



## Reporting Requirements and Cover Sheet

**2019 Reports:**

- 1<sup>st</sup> Program Quarter (Jan. 1 – March 31, 20\_\_), due April 30
- 2<sup>nd</sup> Program Quarter 2 (April 1 – June 30, 20\_\_), due July 31
- 3<sup>rd</sup> Program Quarter (July 1 – Sept. 30, 20\_\_), due October 31
- 4<sup>th</sup> Program Quarter 11 (Oct. 1 – Dec. 31, 20\_\_), due January 31

**4<sup>th</sup> Program Quarter Participant Narratives:** For the 4<sup>th</sup> Program Quarter, please attach at least four brief narratives describing participant outcomes or survey responses (See Participant Feedback Survey).

**Policies, Guidelines and Pilot Site Design Plan:** Please provide:

- Chief Judge MHDP policies with the initial quarterly report;
- Any revisions to Pilot Site Design Plans or policies made during the quarter;
- A description of obstacles encountered with MHDP implementation, program or process changes made as a result, and whether the solution(s) effectively overcame the obstacle(s);
- A description of future assistance needs (e.g., training, funding, technical assistance, staffing, form development, data collection) and requested time frame;
- A description of any data that is problematic to gather and data not currently collected that would assist with measurement of program success.

*By signing below, I affirm that the information contained in the quarterly report is true to the best of my knowledge.*

**Prepared by:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
 Forms Prepared:  Form 1, Summary Data  Form 2, Participants Exiting Program Data

**Prepared by:** (If more than one preparer)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
 Forms Prepared:  Form 1, Summary Data  Form 2, Participants Exiting Program Data

**Prepared by:** (If multiple preparers)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
 Forms Prepared:  Form 1, Summary Data  Form 2, Participants Exiting Program Data

Form # 1 - Summary Data by Program Quarter (PQ)		PQ 1 1/01/19 3/31/19	PQ 2 4/01/19 6/30/19	PQ 3 7/01/19 9/30/19	PQ 4 10/01/19 12/31/19
1	# of arrestees screened for mental health needs (using Brief Jail Mental Health Screen, Colorado Criminal Justice Mental Health Screen-Adult, or Correctional Mental Health Screen for Men or Women)				
2	Of those screened (Row 1), # with <u>positive MH screens</u> (i.e., potential MH concerns identified)				
3	Of those with positive MH screens (Row 2), # <u>not referred</u> for MH assessment (i.e., screened out) (Should = Sum of Rows 4 through 11)				
4	Of those not referred for MH assessment (Row 3), # not referred because <u>charges were not MHDP- eligible</u>				
5	Of those not referred for MH assessment (Row 3), # not referred due to <u>defendant criminal history or prior unsuccessful engagement in alternatives to prosecution</u>				
6	Of those not referred for MH assessment (Row 3), # not referred due to <u>criminogenic risk</u> (e.g., high CPAT or other risk assessment tool)				
7	Of those not referred for MH assessment (Row 3), # not referred due to <u>circumstances of offense</u> (e.g., objection of victim, opposition of arresting officer, etc.)				
8	Of those not referred for MH assessment (Row 3), # not referred due to concerns about <u>payment of restitution</u>				
9	Of those not referred for MH assessment (Row 3), # not referred due to <u>program limitations</u> (insufficient staff or funding)				
10	Of those not referred for MH assessment (Row 3), # not referred due to <u>defendant unwillingness, lack of interest or refusal</u> ("I just want to do my time")				
11	Of those not referred for MH assessment (Row 3), # not referred for <u>other reasons</u> (attach brief explanation)				
12	Of those with positive MH screens (Row 3), # referred for MH assessment (Formula: Row 2 - Row 3)	0	0	0	0
13	Of those referred for MH assessment (Row 12), # who <u>obtained</u> MH assessment				
14	Of those who obtained assessment (Row 13), # <u>not recommended</u> (by assessor) for MHDP				

