



Connecticut Jail & Court Diversion



NATIONAL JUDICIAL TASK FORCE TO EXAMINE STATE COURTS' RESPONSE TO MENTAL ILLNESS

As we all know, behavioral health and substance use disorder, mainly fentanyl and heroin use, are intersecting with our Courts now more than ever. It is imperative that Judges and court personnel have the necessary and appropriate resources to address these criminogenic need areas in the community rather than our jails and prisons. The programs highlighted in this bulletin are just some examples of highly successful court-based programs. It is our responsibility to continue to discuss and share information and program models with one another to ensure that Judges and court staff are making research and evidence-based decisions when implementing new programs as alternatives to incarceration.

– Chief Justice Richard A. Robinson, Connecticut Supreme Court

Over 750,000 individuals are held in jails on any given day in the more than 3,000 jail facilities in the United States. Forty-four percent of people in jails report a mental health condition. Jail populations include a disproportionate number of persons of color. And, close to 70 percent of individuals being held in jails have been charged with violations of drug, property, or public order laws. The pandemic has exacerbated the lengths of stay in jail for tens of thousands of individuals ([Vera Institute](#)).

To address these challenges, courts and jails across the nation are working together to promote diversion to treatment programs instead of jail stays. This Innovation Spotlight describes two long-time Jail and Court Diversion programs in Connecticut – the Jail Diversion Program and the Treatment Pathways Program (TPP). These programs improve access to community treatment and services and integrate behavioral health triage with effective criminal case management consistent with [A New Model for Collaborative and Community Caseflow Management](#).

The Connecticut Jail Diversion Program

The goal of the Jail Diversion program is to improve access to community services for adults involved in the criminal justice system who meet the Department of Mental Health and Addiction Services (DMHAS) criteria for psychiatric disabilities. All nineteen Superior Courts have a Jail Diversion Program staffed with a master's degree clinician certified by a DMHAS-designated Local Mental Health Authority (LMHA). The program was enacted by statute and has been in operation for over 20 years.

[Sec. 17a-486](#) clinical assessment of certain persons charged with a misdemeanor or felony provides in part that:

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 for 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.

Primary Target Population

The primary target population are individuals 18 and older who meet all of the following criteria:

- have a diagnosis of a psychiatric and or a substance use disorder;
- without treatment, psychiatric symptoms are severe enough to significantly impair function in key areas or significantly interfere with essential aspects of adult role performance;
- would be at risk of psychiatric hospitalization if not participating in treatment; and,
- role disturbances and psychiatric symptoms are not due primarily to substance use, developmental disabilities, traumatic brain injury, dementia, etc.

Roles and Services

- **Screenings at the courthouse**, brief clinical screening of clients at any point from arraignment through sentencing.
- **Treatment recommendations** if clinically appropriate, offer a treatment option to the client and court for consideration in lieu of incarceration.
- **Referrals** to community services for mental health, substance use disorders, medical, housing, financial needs, etc.
- **Liaison to DOC** for clients in jail, staff forward clinical and risk information to the medical and mental health staff in the jails when a client is sent to jail on a bond, along with coordinating **discharge plans** when a client is to be released by the court.
- **Interim clinical services**, staff can provide low-intensity supportive services until a client is accepted into a program.
- **Case management** in the community to improve engagement in treatment services, obtain entitlements, obtain housing, etc.
- **Monitor** and report compliance with treatment prior to disposition.
- **Respite bed** for homeless defendants released from custody is available for some courts.

Other Key Program Components

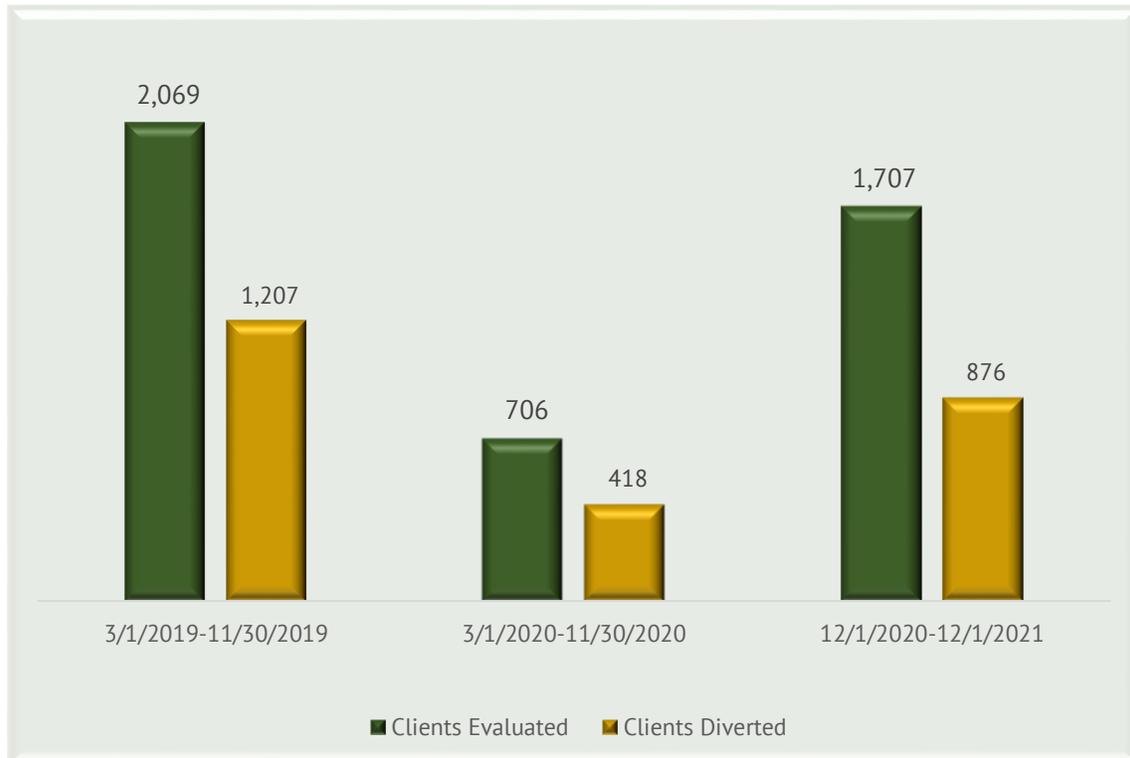
- **Referrals** from any source
- **Defense attorneys** review and approve all diversion plans before submission to the court
- **Releases of information** are required
- **Voluntary** program



