



Senate

General Assembly

January Session, 2003

File No. 566

Senate Bill No. 1133

Senate, April 28, 2003

The Committee on Judiciary reported through SEN. MCDONALD of the 27th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

***AN ACT IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE
CRIMINAL JUSTICE/MENTAL HEALTH CONSENSUS PROJECT.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2003*) (a) The Department of
2 Mental Health and Addiction Services shall establish a pilot program
3 for the development and implementation, in at least one municipal
4 police department, of a mental health crisis response program to
5 address police response to incidents involving persons with
6 psychiatric disabilities. Such mental health crisis response program
7 shall be developed and implemented in consultation with local mental
8 health professionals and community service providers.

9 (b) A mental health crisis response program developed pursuant to
10 subsection (a) of this section shall include, but need not be limited to:

11 (1) Establishment of protocols for dispatchers to determine whether
12 psychiatric disabilities may be a factor in a call for police service and to

13 use such information to dispatch the call to the appropriate responder,
14 including (A) providing dispatchers with standardized questions that
15 help determine whether psychiatric disabilities are relevant to the call,
16 including whether (i) weapons are involved, (ii) the person with
17 psychiatric disabilities poses a danger, (iii) the person with psychiatric
18 disabilities is at risk of being victimized, and (iv) the person with
19 psychiatric disabilities has a history of violence, (B) providing
20 dispatchers with a flowchart that clearly designates personnel who are
21 to respond when calls may involve persons with psychiatric
22 disabilities, and (C) using designated codes and appropriate language
23 when dispatching the call;

24 (2) Development of on-scene assessment and response procedures
25 that require police officers to determine whether psychiatric
26 disabilities are a factor in the incident, while ensuring the safety of all
27 involved parties, including (A) stabilizing the scene of the incident
28 using deescalation techniques appropriate to persons with psychiatric
29 disabilities, (B) recognizing signs or symptoms that may indicate that
30 psychiatric disabilities are a factor in the incident, (C) determining
31 whether a serious crime has been committed, (D) consulting with
32 personnel having expertise in psychiatric disabilities, including
33 primary or secondary on-scene responders who are specially trained
34 police officers or mental health professionals, in order to enhance
35 successful incident management, and (E) determining, when
36 warranted, whether the person meets the criteria for emergency
37 examination pursuant to subsection (a) of section 17a-503 of the
38 general statutes;

39 (3) Establishment of protocols that enable police officers to
40 implement an appropriate response based on the nature of the
41 incident, the behavior of the person with psychiatric disabilities and
42 available resources, including (A) instituting a flowchart that matches
43 hypothetical situations with disposition options, (B) designating area
44 hospitals or mental health facilities as disposition centers for the
45 referral of persons with psychiatric disabilities who require emergency
46 psychiatric evaluation, (C) ensuring that comprehensive emergency

47 psychiatric services are available to police officers for such referrals,
48 twenty-four hours a day, seven days a week, (D) entering into formal
49 agreements between the municipal police department and local mental
50 health professionals and community service providers that participate
51 in such protocols, (E) ensuring that mental health services and
52 supports are available for every person in need of such services and
53 supports, (F) ensuring that specially trained mental health
54 professionals are available to respond to incidents involving
55 barricaded or suicidal persons, (G) providing information to victims
56 with psychiatric disabilities and their families to help prevent
57 revictimization and increase understanding of criminal justice
58 procedures, (H) informing affected third parties, including victims,
59 minors and elderly persons, of the expected actions to be taken by law
60 enforcement and mental health agencies, the expected outcomes of
61 such actions and the community resources that are available for
62 assistance, (I) transporting the person with psychiatric disabilities to
63 the appropriate facility with the least restrictive restraint possible, and
64 (J) conducting suicide screening for all persons with psychiatric
65 disabilities who are detained for a short time in a police lockup or jail;

66 (4) Accurate documentation of all police contacts with persons
67 whose psychiatric disabilities were a factor in an incident in order to
68 promote accountability and enhance service delivery, including (A)
69 consistently collecting and accurately recording information related to
70 psychiatric disabilities in records and other data concerning calls for
71 police service, (B) consistently collecting and accurately recording
72 information related to psychiatric disabilities in police reports and
73 supplemental forms, in each case focusing on observable behavior of
74 the person with psychiatric disabilities, and (C) documenting
75 information relating to a person's psychiatric disabilities only when
76 such information is relevant to the incident; and

