

OFFICE OF THE STATE COURT ADMINISTRATOR



November 3, 2020

Representative Daneya Esgar, Chair, Joint Budget Committee
Representative Mike Weissman, Chair, House Judiciary Committee
Senator Pete Lee, Chair, Senate Judiciary Committee
Colorado General Assembly
200 E. Colfax
Denver, CO 80203

Steven Vasconcellos
State Court Administrator

Re: Mental Health Diversion Program FY20 Legislative Report

Terri Morrison
Judicial Legal Counsel

Dear Representative Esgar, Representative Weissman and Senator Lee,

DIRECTORS

Brenidy Rice
Court Services

Enclosed is the second annual report for the Mental Health Diversion Program required by §18-1.3-101.5(6.5), C.R.S. The reduced FY21 appropriation resulted in cessation of pilot program operations in the 6th, 8th and 16th Judicial Districts as of July 1, 2020, with the 20th Judicial District to do the same by year end.

Marty Galvin
Financial Services

The report shows an upward trend in program participation during the months following implementation, prior to the pandemic. Since then, office and court closures, stay at home orders and preparation to wind down operations in the absence of FY21 funding caused a decline in enrollment.

Chad Cornelius, CIO
Information Technology Services

If and when funding is restored, resumption of program operations will require a second implementation phase. While stakeholder collaboration and program procedures are intact, the programs must again rebuild participation from zero, which will take time. Funding, time, and generation of data are required to realize benefits from the resources invested to date. In the interim, we continue to actively pursue promising opportunities to meet the needs of individuals whose mental health impairments contribute to their criminal legal system involvement.

Glenn Tapia
Probation Services

ACTING DIRECTOR

Melanie Ulrich
Human Resources

We look forward to identifying and implementing collaborative solutions that address the needs of this vulnerable population.

Respectfully,

Steven Vasconcellos
State Court Administrator



**Mental Health Criminal Justice Diversion Grant Program
Annual Report, Fiscal Year 2020**

Colorado Judicial Branch

Office of the State Court Administrator

Court Services Division • Criminal Justice Programs Unit

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Executive Summary

Senate Bill 18-249, enacted in §18-1.3-101.5, C.R.S.¹, created the Mental Health Diversion Program (MHDP), a post-arrest, pre-plea pilot program for diversion of individuals with unmet mental health needs, arrested for low level, non-Victim Rights Act² offenses. The program derives from a model created by the Mental Health/Point of Contact through Jail Release Task Force of the Colorado Commission on Criminal and Juvenile Justice (CCJJ Model),³ diverting participants out of jail into mental health treatment. Program goals include reducing the number of people with behavioral health disorders in jail and in criminal court proceedings, saving costs, improving efficiencies in justice and health care resource management and promoting positive outcomes for participants.

Housed in the State Court Administrator's Office, the program supported four pilot sites selected by the State Court Administrator and Colorado District Attorneys' Council. Pilot sites included the 6th, 8th, 16th and 20th Judicial Districts. House Bill 20-1393 authorized MHDP operations in additional sites. Senate Bill 19-211 extended the repeal date from December 31, 2021 to June 30, 2022 and removed the statutory annual spending cap.

Program implementation occurred in the Spring and Fall of 2019, varying among pilot sites. Each began with a small but growing number of participants. Early on, implementation revealed lower than anticipated participant eligibility rates. Soon after implementation, pilot sites worked to expand participation in the program by reexamining eligibility criteria, modifying processes and exploring alternate points of entry for individuals who received summons and citations or posted bond.

COVID-19 caused courthouse and district attorney office closures and disrupted screening, evaluation and treatment services that are fundamental to MHDP operations. Soon after, as economic impacts of COVID-19 on MHDP funding became apparent, pilot sites began planning for the loss of funding after June 30, 2020, which became a certainty with passage of HB 20-1360, the FY 21 Long Bill. These developments occurred alongside efforts to reduce inmate populations, given the need for social distancing amidst the pandemic. With jail-based screening the primary point of entry pursuant to the MHDP Model, entry of candidates into MHDP declined. Pilot sites in the 6th, 8th and 16th Judicial Districts terminated MHDP operations by July 1, 2020, ceasing to accept new candidates in anticipation of the funding loss and in response to COVID-19 restrictions. The 20th Judicial District secured alternate funding to operate through the end of calendar year 2020, after which time MHDP operations are expected to cease. The 8th Judicial District more recently received a local grant to support mental health interventions for diversion participants, in a manner tailored to local community needs.

Suspension of program operations halted progress in implementation and program growth, indefinitely removing MHDP as a prosecution alternative. The loss of funding terminated plans for MHDP expansion into an additional site, generation and collection of data and initiation of program evaluation. Loss of funding interrupted pilot site operations from the statutory implementation date of January 1, 2019 through the June 30, 2022 statutory repeal date. Restoration of funding is not anticipated for FY22.

