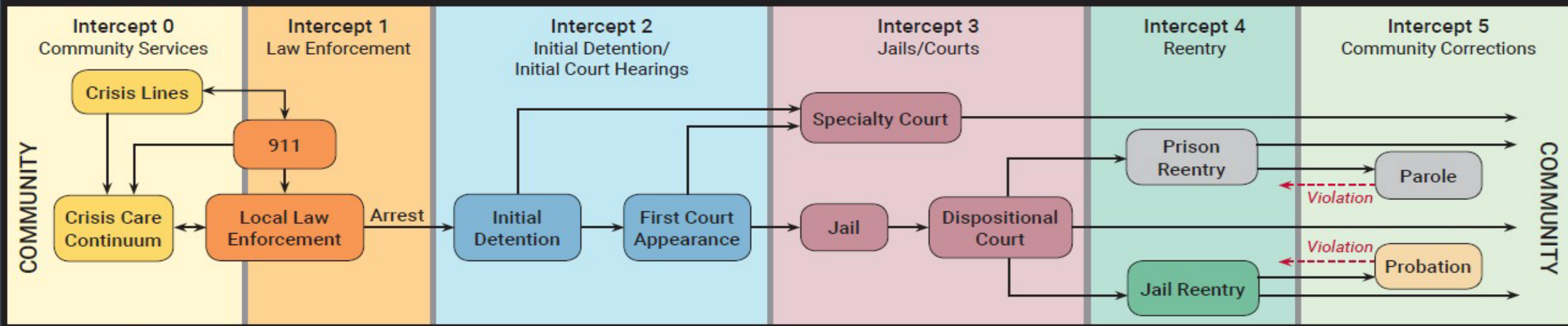




DMHAS, Jail Diversion Programs 2023

DEPARTMENT OF MENTAL HEALTH ADDICTION SERVICES






The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
<p>Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.</p> <p>Emergency Department diversion. Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.</p> <p>Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.</p>	<p>Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.</p> <p>Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.</p> <p>Intervening with super-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.</p>	<p>Screening for mental and substance use disorders. Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.</p> <p>Data matching initiatives between the jail and community-based behavioral health providers.</p> <p>Pretrial supervision and diversion services to reduce episodes of incarceration. Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.</p>	<p>Treatment courts for high-risk/high-need individuals. Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.</p> <p>Jail-based programming and health care services. Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.</p> <p>Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.</p>	<p>Transition planning by the jail or in-reach providers. Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.</p> <p>Medication and prescription access upon release from jail or prison. Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.</p> <p>Warm hand-offs from corrections to providers increases engagement in services. Case managers that pick an individual up and transport them directly to services will increase positive outcomes.</p>	<p>Specialized community supervision caseloads of people with mental disorders.</p> <p>Medication-assisted treatment for substance use disorders. Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.</p> <p>Access to recovery supports, benefits, housing, and competitive employment. Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.</p>

Best Practices Across the Intercepts

 <p>Cross-systems collaboration and coordination of initiatives. Coordinating bodies improve outcomes through the development of community buy-in, identification of priorities and funding streams, and as an accountability mechanism.</p>	 <p>Routine identification of people with mental and substance use disorders. Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening instruments and follow-up assessment as warranted.</p>	 <p>Access to treatment for mental and substance use disorders. Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.</p>	 <p>Linkage to benefits to support treatment success, including Medicaid and Social Security. People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension vs. termination and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.</p>	 <p>Information-sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness providers. Information-sharing practices can assist communities in identifying super-utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.</p>
---	--	---	--	---

INTERCEPT 0
Crisis, Respite & Community Services

INTERCEPT 1
Law Enforcement & Emergency Services

INTERCEPT 2
Initial Detention & Court Hearings

Crisis Phone Lines

- 988
- 211
- Access Line 1-800-563-4086 24/7
- 1-800-HOPE-135 or 211
- DV 24 HR Hotline 860-838-8467 (English) 844-831-9200 (Spanish)
- 1-888-789-7777 Gambling Help Line 24/7
- 135 DFS Client Liaison

Mobile Crisis Response Teams

- 18 MCT Teams/12 operate 24/7
- CIT-Crisis Intervention Team > 5000 trained
- FPBH-Fairfield Police Behavioral Health Network
- Hartford-HEART
- New Haven-COMPASS
- Easton Police/Easton EMS
- Enfield Police
- Manchester DVOT-DV Outreach Team partners w/Interval House
- Norwich Recovery Coach Program

