



STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A HEALTHCARE SERVICE AGENCY

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Testimony of Commissioner Thomas A. Kirk, Jr., Ph.D. Department of Mental Health and Addiction Services Before the Judiciary Committee November 27, 2007

Good afternoon, Senator McDonald, Representative Lawlor and distinguished members of the Judiciary Committee. I am Commissioner Thomas A. Kirk, Jr., Ph.D., of the Department of Mental Health and Addiction Services, and I am here today to speak to some of the important issues you have been reviewing. My comments reflect the perspective and vision of the state agency responsible for providing services to those Connecticut residents suffering from serious mental illnesses and substance use disorders. Our vision includes providing treatment, care, encouragement and support to convey a deep sense of hope to our clients that they can recover to experience productive and fulfilling lives in the community.

DMHAS is a public health care agency serving over 70,000 individuals who experience psychiatric disabilities, substance use disorders, or both. Since many of our clients have contact with the judicial system, we work in close collaboration with both the Court Support Services Division (CSSD) of the Judicial Branch and the Department of Correction (DOC). For example, we operate jail diversion programs in each of Connecticut's courts—working with CSSD and Bail Commissioners to develop new service plans for individuals who are, or have been, our clients to help them receive necessary treatment in lieu of incarceration. For those individuals who become incarcerated, a Memorandum of Understanding with DOC enables DMHAS to reach in to those individuals who have the most serious conditions (and are thus in need of mental health services) six months prior to their release. Over 225 offenders received this service last fiscal year. This ideal, cooperative process helps ensure that both a viable treatment plan and appropriate services are prepared in advance to support those offenders returning to the community.

In recent years, largely through federal funding, we have developed a widening network of peer support programs and recovery housing to assist a portion of the individuals we serve to achieve more permanent solutions to their basic needs. Among those initiatives is Access to Recovery (ATR), a federally funded, three-year effort that focuses on temporary housing, transportation and related services; both DOC and CSSD are partners with DMHAS in this project. In addition, two federally funded initiatives, now state-funded, are worth noting: one is the Connecticut Offender Re-entry Project, and the second is Transitional Case Management. The latter focuses on offenders with substance use disorders; it operates in the Waterbury and Hartford areas, and reached 80 persons last fiscal year.

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On a daily basis, however, we are reminded of the barriers and challenges faced by these individuals as they struggle to advance their personal recovery in the community. We know that safe, affordable and stable housing, jobs, and community connectedness are linchpins to reducing relapse and recidivism—yet, ongoing shortages in these three areas present the most significant impediments to individuals' recovery.

Expanding effective services to persons with psychiatric disabilities and those with co-occurring substance use disorders within the criminal justice system is essential, but we have faced seemingly insurmountable resistance to local siting of programs necessary to divert these individuals from incarceration. Most Connecticut communities are reluctant to open their arms to the persons we serve, thus reinforcing the most insidious obstacles to recovery —i.e., stigma and discrimination. We cannot expect people with psychiatric disabilities to function at the best of their abilities while they are homeless or residing temporarily in shelters. We also realize that judges will not release our clients from custody without decent housing in place as a part of their treatment plan. The lack of sufficient, stable community housing severely restricts our ability to decrease the number of persons with psychiatric disabilities occupying jail and prison beds.

Both the Connecticut Alcohol and Drug Policy Council and the Criminal Justice Policy Advisory Commission have identified housing as a significant barrier for ex-offenders and parolees seeking independent living through Section 8 housing. Individuals with felony convictions are often denied the ability to use vouchers and housing certificates by landlords. It is not unusual for judges to be hesitant either to divert from jail, or to release, persons with serious, persistent mental illnesses if they cannot be housed in residential programs that are staffed 24/7. For individuals with serious medical and mental health issues, these problems are exacerbated. While our discharge planners collaborate with DOC re-entry staff to arrange community health care for these individuals, their efforts are dependent upon the availability of housing.

In addition to housing barriers, for individuals who have been in recovery from an addictive disorder for two to three years, it is extremely challenging to secure employment when they are required to disclose a criminal conviction related to their prior out-of-control period of addiction. For this reason, many of those whom we serve—who have turned their lives around—often cannot obtain decent paying jobs that are critical to sustaining their recovery. We are grateful for some significant changes to the pardon process that have reduced this barrier, and we hope that any additional changes you may be considering will take into account the importance of obtaining jobs for individuals who have demonstrated genuine commitment to changing their lives. In addition, the addictions profession highly values the insight and unique skills of persons in recovery who desire to become paid workers in the field. However, because they face similar barriers to employment within the addictions field due to their past criminal records, many end up seeking employment elsewhere out of frustration. As a result, we continuously lose out on a valuable resource, at a time when our workforce is facing extreme shortages of personnel who have such skills.

Another problem is that many individuals lack valid government-issued identification upon their release from a DOC facility. This can severely restrict their ability to find employment, obtain a

driver's license, or access supportive services and entitlements, such as State-Administered General Assistance (SAGA). They may also have other licensure issues, such as driver's license suspension or suspension of employment licensure (trade workers, medical personnel, etc.).

The following recommendations would be helpful:

1. Directing correctional staff to identify offenders who have identification, licensure and related needs well in advance of their potential date of release.
2. Deploying traveling magistrates and DMV staff to DOC facilities periodically, in order to address identification and other related issues for offenders well in advance of their discharge.
3. Formulating an employer outreach and support program and consider methods to incentivize employers to hire former offenders in recovery.

DMHAS continues to work toward ensuring that those whom we serve have the opportunities necessary for their continuing recovery. We must work together to reward their successes by continuing to provide needed supports. Federal grants we have won for expanded Access-to-Recovery services and transformation of the mental health system will go a long way toward keeping individuals with mental illness and addictive disorders out of the criminal justice system and within their communities as productive members of society. It is our hope that any new initiatives you are considering will take into account both the needs of the persons we serve and the approaches that successfully reintegrate them into the community.

Thank you for the opportunity to address the Committee today on these important matters. I would be happy to answer any questions you may have at this time.