



# STATE OF CONNECTICUT

## DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

*A HEALTHCARE SERVICE AGENCY*

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GOVERNOR

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COMMISSIONER

### **Testimony of Thomas A. Kirk, Jr., Ph.D., Commissioner Department of Mental Health & Addiction Services Before the Appropriations and Judiciary Committees October 16, 2008**

Good afternoon, Sen. Harp, Sen. MacDonald, Rep. Merrill, Rep. Lawlor and distinguished members of the Appropriations and Judiciary Committees. I am Dr. Thomas A. Kirk, Jr., Commissioner of the healthcare services agency known formally as the Department of Mental Health and Addiction Services. I am pleased to be given the opportunity today to provide your committees with a picture of the direction DMHAS has been taking, and continues to take, on the prison and jail overcrowding initiatives in conjunction with the crime bill that passed in the January 2008 Special Session.

Let me begin my remarks by thanking you and the Governor's Office for recognizing that we need to pay attention to individuals with substance use disorders and those with psychiatric disabilities who are either entering or leaving the criminal justice system. The programs we have implemented in conjunction with DOC and the Court Support Services Division of the Judicial Branch have made a positive impact on the lives of persons with behavioral health disabilities. The resources provided to us have allowed for the expansion of our successes, the ability to "tweak" programs that needed something different, and most importantly to add services where we identified gaps.

We have done several things within our budget to make this all work. As an example, we combined the Prison and Jail Overcrowding money with the new dollars allocated through the crime bill. Some of the money that was directed for state positions in the crime bill did not include fringe benefit costs; thus, mixing these two pots together allowed for greater flexibility to meet legislative intent and provide the state-operated and non-profit services that we deem the most appropriate.

In terms of what have we done to date, we have expanded our Connecticut Offender Re-entry Program to three new sites (Waterbury, Stamford and Norwich/New London). We currently serve about 70 individuals in York and Garner, and we will be adding Osborne. This is a very successful re-entry program that identifies individuals with psychiatric disabilities 6 to 12 months prior to their discharge and links them to needed clinical services through the DMHAS system. We run skills development groups within the Department of Correction, assist with the creation of a discharge plan for each individual in the program, and work closely with our community mental health providers to have a treatment plan in place before the person is discharged by DOC. We believe that our expansion efforts will enable us to serve an additional 60 persons with serious psychiatric disabilities who are exiting the prison system.

We are expanding our Crisis Intervention teams so that the Bridgeport Police Department will be trained and working with a full-time clinician in the community to divert individuals from the criminal justice system and into treatment. This very successful model was first implemented in New London. By the start of SFY09, twenty-one police departments had a CIT policy and sufficient numbers of officers trained to provide a CIT response in their respective communities. By the end of SFY09, an additional ten police departments will be on board, and another 20 police departments will have begun CIT training.

We are in the process of recruiting an additional clinician to be assigned to our Women's Jail Diversion program so that we can expand our outreach into the Waterbury or Bridgeport area. At present, we are operating programs in New Haven, New Britain and Bristol and have used new dollars to purchase additional sober house beds for this population.

Our Transitional Case Management Programs for men with substance use disorders (currently in Waterbury and Hartford) have been extended to include New London, Norwich, New Britain and Bristol, and we have also expanded our clinical services in the Hartford program to meet increased demand.

We are adding clinicians to the ASIST program to work with CSSD in their Alternative to Incarceration Programs so that we can provide necessary supports to persons with psychiatric disabilities who now have access to this program, and we will be increasing staff in this program into Middletown and Norwich/New London.

We continue to work on the housing initiatives that were funded in the crime bill, and we are looking to expand our use of sober housing for those individuals served by our Transitional Case Management program. We have added dollars to the DMHAS Housing Support program that helps to bridge the gap for individuals waiting to qualify for entitlements, RAP certificates or Section 8 housing. This fund also assists individuals to pay the up front security deposits required by many landlords. DMHAS housing experts are exploring the idea of creating additional supportive housing units that would go a long way toward moving more individuals into recovery.

One successful example I would like to highlight is our New London ASIST and Jail Diversion Program. We recently added a 2-bedroom rented apartment to be made available to folks in this program who need housing. Two women have utilized this apartment thus far, and they are now ready to move on to another level of care, as well as a different level of housing. We believe that their success with treatment and in staying out of prison is directly related to the availability of this housing. Similar housing supports are linked to our jail diversion programs in New Haven, Hartford and Waterbury, and these are being expanded to New Britain and Middletown.

As a result of the attention focused on these issues, a workgroup pulled together by the behavioral health subcommittee of CJPAC which includes the Judicial Branch, OPM, DOC, DSS, DMHAS

and UCONN Managed Care is very close to an agreement that would allow those leaving DOC to have expedited eligibility to State-Administered General Assistance, which translates into individuals having immediate access to prescriptions and services. I believe that we have made considerable progress in meeting the goals and objectives of providing necessary services to this population — both to divert individuals we serve from the criminal justice system and to assist those who are exiting the DOC system and re-entering the community — and we are committed to addressing any issues that may arise related to the provision of these services.

I greatly appreciate the opportunity to address your committees today on this program, and I would be happy to answer any questions you may have at this time.