Interview with Chief Justice Robinson

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

Chief Justice Robinson discusses the Task Force's work and goals.

In the third of eight interviews of the National Judicial Task Force Executive Committee members, Connecticut Chief Justice Richard Robinson, Co-chair of the Criminal Justice Work Group, discusses how the Task Force's work will lead to real change, what he hopes the Work Group will accomplish, and what challenges his state is facing.

Q: How can we ensure that the task force's work leads to real change?

A: By assuring that each constituent jurisdiction involved in this effort commits the right people to work on these initiatives. Inter-agency communication and cooperation is key to the success of any initiatives undertaken as a result of the Task Force's work. The involvement of judges, prosecutors, probation, mental health agencies and other interested entities is key. Partnership with community-based organizations and mental health service providers will also aid in leading to comprehensive solutions to these challenging issues.

Q: What do you hope the Criminal Justice Work Group accomplishes?

A: Identification of targeted populations and diverting them out of the traditional criminal justice process and into targeted services is a good starting point and is something we have already initiated here in Connecticut as is more fully explained below.

Q: What's the situation in your state as it relates to the needs of individuals with serious mental illness who find themselves in the courts?

A: This is a challenging population because in addition to having a mental disorder, these defendants often have a co-occurring substance use disorder. Since 2008, in response to legislation, the Connecticut Judicial Branch has managed the pretrial supervised diversionary program, which provides treatment and supervision services to persons with a mental disorder, giving special consideration to veterans.

In addition, if a defendant, being held in custody before arraignment, appears to be suffering from a mental disorder, a Department of Mental Health and Addiction Services (DMHAS) program will assess the defendant, at court, for mental health needs and, if appropriate, develop a community-based treatment plan for the court's review. The treatment plan can include services such as the Advanced Supervision and Intervention Support Team program, an interagency, the Judicial Branch, Department of Correction, and DMHAS, funded program, which uses contracted services to deliver intensive clinical case management, psychiatric support services, and direct or indirect mental health treatment, with a caseload cap of 25 clients.

Further, beginning, in 2015, in one location, the Judicial Branch has been diverting defendants with an opioid use disorder, often exacerbated by a mental health disorder, to treatment at the beginning of the judicial process. This highly successful program, the Treatment Pathway Program, or TPP, has been expanded to three other locations. In addition to TPP's success in providing immediate access to treatment, it is a sustainable model because many of the program's services are billable through Medicaid.









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Additionally, when a person is sentenced to a term of probation, the Judicial Branch funds behavioral health services that include residential and outpatient treatment.

Moreover, the Judicial Branch, in another collaboration with DMHAS, provides enhanced services to this sentenced population that has serious mental illness. This collaboration flourished under former commissioner, now Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration, Dr. Miriam E. Delphin-Rittmon.

As I indicated, persons with a mental disorder are challenging and the Judicial Branch continues to explore best practices in meeting the needs of this population.