Legislative History for Connecticut Act

Act Number:	PA 06–36	
Bill Number:	359	
Senate Pages:	Senate: 1397, 1633-1635	4
House Pages:	House: 3112-3115	4
Committee:	Judiciary: 1621-1623, 1630-1631, 1715, 1717-1718, 1853-1857, 1953, 1954-1955	16

Page Total: 24

Transcripts from the Joint Standing Committee Public Hearing(s) and/or Senate and House of Representatives Proceedings

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CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS
2006

VOL. 49
PART 5
1310-1637F

Thank you, Mr. President. Calendar 272, Senate Bill 359, Mr. President, I would move to place this item on the Consent Calendar.

THE CHAIR:

Without objection, so ordered.

SEN. LOONEY:

Thank you, Mr. President. Calendar 280, PR.

Calendar 281, PR.

Moving to Calendar Page 24, Calendar 287, Pass Temporarily.

Calendar 288, PR.

Calendar 292, PR.

Calendar 325, Senate Bill 67, Mr. President, I would move to refer this item to the Committee on Planning and Development.

THE CHAIR:

Without objection, so ordered.

SEN. LOONEY:

Thank you, Mr. President. Calendar 330, Senate Bill 46, Mr. President, I would move to refer this item to the Appropriations Committee.

THE CHAIR:

Without object on, so ordered.

Calendar Page 16, Calendar 91, Senate Bill 86.

Calendar 94, Substitute for Senate Bill 228.

Calendar Page 17, Calendar 133, Senate Bill 294.

Calendar Page 18, Calendar 176, Substitute for Senate Bill 425.

Calendar Page 19, Calendar 178, Substitute for Senate Bill 554.

Calendar Page 22, Calendar 249, Substitute for Senate Bill 71.

Calendar Page 22, Calendar 257, Substitute for Senate Bill 313.

Calendar Page 23, Calendar 269, Substitute for Senate Bill 316.

Calendar 272, Substitute for Senate Bill 359.

Calendar Page 25, Calendar 361, Substitute for House Joint Resolution 20.

Calendar Page 26, Calendar 362, Substitute for House Joint Resolution 22.

Calendar 363, House Joint Resolution 28.

Calendar 364, House Joint Resolution 36.

Calendar 371, House Joint Resolution 49.

Calendar Page 27, Calendar 373, House Joint Resolution 51.

Calendar 374, House Joint Resolution 53.

Calendar 375, House Joint Resolution 59.

Mr. President, that completes those items previously placed on the First Consent Calendar.

THE CHAIR:

Thank you, Mr. Clerk. The machine will be opened.

THE CLERK:

The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the Chamber.

The Senate is now voting by roll call on the Consent Calendar. Will all Senators please return to the Chamber.

THE CHAIR:

Have all the Members voted? Have all the Members voted? If so, the machine will be locked. Mr. Clerk, please announce the tally.

THE CLERK:

Motion is on adoption of Consent Calendar No. 1.

Total number voting, 33; necessary for adoption, 17. Those voting "yea", 33; those voting "nay", 0. Those absent and not voting, 3.

THE CHAIR:

The Consent Calendar passes. Mr. Majority Leader.

SEN. LOONEY:

Yes, thank you, Mr. President. Mr. President, that concludes our business for this evening. It is our intention to convene tomorrow at noon to proceed with the business on that date.

A couple of Journal notations, Mr. President.

THE CHAIR:

Please proceed.

SEN. LOONEY:

Thank you, Mr. President. Senator Ciotto and Senator Daily were both absent today and missed votes due to illness.

THE CHAIR:

The Journal will so note, Sir.

SEN. LOONEY:

Mr. President, also, I believe the Clerk is in possession of Senate Agenda No. 2.

THE CHAIR:

Mr. Clerk.

THE CLERK:

H-973

CONNECTICUT
GEN. ASSEMBLY
HOUSE

PROCEEDINGS
2006

VOL. 49
PART 10
2966-3294

Thank you, Sir. Welcome to the Chamber. This is more of a supply-and-demand kind of day than a macroeconomic kind of day. But I hope you'll enjoy your experience here. Thank you.

Are there any other introductions? If not, let's return to the Call of the Calendar. Mr. Clerk, please call Calendar Number 422.

CLERK:

On Page 16, Calendar Number 422, Substitute for Senate Bill Number 359, AN ACT CONCERNING COMPETENCY TO STAND TRIAL, Favorable Report of the Committee on Public Health.

