vacant position with other staff, to allow referrals to resume and continue. We expect a vacancy in New London; will wait to see how best to cover that position.
 - B. Rapid Treatment Option – a pilot program in New Haven began 5/5/09, in which defendants facing competency to stand trial evaluation are offered voluntary hospitalization at CVH in an attempt to provide acute care and increase the chances of the person being found competent to stand trial so that the person will not have to be committed to CVH for restoration treatment.
 - C. Outpatient restoration – we hope to begin another pilot program in New Haven with volunteer staff agreeing to do competency to stand trial education for individuals who are clinically appropriate to remain in outpatient settings for restoration to competence.
5. **DOC BH updates**
 - A. **DOC MH data – general:** Dr. Bannish reported:

MH 4 status: Currently, 432 individuals (296 sentenced; 91 due to be released w/in 1 yr + 57 parole eligible = 148 potential discharges.

Of 91 due to be released, 66 have DMHAS code (D). Others have developmental disabilities, Traumatic Brain Injury, personality disorders, and/or problem behaviors.

Of 136 unsentenced individuals, 14 have bonds < \$10k (5 of these with D codes) 11 of these in jail > 1 mo possibly due to lack of housing.

MH 3 Status: these individuals often do well within structure of DOC, but can present problems in the community upon discharge when structure is no longer present.

The group asked Dr. Bannish to send data re MH 4's and 3's to them. Mike Aiello asked for names of the individuals with low bond in jail more than 1 mo so that his office can review on case by case basis.
 - B. **Follow-up report re pilot analysis project:** Dr. Norko reported that the group continues to try to identify a large enough group of inmates/detainees with significant MH scores & significant crimes to analyze, who also had DMHAS treatment prior to arrest. For high bond situations, only 16 cases were discovered. For MH4 status and sentence > 10 yrs, only 9 cases were discovered. We will expand the search parameters to try to arrive at a larger group.
 - C. **Other DOC f/u reports:** Dr. Bannish reported:
 1. Early release for inmates with SMI – several projects under way, such as pre-approving parole for earliest possible date, transitional supervision, and attempts to achieve 90 day furlough option through legislative initiative.
 2. Co-occurring initiative – In place at Garner, this is a workforce development initiative that involves integration of medical, psychiatric and substance use care. They are now on their 4th patient group, with positive reviews by inmates. Initiative has begun at York and will follow at Osborn CI.

3. TBI prevalence – Estimates are that 25-33% of the total correctional population have TBI, including mild to significant functional impairments. DOC is looking into federal grants through the VA.
4. CJ-DATS research – this is a 10 state initiative funded through NIDA that will include 4 implementation studies on assessment, intervention, medication & HIV
5. DOC “Big Bang” and other initiatives – DOC re-contracting all residential and non-residential programs in community with emphasis on employment & housing. The focus is on higher needs offenders, better integration with internal programming, and more rapid turnover of beds.
6. ASSIST-Home – Grant initiative looking at creating inventory of housing for persons with SMI.

Judy Dowd noted that the FUSE program starts in July 2009.

Ed Mattison described success in New Haven with their program working with landlords to support the person, guarantee the rent, and take the person out of the residence if necessary. Others emphasized the need for support, more MH probation & parole officers and a single gatekeeper for bed inventory in the state.

Monte Radler raised the idea of statutory change for sentence modification specifically for SMI offenders. He and Alicia Woodsby (NAMI) agreed to work on a draft.

6. CJPAC

Follow-up report: SO registry / Adam Walsh Act – Dr. Norko reported that HB 6669 requires the state's SO Risk Assessment Board (SORAB) to consider additional sexual offender registration requirements and to recommend actions the state may take to comply with the federal Adam Walsh Child Protection and Safety Act. The Adam Walsh requires stratifying offenders based on offense, rather than on assessed risk as the SORAB had been working towards.

7. Workgroup updates

A. Housing/employment

DMHAS will prepare to use temporary funds for permanent housing for persons with serious mental illness who are justice-involved in the event that funds become available in SFY10.

B. BH Services/system barriers

1. Update re ROI: The multi-agency MOU has been reviewed by agencies & CSSD w/in BH Subcomm, and sent to DCF and DDS for their review. Once the MOU draft is reviewed by all the agencies and is ready for the AG review, Michael Peloso requested that the draft be forwarded to him for Judicial Legal Services review.
2. Program to arrange medical coverage for inmates to provide access to medications in the community upon discharge from DOC is expected to “go live” in September with pilots in New Haven, Bridgeport and Danbury. The target will be unsentenced, unplanned discharges from court. Individuals will be GA eligible for 1 mo and then will have to follow up with DSS or health center to continue. DSS regulations have been changed, so that eligibility will not be suspended if the person is incarcerated less than 2 years. A presentation in CJPAC is planned for June 11.

8. Other Items:

Ed Mattison reported that his agency is seeing an increase in non-DMHAS individuals requesting services. He would like further discussion about DOC MH 4s that are not DMHAS clients. Loel Meckel noted briefly that DMHAS eligibility is based on SMI diagnosis, significant reduced ability to function in multiple realms, and indigence with no private insurance.

Judith Rossi noted that on the application form for the new Supervised Diversionary Program is the query: “My mental illness has a prominent negative impact on my life.” She suggests a change in the language of the form.

9. Quarterly Meetings (CJPAC mtgs scheduled for 6/11, 9/10, 10/8, 11/12, 12/10)

- A. August 20, 2009 [9:00am – 11:00am, Russell Hall, 2nd floor, CVH Campus]
- B. Nov 2009 TBD