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A HEALTHCARE SERVICE AGENCY

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Testimony by Patricia Rehmer, MSN, Commissioner Department of Mental Health and Addiction Services Before the Select Committee on Veterans' Affairs February 25, 2010

Good morning, Sen. Maynard, Rep. Graziani, and distinguished members of the Select Committee on Veterans' Affairs. I am Patricia Rehmer, Commissioner of the Department of Mental Health and Addiction Services, and I am here today to testify on **S.B. 211, An Act Concerning Criminal Cases of Persons who have Returned from Service with the Armed Forces.**

In October of 2008 DMHAS was awarded a \$2 million, 5-year grant from the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services to establish a jail diversion program for veterans struggling with trauma-related symptoms. This grant builds upon the successes of DMHAS' existing statewide jail diversion infrastructure, which includes programming across all 20 geographic area courts.

The grant required the first-year piloting of jail diversion efforts in one region of the state, with statewide replication to follow. The Norwich-New London area was chosen to serve as the pilot area, because this region is home to the Groton Naval Sub-Base, Camp Rell, the Stone's Ranch Military Reservation, a VA Veterans Readjustment and Counseling Center, and the busiest VA community-based outpatient clinic in the state. DMHAS' Southeastern Mental Health Authority is administering the regional pilot initiative.

The grant required completion of a comprehensive planning process prior to start-up of program services. We are pleased to report that our strategic plan was reviewed and approved by SAMHSA, and that services in the pilot region began in October 2009. You will notice in the data attached to our testimony that, although in existence for just 4 months, 60 veterans who are justice-involved were referred to the program and, of this group, 34 were diverted. This remarkable success is, in no small measure, due to the involvement and support of judges, state's attorneys, public defenders, bail commissioners, marshals and other court-based personnel. Without their buy-in, the program would not work.

It should also be noted that a key role has been played by local police departments, principally through DMHAS' Crisis Intervention Training Program. Because of law enforcement's involvement in the program, we are able to identify, engage and refer veterans to diversion services at the earliest opportunity along the criminal justice continuum, even at the pre-arrest stage.

But the linchpin of the program is the array of treatment and recovery support services that, during our strategic planning process, were forged into a new statewide service model for veterans. This service model brings together not only the traditional institutions that exist to serve veterans – most notably the VA, Department of Defense and the Veterans' Center systems – but also our state-run health care system, and several key state agencies and community providers.

Our decision to focus on systems integration in building the Veterans' Jail Diversion and Trauma Recovery Program is based on three fundamentals:

1. Reaching the veterans: Although a large percentage of returning combat veterans will experience trauma-related problems, few of them actually access the treatment support they need. In Connecticut, well under 40% of returning veterans enroll in VA healthcare.
2. Crafting the plan: A key feature of jail diversion is the plan that is prepared for the judge's review and approval. For veterans charged with minor crimes in Connecticut, the individualized plan may include primary care services at a VA hospital or VA community-based outpatient clinic, residential substance abuse treatment at a DMHAS facility, group counseling with a local Veterans' Center, employment assistance through a local Department of Labor office, and help from a community-based agency in finding a place to live.
3. Community involvement: Lastly, we realized that if we are to effectively discharge our responsibility to assure the health and well being of our returning combat veterans, then all elements of the community have a role to play and must be involved. Because Connecticut is a small state, unencumbered by county lines, this has presented an historic opportunity to bring the community together on behalf of veterans and their families. Indeed, 29 federal, state and community agencies joined us by signing the Memorandum of Agreement (MOA) and are participating in the Veterans' Jail Diversion and Trauma Recovery Grant. (A copy of the MOA is attached.)

We believe that this grant and the process outlined therein will be a successful model for moving to a statewide veterans' jail diversion program in Connecticut. To that end, we have initiated discussions with our existing jail diversion programs and hope to have implementation plans and timelines available in the near future. It is our belief that our success in piloting this program in southeastern Connecticut has positioned us well to obtain additional federal dollars for expansion of the program statewide, at such time as these resources are made available.

Thank you for the opportunity to speak on our efforts thus far related to a Pretrial Diversion Program for Veterans. I would be happy to take any questions you may have at this time.