DEPUTY SPEAKER GODFREY:

The distinguished Chairman of the Judiciary Committee, Representative Lawlor.

REP. LAWLOR: (99th)

Thank you, Mr. Speaker. I move acceptance of the Joint Committee's Favorable Report and passage of the Bill in concurrence with the Senate.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage in concurrence. Will you explain the Bill, please, Sir?

REP. LAWLOR: (99th)

Thank you, Mr. Speaker. This Bill contains a variety of relatively technical changes to the existing law regarding determinations of competency to stand trial.

The vast majority of it is clarifying what is already considered to be the law. The one truly substantive change in the Bill, Mr. Speaker, is to make it clear that this process can take up to 120 days.

The intent of this Bill would be to make it more likely that offenders who are amendable and susceptible and appropriate for treatment as a mental health patient as opposed to a criminal defendant can be referred or diverted into appropriate mental health treatment facilities.

I would point out, Mr. Speaker, that any such diversion of a case requires the consent of the defense attorney and the prosecutors and an order of the judge.

It is, it's just been determined that over time there are quite a few relatively minor offenders who would benefit much more from mental health services

than they would from any type of criminal justice supervision in many relatively minor cases.

These are people who are not really able to understand what's taking place in the courtroom, nor are they able to assist their attorneys in the cases.

And for that reason, I think we should provide more of an opportunity to divert these cases, where we can certainly save a lot of money and get better outcomes and not in any way affect public safety. So, Mr. Speaker, I urge passage of the Bill.

DEPUTY SPEAKER GODFREY:

Thank you, Sir. Will you remark on this Bill? Will you remark further on this Bill? Will you remark further on this Bill? If not, staff and guests please come to the Well of the House. Members take your seats. The machine will be open.

CLERK:

The House of Representatives is voting by Roll Call. Members to the Chamber. The House is voting by Roll Call. Members to the Chamber, please.

DEPUTY SPEAKER GODFREY:

Have all the Members voted? Have all the Members voted? If so, the machine will be locked. The Clerk

will take a tally. Ant the Clerk will announce the tally.

CLERK:

Senate Bill Number 359, in concurrence with the Senate.

Total Number Voting	143
Necessary for Passage	72
Those voting Yea	143
Those voting Nay	0
Those absent and not voting	8

DEPUTY SPEAKER GODFREY:

The Bill is passed in concurrence with the Senate. The Clerk please call Calendar Number 45.

CLERK:

On Page 2, Calendar Number 45, Substitute for House Bill Number 5527, AN ACT CONCERNING TEXTBOOK AFFORDABILITY, Favorable Report of the Committee on Higher Education and Employment Advancement.

DEPUTY SPEAKER GODFREY:

The distinguished Chairwoman of the Higher Education Committee, Representative Willis.

REP. WILLIS: (64th)

JOINT
STANDING
COMMITTEE
HEARINGS

JUDICIARY

PART5
1305-1641

2006

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were talking to Commissioner Everett about pardons.

I'm glad to see you here, Carolyn. There's not much, I could disagree with you, I don't know all the facts about what's in your report and everything, but I'm glad to hear you're here at least talking about the prisoners, people that are incarcerated and can't speak for themselves.

REP. LAWLOR: Any other questions. Thank again, Carolyn.

CAROLYN NAH: Thank you as well.

REP. LAWLOR: Next is Commission Kirk, followed by Anne-Marie DeGraffenreidt, Senator Prague, then Preleski.

COMM. THOMAS KIRK: Senator McDonald, Representative Lawlor, distinguished Members of the Judiciary Committee. I'm Dr. Tom Kirk, Commissioner of the Department of Mental Health. To my left is Dr. Michael Norka, who is Director of the Whiting Forensic Division at Connecticut Valley Hospital. HB 5651

We're here to speak in support of Senate Bill 359, AN ACT CONCERNING COMPETENCY TO STAND TRIAL. This bill would amend one section of the Connecticut General Statutes regarding individuals with mental illness who are judged not competent to stand trial.

Three years ago, Connecticut General Assembly decided that some people with mental illness

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were being arrested because of their behaviors related to the disability not because they were criminals.

You indicated that such instances were better treated within the mental health system rather than criminalizing these behaviors. Your legislative response led to the creation of what has become known as Track Two.