**Mental Health Diversion Program (MHDP)**

**District #** \_\_\_\_\_

<b>Form # 1 - Summary Data by Program Quarter (PQ)</b>		PQ 1 1/01/19 3/31/19	PQ 2 4/01/19 6/30/19	PQ 3 7/01/19 9/30/19	PQ 4 10/01/19 12/31/19
15	Of those not recommended for MHDP (Row 14), # not recommended because <u>MH needs too severe</u>				
16	Of those not recommended for MHDP (Row 14), # not recommended because <u>MH treatment not needed or not appropriate</u>				
17	Of those not recommended for MHDP (Row 14), # not recommended due to <u>severity of substance abuse concerns</u>				
18	Of those not recommend MHDP (Row 14), # not recommended because <u>defendant unwilling to participate in treatment</u>				
19	Of those not recommended for MHDP (Row 14), # not recommended due to <u>other reasons</u> (attach brief explanation)				
20	Of those who obtained MH assessments (Row 13), # recommended for MHDP (Should = Row 13 - Row 14)	0	0	0	0
21	Of those recommended for MHDP by assessor (Row 20), # who <u>did not sign diversion agreement</u> (e.g., defendant changed mind, declined after advice of counsel, FTA at court, etc.)				
22	Of those recommended for MHDP by assessor (Row 20), # who <u>signed diversion agreement</u> (i.e., new participants identified through jail screening process)				
23	# of new MHDP participants <u>identified through other sources</u> (e.g., referred by court, DA, PD, family, victim, etc., but not through jail screening process) who <u>signed diversion agreements</u>				
24	# of new MHDP participants from all sources (Formula: Row 22 + Row 23)	0	0	0	0
25	# of MHDP participants at end of prior quarter (Prior PQ Row 27)	0	0	0	0
26	# of participants who <u>exited</u> MHDP this quarter (This should equal the # of exited participants listed in Form 2)				

**Mental Health Diversion  
Program (MHDP)**

**District # \_\_\_\_\_**

<b>Form # 2 Participant EXIT Data</b>  <b>Program Quarter (PQ)</b>	<b>Last Name</b>	<b>First Name</b>	<b>DOB</b>	<b>Race</b>	<b>Ethnicity</b>	<b>Level of Most Serious Offense</b>	<b>C.R.S. Cite of Most Serious Offense (If Known)</b>
<b>PQ 1 1/1/19-3/31/19</b>							
<b>PQ 2 4/1/19-6/30/19</b>							
<b>PQ 3 7/1/19-9/30/19</b>							
<b>PQ 4 10/1/19-12/31/19</b>							

**Mental Health Diversion  
Program (MHDP)**

<b>Form # 2 Participant EXIT Data</b>  <b>Program Quarter (PQ)</b>	<b>Last Name</b>	<b>Date Booked (if arrested)</b>	<b>Date of MH Screen (if not date booked)</b>	<b>Date of Release from Custody (if arrested)</b>	<b>Date of Entry into MHDP (signature of diversion agreement)</b>	<b>Date of Exit from MHDP</b>
<b>PQ 1 1/1/19-3/31/19</b>						
<b>PQ 2 4/1/19-6/30/19</b>						
<b>PQ 3 7/1/19-9/30/19</b>						
<b>PQ 4 10/1/19-12/31/19</b>						

**Mental Health Diversion  
Program (MHDP)**

				Mental Health Provider Data		
Form # 2 Participant EXIT Data	Last Name	Successful Completion of MHDP? (Y/N)	If Unsuccessful, Reason for MHDP Exit (new charge, withdrew, absconded, etc.; If new charge, level and citation of new charge)	Date of MH Assessment	Provider Recommends MHDP? (Y/N)	MH Treatment Provider(s)
Program Quarter (PQ)						
PQ 1 1/1/19-3/31/19						
PQ 2 4/1/19-6/30/19						
PQ 3 7/1/19-9/30/19						
PQ 4 10/1/19-12/31/19						

**Mental Health Diversion  
Program (MHDP)**

		Mental Health Provider Data				
Form # 2 Participant EXIT Data  Program Quarter (PQ)	Last Name	Date of 1st Appointment with Provider	# of Sessions Attended (Individual or Group)	Future Appointment Scheduled upon Exit from MHDP? (Y/N)	Primary Source of Payment	MHDP Funding Paid for Participant (enter \$ amount)
PQ 1 1/1/19-3/31/19						
PQ 2 4/1/19-6/30/19						
PQ 3 7/1/19-9/30/19						
PQ 4 10/1/19-12/31/19						