ASIST Program
Advanced Supervision and Intervention Support Team
A DMHAS, DOC, and CSSD Collaborative Initiative

Purpose

Reduce the incarceration of, and expand community services to defendants, probationers, and parole clients who are classified by DMHAS as being: 1) Severe and Persistent Mental Illness (SPMI, i.e. DMHAS eligible clients) or 2) Non-SPMI with psychiatric needs.

Model

To provide appropriate mental health services coupled with community based supervision. This plan is designed to serve two groups of adults within a range of functioning, all of whom need psychiatric services. The first group includes clients who are classified as SPMI and primarily receive treatment services through the Local Mental Health Authority (LMHA). The second group includes non-SPMI clients who also require psychiatric services and are ineligible for treatment at the LMHA. Support and mental health case management for these clients are provided through the ASIST clinician, and mental health services are provided through the Court Support Services Division’s (CSSD) Adult Behavioral Health Services (ABHS) network.

Referral Status

A) Pre-Trial

Mental Health Jail Reinterviewer – Jail Diversion Collaboration

A number of pretrial SPMI clients could be diverted from incarceration if they were supervised by an Alternative Incarceration Center (AIC) in addition to receiving clinical services. However, the AICs do not currently possess the necessary staff resources to effectively address the needs of the SPMI population. This initiative provides a DMHAS clinician at targeted AIC locations to permit increased management of services by clinically experienced staff. The DMHAS clinician will be sited at both the AIC and the LMHA, however all clinical services for SPMI clients will be conducted at the LMHA location. Psychiatric and mental health services for Non-SPMI clients will be coordinated through the clinician and provided by CSSD-contracted ABHS providers. It is expected that the coupling of supervision with clinical services will allow for a greater number of clients to be diverted (See attachment for specific services to be provided by the AIC and the clinician).

CSSD currently has 3 Mental Health Jail-Reinterviewers (MHJRI) that work out of Osborne Correctional Institute, Garner Correctional Institute, and York Correctional Institute. The MHJRI staff identify and screen incarcerated pretrial defendants (SPMI and Non-SPMI) with low bonds and minor charges who were not diverted by the court, but would be appropriate for community based supervision. In collaboration with the DMHAS Jail Diversion staff, who evaluate the SPMI defendants, the MHJRI staff then present a package of both clinical services and AIC supervision to the court for reconsideration. If ordered by the court, the case will be managed by the DMHAS clinician as described previously.
B) Probation and Parole

The Department of Correction (DOC) and CSSD have been funded to hire Mental Health Officers (DOC - 5 and CSSD - 10). These Mental Health Officers (MHOs) have specialized caseloads of mental health clients that are capped at 25 for parole and 35 for probation. The MHO’s have mental health backgrounds, and have received specialized training through DMHAS.

These MHOs will refer directly to the LMHA for evaluation and treatment services for clients that are DMHAS eligible. For DMHAS non-eligible clients, the MHOs may refer to the DMHAS clinician sited at the AIC for evaluation and referral. In these instances, the DMHAS clinician will not manage the case, however, they will assist the MHOs in arranging for appropriate services and referrals, including CSSD’s ABHS network.

The LMHAs in Hartford, Bridgeport, and New Haven will also receive additional clinical positions (1.0 FTE clinician, 1.0 FTE clinical case manager, and MD/APRN time each), as well as funds for basic needs to increase the capacity necessary to serve this population. This component at the LMHA will provide flexible individual, group, outreach, and engagement/recovery services to SPMI clients.