It's a process by which defendant who are deemed not competent to stand trial may be converted to a civil legal status and allowed the opportunity to participate in treatment with their criminal charges dropped if they do well in treatment. This was a significant, qualitative step for how we, as a state, treat such persons.

The essence of Senate Bill 359 we now hope to take a quantitative step forward. In too many cases the Court does not have the information available, at least initially, that would permit it to order that a mentally ill defendant be transferred to a civil status which mean that those individuals are not able to profit from what you all accomplished three years ago.

We ask that you consider this proposal which would allow basically this, Connecticut Valley Hospital to identify defendant who have been sent there for restoration as individuals who can profit from civil commitment rather than criminal prosecution.

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This amendment would give the hospital 120 days in which to determine whether patients are more appropriate for civil commitment and make that recommendation to criminal court.

We've also added language that attempting to encourage more clients to participate in a civil treatment status, we expect this to significantly increase the numbers of individuals for whom the statute would then has a positive result. There's some touching up that we also suggest, there' some other language relative to the bill.

The second point that I'd to comment on is House Bill 5651, AN ACT ADOPTING THE RECOMMENDATIONS OF THE REPORT OF THE COMMISSION ON PRISON AND JAIL OVERCROWDING. Our experience as a new member of Prison and Jail Overcrowding Commission has been invaluable.

We, along with Judicial Branch and Department Of Corrections, have developed a good track record of collaboration that has included several pieces.

As you sat here last week, Monday, and listened to Dr. Fabolo and Dr. Austin, a couple of things struck me. One of them that was all of said and done is they talked about what was going to work and what did not work.

They were talking about what we call recovery. And what recovery means is having a decent place for someone to live, something worthwhile to do and the ability and opportunity to

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being run and all the components. I think the spirit is right.

I have sat with her and the gentlemen who handles the UConn part of the care component there. This is a journey. It's not an event.

I think until we can come up with some other kinds of alternatives, her response to try to deal with these issues within a criminal justice setting and for us to provide linkages for those folks as they come back out, it's a step in the right direction.

REP. FARR: The next question is specifically about Senate Bill 359. Can you give us some idea of numbers and what the effect of this will be? You're going to be taking individuals who are in your system because they are there because they were found not capable of assisting in their own offense, then you have an examination to determine that they can be treated. Won't they be institutionalized? Aren't you just moving them from one bed to another?

COMM. THOMAS KIRK: Let me have Dr. Norko respond to that, please.

DR. MICHAEL NORKO: Of course, we have to evaluate all of them. Nearly everyone who comes to us under this statute is someone that we think can benefit from treatment of one sort or another.

The issue that's a benefit to the individual from this statute is that if they've been charged with a crime for which the statute applies, namely that it's a Class B felony or a

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misdemeanor, then we can convert them to a civil bed.

Then they don't have another criminal charge on their record, which is something that people who have mental illness who become arrested for multiple events of disorderly conduct, breach of peace, it becomes something that hinders them in the future.

People look at them differently and see them as more dangerous simply because there are more items on a rap sheet when that's probably not the case. They are being arrested very often for manifestation of their disability.

REP. FARR: The benefit here is not in the treatment, but what happens in the court case.

DR. MICHAEL NORKO: We don't have to take them back to court. We don't have to write a report to court about restoration. We do the treatment. We do discharge planning and then we inform the court that things have gone well. Then the court is able to nolly the charges at that point.

REP. FARR: What's the number of people that you expect to take advantage of this?

DR. MICHAEL NORKO: We discharge about 200 people under this statute altogether each year. Probably half of them would meet the criteria in terms of the charges. I think we might be able to identify at least half of them as people that could be treated civilly. It could be as many as 50 a year.

JOINT
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HEARINGS

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REP. LAWLOR: Other questions? If not, thanks again. Jim McGaughey followed by, is Michael Herbst still here? Michael Herbst? How about John Kelly? You'll be next, Sir.

JIM MCGAUGHEY: Good afternoon, Senator McDonald, Representative Lawlor, and Members of the Committee. For the record, my name is Jim McGaughey, Director of the Office of Protection and Advocacy for Persons with Disabilities. I'm here this afternoon to talk about four bills that are on your agenda.

The first three I wanted to talk about reflect an increasing awareness of the justice issues that have arisen as a result of the increasing numbers of people with psychiatric disabilities who are caught up in the criminal justice system. HB 5542 HB 5651 SB 359 SB 456

That involvement in the criminal system has an enormous impact on the lives of those individuals and they in turn significantly impact the resources of law enforcement, judicial, correctional, and mental health services. It is encouraging to see that attention is being paid to this issue.

