

A. Lessons Learned

- With sufficient pre-release engagement and services and post-release support recidivism can be reduced significantly for sentenced inmates with serious mental illness. See CORP, below.
- Significant pre-release engagement and discharge planning with male inmates with addictions improves engagement in outpatient substance abuse services. See TCM, below.
- Adults who cycle in and out of DOC and are frequently homeless needs training on the basic skills of tenancy and intensive supports to establish stability in the community. Once stability is established, research indicates that rearrest, reincarceration, hospitalization, and homelessness is reduced.
- A criminal history and poor credit rating are common barriers for offenders in developing stability in the community.
- Adults with disabilities due to serious mental illness need federal SSI/SSDI income and rental subsidies (RAP, Section 8, Shelter Plus Care) to establish stable independent living.
- Pre-arrest services to local police reduce arrests, injuries, and admissions to Hospital Emergency Departments for persons in psychiatric crisis. See CIT, below
- Peer supports are effective at engaging persons needing services and keeping them in services
- Successful diversion of women from incarceration requires intensive services that are trauma-informed, integrate mental health and substance abuse needs, include community support, and intensive engagement and outreach. See JDW below.
- Additional pretrial and sentenced inmates are release when criminal justice supervision is added to community treatment services and support. See ASIST, below.

B. New Funding In SFY11

1. New housing services include

- new Rental Assistance Certificates (RAP; permanent rental subsidy)
- new and existing Permanent Supportive Housing services (FUSE and RSP)
- temporary housing to permit immediate release from custody
- client supports

Rental Assistance Certificates (RAPs) – permanent rental subsidy to permit independent living **50 RAPs** funded to DSS – Available to clients of the DMHAS FUSE program (below); have been available since 7/1/10.

60 RAPs funded to DMHAS Available to clients of the DMHAS RSP program (see section B. Programs Continued From SFY10, below) expected to be available mid April 2011.

SFY11 RAP funding was provided to DMHAS, initial plan was to transfer funds to DSS for administration with their other RAP program but DSS declined due to concerns about continued funding. DMHAS then had to initiate negotiations and contracting for administration with DSS' contractor. Final changes are being made to the contract language and then it needs to be approved by the AG and signed.

FUSE Program (Frequent User Service Enhancement)– Permanent Supportive Housing services for persons with frequent admissions to homeless shelters and DOC.

SMI = serious mental illness PNP = Private Non-Profit Agency SA = Substance Abuse
LMHA = Local Mental Health Authority MH = Mental Health MI = Mental Illness

10 slots - added to each of the existing areas: Hartford, Bridgeport and New Haven; operational since Fall 2010.

20 slots - new following an RFP; 10 slots awarded to Columbus House for Waterbury, and 10 slots to Reliance House for Norwich/New London; expect implementation by mid April.

FUSE clients will use RAPs funded to DSS (see above) that have been available since 7/1/10.

Temporary beds for clients served by the RAPs in the housing initiatives above – Hartford, New Haven, Bridgeport all sites implemented.

Client supports for clients served by the RAPs in the housing initiative above - Hartford, New Haven, Bridgeport; all sites implemented; funds for toiletries, clothes, bus tokens, brief rental assistance, etc.

2. New Community Services

Transitional Case Management – Waterbury (services stopped in Jan 2010 when both staff left program) restarted program on 9/1/10 (see TCM program description below)

Jail Diversion Program Expansion New Britain court

One FTE added to New Britain LMHA because referrals to JD exceed the programs capacity. Staff hired 11/29/10.

CT Offender Reentry Program Expansion

New Haven LMHA – position recently approved by DAS and OPM and position has been posted

DSS Entitlement Specialists for DOC – 3 FTE for DSS to process state entitlement applications for discharging inmates. MOA to transfer funds to DOC is awaiting AG approval for signature by DMHAS and DOC. DOC and DSS negotiating their MOA for services.

Recovery Coaching and Telephone Recovery Support program – The Connecticut Community for Addiction Recovery (CCAR) provides peer-to-peer recovery support services. CCAR Recovery Community Centers, located in Hartford, Bridgeport and Willimantic, are recovery-oriented sanctuaries where people can safely work on their recovery and have opportunities to help each other. This program has started serving people referred from DMHAS community forensic programs and the Office of Adult Probation and includes telephone support and on-site services.

Training for Problem Sexual Behavior – In Nov 2010 DMHAS hosted a full-day training for 117 DMHAS staff on assessing, treating, and managing adults with serious mental illness who also have problem sexual behavior.

C. Funding Continued From SFY10

Crisis Intervention Teams (CIT)

Assist trained police officers in dealing with persons in psychiatric crisis.

