

# Connecticut Department of Mental Health and Addiction Services



## JAIL DIVERSION ASSESSMENT FORM - DDaP

### INITIAL ASSESSMENT

**PROVIDER CLIENT ID:**

**CLIENT NAME:** \_\_\_\_\_

**UNIT:**

- |  |   |
|--|---|
| <input type="checkbox"/> BRIDGES COURT DIVERSION<br><input type="checkbox"/> CMHA COURT DIVERSION<br><input type="checkbox"/> CMHA WOMEN'S JD<br><input type="checkbox"/> CMHC COURT DIVERSION<br><input type="checkbox"/> CRMHC COURT DIVERSION<br><input type="checkbox"/> CRMHC JDSA<br><input type="checkbox"/> FSD-COURT DIVERSION<br><input type="checkbox"/> GBMHC COURT DIVERSION<br><input type="checkbox"/> GDMHA COURT DIVERSION<br><input type="checkbox"/> GENESIS COURT DIVERSION<br><input type="checkbox"/> GWMHA JAIL DIVERSION | <input type="checkbox"/> HARBOR HEALTH COURT DIVERSION<br><input type="checkbox"/> NCCS COURT DIVERSION<br><input type="checkbox"/> NWMHA JAIL DIVERSION<br><input type="checkbox"/> RUSHFORD COURT DIVERSION<br><input type="checkbox"/> RVS COURT LIAISON<br><input type="checkbox"/> RVS Vets JD<br><input type="checkbox"/> SMHA COURT DIVERSION<br><input type="checkbox"/> SMHA VETERANS JD<br><input type="checkbox"/> VALLEY MHC COURT DIVERSION<br><input type="checkbox"/> YALE ADI<br><input type="checkbox"/> YALE WOMEN'S JD |
|--|---|

**COURT:** *(check one box below)*

- |  |  |
|--|--|
| <input type="checkbox"/> BANTAM<br><input type="checkbox"/> BRIDGEPORT<br><input type="checkbox"/> BRISTOL<br><input type="checkbox"/> DANBURY<br><input type="checkbox"/> DANIELSON<br><input type="checkbox"/> DERBY<br><input type="checkbox"/> ENFIELD<br><input type="checkbox"/> HARTFORD<br><input type="checkbox"/> HARTFORD COMMUNITY COURT<br><input type="checkbox"/> MANCHESTER<br><input type="checkbox"/> MERIDEN<br><input type="checkbox"/> MIDDLETOWN | <input type="checkbox"/> MILFORD<br><input type="checkbox"/> NEW BRITAIN<br><input type="checkbox"/> NEW HAVEN<br><input type="checkbox"/> NEW LONDON<br><input type="checkbox"/> NORWALK<br><input type="checkbox"/> NORWICH<br><input type="checkbox"/> ROCKVILLE<br><input type="checkbox"/> STAMFORD<br><input type="checkbox"/> WATERBURY<br><input type="checkbox"/> WATERBURY COMMUNITY COURT<br><input type="checkbox"/> OTHER |
|--|--|

**REFERRAL SOURCE:** *(check one box below)*

- |   |  |
|---|--|
| <input type="checkbox"/> AIC<br><input type="checkbox"/> BAIL COMMISSIONER<br><input type="checkbox"/> CORRECTIONS FACILITY<br><input type="checkbox"/> DEFENSE ATTORNEY<br><input type="checkbox"/> DMHAS-FUNDED AGENCY<br><input type="checkbox"/> OTHER COURT PERSONNEL<br><input type="checkbox"/> PAROLE/PROBATION | <input type="checkbox"/> POLICE<br><input type="checkbox"/> PRIVATE MH PROFESSIONAL<br><input type="checkbox"/> SELF<br><input type="checkbox"/> STATES ATTORNEY<br><input type="checkbox"/> SUPERVISED DIVERSIONARY PROGRAM<br><input type="checkbox"/> OTHER<br><input type="checkbox"/> UNKNOWN |
|---|--|