Respite, Peer and Community Services

- Respite Services (16)
- Warm Line 1-855-646-7366 12pm-9pm daily
- Advocacy Unlimited Inc.
- CCAR-CT Community for Addiction Recovery -Recovery/Peer Support Services
- Progressive Institute –Recovery Coaches, MAT, IOP

Law Enforcement & Hospital

- Crisis Intervention Team >5000 trained
- Emergency Dep./Urgent Care
- Inpatient SUD treatment

Initial Detention & Arraignment

- Accelerated Rehabilitation (AR)
- Adult Behavioral Health Services (ABHS/CSDD)
- Advanced Supervision and Intervention Support Team (ASIST)
- Impaired Driving Intervention Program (IDIP)
- Alternative Drug Intervention (ADI)
- Community Court (CC)
- Community Recovery Engagement Support and Treatment (CREST)
- Drug Intervention and Community Service Program (DICSP)
- Pretrial Family Violence Education Program (FVEP)
- Early Screening and Intervention Units (ESI)
- Recovery Coaches in Court
- Inpatient SUD treatment
- Jail Diversion (JD)
- Jail Diversion Substance Abuse (JD SA)
- Sierra Center Pretrial
- Supervised Diversionary Program (SDP)
- Suspended Prosecution and Treatment for Alcohol or Drug Dependency
- Treatment Pathways Program (TPP)
- Veterans Jail Diversion (JD Vets)
- Women's Jail Diversion (JDW)

The Statute

- ▶ Jail Diversion
- ▶ Sec. 17a-486. (Formerly Sec. 17a-681a). Clinical assessment of certain persons charged with **misdemeanor or felony**. (a) Prior to the arraignment of a person charged with the commission of a misdemeanor or felony, the Department of Mental Health and Addiction Services shall, to the maximum extent possible within the limits of available appropriations, **with the consent of the arrested person**, cause a clinical assessment to be performed of any person who has previously received mental health services or treatment for substance abuse from the department **or** who would reasonably benefit from such services to determine whether such person should be referred for community-based mental health services. If the person is determined to be in need of such services and is willing to accept the services offered, the court shall be informed of the result of the assessment and the recommended treatment plan for consideration by the court in the disposition of the criminal case.
- ▶ (b) Notwithstanding the provisions of section 52-146e, the Commissioner of Mental Health and Addiction Services may disclose to the person conducting the clinical assessment described in subsection (a) of this section information indicating whether or not the arrested person has received services from the Department of Mental Health and Addiction Services.
- ▶ (June Sp. Sess. P.A. 00-1, S. 34, 46; P.A. 14-138, S. 4.)
- ▶ History: June Sp. Sess. P.A. 00-1 effective July 1, 2000; Sec. 17a-681a transferred to Sec. 17a-486 in 2003; P.A. 14-138 designated existing provisions as Subsec. (a) and amended same to add reference to felony and added Subsec. (b) re disclosure of information to person conducting clinical assessment.

What is Jail Diversion?

#DiversionWorks

- ▶ Jail Diversion/Court Liaison programs provide court-based services to persons with psychiatric and co-occurring (mental health and substance use) disorders.
- ▶ The primary function of the program is to facilitate access to appropriate treatment services by providing assessment, referral, and linkage to community services.
- ▶ Diversion staffs work to maintain individuals in community treatment services, inform court personnel of treatment compliance, and facilitate access to mental health services through contacts within the Department of Correction when an individual is incarcerated.



JD Target Population

- ▶ Jail Diversion Programs work with individuals with Mental Health AND Substance use Disorders (can be co-occurring)
- ▶ Age 18 and older

***Minors** - staff cannot provide services to defendants under the age of 18 but can consult with family, attorneys, and court personnel.

Jail Diversion Staff- Who are they?

- ▶ Experienced clinicians and case managers employed by an LMHA.
- ▶ Some programs have offices in the court, and some do not.
- ▶ The Department of Mental Health and Addiction Services (DMHAS) funds all Jail Diversion programs.

Where is Jail Diversion?

- ▶ Short Answer: EVERYWHERE
- ▶ Official Answer:
 - ▶ Jail Diversion/Court Liaison Program is a statewide program located in all Geographical Area Superior Courts that is staffed by a DMHAS designated Local Mental Health Authority (LMHA) or facility staff.