However, it is also clear from all the groups who have studied these phenomena that addressing requires careful and sophisticated and well-balance measures. There are many, many facets to the problem.

For instance, there is a tendency and I think a good tendency to try and divert as many of the folks for whom there is a question about their

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With all that in mind, the specific bills I want to talk about are Raised House Bill 5651, AN ACT ADOPTING THE RECOMMENDATIONS OF THE REPORT OF THE COMMISSION ON PRISON AND JAIL OVERCROWDING.

This bill identifies specific funding that is appropriate for each of a number of distinct programs and initiatives. I have not experience whatsoever with respect to whether the dollars stipulated in this legislation is adequate to the purpose that it intends to fulfill.

I can say that the directions that it embraces very much coincides with our experiences advocates with respect to what it is people who are incarcerated are involved in the criminal justice system and who have psychiatric disabilities, what those people need.

These are the kinds of things that our advocates wish were available in greater quantities. I would very much support that bill.

The next bill, Raised Senate Bill 359, AN ACT CONCERNING COMPETENCY TO STAND TRIAL, would allow psychiatric hospitals conducting psychiatric assessment of criminal defendants to identify more individuals as candidates for voluntary treatment or, in some cases, civil commitment.

It also gives courts more clarity regarding treatment oriented alternative dispositions. In general terms, this is a very good thing.

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I would request, however, I'm suggesting some language in my written testimony that there is a section of the bill that refers to a report that has to be sent back to the court in the event that there's an individual who is become reluctant to participate in treatment under provisions under which they are sent to a mental health treatment facility.

I just recommend that that report contain information regarding any objection stated by the person to the proposed treatment plan and the efforts that the facility has made to address those objections and negotiate an acceptable treatment plan with the individual.

The reason I think that's important is in our office's experience, there is usually two sides to a noncompliance issue.

Sometimes a person has had prior bad experiences with a particular medication of combination of medications and sometimes they feel, with considerable justification that they're concerns are not being heard or taken seriously. We would support this measure but ask that you consider adding that language.

The next bill, Raised House Bill 5542, AN ACT CONCERNING THE RIGHTS OF INMATES WITH PSYCHIATRIC DISABILITIES.

Inmates with psychiatric disabilities would amend the definition of facility in the Patients' Bill of Rights for persons with psychiatric disabilities to include any

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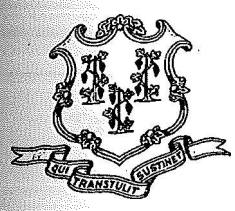

STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A HEALTH AND SERVICE AGENCY

M. JODI RELL
GOVERNOR

THOMAS A. KIRK, JR., Ph.D.
COMMISSIONER

Testimony of Thomas A. Kirk, Ph.D., Commissioner Department of Mental Health and Addiction Services Before the Judiciary Committee March 13, 2006

Good morning, Senator McDonald, Representative Lawlor, and distinguished members of the Judiciary Committee. I am Dr. Thomas A. Kirk, Commissioner of Mental Health and Addiction Services, and I am here today to speak in support of S.B. 359, **An Act Concerning Competency to Stand Trial.** This bill would amend Sec. 54-56d of the Connecticut General Statutes regarding individuals with mental illness who are judged not competent to stand trial.

Three years ago, the Connecticut General Assembly decided that some people with mental illness were being arrested because of behaviors related to their disability, not because they were criminals. You indicated that such instances were better treated within the mental health system, rather than by criminalizing these behaviors. That legislative response led to the creation of what has come to be known as **Track II** – a process by which defendants who are deemed not competent to stand trial may be converted to a civil legal status and allowed the opportunity to participate in treatment, with their criminal charges dropped if they do well in treatment. This was a significant, qualitative step forward in how we as a state treat such persons.

By means of S.B. 359, we now hope to take a quantitative step forward. In many cases, the court does not have the information available – at least initially – that would permit it to order that a mentally ill defendant be transferred to a civil status, which means that those individuals are not able to profit from what we accomplished three years ago. We ask that you consider this proposal, which would allow Connecticut Valley Hospital to identify defendants who have been sent there for restoration as individuals who can profit from civil commitment rather than criminal prosecution. This amendment would give the hospital 120 days in which to determine whether patients are more appropriate for civil commitment and make that recommendation to the criminal court. We have also added language about attempting to encourage more clients to participate in a civil treatment status. We expect this to significantly increase the numbers of individuals for whom this statute would then have a positive result.