*If No evaluation and No treatment recommendation was made, select YES. Select NO if evaluation is later conducted or Tx Recommendation is made to the Court.*

**CONSULTATION ONLY:**

- YES     NO

***If CONSULTATION ONLY is YES, stop here.***

**CLIENT EVALUATION (Complete CLIENT EVALUATION sections only if CONSULTATION ONLY is NO.)**

**EVALUATION DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NAME OF EVALUATING CLINICIAN:** \_\_\_\_\_

**CLINICAL NEED: (check one box below)** Based only on clinical need (not the court's requirements), what level of care would you recommend for the client if he/she was released on the same date as your evaluation?

- |  |  |
|--|--|
| <input type="checkbox"/> ACT/CSP                           | <input type="checkbox"/> OP GROUP OR 1 ON 1 SERIOUS PERSISTENT MI      |
| <input type="checkbox"/> DETOX                             | <input type="checkbox"/> RESIDENTIAL DUAL DX (< 31 DAYS) PERSISTENT MI |
| <input type="checkbox"/> INPATIENT PSYCHIATRIC             | <input type="checkbox"/> RESIDENTIAL SA/DUAL DX (< 31 DAYS) ALL OTHERS |
| <input type="checkbox"/> IOP/PHP FOR SERIOUS PERSISTENT MI | <input type="checkbox"/> SERVICES NOT NEEDED                           |
| <input type="checkbox"/> IOP/PHP FOR ALL OTHERS            | <input type="checkbox"/> SPECIALTY DMHAS JD PROGRAM                    |
| <input type="checkbox"/> MHDRC                             | <input type="checkbox"/> OTHER   |
| <input type="checkbox"/> OP Tx For All Others              |  |

**HOUSING NEED: (check one box below)** Based only on clinical need (not the court's requirements), what type of housing would you recommend for this client if he/she was released on the same date as your evaluation? If you recommended Inpatient or Residential in the field above then indicate the recommended housing at the time of discharge from Inpatient or Residential.

- |  |   |
|--|---|
| <input type="checkbox"/> APARTMENT WITH 24 HR STAFF ON-SITE  | <input type="checkbox"/> NURSING HOME                               |
| <input type="checkbox"/> GROUP HOME WITH 24 HR STAFF ON-SITE | <input type="checkbox"/> SUPPORTED APARTMENT WITH VISITS            |
| <input type="checkbox"/> INDEPENDENT APARTMENT               | <input type="checkbox"/> OTHER (WITH FAMILY, FRIEND, SHELTER, ETC.) |

**JD CLIENT POPULATION:** Serious mental illness, significant impairment and possible hospitalization if not treated, and no private insurance.  YES  NO  UNKNOWN

**MOST SERIOUS CHARGE:**  FELONY  MISDEMEANOR  OTHER CHARGE TYPE

**SYMPTOMS / BEHAVIOR**

**SYMPTOMS AT EVALUATION: (check all boxes that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> ANXIETY/PANIC  | <input type="checkbox"/> SUBSTANCE ABUSE |
| <input type="checkbox"/> DANGER TO SELF/OTHERS, GRAVELY DISABLED  | <input type="checkbox"/> NONE            |
| <input type="checkbox"/> DEPRESSION   | <input type="checkbox"/> OTHER           |
| <input type="checkbox"/> PSYCHOSIS (Hallucinations, delusions, bizarre affect or behavior, disorganized thinking) |  |

**ALLEGED BEHAVIOR AT ARREST: (check all boxes that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> ASSAULT OR THREAT OF ASSAULT     | <input type="checkbox"/> SUICIDE THREAT OR ATTEMPT |
| <input type="checkbox"/> DAMAGE TO PROPERTY               | <input type="checkbox"/> SUBSTANCE USE             |
| <input type="checkbox"/> NONE                             | <input type="checkbox"/> UNABLE TO OBTAIN          |
| <input type="checkbox"/> POSSESSION/USE OF A GUN OR KNIFE | <input type="checkbox"/> OTHER                     |

