

Meeting Minutes
System Barriers Workgroup
Connecticut Valley Hospital, Russell Hall
Second Floor Conference Room
May 16, 2007 9 a.m.

Present: Loel Meckel, Workgroup Chairperson, DMHAS; Tim Bowles, DSS; Martha Brown, UCONN Health Center; Alyse Chin, OPM; Linda DeConti, OPM; Joe Grzelak, DMHAS; Michael Peloso, CSSD; Monte Radler, Public Defenders Office.

Welcome and Introductions:

Loel Meckel welcomed two new members, Linda DeConti and Alyse Chin who are both from the Research, Analysis and Evaluation Unit of the Criminal Justice Policy and Planning Division, OPM. Linda and Alyse will also be joining the Behavioral Health Subcommittee.

Linda briefly outlined that the OPM staff role/participation as members of the Behavioral Health Subcommittee as primarily driven by how these meetings/discussions relate to (a) the criminal justice system in general (b) analyzing, measuring and evaluating the impact that diversionary and re-entry programs may have on reducing recidivism and (c) recommending policy options to the Undersecretary via the annual offender re-entry plan.

Meeting regarding Rx for pretrial inmates leaving DOC:

Judy Dowd of OPM has asked DMHAS to convene a meeting to clarify and establish procedures that will ensure that pretrial inmates have an uninterrupted supply of medication when they leave from a DOC facility to the community. The meeting has been scheduled for Thursday, May 24 from 1:15 – 3:15 p.m. in the Audio Visual Conference Room, third floor, Page Hall, CVH and key staff from DSS, DOC, CSSD, DMHAS and the Public Defenders Office have been invited to attend. Dr. Kenneth Marcus, Medical Director, DMHAS will chair the meeting.

2007 Offender Re-Entry Plan:

OPM has published the 2007 Offender Re-Entry Plan. Linda DeConti thanked workgroup members, especially Loel Meckel, for their contribution to the Plan. Some copies were available to the workgroup and additional copies are available at www.opm.state.ct.us

Monte Radler from the Public Defenders Office said that he would like the Workgroup/Subcommittee to address the issue of disparate treatment of people with serious and prolonged mental illness (SPMI) who are insanity acquitees because they end up hospitalized for much longer periods of time, and that length of hospitalization is not based on sound clinical rationale when compared to people with SPMI on the civil side.

Loel briefly mentioned the Psychiatric Security Review Board (PSRB), which is an independent Board, that has jurisdiction over clients found not guilty by reason of insanity, and that the PSRB conducts regular two-year reviews. When clients are deemed ready for release to the community, a transitional/release plan is implemented that involves the DMHAS Local Mental Health Authority (LMHA) working with staff and client to insure a successful, supervised community re-entry with the continuum of services needed by the client.

Agency Updates:

Michael Peloso reported that the “Meet and Greet” sessions have been very successful. So far Meet and Greets have been held in New London/Norwich, Hartford and New Haven.

Also, a total of 15 mental health probation and parole officers and 3 mental health jail re-interviewers have been trained.

System Barriers to Address:

Loel distributed the April 3, 2007 draft of the list of ten system barriers to address (see attachment) and the group quickly reviewed them.

There was a discussion of examples of areas where workgroup members knew of overlaps/duplications of efforts with our tasks and other projects that are going on concurrently. For example, Tim Bowles reported that there is a Mental Health Planning Council that includes DMHAS, DCF and DSS and that they are trying to address the issue of cross-agency information sharing. There was general agreement that there was need for resource mapping or data warehousing among state agencies. This was help to coordinate and streamline efforts on various projects, reduce duplication and save resources.

So far, there has been either a meeting set up to begin work or some work has been done on the following barriers:

System Barrier	Progress so far
#2. Provision of medications upon discharge of pretrial inmates from DOC facilities and reinstatement of State Administered General Assistance (SAGA) and/or Medicaid benefits for offenders post-release	Key staff identified and first meeting scheduled for May 24, 2007 (see above).
#3. Difficulty sharing information among DMHAS, DOC and CSSD	It was reported that this issue is also being addressed through the work of the Mental Health Transformation State Incentive Grant project.
#4. MH and SA treatment system needs assistance in implementing services that provide clients with skills to improve ability to succeed in the community.	It was reported that research shows that treating the illness alone does not <i>fully</i> decrease recidivism. Instead, Cognitive-Behavioral Therapy that addresses unskillful thinking patterns that are characteristic of many offenders, and Behavior Modification designed to shape and maintain appropriate behaviors until they are incorporated into the habit pattern have consistently been found to be more effective rehabilitative strategies in reducing recidivism. The UCONN Health

	Center has a skills treatment model that is being used in DOC facilities.
#6. Insufficient use of civil commitment (Track 2) rather than inpatient restoration services for persons with SPMI who are found not competent to stand trial but are restorable.	Loel reported that out of the roughly 255 restoration cases per year, civil commitment was only used six times. However, last October, the law was expanded to allow defendants who were committed to CVH for restoration to be changed to the civil commitment option.

The discussion regarding which system barrier(s) the Workgroup would begin to work on next will continue at the June meeting.

Meeting Schedule:

Meetings are held at Connecticut Valley Hospital, Russell Hall, Second Floor Conference Room unless otherwise specified. The upcoming meeting schedule includes the following:

System Barriers Workgroup

- ❖ Thursday, June 7, 2007 @ 9 a.m.
- ❖ Wednesday, July 11, 2007 @ 9 a.m. Page Hall, CVH
- ❖ Wednesday, September 19, 2007 @ 9 a.m.

Behavioral Health Subcommittee

- ❖ Wednesday, August 8 @ 9 a.m.

Submitted by Alyse Chin

As amended on June 7, 2007