We have also added language to clarify the hospital's responsibility regarding the content of the reports it submits to the criminal court, as well as clarifying some potentially confusing language about the court's options in those hearings.

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Finally, we have recommended one small technical correction in the bill by adding language from the current C.G.S. § 54-56d (k)(1) and 54-56d(k)(2) to § 54-56d (h)(2)(A) for purposes of uniformity.

I would also like to take this opportunity to comment on **H.B. 5651, An Act Concerning the Report of the Commission on Prison and Jail Overcrowding.** Our experience as a member of the Commission has been invaluable. We, along with the Judicial Branch and DOC, have developed a good track record of collaboration that has included:

- Developing joint protocols to better utilize existing resources (such as the Discharge Planning for Sentenced Inmates with Mental Health Needs Protocol, 1996-present).
- Jointly seeking federal grants (Byrne [aka JAG]), SAMHSA, DOJ) to: (a) foster creative program development for persons with behavioral health needs in the criminal justice system (e.g., CIT, Women's Jail Diversion, Offender Re-entry, Transitional Case Management, Alternative to Drug Court); and (b) enhance the quality and quantity of behavioral health services through such across-agency initiatives as collaborative contracting, Access to Recovery, and the recently awarded federal Transformation grant.
- Jointly funding and contracting (MHAIC, collaborative contracting).
- Support of the Governor and General Assembly on successful programs (Jail Diversion).

There are a number of initiatives in this legislation that have been addressed by the Commission. They are as follows:

1. **Mental Health Alternative to Incarceration and Day Reporting Center**: DMHAS, DOC, and CSSD have provided funds to develop a specialized alternative to incarceration program -- including both residential and day reporting components for pre-trial defendants and inmates who are eligible for community supervision. This program provides a similar community placement option that is routinely available to defendants/inmates without psychiatric disabilities, but is unique in that it integrates supervision/monitoring/reporting required of the courts or DOC with on-site clinical programming oriented to successful community transition, providing ongoing clinical and social support to accomplish this. The Day Reporting component was established in Hartford in June 2005 and has been very successful with clients who would otherwise certainly have remained incarcerated. The residential component has not yet been implemented due to serious zoning difficulties, which have necessitated that the whole program be re-bid.

2. **Expand Specialized Day Reporting Programs:** Based on evidence supporting the success of the above-mentioned specialized Day Reporting program for persons with serious psychiatric disabilities, the PJOC recommended the establishment of such programs in

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Hartford, Waterbury, New Haven and Bridgeport. [One of these locations will be supported by the MHAIC budget]. Each such program is estimated to cost $470,000 and includes supervision, clinical treatment and programming, and supports, such as housing. Each program would serve 40 inmates/defendants annually. Our experience with this model shows that the typical client referred by the court has significant co-occurring disorders, has had numerous prior arrests, lacks basic social supports, and is otherwise ineligible for existing alternative programs as a result. Our program has been successful in engaging such clients in treatment, assisting them to comply with court-mandated supervision, and developing a stable community living plan.

3. **Crisis Intervention Teams (CIT):** CIT is a partnership program between local police departments and the local mental health provider to designate specially trained staff from each agency to collaboratively respond to community crises, improve the response to persons with behavioral health needs, decrease arrests by providing expedited access to evaluation and treatment, thus achieving safer outcomes. While this approach was developed in the early 1990s in Memphis and has since expanded across the nation, Connecticut's model is unique in that not only are select members of the participating police force specially trained, but the DMHAS- funded mental health agency designates clinicians to this program to ensure timely access to community treatment, services and follow-up. In the event an arrest is necessary despite the joint effort, this clinician can facilitate medication in the police lock-up and provide further follow-up. This program has been shown to reduce arrests, lower workers' comp injuries for the police, result in safer outcomes for citizens and police and, importantly, increase the likelihood that families of persons in crisis will seek police assistance, knowing that their loved one will be treated in a humane and dignified manner by trained officers. Current programs (funded by federal grant dollars) exist in New London/Norwich, New Haven/West Haven, Hartford, and Waterbury. Many other departments have had some officers participate in the training, even without a formal program in their town. Given the uncertainty of continued federal funding and the importance of these programs, the PJOC recommended not only funding current programs with state funds, but also identifying funds so that the program can be expanded to additional municipalities. We have just recently received a letter from OPM Secretary Genuario that all, of the funding for the current programs will be available for the next fiscal year.

