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# STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH  
AND ADDICTION SERVICES  
*A HEALTHCARE SERVICE AGENCY*

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## **Testimony of Patricia Rehmer, Commissioner Department of Mental Health & Addiction Services Before the Judiciary Committee January 19, 2010**

Good afternoon, Sen. McDonald, Rep. Lawlor and distinguished members of the Judiciary Committee. I am Patricia Rehmer, Commissioner of 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 prison and jail overcrowding initiatives in conjunction with the crime bill that passed in the January 2008 Special Session.

As we have testified previously, 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 for this target population.

DMHAS provides an array of services to individuals with mental illness and addictions from their first contact with police, through their involvement with criminal court, and their subsequent re-entry to the community from jail or prison. This is referred to nationally as the Sequential Intercept Model. I would like to provide a brief description of the programs that "intercept" individuals at each of these points.

We continue to provide Crisis Intervention Team (CIT) training to police officers; other first responders; probation, parole, and local Emergency Department staff; and community mental health workers. This program helps police officers deal with persons with mental health disorders, many of whom also have addictions, in a more effective manner. DMHAS CIT clinicians and/or mobile crisis clinicians assist police in seven locations. Since 2004, DMHAS funding has trained officers from fifty-five police departments. Twenty-seven police departments have a CIT policy and sufficient numbers of officers trained to provide a CIT response in their respective communities. By the end of SFY10, an additional seven to nine police departments will be able to respond to the community, and another five to six police departments will have begun CIT training.

The Jail Diversion program has placed clinicians in all GA courts in the state since 2001 to assist the court with individuals who have mental illness. Staff screen over 4,000 defendants per year and present treatment options to the court for consideration. The court diverts approximately half of

these individuals, and staff refer them to treatment, monitor and support compliance, and report back to court. Staff communicate with the jail's mental health staff to ensure continuity of care for those defendants who are detained on bond. Jail Diversion staff also serve as mental health consultants to the courts in more than 5,000 additional cases per year and are the liaisons between our community Local Mental Health Authority agencies and the courts and jails.

The Women's Jail Diversion Program operates in Hartford, New Haven, and New Britain/Bristol, and all programs are running at or near capacity with good results in preventing the participants' return to the Department of Correction. This program is for women who are dealing with the psychiatric consequences of trauma, most of whom are also abusing substances. The Hartford program is currently grant-funded and, when funding ends on April 29, 2010, state funds will continue the program through the end of SFY10.

The Alternative Drug Intervention (ADI) Program was implemented in New Haven court to replace the discontinued drug court. It is a diversion program for defendants with substance use disorders and provides a full complement of treatment and community support services. ADI continues to function above capacity.

The Advanced Supervision and Intervention Support Team (ASIST) is a collaborative effort with CSSD and DOC. ASIST clinicians work with the CSSD's Alternative-to-Incarceration Programs so that we can provide necessary supports to persons with psychiatric disabilities. The program has allowed this population to use the AIC's for supervision. ASIST is fully operational in all locations, and we have implemented a total of three transitional beds in two of the locations.

The Community Recovery Engagement Support and Treatment (CREST) Center is a day-reporting center in New Haven that provides clinical services in collaboration with our Local Mental Health Authority, as well as intensive case management, skills development and supervision. This program was implemented in the fall of 2007 and is fully operational.

We recently expanded the Connecticut Offender Re-entry Program to two additional DOC facilities, i.e., the Willard and Cybulski Correctional Institutions. We currently serve about 52 individuals with serious mental illness in group programs at York, Garner, Osborn, Willard, and Cybulski who will be returning to five different communities. We continue to serve another 31 individuals who have completed group programming and are still in DOC facilities or who have been discharged to the community. This is a very successful re-entry program that identifies individuals with psychiatric disabilities 6-18 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 30 individuals per year with serious psychiatric disabilities who are exiting the prison system. DMHAS and DOC have a long-standing collaboration to connect all sentenced inmates who have a serious mental illness to community services prior to their discharge.

The Transitional Case Management Program provides re-entry services for sentenced men with substance use disorders who are returning to Hartford, New London/Norwich, and New

Britain/Bristol. All sites are above capacity due to the great need for transitional services for this population. At present, we serve men being released from five DOC prisons and are expanding to another prison this month. A recently completed video, featuring two program participants, is being shown to inmates in DOC facilities advising them of the availability of this program, and it has been very well received. The video is available on the DMHAS web site.