**ARRAIGNMENT DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NEXT COURT DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**DIVERTED**

**CLIENT DIVERTED:** *Client released pretrial or at sentencing from custody and JD had any involvement in legal disposition.*

YES  NO

**Complete DATE DIVERTED only if CLIENT DIVERTED is YES.**

**DATE DIVERTED:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SUPERVISED BY COURT SUPPORT SERVICE DIV:** *(Check one if CLIENT DIVERTED is YES)*

- |   |  |
|---|--|
| <input type="checkbox"/> NO                     | <input type="checkbox"/> REGULAR AIC                     |
| <input type="checkbox"/> ASIST CLINICIAN AT AIC | <input type="checkbox"/> SUPERVISED DIVERSIONARY PROGRAM |
| <input type="checkbox"/> PRE-TRIAL PROBATION    | <input type="checkbox"/> UNKNOWN                         |

**FIRST COURT-ORDERED CLINICAL SERVICE:** *(Check one if CLIENT DIVERTED is YES)*

- |  |  |
|--|--|
| <input type="checkbox"/> ACT/CSP                                 | <input type="checkbox"/> OP TX FOR ALL OTHERS                          |
| <input type="checkbox"/> BRIDGE SERVICES, i.e. Crisis, JD, Other | <input type="checkbox"/> OP GROUP OR ONE-ON-ONE SERIOUS                |
| <input type="checkbox"/> DETOX                                   | <input type="checkbox"/> RESIDENTIAL DUAL DX (< 31 DAYS) SERIOUS       |
| <input type="checkbox"/> EMERGENCY DEPARTMENT                    | <input type="checkbox"/> RESIDENTIAL SA/DUAL DX (< 31 DAYS) ALL OTHERS |
| <input type="checkbox"/> INPATIENT PSYCHIATRIC                   | <input type="checkbox"/> SERVICES NOT ORDERED                          |
| <input type="checkbox"/> IOP/PHP FOR ALL OTHERS                  | <input type="checkbox"/> SPECIALTY DMHAS JD PROGRAM                    |
| <input type="checkbox"/> IOP/PHP FOR SERIOUS PRESISTENT ME       | <input type="checkbox"/> OTHER   |
| <input type="checkbox"/> MHDRC                                   |  |

**ADDITIONAL COURT ORDERED CLINICAL SERVICES:** *(Check one if CLIENT DIVERTED is YES)*

- |  |  |
|--|--|
| <input type="checkbox"/> ACT/CSP                           | <input type="checkbox"/> OP TX FOR ALL OTHERS                          |
| <input type="checkbox"/> DETOX                             | <input type="checkbox"/> OP GROUP OR ONE-ON-ONE SERIOUS                |
| <input type="checkbox"/> INPATIENT PSYCHIATRIC             | <input type="checkbox"/> RESIDENTIAL DUAL DX (< 31 DAYS) SERIOUS       |
| <input type="checkbox"/> IOP/PHP FOR ALL OTHERS            | <input type="checkbox"/> RESIDENTIAL SA/DUAL DX (< 31 DAYS) ALL OTHERS |
| <input type="checkbox"/> IOP/PHP FOR SERIOUS PRESISTENT ME | <input type="checkbox"/> SPECIALTY DMHAS JD PROGRAM                    |
| <input type="checkbox"/> MHDRC                             | <input type="checkbox"/> OTHER   |

**Complete REASON DIVERSION DENIED only if CLIENT DIVERTED is NO.**

**REASON DIVERSION DENIED:** *If not diverted on the first court date that JD has the opportunity to make a Tx recommendation to the court, indicate what you think is the primary reason for no diversion at that time. Do not change this entry if client is diverted at a later date. (check one box below)*