4. **Women's Treatment and Support Diversion Programs:** DMHAS has two specialized women's jail diversion programs -- one in the Hartford court and another in Bristol/New Britain courts. These nationally recognized model programs provide gender-specific, trauma-informed outreach, engagement, treatment and community support as an alternative to incarceration for female defendants who, by their history, have a high rate of recidivism. Research shows that women who become criminally involved have different motivations and needs than do men. While it is clear that a different approach is needed to reduce their recidivism, there is little research available on what works. Despite this, the outcome

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evaluation of our programs indicates that the women who participate experience an increased stability in their lives, continued engagement in treatment beyond the end of their court cases, and reduced rates of arrest and re-incarceration. Federal funding for these programs will expire in the next few months.

5. **Jail Re-interviewers:** CSSD's Jail Re-interview program (JRIP) has demonstrated significant success in reducing incarceration time for pre-trial defendants who did not make bond at arraignment and were incarcerated. The jail re-interviewers reevaluate the defendant in jail and develop a community release plan when possible, and can re-docket the case for an expedited hearing for the court to reconsider bond, based on the pretrial release plan. **Jail/Prison Re-Entry Programs:** Community support is essential to the successful re-entry into the community of persons who have been incarcerated. For those with mental health and/or addiction problems whose conditions have improved with treatment during incarceration, the challenge is to sustain that recovery while overcoming the obstacles to community re-entry faced by all inmates: i.e., finding housing, jobs, and relationships. The PJOC has recommended that the state sustain a comprehensive array of case management options for offenders with significant behavioral health disorders who are nearing release from DOC in order to promote successful re-entry and reduce recidivism for this special needs population. Currently, there are two grant-funded programs: **(1) the Connecticut Offender Re-entry Program** (CORP), which provides intensive case management and pre-release programming for one year prior to the end of sentence for inmates with serious psychiatric disabilities who are at high risk of recidivism. Federal funding will continue until 12/06, at which point the continuation of this successful collaborative program is uncertain; and **(2) Transitional Case Management** provides for intensive pre- and post-release discharge planning and community case management for inmates with significant substance abuse histories and a resulting high risk of recidivism. The Governor's 2006 budget includes $400,000 for DMHAS to continue these programs with state funding.

6. **Specialized Probation and Parole Officers:** Persons with significant behavioral health problems may be at increased risk of violating the conditions of their probation or parole. Often such violations include failure to report, "dirty urines", or non-compliance with a condition of probation/parole for treatment, rather than an arrest for a new crime. In order to strengthen the ability of probation/parole to effectively work with such clients and to provide graduated interventions and sanctions that consider the behavioral health issue, the PJOC recommends that CSSD and Parole employ specially trained and/or clinically licensed professionals to provide community supervision to offenders with psychiatric disabilities or co-occurring disorders, and to collaborate with theaters for those persons for whom treatment is a condition of probation/parole;

7. **Review of Existing Programs & Contracts:** As important as the development of new programs is in addressing the disproportionate representation of persons with psychiatric

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disabilities in jails and prisons, we also need to identify ways by which current and future state-funded alternative-to- incarceration and community supervision programs can be modified to accommodate persons with some psychiatric disabilities. The PJOC recommends that current programs and services (as well as contract language) be reviewed to identify obstacles and limitations to accessing such programs for persons with psychiatric disabilities and co-occurring disorders. While some persons have such significant psychiatric problems that specialized programs are necessary and appropriate, many others have mild to moderate mental health needs that could be addressed by adding services or establishing formal relationships with community treatment providers. Both approaches -- specialized programming when necessary, and accommodation within general programs whenever possible -- will have a significant impact on the number of incarcerated persons with behavioral health disorders, reduce recidivism, and improve the quality of life for such persons, their families, and communities.

One final point: I know that this issue is not specifically included in the prison and jail overcrowding bill, but I strongly believe that we need to think about how to address the issue of siting, because we can have all the best ideas in the world about how to provide services, but if we are not able to convince communities to allow the services in, then our efforts will be fruitless.

Thank you for the opportunity to speak in support of **S.B. 359** and give you our update on the efforts of the PJOC. I would be happy to take any questions you may have at this time.