77 (5) Collaboration of the municipal police department with local
78 mental health professionals and community service providers in order
79 to reduce the need for subsequent contacts between persons with
80 psychiatric disabilities and the police, including (A) consulting with

81 such professionals and service providers to evaluate outcomes and
82 aggregate rates of success with respect to persons with psychiatric
83 disabilities referred by the police to such professionals and service
84 providers, and (B) analyzing police data to identify persons with
85 psychiatric disabilities who have repeat contacts with the police and
86 consulting with such professionals and service providers to develop
87 long-term solutions to help such persons avoid further contacts with
88 the police.

89 (c) The Department of Mental Health and Addiction Services shall
90 provide for the evaluation of the pilot program established pursuant to
91 this section by at least one college, university or other institution of
92 higher learning in this state. Such evaluation shall include, but not be
93 limited to, a determination of whether the pilot program constitutes a
94 best practice and is cost effective.

95 (d) Not later than January 1, 2005, the Commissioner of Mental
96 Health and Addiction Services shall report to the joint standing
97 committee of the General Assembly having cognizance of matters
98 relating to the judiciary, in accordance with the provisions of section
99 11-4a of the general statutes, concerning the status of the pilot program
100 established pursuant to this section.

101 Sec. 2. (NEW) (*Effective October 1, 2003*) (a) The executive director of
102 the Court Support Services Division, in consultation with the
103 Department of Mental Health and Addiction Services and local
104 community service providers, shall establish within the Court Support
105 Services Division a pilot program, in at least one judicial district, to
106 assist probationers with psychiatric disabilities in complying with
107 conditions of probation. Such pilot program shall include, but need not
108 be limited to:

109 (1) Development of conditions of probation for probationers with
110 psychiatric disabilities that are realistic and address the relevant
111 individual issues presented by such probationers;

112 (2) Assistance provided by probation officers to probationers with

113 psychiatric disabilities in applying for, or obtaining reinstatement of,
114 state and federal benefits immediately upon the release of such
115 probationers;

116 (3) Assignment of probationers with psychiatric disabilities to
117 probation officers with specialized training and limited caseloads who
118 shall provide close supervision of such probationers; and

119 (4) Establishment of guidelines and incentives for compliance with
120 conditions of probation by probationers with psychiatric disabilities
121 and policies concerning violations of such conditions, including a
122 system of graduated responses to violations by such probationers.

123 (b) The executive director of the Court Support Services Division
124 shall ensure that at least one clinically trained employee of the Court
125 Support Services Division is available, in each judicial district selected
126 for the pilot program established pursuant to this section, for the
127 purposes of such pilot program and that sufficient personnel resources
128 are made available to monitor probationers with psychiatric
129 disabilities and to provide assistance to probation officers who
130 supervise such probationers under such pilot program.

131 (c) The executive director of the Court Support Services Division
132 shall provide for the evaluation of the pilot program established
133 pursuant to this section by at least one college, university or other
134 institution of higher learning in this state. Such evaluation shall
135 include, but not be limited to, a determination of whether the pilot
136 program constitutes a best practice and is cost effective.

137 (d) Not later than January 1, 2005, the Chief Court Administrator
138 shall report to the joint standing committee of the General Assembly
139 having cognizance of matters relating to the judiciary, in accordance
140 with the provisions of section 11-4a of the general statutes, concerning
141 the status of the pilot program established pursuant to this section.

142 Sec. 3. (NEW) (*Effective October 1, 2003*) (a) The Board of Parole, in
143 consultation with the Department of Mental Health and Addiction

144 Services and the Department of Correction, shall establish a pilot
145 program, in at least one region or community, for the release and
146 transitional supervision of parolees with psychiatric disabilities who
147 are released on parole pursuant to section 54-125, 54-125a, 54-125e or
148 54-125g of the general statutes. Such pilot program shall be designed to
149 (1) ensure that clinical expertise and familiarity with community-based
150 mental health resources guide release decisions and the determination
151 of conditions of release with respect to parolees with psychiatric
152 disabilities, and (2) monitor and facilitate compliance with conditions
153 of release by parolees with psychiatric disabilities and respond swiftly
154 and appropriately to violations of conditions of release by such
155 parolees.