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The jail diversion program has often been referred to as the “land of a thousand diversions” given that successful completion of the diversion program can result in a dismissal of the case, nolle pros, shorter time on probation and/or decreased time incarcerated.

State-Funded, State-Operated Diversion Outcomes in Connecticut



For additional information contact Christopher P. Burke at Christopher.P.Burke@ct.gov.

The Connecticut Treatment Pathways Program (TPP)

The [TPP Fact Sheet](#) is an innovative court-based pretrial diversion initiative that provides court-based assessments and referral services. Court-based clinicians work with the Bail Services Unit in four locations to identify and serve defendants with substance use disorders who are in custody. Individuals are assessed in lock-up before their arraignment and are immediately connected with clinical and recovery support services in the community. The defendant's care is managed through the entire pretrial process under the collaborative supervision of both bail services and the clinical provider.

The goal of the Treatment Pathways Program is to expand options for nonviolent pretrial diversion while ensuring public safety. The **target population** are defendants with a history of cycling through the court system due to substance use disorders and charged with certain offenses who would not otherwise be released. The **TPP clinician** identifies eligible defendants, conducts clinical and risk screenings, prepares a **plan for services** to the court, and provides **access to behavioral**



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health services immediately or soon after a diversion decision is made by the presiding judge. The **TPP Provider** manages the defendant's care through the entire pretrial process. TPP clients referred are assessed for treatment need and Medicaid eligibility. Most clients referred are covered by Medicaid, those who are not immediately identified as Medicaid, will seek temporary enrollment while eligibility is being determined.

TPP Services include substance use disorder and mental health treatment and support services, medication assisted treatment (MAT), housing assistance, enrollment with entitlements, access to medical care, employment services, social supports, and peer supports.

Initial data of the TPP program include:

- **67%** of clients are admitted into treatment within one day
- **78%** of clients received no period of incarceration upon disposition
- **76%** of clients with an FTA history received no new FTA during the TPP program
- **70%** of clients had no re-arrest during TPP pretrial supervision
- **68%** of clients receiving MAT completed treatment versus only 37% completion for clients who did not receive MAT

The TPP initiative is funded in part through funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) and is managed by the State of Connecticut Judicial Branch and the Connecticut Department of Mental Health and Addiction Services.

Recently, the Conference of Chief Justices and the Conference of State Court Administrators have agreed through a Joint Statement of Commitment to Continuing Cooperation | SAMHSA to support one another's efforts to improve the state courts' response to individuals with serious mental illness, co-occurring, and substance use disorders.

For additional information, contact Michael Hines at Michael.Hines@jud.ct.gov.

The TPP program was offered to me before I saw a judge a year ago almost to the day. I was homeless and doing heroin on the streets of Bridgeport. I felt stuck and uncertain of any future. When offered the program, I was told not only will I not go to jail, but I would be given a chance to get clean and get my life back. This was a no-brainer for me. I wanted a different life for myself but didn't know how to get help. These guys at TPP got me into a hotel first, while I waited for a bed. From there, I did a 28-day program to a 90-day long-term. During that time, I spoke to Caroline and John every week. They made me feel like I was human. They were more like a friend to me during this whole process. They cared about me. I know this because I still talk to them to this day 1 year later. I truly believe they saved my life. If I didn't get arrested a year ago, I surely would be dead. So, for me TPP is everything. They are a huge part of my story on getting clean, having a job, and making amends with my family. I'm so grateful for all the people at TPP that saved me.

- Bridgeport TPP Client

