



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

NED LAMONT
GOVERNOR

MIRIAM E. DELPHIN-RITTMON, Ph.D.
COMMISSIONER

November 6, 2019

Justice Andrew J. McDonald
State of Connecticut Criminal Justice Commission
c/o Division of Criminal Justice
300 Corporate Place
Rocky Hill, Connecticut 06067

RE: Selection of a New Chief State's Attorney for Connecticut

Dear Justice McDonald and Members of the Connecticut Criminal Justice Commission:

The selection of a new Chief State's Attorney for Connecticut is an important opportunity to re-emphasize the state's criminal justice policy regarding people living with mental illness and/or substance use disorders. As the leader of all criminal court prosecutions, Chief State's Attorney Kevin Kane was a necessary and active collaborator with DMHAS, the Department of Correction, the Judicial Branch, and other agencies in facilitating access to mental health and substance use services for defendants who pose a low risk of harm to the public.

Many years of research studies have established that substance use is a major predictor of recidivism and that symptoms of mental illness need to be stabilized for interventions to reduce recidivism to be effective. This is why so many national organizations have promoted or endorsed efforts to reduce unnecessary incarceration and prosecution of this population and, instead, direct these individuals into services. For example, twenty seven national organizations have joined the MacArthur Foundation's Safety and Justice Challenge. MacArthur is investing \$148 million over five years to "implement data-driven strategies nationwide to safely reduce jail populations," a majority of whom have substance use and/or mental health disorders. Connecticut was one of the first twenty sites nationwide to be awarded one of these grants in 2016 and the Office of the Chief State's Attorney has been an active participant in this initiative.

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DMHAS serves over 100,000 adults annually. Of these, DMHAS community forensic programs served 12,713 individuals in SFY18, including 7,557 who were diverted from jail by the court and into services. I have attached a brief description of the community forensic programs. Additionally, DMHAS is pleased to be able to use the federal State Opioid Response grant funds to sustain the Office of the Chief State's Attorney's Early Screening and Intervention program (ESI, another example of the efforts by Attorney Kane to assist the people DMHAS serves) for another year following the end of private grant funding.

The Department of Mental Health and Addiction Services has been very pleased to count the Chief's States Attorney among its criminal justice collaborators and looks forward to continuing this collaboration in the future. I want to thank the Criminal Justice Commission for seeking public comment on the selection process and accepting our response. We respectfully encourage the Criminal Justice Commission to select a leader who will not only be a collaborator with DMHAS and other state agencies but who has also demonstrated a commitment to continue Attorney Kane's leadership and innovation regarding criminal justice reform for people living with mental illness and/or substance use disorders.

Sincerely,

A handwritten signature in blue ink that reads "Miriam Delphin-Rittmon".

Miriam E. Delphin-Rittmon, Ph.D.
Commissioner

Pretrial Intervention Program (PTIP; statewide)

Per state statute, 1) evaluations for placement recommendation for “first-offender” DUI defendants and drug/paraphernalia possession defendants and 2) Alcohol Education groups, Drug Education groups, or referral to substance abuse treatment program.

DOC-DMHAS Referral Process (statewide)

All discharging sentenced inmates with SMI are referred to the DMHAS Division of Forensic Services and assigned to an LMHA for discharge planning and engagement. Some of these people are admitted to CORP.

Connecticut Offender Re-entry Program (CORP; 8 sites; 4 prisons)

Pre-release (6-18 months) engagement, discharge planning, and twice weekly skills groups in DOC by LMHA staff for sentenced inmates with SMI. Post-release support, temporary housing, client supports.

Transitional Case Management (TCM; 4 sites; 6 prisons)

Pre-release (3-4 months) engagement and discharge planning in DOC by PNPs and post-release OP substance abuse treatment, case management, temporary housing for sentenced men with substance dependence.

Community Recovery Engagement Support and Treatment (CREST; NHaven)

Day reporting center for adults with SMI under court/probation/parole/PSRB supervision. Includes case management and skills groups. Clinical services by CMHC.

Sierra Center Pretrial Transitional Residential Program (Sierra; NHaven)

DFS funds 9 beds and CSSD funds 14 beds for pretrial defendants with SMI statewide who are released from jail. The Sierra center provides skill-building programming and intensive supervision. CMHC provides clinical services and case management. Most clients also attend CREST.