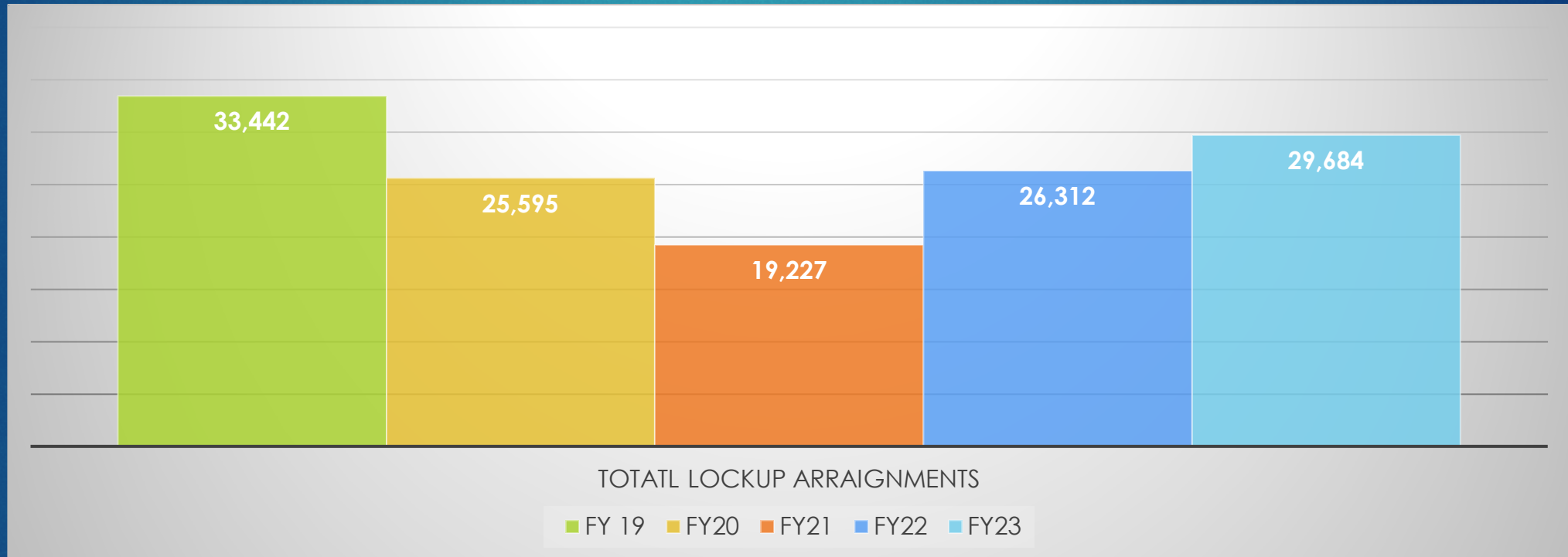
What do Jail Diversion Staff do?

- ▶ Short Answer: EVERYTHING
- ▶ Official Answer:
 - ▶ Clinicians provide clinical screening of clients at any point from arraignment through sentencing and if clinically appropriate, offer a treatment option to the client and court for consideration in lieu of incarceration.
 - ▶ Provide case management for JD clients both in the community and in DOC
 - ▶ Clinicians assist DOC with developing discharge plans for DMHAS clients
 - ▶ Court Liaison Activities
 - ▶ Emergency Certificate/ Hospitalization
 - ▶ Risk Management: Assessments, FASH
 - ▶ Data Collection