- |   |   |
|---|---|
| <input type="checkbox"/> CHARGES DISPOSED – RELEASED FROM CUSTODY | <input type="checkbox"/> LACK OF DUAL DX TX BED             |
| <input type="checkbox"/> CHARGES TOO SERIOUS FOR JD               | <input type="checkbox"/> LACK OF GUARANTEED ACUTE PSYCH BED |
| <input type="checkbox"/> CLIENT IN COMMUNITY-DIVERSION NOT NEED   | <input type="checkbox"/> LACK OF GUARANTEED DETOX BED       |
| <input type="checkbox"/> CLIENT-CONSERVATOR NON-CONSENT           | <input type="checkbox"/> LACK OF JD BED OR MH RESPITE BED   |
| <input type="checkbox"/> DEFENSE ATTORNEY REFUSES                 | <input type="checkbox"/> LACK OF SA TX BED                  |
| <input type="checkbox"/> ENGAGEMENT UNLIKELY                      | <input type="checkbox"/> LACK OF TIMELY OP APPOINTMENT      |
| <input type="checkbox"/> HELD ON ANOTHER CHARGE-WARRANT-ETC       | <input type="checkbox"/> LACK OF TRANSPORT TO LOC           |
| <input type="checkbox"/> INDIVIDUAL REFUSES LOC                   | <input type="checkbox"/> SENTENCED TO JAIL-PRISON           |
| <input type="checkbox"/> INSUFF TIME TO ESTABLISH LOC             | <input type="checkbox"/> SUPERVISED DIVERSIONARY PROGRAM    |
| <input type="checkbox"/> JUDGE WILL NOT CONSIDER DIVERSION        | <input type="checkbox"/> OTHER                              |
| <input type="checkbox"/> LACK OF MEDICATION                       | <input type="checkbox"/> UNKNOWN                            |
| <input type="checkbox"/> LACK OF APPROPRIATE HOUSING              |   |

## CRIMINAL CHARGES

| CHARGE TYPE:         | CHARGE: |
|----------------------|---------|
| FELONY CHARGE 1      |         |
| FELONY CHARGE 2      |         |
| FELONY CHARGE 3      |         |
| FELONY CHARGE 4      |         |
| FELONY CHARGE 5      |         |
|                      |         |
| MISDEMEANOR CHARGE 1 |         |
| MISDEMEANOR CHARGE 2 |         |
| MISDEMEANOR CHARGE 3 |         |
| MISDEMEANOR CHARGE 4 |         |
| MISDEMEANOR CHARGE 5 |         |
|                      |         |
| OTHER CHARGE 1       |         |
| OTHER CHARGE 2       |         |
| OTHER CHARGE 3       |         |
| OTHER CHARGE 4       |         |
| OTHER CHARGE 5       |         |

## COMMENTS

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## DISCHARGE

**IS CLIENT READY TO BE DISCHARGED?**       YES       NO

**WAS CLIENT DIVERTED:**       YES       NO

**INCARCERATION:** *Was client incarcerated in jail or prison, not police or court lock-up, at any time between the day of diversion and the day of disposition of charges? (Check one if WAS CLIENT DIVERTED is YES)*

- NOT INCARCERATED AFTER DIVERSION
- INCARCERATED UNTIL DISPOSITION OF CHARGES WITH JD PLAN
- INCARCERATED DUE TO NON-COMPLIANCE WITH TREATMENT
- INCARCERATED DUE TO OTHER CHARGES
- INCARCERATED FOR OTHER REASONS
- REARREST ORDERED DUE TO FTA

**DISPOSITION OF CHARGES:** *What was the most serious outcome for the criminal charges for which the diversion originally occurred? (Check one if WAS CLIENT DIVERTED is YES)*

- ALL CHARGES DISMISSED OR NOLLED
- SENTENCED ONLY TO PROBATION/CONDITIONAL DISCHARGE
- SENTENCED TO UNCONDITIONAL DISCHARGE
- SENTENCED TO JAIL/PRISON
- TARGET CHARGES NOT YET DISPOSED
- OTHER                       UNKNOWN