The Connecticut Veterans Jail Diversion and Trauma Recovery pilot area is served by a regional office of DMHAS, the Southeastern Mental Health Authority. The target population is veterans who may be experiencing trauma-related/mental health symptoms, with a special focus on the newest generation of veterans returning from the wars in Iraq and Afghanistan. The pilot diverts veterans at the earliest opportunity along the criminal justice continuum. Most referrals occur through arraignment at three Geographic Area courts – Danielson, Norwich, and New London. The pilot team provides case management for nine to twelve weeks and links participants to individualized treatment plans. Veterans’ plans often reflect the concurrent involvement of several providers (VA, VA/Community-based Outpatient Clinic (CBOC), Vet Center, DMHAS and/or other state agency, community provider). The project has established a community-focused, recovery oriented model. Through systems integration, veterans benefit from enhanced choice in treatment planning and may access services locally and often simultaneously through multiple systems. To further the competency of social workers in Connecticut to work with veterans, DMHAS is developing a statewide internship program that will support students participating in University of Saint Joseph’s new Service Member, Military Families and Veterans MSW program. The project has also implemented a Steering Committee for the purpose of reviewing complex/high-profile cases. Members include the DMHAS Deputy Commissioner, the Chief of DMHAS Forensics Division, the Assistant to the Commissioner and the Veterans Jail Diversion Project Director.

Statewide Rollout & Sustainability
The statewide rollout strategy is to implement veteran diversion in each Geographic Area court in the state. The program has recently expanded to the Middletown Court. Each court will ultimately have a dedicated veterans’ jail diversion clinician, with some clinicians covering two or more smaller courts. To support expansion, project staff provides consultation services to court-based clinicians, with intent to implement diversion of veterans in courts throughout the state.

点 of Diversion
Intercept 1 – Law enforcement makes referrals and receives training on veterans’ issues through veteran-specific CIT modules
Intercept 2/3 – Most of the diversions occur at arraignment

Summary of JDTR Features

Training
The program has broadened the behavioral health and justice system’s capacity to respond to veterans in the justice system through workforce development programs for DMHAS clinicians and jail diversion clinicians. Other strategies have included Judicial Branch trainings, hiring training coordinators for CIT and court, Veteran Resource Representative Training, and focused outreach.

Veteran/Peer Involvement
Peer based services are integrated as part of the pilot team. A Peer Focus Group is convened for the purpose of improving services to participants. Veteran Peers actively participate in both the pilot-area and state boards. The state, in partnership with the Connecticut National Guard, is working on developing a peer mentor program.

Trauma-Informed Care
The pilot team is developing Veterans Trauma Recovery and Empowerment Model (V-TREM) as a trauma-specific treatment. Criminal justice personnel are trained in trauma-informed care and identification of veterans in the justice system. DMHAS is providing training to behavioral health agencies and criminal justice personnel, such as judicial marshals and court staff, to understand trauma as it relates to veterans and to identify veterans who may be in need of services. The grant is also delivering trauma and veterans modules as part of law enforcement Crisis Intervention Team trainings.
The Connecticut JDTR program provides services to veterans who may be experiencing trauma-related/mental health symptoms, with a special focus on the newest generation of veterans returning home from the wars in Iraq and Afghanistan. Diversion occurs at the earliest opportunity along the criminal justice continuum (Intercept 1 - law enforcement and intercept 2 - arraignment). Most referrals occur through arraignment at the following courts: Danielson, Norwich, New London, and Middletown. The project has established a community-focused, recovery-oriented model where clients benefit from enhanced choice in treatment planning and may access services locally and often simultaneously through multiple systems. The CT JDTR project team strive to establish jail diversion/trauma recovery services for veterans statewide and to educate court-based clinicians with the knowledge, skills, and ability to serve veterans who are justice-involved.

## Statewide Rollout

### Key Stakeholder Involvement

The following key stakeholders continue to support and be involved with the JDTR program: Connecticut Department of Mental Health & Addiction Services, State Attorneys, Public Defenders, Judicial representatives, Bail Commissioners, Law Enforcement, Veteran services providers, DoD Health Care New England, National Guard, and several community service providers and peers. This State Action Planning Committee will continue to meet regularly and are currently working on a comprehensive review of fidelity to the projects service model and to develop data collection and reporting mechanisms to assure ongoing fidelity to the model.

### Leadership and Organizational Changes at the State Level

In January 2014 the State Advisory Board members voted to continue to meet until statewide expansion is fully achieved (until Veterans Jail Diversion clinicians are placed in all 20 Connecticut courts).

### Training

In year 3 CT began to turn its focus from local trauma trainings to statewide trauma training, incorporating trauma informed care principles in the ongoing statewide training provided to law enforcement (CIT), judicial marshals, clinical VA staff, Vet Center staff and to DMHAS and community clinicians through the DMHAS’ Workforce Development Program in Veterans Services. Trauma informed care continues to be implemented within the Southeastern Mental Health Authority (SMHA) and among network providers. To date, 92% of SMHA employees have been trained in Trauma Informed Care.

### Policy Changes

Expansion of CT DMHAS Military Support Program to veterans who served active duty, not solely National Guard/Reserves. A Military service question has been added to CT police emergency evaluation form (72 hour hold). Legislation passed in 2012 allowing former members of the U.S. Armed Forces to apply to have their veteran’s status displayed on their Connecticut Driver’s License, with the added symbol of an American flag.

### Other Legacy Accomplishments

This grant has been a vehicle through which thousands of CT citizens have learned about the prevalent psychological and behavioral challenges facing many returning veterans. Additionally, it has provided professional staffs throughout the state who are involved in the criminal justice system, along with law enforcement officers, and state and community providers, meaningful ways to provide relevant services and supports to veterans at a moment of crisis in their lives (getting arrested). This grant has also been an impetus for substantive change in the way CT previously organized and directed services in order to better address the needs of veterans returning to the community. Prior to the JDTR grant veterans seeking services from the DMHAS were told they had to go to the VA for services. Rarely would a VA treatment plan include referral to a state provider, and never would a referral be made to a non-VA provider in the veteran’s community of residence. The JDTR team found that in the majority of cases, VA primary treaters welcomed the opportunity to collaborate and coordinate with non-VA providers, were supportive of the veterans non-VA treatment plan, and were willing to incorporate community based services into the veteran’s VA plan. This was a major barrier at the state level that the JDTR grant was influential in breaking down.

Organizing and sustaining a diverse group of key stakeholders from numerous agencies representing multiple systems that will continue to meet and work together after the funding cycle ends for the JDTR program is a huge success. Another achievement is the creation of the two state coordinator positions located in the courts. These positions will ensure that JDTR services will be sustained.