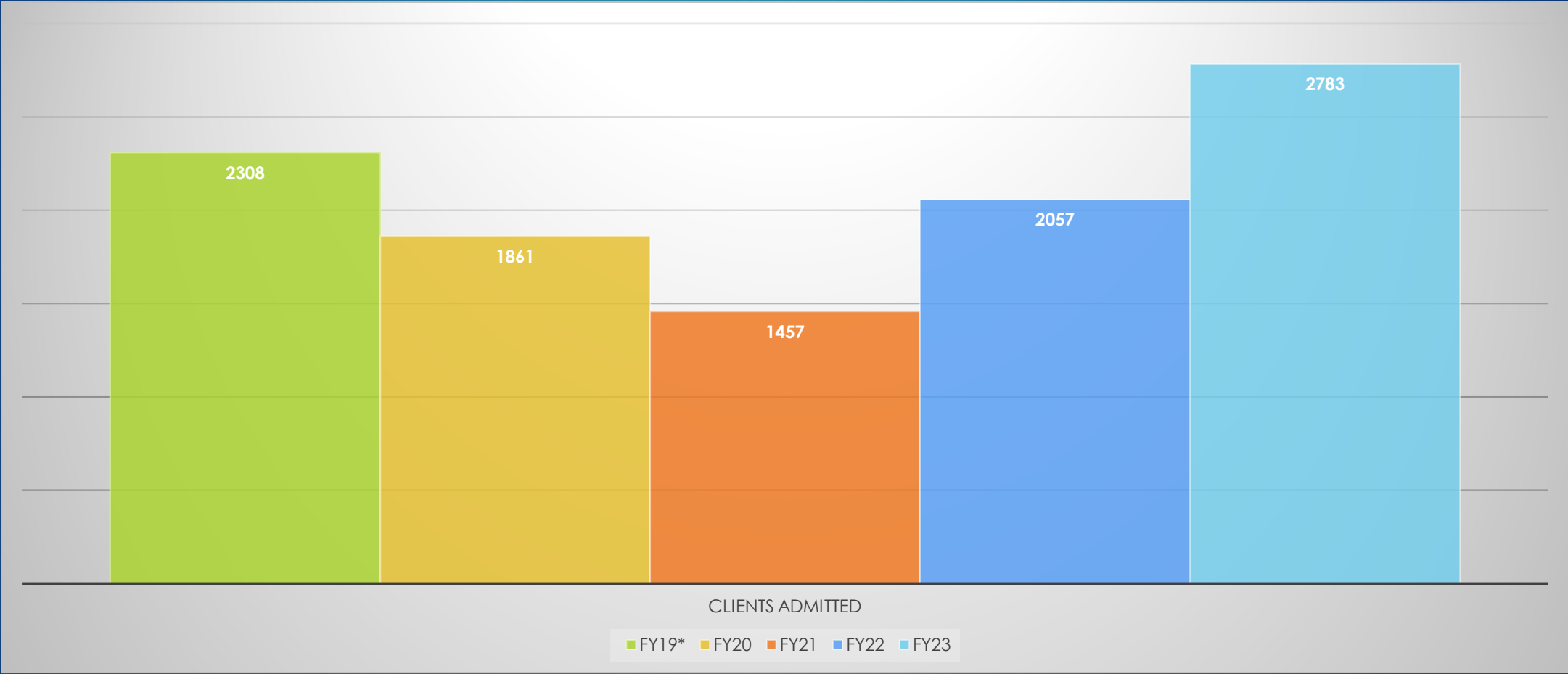
GA	Agency	Arraignments 2023
1 Stamford (Norwalk)	FS Dubois	1,622
2 Bridgeport	Greater Bridgeport	2,554
3 Danbury	Western- Danbury	666
4 Waterbury	Western-Waterbury	2,858
5 Derby	BH Care- Valley	729
7 Meriden	Rushford	1,553
9 Middletown	RVS	984
10 New London	SMHA	1,583
11 Danielson	USI	947
12 Manchester	CHR	1,674
14 Hartford (Enfield 13)	CHR	4,999
14 Hartford	Capital Region	
15 New Britain	CMHA	2,643
18 Torrington	Western- Torrington	642
19 Rockville	CHR	639
21 Norwich	SMHA	1,227
22 Milford	Bridges	928
23 New Haven (Shoreline)	BH Care	3,410
23 New Haven	CMHC	

Programs and Court Volume FY23

Statewide **Lock-up Arraignments** (Judicial Branch Data) FY19-FY23



Statewide *Clients Admitted to JD* FY19-FY23



Jail Diversion Veteran's Program

- ▶ **Jail Diversion Veterans (JD Vets; Norwich, New London, Middletown)**
 - ▶ Targets veterans who have current criminal charges. Can offer community treatment option in lieu of jail while case proceeds through court process. Refer clients for clinical services and specialized veteran's services, monitor compliance, report compliance to court.

Women's Jail Diversion Programs

- ▶ New Haven and New Britain
- ▶ Offers clinical services to women who have a history of trauma, most with substance abuse, at risk of incarceration.
- ▶ Mostly pretrial, some on parole/probation at risk of violation.
- ▶ Services include clinical, medication management, community support, limited temp housing, client supports.
- ▶ FY23 80 Women new admissions to JDW programs

Alternative Drug Intervention (ADI)

- ▶ New Haven only
- ▶ Offers full services to pretrial defendants with substance use disorders in New Haven court (mostly men; women go into the JD Women's program).
- ▶ Services include clinical, medication management, case management, client supports.
- ▶ 98 newly admitted clients

Jail Diversion Substance Abuse

- ▶ Hartford court: GA 14 and Community Court
- ▶ Targets adults with substance use disorders who need immediate admission to residential detox and/or intensive residential treatment on day of arraignment or rapid admission to IOP.
- ▶ Includes intensive case management, sober house rent, other transitional housing options, client supports, monitor compliance, and report compliance to court.
- ▶ 549 clients screened for program with 96 Diversions into treatment in FY23

Discussion