156 (b) The pilot program established pursuant to this section shall
157 include, but need not be limited to:

158 (1) Development of guidelines concerning release decisions that
159 address issues unique to parolees with psychiatric disabilities;

160 (2) Consultation by the Board of Parole, or panels thereof, with
161 mental health professionals, including, but not limited to, an in-house
162 forensic psychiatric consultant, during the process of making release
163 decisions, for the purpose of assessing the mental health of parolees
164 with psychiatric disabilities and their potential risk to the community
165 and developing risk management plans with respect to such parolees;

166 (3) Development of protocols for the sharing of information and
167 resources among the Board of Parole, the Department of Correction
168 and local mental health professionals and community service
169 providers, including, but not limited to, protocols for (A) the
170 evaluation of inmates by the Department of Correction, and (B) the
171 form and content of mental health reports concerning such inmates
172 provided to the Board of Parole by the Department of Correction;

173 (4) Establishment of realistic, relevant and research-based special
174 conditions of release for parolees with psychiatric disabilities that
175 address the risks and needs of such parolees;

176 (5) Development of procedures to ensure that the Board of Parole is
177 able to identify and obtain access to community-based programs and
178 resources adequate to support the treatment and successful
179 community reintegration of parolees with psychiatric disabilities and
180 that such programs and resources are available in the communities to
181 which such parolees return;

182 (6) Training for members of the Board of Parole to increase their
183 knowledge concerning the risks and needs of parolees with psychiatric
184 disabilities and factors that mitigate such risks, in order that release
185 decisions and special conditions of release may be determined
186 appropriately by such members;

187 (7) Assignment of limited, specialized caseloads of parolees with
188 psychiatric disabilities to parole officers with advanced training in
189 mental health issues affecting such parolees;

190 (8) Establishment of policies to encourage parole officers who
191 supervise parolees with psychiatric disabilities to conduct field
192 supervision and other monitoring responsibilities within the
193 communities, homes and community-based service programs where
194 such parolees spend most of their time;

195 (9) Collaboration of the Board of Parole with local mental health
196 professionals and community service providers to ensure that parolees
197 with psychiatric disabilities receive services and resources specified in
198 community reintegration and supervision plans;

199 (10) Crisis services available to parolees with psychiatric disabilities
200 twenty-four hours a day, seven days a week;

201 (11) Development of protocols for the sharing of information
202 between parole officers and supervision offices and local mental health
203 professionals and community service providers concerning compliance
204 with conditions of release by parolees with psychiatric disabilities; and

205 (12) Establishment of incentives to encourage compliance with, and
206 a range of graduated sanctions to deter violations of, conditions of

207 release by parolees with psychiatric disabilities.

208 (c) The Board of Parole shall (1) monitor the implementation of the
209 pilot program established pursuant to this section to determine the
210 impact of such pilot program on parole approval and revocation rates
211 for parolees with psychiatric disabilities, and (2) provide for the
212 evaluation of such pilot program by at least one college, university or
213 other institution of higher learning in this state. Such evaluation shall
214 include, but not be limited to, a determination of whether the pilot
215 program constitutes a best practice and is cost effective.

216 (d) Not later than January 1, 2005, the chairperson of the Board of
217 Parole shall report to the joint standing committee of the General
218 Assembly having cognizance of matters relating to the judiciary, in
219 accordance with the provisions of section 11-4a of the general statutes,
220 concerning the status of the pilot program established pursuant to this
221 section.

222 Sec. 4. Section 54-123d of the general statutes is repealed and the
223 following is substituted in lieu thereof (*Effective October 1, 2003*):

224 (a) The [Judicial Branch] judicial branch may establish, within
225 available appropriations, in the judicial district of New Haven and in
226 at least one other judicial district, an alternative incarceration center
227 that, in addition to the programs and services offered by an alternative
228 incarceration center, provides a residential and day reporting program
229 for accused and convicted persons with mental health needs.

230 (b) A full range of mental health services shall, within available
231 appropriations, be provided to the [program] participants of a
232 program specified in subsection (a) of this section. A clinical
233 coordinator shall work with the director of the alternative
234 incarceration center in facilitating timely access to appropriate services
235 and shall develop a network of community, social and vocational
236 rehabilitation supports that will enhance successful program
237 participation and long-term community integration.

