

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

March 3, 2022
10:00 – 11:00 am
(via TEAMS)

Minutes

In attendance: Michael Aiello, Christopher Burke, Thomas Burr, Gail Hardy, Michael Norko, Monte Radler, David Rentler, Sally Zanger

1. Minutes of the December 2, 2021 meeting were approved without additions or corrections.
2. Discussion of resuming criminal justice operations, inter-agency communications and preparation.

DMHAS report from Chris Burke:

Competency to stand trial evaluations have been accomplished at an average rate of 8 per week, with 85 evaluations completed since December 2021. Evaluations are no longer occurring in courtrooms; they are being conducted in the community offices, DOC facilities (when open to professional visitors), and through telehealth. After upgrades of equipment and policies in DOC, the latter have been functioning well, with some technical difficulties at times.

Pretrial Intervention Program (PTIP) referrals continue to increase, at a pace that the providers are able to manage, with some effort.

The Enhanced Forensic Respite Bed pilot program in Bridgeport has successfully admitted and discharged three clients so far. Currently 1 of the 3 beds is occupied with a referral from court. We are working to increase the referrals to this program to achieve full utilization. The Governor's proposed budget has \$1.4 m in it for expansion of this diversion program.

Efforts continue to hire a case manager with ABH to increase the pace of Temporary Leave and Conditional Release applications from Whiting Forensic Hospital.

The new re-entry program with Alliance for Living and York Correctional Institution is doing education and trauma work.

A new police diversion program for six police departments along the shoreline is providing clinical support to officers during overnight hours via face-to-face or telehealth contact with a clinician. The clinicians are building relationships with the police departments.

DMHAS successfully applied for a GAINS Center Learning Collaborative on civilian lead crisis response and police co-lead response. The award was just announced, and will involve key stakeholders from cities, including Stamford, Bridgeport, and New Haven.

DMHAS and the Women's Consortium provided a training March 2 on the Risk-Needs-Responsivity framework for addressing criminogenic need. Approximately 70 people attended. The next part of the training will be March 9. We will look into whether the training was recorded and let members of the BHS know.

Four managers in the DMHAS Division of Forensic Services attended training on Sequential Intercept Mapping. They will then provide workshops locally on the topic. Stamford will be the first location; 75% of police officers there have received CIT training and the city budget calls for hiring a social worker from the Recovery Network of Programs to work with the police.

Behavioral Health Sub-Committee

Criminal Justice Policy Advisory Commission
Criminal Justice Policy and Planning Division
Connecticut Office of Policy and Management

Nancy Navaretta, MA, LPC, NCC has been confirmed as the Commissioner of DMHAS.

CSSD report from Michael Aiello:

CSSD has awarded new ASIST contracts; the list of new providers will be sent to members of the committee.

CSSD continues to work on the Section 1115 (of the Social Security Act) waiver for care of individuals with opioid use disorder and substance use disorders. The waiver allows Medicaid billing for clinical services provided in residential settings for individuals with mental health or substance use disorders. The new rates are about triple the current rates, which will allow providers to hire more clinical staff. Medicaid must approve the clients' placement by medical necessity criteria, however, in order for Medicaid to reimburse the state. Based on another state's experience, the length of stay will likely decrease substantially from several months (currently) to 17-22 days. The risk is that if judges continue to order residential placements beyond the medical necessity criteria, CSSD will have to pay the provider the new higher rate, which will not be sustainable. The start-up period is two years, after which the programs will have to meet certification criteria. The hope is that this will save the state some money, but the fiscal outcomes cannot be determined until experience is gathered.

CSSD continues to work with the Department of Housing (DOH) on rapid re-housing in New Haven and now Hartford. CSSD pays for a case manager at Columbus House and DOH pays the housing subsidy for probation clients. Using the housing survey developed by CSSD in 2020, bail and probation staff are guided to action steps with clients. This system is situated within the case management system. There are data for over 70,000 surveys at this point. One of the findings from the data is that individuals with mental health diagnoses are far more likely to be homeless than those without such a diagnosis. The same holds true for substance use disorders, but to a lesser extent.

CSSD is planning to do in-reach at Hartford Correctional Center for pre-trial detainees with housing needs. They are working on developing a housing subsidy for this initiative.

CSSD will share the housing dashboards they have developed with the committee members.

Parole report from David Rentler:

Parole received responses to a RFP for a five-bed sub-acute mental health residential service for individuals who are not compliant with their psychiatric medications, but do not need a hospital level of care. They have reviewed the proposals and decided not to award the contract at this time for various reasons.

Halfway houses are operational at 85% capacity to allow for distancing. Parole offices are open for face-to-face meetings with clients, with mask requirement continuing at this time.

Division of Criminal Justice report from Gail Hardy:

In responding to concerns about courts ordering residential placements for longer periods than recommended by clinicians (or allowed by medical necessity criteria going forward), Gail noted prosecutors are often responding to victims who see less value in treatment programs when they feel justice requires incarceration or an equivalent. She offered to be helpful if CSSD or parole encounter Judicial Districts where this seems to be more of a concern.

Behavioral Health Sub-Committee

Criminal Justice Policy Advisory Commission
Criminal Justice Policy and Planning Division
Connecticut Office of Policy and Management

Public defender report from Monte Radler:

The legislative CVH/Whiting Task Force was released, noting structural problems at the hospital similar to those identified by the DOJ in 2007. There is particular concern about the level of services available to individuals with autism spectrum disorders. Monte was hoping to have some follow-up report on including wraparound services in the next autism waiver, discussed by Judy Dowd at the December meeting.

NAMI-CT report from Thomas Burr

The public hearing on mental health was encouraging, with a clear interest expressed in investing in mental health services and making funds available for that purpose.

- 3. Other agency updates: none

- 4. CJPAC: Next meeting April 28, 2022

- 5. 2022 meetings of the Behavioral Health Subcommittee:
 - May 5 [this date may be re-scheduled to May 12]
 - July 7
 - Sept 1
 - Dec 1