A workgroup, formed by the Behavioral Health Subcommittee of CJPAC and including the Judicial Branch, OPM, DOC, DSS, DMHAS and UCONN Correctional Managed Health Care, has developed a pilot project in New Haven that would allow pretrial prisoners leaving jails through the court to have expedited eligibility for State-Administered General Assistance. This initiative will allow immediate access to prescriptions and services for these individuals, and the workgroup is committed to having everyone who leaves prison or jail be able to access General Assistance. The initial rollout in New Haven was not utilized to the extent expected, so the group is revising procedures to increase utilization locally before expanding to other areas of the state. Implementing and expanding this pilot represents considerable progress in meeting the goals and objectives of providing necessary services to this population, both in terms of diverting individuals we serve from the criminal justice system and assisting those who are exiting the DOC system and re-entering the community.

As you know, some of the individuals we serve in our forensic programs are homeless or have inappropriate housing. At the start of SFY10, DMHAS awarded funding to agencies in Bridgeport, Hartford, and New Haven to provide residential support services to persons with serious mental illness who are served by DMHAS forensic programs. The Residential Support Program has a total capacity of 45 and will assist clients with establishing and maintaining housing in the community. All three programs have staff and are processing referrals and admitting clients. All are expected to be at or near capacity within six weeks. However, an important obstacle for some individuals has been the lack of or insufficient entitlement income to pay for rent and other necessary expenses. Funds that were intended to pay for housing until clients had full entitlements are no longer available, which has slowed the rate at which we can get people into housing.

We can maximize the effectiveness of substance abuse treatment services by engaging clients as soon as they request treatment. DMHAS contracted with private providers in New Haven and Hartford to establish recovery beds for individuals who are either awaiting admission to a residential program or are stepping down from such a program and need a safe place to stay. These programs are fully operational and target individuals with cocaine and methamphetamine dependence; each of the two programs has 10 beds. They admit a total of approximately 170 individuals per year, and more than 80% of them discharge successfully to treatment programs.

Across the state and the nation, there is a shortage of addictions counselors who are culturally representative of the individuals who are experiencing some of the most serious substance abuse problems and who are also having poor experiences with prevention, treatment, and recovery services. For substance abuse service providers, cultural competency is a requirement to better understand the role and impact of one's own culture and to provide the most culturally appropriate services to individuals and communities in order to facilitate more positive outcomes.

DMHAS implemented the Project for Addictions' Cultural Competency Training Program to recruit and train individuals from historically under-represented groups such as Latino, African Origin, Asian Americans, and Native Americans into the addictions treatment field. This program trains 40 individuals per year to begin work as addictions counselors. In the last 4-5 years approximately 100 of these trainees have been hired into direct service positions in the addictions field. For some, this was a promotion from a support position into a direct service position within a treatment agency, while for others, this represents their first job in the addictions field.

Each of the programs that we have implemented and expanded with state funding collaborates with the police, the Judicial Branch, and the Department of Correction to serve persons with behavioral health disorders. When one of these individuals succeeds in the community, his or her success also benefits the community and the state, as shown in the following example.

A young man with a serious mental illness who had been homeless at the time he was incarcerated on a low bond was referred to the program. He had a history of dozens of different arrests (almost all of which were misdemeanors) in four different states, and he had never completed a period of probation without rearrest or violation. The court staff knew him very well.

In early 2008 he was admitted into the ASIST Program, and with the support and close clinical case management provided by ASIST, he was able to complete two residential substance abuse programs. As you know, recovery is a process, not an event, and he was arrested on three separate occasions while in ASIST. However, he has not been arrested since mid-2008, and this is the longest period he has ever gone without an arrest.

He was successfully discharged from ASIST in early 2009, but his story does not end there. Since his discharge from ASIST, he was able to successfully complete a period of probation for the very first time. He is actively engaged in treatment at our Local Mental Health Authority and is served by the ACT team. This formerly homeless young man now has his own apartment and works occasionally for a temporary labor service. This is an example of a story that plays out daily in our programs. With the proper combination of services and collaboration with the criminal justice system, individuals with mental health and substance use disorders can— and do— turn their lives around.

In closing, let me add that DMHAS is committed to providing necessary and effective services to this target population and to continuing our collaboration with local and state criminal justice agencies to do so. I greatly appreciate the opportunity to address your committees today on these programs, and I would be happy to answer any questions you may have at this time. Thank you.