Advanced Supervision and Intervention Support Team (ASIST; Bridgeport, Hartford, New Britain, Manchester, Middletown, New Haven, Waterbury, Norwalk, Willimantic/Danielson)

Combines AIC supervision with clinical support (LMHAs and PNPs) and case management for adults with MI under court/probation/parole supervision. Collaboratively funded/managed by DMHAS, CSSD, DOC. Some temporary housing and client supports.

Forensic Supportive Housing (FSH; Bridgeport, Hartford, New Haven)

Permanent Supportive Housing services with Rental Assistance Program (RAP) certificates for Div of Forensic Services clients with SMI and patients with SMI discharging from state psychiatric beds at risk of incarceration. Includes temporary housing, temporary rental assistance before RAP is granted, client supports.

Forensic Transitional Housing

DFS funds transitional housing with varying levels of support and service throughout the state for clients of multiple programs who are homeless or need additional support.

Forensic SOAR

Dedicated SOAR case manager serves DFS clients with the CMHC, RVS and CRMHC systems. Expedited access to SSI/SSDI income for adults with SMI.

DMHAS DIVISION OF FORENSIC SERVICES (DFS) - COMMUNITY FORENSIC SERVICES

DFS funds community agencies (state-operated and private agencies) to provide services (clinical and community support services) and housing to people with mental illness and/or addictions who are justice involved. These programs provide services for a relatively brief period of time when their case requires a close collaboration between the service system and the criminal justice system.

These services span the full extent of justice involvement including first contact with police, criminal court cases, incarceration, re-entry to the community from incarceration, parole, and probation. Some programs are available statewide but most have a more limited availability.

Crisis Intervention Teams (CIT; Managed by DMHAS Evidence-Based Practices & Grants Division)

Assist trained police officers in dealing with persons in psychiatric crisis. Police trained all over state in five-day, 40-hour training for police officers on dealing with persons with psychiatric disorders.

Dedicated CIT clinicians serve Police Departments in Hartford (CRMHC), Bridgeport/Fairfield (GBMHC), Stamford/Norwalk/Greenwich (FSDC), Waterbury (WCMHN-Wtby), New Haven/West Haven (CMHC), Norwich/New London/Waterford/Groton City (SMHA), Danbury/Newington (WCMHN-Dnby).

Preventative Deflection/Police Assisted Diversion (New Haven; Hartford)

Engagement Specialists collaborate with police officers to engage adults with addictions in a harm reduction approach using the Law Enforcement Assisted Diversion model. Police refer people who are diverted from arrest or people identified as needing these services and at risk of arrest.

Jail Diversion/Court Liaison Program (JD; statewide)

Clinicians in all 20 arraignment courts screen adult defendants with mental illness, most with SMI, many with COD, and can offer community treatment option in lieu of jail while case proceeds through court process. JD refers for services, monitors compliance, reports compliance to court.

Women's Jail Diversion (JDW; NBritain, Bristol, NHaven)

Offers full services to women with trauma sequelae, most with substance abuse, at risk of incarceration – mostly pretrial, some on parole/probation at risk of violation. Services include clinical, medication management, community support, limited temp housing, client supports.

Jail Diversion Veterans (JDVets; Norwich, New London, Middletown)

Targets veterans who have current criminal charges. Can offer community treatment option in lieu of jail while case proceeds through court process. Refer clients for clinical services and specialized veteran's services, monitor compliance, report compliance to court.

Jail Diversion Substance Abuse (JDSA; Hartford)

Targets adults with substance dependence who need immediate admission to residential detox and/or intensive residential treatment on day of arraignment or rapid admission to IOP. Includes intensive case management, sober house rent, other transitional housing options, client supports, monitor compliance, and report compliance to court.

Alternative Drug Intervention (ADI; NHaven)

Offers full services to pretrial defendants with substance dependence in New Haven court (mostly men; women go into the JD Women's program). Services include clinical, medication management, case management, client supports.

Abbreviations

SMI – Serious Mental Illness

MI – Mental Illness

COD – Co-occurring mental illness and substance abuse disorders

CSSD – Court Support Services Division of the Judicial Branch

DOC – Department of Correction

PSRB – Psychiatric Security Review Board (supervision of people found not guilty by reason of insanity)

AIC – CSSD's Alternative in the Community programs

LMHA – Local Mental Health Authority

PNP – private non-profit provider

Community Agencies - CRMHC, GBMHC, FSDC, WCMHN, CMHC, SMHA, RVS, CMHA