238 (c) The executive director of the Court Support Services Division
239 shall provide for the evaluation of the program established pursuant to
240 this section by at least one college, university or other institution of
241 higher learning in this state. Such evaluation shall include, but not be
242 limited to, a determination of whether the program constitutes a best
243 practice and is cost effective.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>

JUD *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Type	FY 04 \$	FY 05 \$
Judicial Dept.; Parole, Bd. of; Mental Health & Addiction Serv., Dept.	GF - Cost	Significant	Significant
Correction, Dept.	GF - None	None	None

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 04 \$	FY 05 \$
Participating Municipality	Cost	Potential	Potential

Summary

The bill would result in a significant state cost by requiring the establishment and evaluation of three pilot programs related to mental health in the criminal justice system. No funds are included within HB 6548 (the Appropriations Act for the 2004-2005 Biennium, as recommended by the Governor) for these costs. The establishment of these pilot programs is not expected to substantially alter the incarcerated population such that Department of Correction facilities could be closed or staffing levels reduced. Consequently, there is no anticipated savings.

Pilot Mental Health Crisis Response Program

The bill requires DMHAS to establish a pilot mental health crisis response program in at least one municipal police department. The program, which is to be developed and implemented by DMHAS, is intended to improve police response to incidents involving people

with psychiatric disabilities.¹ Passage of this portion of the bill would result in the need for additional state resources since no program of this nature or magnitude currently exists. It is anticipated that the pilot program's requirements would result in a substantial workload increase that could generate a cost.

Pilot Program for Probationers with Psychiatric Disabilities

The Judicial Department's Court Support Services Division (CSSD) must establish a pilot program in at least one judicial district to assist probationers with psychiatric disabilities in complying with conditions of probation. The cost of this requirement would vary considerably depending upon which judicial district was chosen since the number of probationers per judicial district can range from about 1,000 - 5,000. Assuming that the pilot program were to be instituted in a judicial district with the least amount of probationers, it is anticipated that the Department would need 1-2 more probation officers (who have received special training) and a psychiatric clinician to implement the bill's pilot program for probationers. The annualized cost of these positions, including salary and related expenses, is approximately \$250,000.

The bill also provides that the Judicial Department may, within available appropriations, establish an alternative incarceration center in a judicial district other than New Haven that provides services for accused and convicted persons with mental health needs. It is anticipated that no such program could be created absent additional state resources. On average, it costs the Judicial Department \$1.3 million annually to provide for an alternative incarceration center.

Pilot Program for Parolees with Psychiatric Disabilities

The bill also requires the Board of Parole to establish a pilot transitional supervision program for parolees with psychiatric disabilities. The program, which is to be established by the Board, is

¹ According to the bill, the program would involve dispatcher and police response protocols; on-scene assessments and procedures; record keeping; training; and collaboration among

intended to ensure that certain clinical expertise is applied to parole decisions and that there is compliance with established standards.² Similarly, passage of this portion of the bill would result in the need for additional resources since no program of this nature or magnitude currently exists.

The Judicial Department, Board of Parole and DMHAS would incur a significant cost to contract with state colleges in order to evaluate best practices and the cost effectiveness of the respective pilot programs.

police, professionals and providers.

² According to the bill, the program would involve the development of the following: guidelines for release decisions; protocols for information and resource sharing; special conditions of release; procedures to identify and gain access to community-based programs; training; specialized caseloads, around-the-clock crisis services; protocols for information sharing, incentives to encourage compliance with graduated sanctions and collaboration policies among board, professionals, and providers

OLR Bill Analysis

SB 1133

***AN ACT IMPLEMENTING CERTAIN RECOMMENDATIONS OF THE
CRIMINAL JUSTICE/MENTAL HEALTH CONSENSUS PROJECT*****SUMMARY:**

This bill expands mental health and related services for people with psychiatric disabilities by mandating that the:

1. Department of Mental Health and Addiction Services (DMHAS) establish a pilot mental health crisis response program in at least one municipal police department,
2. Judicial Department's Court Support Services Division (CSSD) establish a pilot program in at least one judicial district to help probationers with psychiatric disabilities comply with probation conditions, and
3. Parole Board establish a pilot transitional supervision program for people with psychiatric disabilities who are released on parole.