Since 2004, over 800 Police Officers and 130 other professionals participated in the five-day, 40-hour CIT training on dealing with persons with psychiatric disorders. Police Officers from 64 departments trained; 34 departments can provide a CIT response to the community; 30 other departments have at least one officer trained.

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CIT clinicians serve police in Htfd (CRMHC), Bridgeport (GBMHC), Stamford (FSDC), Waterbury (WCMHN-Wtby), Norwich/New London/Groton (SMHA).

Jail Diversion/Court Liaison Program (JD; statewide)

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

Annually - evaluate approx 4,000 defendants, nearly all have some degree of mental illness and 2/3 have a serious mental illness, approx 50% are diverted and large majority complete court case w/o incarceration.

Of those not diverted at first opportunity, criminal justice issues are the reason 75% of the time.

Judges report that they would be willing to divert more defendants with serious mental illness if a 24/7 supervised residential program was an option.

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

Offers full services to women with psychiatric consequences of trauma, most with substance abuse – mostly pretrial, some on parole/probation at risk of violation. Women accepted into this program generally have long arrest/incarceration histories and are facing incarceration of 6 months and longer. Services include clinical, medication, community support, limited temp housing, client supports for 6 months.

SFY10 - 71 admissions, approximately half completed the period of supervision without incarceration.

Alternative Drug Intervention (ADI; NHaven)

Offers full services to pretrial defendants (and some probationers at risk of violation) with substance use in New Haven court (mostly men; women go into the JD Women's program). Services include clinical, medication, and intensive case management for 3-6 months.

SFY10 – 134 admissions. Of 108 discharges, 82% (89) completed the period of supervision without incarceration.

Community Recovery Engagement Support and Treatment (CREST; NHaven)

Day reporting center (7 days/wk) for persons with serious mental illness under court/probation/parole/PSRB supervision.

Provides clinical services (CMHC staff) intensive case management, skill development and supervision with access to long-term vocational, educational, social and psychiatric rehabilitation services.

SFY10 – average census 30; Of 46 discharges, 76% completed the program w/o incarceration.

Advanced Supervision and Intervention Support Team (ASIST; Hartford, New Haven, Waterbury, Bridgeport, Middletown, New Britain, Norwich/New London)

Combines CSSD Alternative in the Community (AIC) supervision with clinical services and case management from mental health agencies for adults with moderate to serious mental illness referred by court, probation, or parole who are at risk of incarceration. Collaboratively funded/managed by DMHAS, CSSD, DOC. Includes temporary housing and client supports.

SFY10 – 230 admissions and approx 1/3 are released from DOC into ASIST; of 158 discharges 86% (136) avoided incarceration;

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Connecticut Offender Re-entry Program (CORP; 5 sites; 4 prisons)

Pre-release (6-18 months) engagement, discharge planning, and twice weekly skills groups in DOC by LMHA staff for sentenced SMI inmates with SMI who are 1) in Garner, Osborn, Willard/Cybulski, and York and 2) returning to Bridgeport, Hartford, New Haven, Waterbury, Norwich/New London area, Stamford, and being implemented in New Britain/Bristol. Post-release support, clinical services, temporary housing, client supports.

Limited Transitional beds in Htfd (3), NHaven (2), Bprt (2)

CORP admits about 45-55/yr; in the 12 months after release from DOC about 18% are re-arrested/re-incarcerated, this is about 1/3 the rate for those SMI inmates who do not participate in CORP

Transitional Case Management (TCM; 4 sites; 5 prisons)

Sentenced male inmates with substance use disorders who are 1) in one of 5 DOC facilities and are 2) returning to Hartford, Bristol/New Britain area, and Norwich/New London area

Staff begin working with inmates in the DOC facilities 3 to 4 months prior to release by providing discharge planning, assistance with housing, and application for entitlements.

For 4-5 months after release staff provide continued community support, temporary housing, assistance obtaining permanent housing, outpatient substance abuse treatment, and assistance with employment.

SFY10 - 229 people were admitted, 152 were released from DOC. 83% completed the post-release community treatment; 8% (12) arrested and/or incarcerated while in the program.

Residential Supports Program (RSP; 30 slots Hartford, 20 slots New Haven, 10 slots Bridgeport)

Permanent Supportive Housing services, implemented 7/1/09 for clients with serious mental illness involved in DMHAS community forensic programs or discharging from state psychiatric beds at risk of incarceration. Includes temporary housing, temporary rental assistance, and client supports.

RAP certificates (see A. New Funding In SFY11, above) made available in SFY11.

Definitions

Client supports – funds for toiletries, clothes, bus tokens, brief rental assistance, etc.

Clinical services – therapy, counseling, individual or in groups

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