

Estimate of Potentially Eligible Individuals for an I/DD Diversionary Program



CT DOC Population

- According to the Connecticut Department of Correction, as of September 2025, 68 individuals with intellectual disability, 43 individuals with ASD, and four individuals with both ASD and ID were incarcerated in a correctional facility. This data relies upon data on qualified state service recipients collected by DDS and DSS. A total of 115 inmates.
- According to the Department of Disability Services' March 2026, Management Information Report, 14 individuals actively eligible for DDS services were living in a Department of Corrections facility.

Estimates in The Literature

- Fazio et al. (2012) estimated, using an inmate self-administered screening tool (the Adult Autism-Spectrum Quotient), that 4.4% of the inmate population in a Midwestern maximum security prison met the criteria for ASD.
- McCarthy et al. (2015) estimated, using a similar screening tool, that 5% of the population of a male English prison met the criteria for ASD.
- Using these estimates, it would suggest that ~500 individuals in CT Department of Correction facilities have ASD.

CSSD Interviewed Self Reports of ASD or I/DD

Year	F-A Arrests	F-B Arrests	F-C Arrests	F-D Arrests	F-E Arrests	F-U Arrests	M-A Arrests	M-B Arrests	M-C Arrests	X Arrests	Total Arrests Where the Individual Self-Reported an I/DD in the Bail Interview	Number of Unique People
2018	1	2	1	5	0	1	8	2	1	0	21	17
2019	1	1	11	13	0	1	11	2	4	0	44	40
2020	1	2	4	4	0	1	9	2	1	0	24	22
2021	0	2	18	13	0	5	12	2	2	0	54	45
2022	0	2	5	11	0	1	13	2	1	0	35	31
2023	1	7	10	11	1	1	17	2	3	1	54	49
Total	4	16	49	57	1	10	70	12	12	1	232	204

Note: This data comes from a pretrial risk assessment question about an individual's mental health diagnosis; disability status is not directly collected. Many clients reported co-occurring mental health conditions.

Input from Other States

- CTSC contacted the 23 jurisdictions listed in the report as having an I/DD diversionary program to solicit estimates regarding program costs and usage
 - Of these 23, only one jurisdiction responded with information useful for our purposes
 - Maricopa County, AZ
 - Population is approximately 5 million.
 - 23 program participants in 5 years.
 - Thus far, all participants have qualified for AZ Medicaid which has covered treatment requirements, case management, and case coordination services from the provider.
 - Other jurisdictions responded but could not provide fiscal estimates for I/DD cases specifically because the budget was rolled up into a general mental health program/court

Summary

- Agency source estimates of the incarcerated I/DD population range from 14 (DDS) to 115 (DOC).
 - Prior research suggests that this is a significant undercount and that the true population is closer to 500.
 - 14 current inmates are pre-determined to be eligible for DDS programming. Costs of diversion programming could be covered by Medicaid?
- CSSD data suggests that at least ~34 defendants with an I/DD and ASD are arrested each year.
- In Maricopa County's program, there were 23 participants in 5 years.
 - Maricopa County is about 1.3 times the size of CT
 - All of them were Medicaid eligible
- Large range of estimates between ~34 defendants a year to around 500 current inmates.
- **Improved data collection, screening implementation, or survey research is needed to more precisely estimate the population, but the number of participants would likely be less than 50 a year.**

References

- Fazio, R. L., Pietz, C. A., & Denney, R. L. (2012). An estimate of the prevalence of autism-spectrum disorders in an incarcerated population. *Open Access Journal of Forensic Psychology*, 4, 69-80.
- Department of Disability Services. (2026). *CT Developmental Services Management Information Report (MIR) March 2026*. https://portal.ct.gov/dds/-/media/dds/mir/mir_march_2026_with_attachment.pdf?rev=2e3a69af867e45c5ac29629fe01b85a9&hash=47B8ECC49AFE55616B7AF4EE3349DA52
- McCarthy, J., Chaplin, E., Underwood, L., Forrester, A., Hayward, H., Sabet, J., Young, S., Asherson, P., Mills, R., & Murphy, D. (2015). Screening and diagnostic assessment of neurodevelopmental disorders in a male prison. *Journal of Intellectual Disabilities and Offending Behaviour*, 6(2), 102–111. <https://doi.org/10.1108/jidob-08-2015-0018>

I/DD Diversionary Program Fiscal Estimates



Estimate of Cost from Public Sources

- Open Budget: FY 2025 expenditures on DDS employment and day services \$361,381,340
- December 2025 MIR: 15,051 individuals served by employment and day services in Q4 2025
- Average Yearly Cost of Employment and Day Services: ~\$25,000
- March 2026: Employment and day services waiting list: 56

Types of Employment and Day Services (March MIR 2026)

- 1) Individual Integrated Employment - Services that are provided in a community setting to a single participant and support or lead directly to their paid employment, such as job development and longterm services to support entering or maintaining competitive employment.
- 2) Group Integrated Employment - Services that occur in a community setting where continuous job related supports and supervision are provided to a group of workers with disabilities.
- 3) Community Based Non-Work Services - Services that do not involve paid employment and focus on supporting people with disabilities to access community activities in settings where most people do not have disabilities.
- 4) Facility Based Non-Work Services - Services that do not involve paid employment and occur in a setting where the majority of participants have a disability.

OFA Fiscal Note: H.B. No. 7259 (2025)

- "Under the bill, DDS, DSS and DMHAS are anticipated to incur (1) administrative costs of at least \$91,200 (with associated fringe of approximately \$37,100) for staff to assist with assessments, identify services and establish treatment plans, and (2) programmatic costs to support treatment for such individuals to the extent that is required."
- "Residential program services provided under DDS cost approximately \$530,000 per bed."
- MIR March 2026 Residential Services Waiting List: 606

Potential Fiscal Cost Reduction Strategy

- 1) Limit diversionary program placement to only those where community-based employment and day services are suitable
- 2) Avoid conditioning diversion upon residential services
- 3) Pair these services with mental health treatment through contracted providers