It also authorizes the Judicial Department, within appropriations, to open a second alternative incarceration center with a residential and day reporting program for accused and convicted persons with mental health needs. The department currently operates this type of facility in New Haven.

The bill requires the responsible agencies to have the programs evaluated by a college, university, or other institution of higher education located in Connecticut, but does not specify when this must occur. Under the bill, all evaluations must include findings on whether the program (1) constitutes a "best practice" and (2) is cost effective.

The agencies must report to the Judiciary Committee on the status of the pilot programs, but not the alternative incarceration program expansion, by January 1, 2005.

EFFECTIVE DATE: October 1, 2003

PILOT MENTAL HEALTH CRISIS RESPONSE PROGRAM

Purpose

The bill requires DMHAS to establish a pilot mental health crisis response program in at least one municipal police department to help police respond to incidents involving people with psychiatric disabilities. DMHAS must develop and implement the program in consultation with local mental health professionals and community service providers.

Under the bill, DMHAS must develop:

1. protocols for dispatchers to use to determine whether psychiatric disabilities may be a factor in a call and for dispatching the appropriate responder;
2. procedures for responding police officers to use to determine whether a person involved in an incident has psychiatric disabilities and techniques for stabilizing the scene and handling people who are dangerously ill;
3. protocols that permit police officers to tailor their responses to the nature of the incident, the disabled person's behavior, and available resources;
4. record keeping requirements for police contacts with people whose psychiatric disabilities were a factor in an incident; and
5. collaborations among local mental health professionals and community service providers to reduce the frequency of police involvement with people with these disabilities.

Dispatcher Protocols

The program must develop standard questions to help police dispatchers identify when a call involves someone with psychiatric disabilities. When this is the case, the dispatchers must also ask whether (1) weapons are involved and (2) the person is dangerous, has a history of violence, or is at risk of being victimized.

Under the bill, the program must also develop a flowchart that identifies the parties dispatchers should send to respond to such calls and the codes and language they should use to do so.

On-Scene Assessments and Procedures for Responding Police

The on-scene assessment and response procedures the bill requires must direct responding police officers to determine whether psychiatric disabilities are a factor in the incident they are responding to. The procedures must:

1. ensure the safety of all parties involved in the incident,
2. include guidelines for recognizing signs and symptoms of psychiatric disabilities and appropriate techniques for de-escalating conflict and stabilizing the scene;
3. address how to determine if (a) a serious crime has been committed or (b) the dangerousness of the person's condition warrants his being taken immediately to the hospital for an emergency psychiatric examination; and
4. provide for consultations with mental health professionals, including specially trained police officers or mental health professionals who are primary or secondary responders to assist in successfully managing the incident.

Police Response Protocols

The bill requires protocols to guide police officers in responding appropriately to incidents involving people with psychiatric disabilities. They must include:

1. a flowchart that describes possible fact patterns and options for handling them;
2. lists of area hospitals or facilities where the police can send dangerously ill people for emergency psychiatric examinations;
3. comprehensive coverage for emergency psychiatric service referrals on an around-the-clock basis;

4. formal agreements among the police department, participating local mental health professionals, and community service providers;
5. enough mental health services and supports for everyone who needs them;
6. specially trained mental health professionals to respond to incidents involving barricaded or suicidal people;
7. information for victims with psychiatric disabilities and their families to help prevent revictimization and increase understanding of criminal justice procedures;
8. information that must be shared with affected third parties, including victims, minors, and elderly people about community resources they can contact for assistance and the actions the police or mental health agencies expect to take and what they expect will happen;
9. using the least restrictive restraint to transport people with psychiatric disabilities; and
10. screening all people with psychiatric disabilities who they detain for a short time in their jail or lockup to identify those who are suicidal.

Recordkeeping

Under the bill, the purpose of consistently collecting and keeping accurate records of police contacts with people with psychiatric disabilities who are involved in police incidents is to promote accountability and enhance the delivery of services. The bill requires documentation to be kept in (1) records and other data the department collects on calls for police assistance and (2) police reports and supplemental forms, provided the information recorded focuses on observable behavior of the disabled person. The bill specifies that information about a person's psychiatric disabilities should be documented only when it is relevant to the incident.

