System Barriers Workgroup
Meeting Minutes
Connecticut Valley Hospital, Russell Hall
Second Floor Conference Room
June 7, 2007 9 a.m.

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

Meeting Minutes – May 16, 2007
The Minutes of the May 16th meeting were accepted with the following amendments:

1. System Barrier to Address #4 - Progress made so far should read "It was reported that research shows that treating the illness alone does not ***fully*** decrease recidivism."
2. Agency Updates – Meet and Greets have not yet been held for Waterbury and Bridgeport.

Alyse will amend the Minutes as discussed. Loel asked Alyse to email Minutes to workgroup members, as well as to the members of the Behavioral Health Subcommittee.

Summary of meeting regarding Rx for pretrial inmates leaving DOC:
Loel reported that this meeting was held as scheduled on May 24, 2007. One of the outcomes of the May 24th meeting was that a smaller subset of people representing DMHAS, DOC, UCONN, CSSD and the Public Defenders Office met yesterday to continue working on the development of a strategy to resolve this issue.

Goal: To be develop a system to ensure that each pretrial inmate released from court, whether planned or unplanned, will be able to go to a community pharmacy and get a 2 weeks supply of medications. This process will include the relatively few cases which involved dosages being tapered either up or down.

Scope of the problem: Currently, about 8,000 people or 40% of DOC daily census of 20,000 inmates (this includes people on transitional supervision) are taking psychotropic medications. Only about 4,000 of these people have been assessed as having a mental health score of 3, 4 or 5 meaning that the person has at least a mild or moderate mental health disorder or severe mental disorder. Of these 4,000 people, probably less than 1, 000 of them are DMHAS eligible.

Strategies being explored:

1. An electronic inter-face which allows released inmate to go to a community pharmacy, his/her name would get entered into system shared between UCONN and the pharmacy, pharmacy would dispense medications as ordered, and pharmacy then gets paid. The UCONN Health Center's Correctional Managed Health Care contract picks up the tab. This would require that UCONN be notified about who has been released from court in a timely way so that they can inform the pharmacy about the person's prescription.
2. A voucher system which allows released inmate to take a voucher to a community pharmacy and gets medications. UCONN had already sent out a Request For Information (RFI) regarding this issue and received one response from a pharmacy chain. That one provider had some 50 questions, so it's going to take some time to work everything out. UCONN hopes to take the next step in the process which would be to send out a Request for Proposals (RFP).

The State of Connecticut already has a "master contract" with a pharmacy network to pay for medications and these clients could just get included. It is not certain whether a statutory change would be required to say that if you already receive state dollars you must now include these clients.

One of the next steps is to include participation from DSS in the process. DSS already has an infrastructure that could possibly be used to help address this issue.

Dr. Ken Marcus, Medical Director, DMHAS will be arranging the next meeting.

Michael Peloso raised the issue of whether a 14-day supply of medications is really enough especially since many outpatient programs have wait periods for clinical appointments that are sometimes 4-6 weeks long. He also mentioned the Kansas Case Study that was part of a project by the Council of State Governments and the National Institute of Corrections to improve collaboration between the correctional and mental health systems. One of the results of this collaboration was that all new contracts included a requirement for a 30-day supply of post-release medications, with a prescription for an additional 15 days, and 90 days of mental health aftercare. Michael offered to email a copy of the Kansas Case Study article to the workgroup.

There was also a brief discussion about the fact that post-release medications is just one issue among many that needs to be addressed, that is, a full continuum of service/care is needed for every single person who re-enters the community including the more timely re-activation of benefits/entitlements. It was reported that about 200 people left DOC without their State Administered General Assistance (SAGA) being re-activated because there aren't enough discharge planners to fill out applications for benefits.

The discussion also included using resources that already exist to help develop solutions. Some joint projects between CSSD and DMHAS were cited as good examples of interagency collaborations that shared existing resources and used them to resolved issues on behalf of mutual clients. Another example was a situation where CSSD took existing residential programs and used them to serve slightly different clients thus avoiding any new zoning issues, and now courts has another viable option to meet clients needs for services.

Other Business:
Monte Radler, Public Defenders Office, brought in a copy of Committee Bill No. 5116 from the 2003 legislative session regarding Accelerated Rehabilitation (AR) for defendants who have a significant psychiatric disability or a history of treatment for a significant psychiatric disability, who are considered low risks. It would work basically the same as the existing AR statute, excludes the same crimes, but not be limited to first time offenders. Monte reported that this could conceivably get a lot of people into administrative supervision and would need community involvement and support. There was opposition to the bill based on concern about letting these offenders remain in the community. He proposed trying to introduce this legislation again.

Loel agreed to present this to the Behavioral Health Subcommittee and asked Monte to include the identified benefits to both clients and the system in his proposal.

Representatives from CSSD reported that CSSD would take a neutral stance on this issue.

System Barriers to Address:
The List of 10 System Barriers was briefly revisited. The Workgroup members agreed that we should continue to work on the barriers that are currently being addressed but that there was no time right now to take on another barrier.

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
- Wednesday, July 11, 2007 @ 9 a.m. **Page Hall, CVH**
- Wednesday, September 19, 2007 @ 9 a.m. Russell Hall, 2nd floor, CVH

Behavioral Health Subcommittee
- Wednesday, August 8 @ 9 a.m. Russell Hall, 2nd floor, CVH

Submitted by Alyse Chin
June 26, 2007