Collaboration

The bill states that the purpose of requiring collaboration among police department, local mental health professionals, and community service providers is to reduce repeat contacts between people with psychiatric disabilities and the police. Under the bill, collaborations include consultations with clinicians and service providers to: (1) evaluate case outcomes and determine aggregate success rates of people the police referred to them and (2) analyze police data to identify people with psychiatric disabilities who repeatedly come into contact with the police and develop long-term strategies to avoid this in the future.

CSSD PILOT PROBATION ASSISTANCE PROGRAM

Under the bill, the purpose of the probation assistance pilot is to help people with psychiatric disabilities comply with conditions of probation. CSSD's executive director must establish it in consultation with DMHAS and local community service providers. The program must include:

1. conditions of probation for people with psychiatric disabilities that are realistic and address probationers' individual circumstances;
2. assistance from probation officers with applications for, or reinstatement of, state and federal benefits as soon as the probationer is released into the community;
3. probation officers with special training and limited caseloads who closely supervise assigned probationers with psychiatric disabilities; and
4. guidelines for incentives to encourage probationers to comply with their probation conditions and graduated penalties for violations.

The bill requires CSSD's executive director to ensure that at least one clinically trained CSSD employee is available in each judicial district participating in the pilot program. He must also ensure that staffing levels are adequate to monitor the probationers in the program and provide assistance to the probation officers who are assigned to supervise them.

PAROLE BOARD PILOT TRANSITIONAL SUPERVISION PROGRAM

The bill specifies that the transitional parole supervision program must

be designed to (1) ensure that clinical expertise and familiarity with community-based mental health resources guide release decisions and conditions imposed on parolees with psychiatric disabilities and (2) monitor and facilitate compliance and respond quickly and appropriately to parole violations by program participants. The Parole Board must consult with DMHAS and the Department of Correction (DOC) when establishing it.

The program must include:

1. guidelines for release decisions that address issues unique to parolees with psychiatric disabilities;
2. protocols for information and resource sharing among the Board of Parole, DOC, local mental health professionals, and community service providers, which must cover DOC inmate evaluations and the form and content of mental health reports DOC gives the Parole Board;
3. realistic, relevant, and research-based special conditions of release that address the risks and needs of parolees with psychiatric disabilities;
4. procedures that allow the Parole Board to identify and gain access to enough community-based programs and resources to support the treatment and successful community reintegration of parolees with psychiatric disabilities in the communities to which these parolees are returned;
5. training for Parole Board members about the risks and needs of parolees with psychiatric disabilities and factors that lessen these risks to assist them in making release decisions and imposing special release conditions for these parolees;
6. assignment of limited, specialized caseloads for parole officers with advanced training in mental health issues affecting parolees with psychiatric disabilities;
7. policies that encourage parole officers to supervise and monitor parolees with psychiatric disabilities in the communities, homes, and community-based service programs where these parolees spend most of their time;

8. collaboration between the Parole Board and local mental health professionals and community service providers to ensure that parolees with psychiatric disabilities receive the services and resources specified in community reintegration and supervision plans;
9. around-the-clock crisis services for parolees with psychiatric disabilities;
10. protocols for information sharing among parole officers, supervision offices, and local mental health professionals and community service providers concerning parolees' compliance with release conditions; and
11. incentives to encourage compliance with, and graduated sanctions for violations of, conditions of release.

The bill requires the Parole Board and board panels to consult with mental health professionals, including an in-house forensic psychiatric consultant, when making release decisions in order to (1) assess the mental health of parolees with psychiatric disabilities and their potential risk to the community and (2) develop risk management plans for them.

The board must also monitor the pilot program to determine its impact on parole approval and revocation rates for parolees with psychiatric disabilities.

ALTERNATIVE INCARCERATION PROGRAM EXPANSION

If the Judicial Department establishes the second alternative incarceration center for people with mental illnesses that the bill authorizes, that center must, within appropriations, provide a full range of mental health services and be located in a judicial district other than New Haven. As is required of the New Haven program, a clinical coordinator must work with the center's director to provide timely access to appropriate services. The coordinator and director must also develop a network of community, social, and vocational rehabilitation supports to enhance successful program participation and long-term community integration.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Report

Yea 40 Nay 0