¹ See Appendix A.

² Victim Rights Act offenses include but are not limited to murder, manslaughter, criminally negligent and vehicular homicide, assault and vehicular assault, menacing, kidnapping, many sexual offenses, robbery, offenses against children or at-risk adults, stalking, bias-motivated crimes, careless driving resulting in death, hit and run offenses involving death or serious bodily injury, offenses involving victims of crime and witnesses, human trafficking, first degree burglary, violations of criminal protection orders, and charges involving domestic violence, as set forth more fully in §24-4.1-301, C.R.S., *et seq.*

³ See Appendix B.

Program Overview

Senate Bill 18-249, codified at C.R.S. §18-1.3-101.5, created a pre-plea program for diversion of individuals who have unmet mental health needs and are arrested for low level, non-VRA offenses, out of jail and into mental health treatment in the community. This legislation establishes, authorizes and funds the Mental Health Criminal Justice Diversion Grant Program, housed in the Office of the State Court Administrator and staffed by the MHDP Coordinator. The Coordinator administers, assists and oversees program implementation, funding and reporting in four pilot sites: the 6th Judicial District, including Archuleta, La Plata and San Juan Counties; the 8th Judicial District, including Jackson and Larimer Counties; the 16th Judicial District, including Bent, Crowley and Otero Counties; and the 20th Judicial District, consisting of Boulder County.

The pilot sites are charged with developing and implementing programs based on the CCJJ Model. The authorizing statute recognized the need for flexibility and local control over pilot site programs, provided they maintain “the core integrity and objectives of the effort to foster the use of mental health diversion programs throughout the state.”⁴ Augmenting the initial legislation, Senate Bill 19-211 extended the MHDP repeal date to June 30, 2022, removed the cap on annual grant awards, established annual reporting requirements and provided supplemental funding. House Bill 20-1393 again amended the statute by authorizing MHDP operations in additional pilot sites.

The program, as initially conceived in the CCJJ Model, involves post-arrest screening⁵ for mental health treatment needs during the booking process.⁶ Soon thereafter, persons with identified mental health needs would undergo MHDP eligibility⁷ consideration. A mental health professional would then conduct a mental health assessment⁸ for program candidates. The assessment would yield a recommendation regarding the suitability for MHDP. If recommended, the individual would receive a “warm hand-off”⁹ to treatment. The individual would sign a diversion agreement without entering a plea. Release from custody would follow, with treatment beginning soon thereafter. Treatment staff would facilitate Medicaid eligibility or reinstatement when available, in the absence of private insurance, enabling continuity of care subsequent to successful completion of diversion. With treatment initiated and in the absence of new charges punishable by incarceration during the six-month period of diversion, the district attorney would dismiss or not file the charges.

⁴ §18-1.3-101.5(1), C.R.S.

⁵ The term “screen” refers to an instrument used to identify individuals who may have mental health concerns that require further assessment. Screens may be administered by lay persons, require minimal training and take minutes to administer.

⁶ Screen options include the Brief Jail Mental Health Screen, Correctional Mental Health Screen for Women, Correctional Mental Health Screen for Men and Colorado Criminal Justice Mental Health Screen. These are evidence-based, validated on criminal justice populations and available in the public domain. See Appendix C.

⁷ In addition to statutory exclusion of Victim Rights Act crimes, serious felonies and high-level drug felonies, pilot sites differ in other eligibility considerations. Eligibility criteria may exclude specific offenses, criminal histories, risk assessments, restitution owed, outstanding warrants or parole or probation status, as determined by district attorney. For example, some sites exclude individuals based their Colorado Pretrial Assessment Tool (CPAT) scores. The CPAT, an empirically derived pretrial risk assessment instrument, identifies risks to public safety and risks for court non-appearance, intended for use in setting bond conditions. See <http://capscolorado.org/cpat>.

⁸ The assessment described in the CCJJ Model addresses: a) current symptomatology of a behavioral health disorder; b) history of behavioral health concerns, diagnoses, or treatment; c) current involvement in treatment; d) social determinants of health (e.g., homelessness, employment); and d) willingness to engage in the diversion program and commit to treatment. Licensed mental health professionals directly perform or oversee performance of the mental health assessment.

⁹ The term “warm hand-off” refers to the introduction of a MHDP participant to the behavioral health provider, ideally in person but also by telephone. The purpose of a warm hand-off is to establish pre-appointment contact between the participant and therapist, to confer trust and rapport and to decrease missed treatment appointments.

Goals. Consistent with the CCJJ Model, program goals include:

- reducing the population of inmates with unmet mental health needs by providing community-based treatment;
- reducing jail overcrowding;
- reducing the number and cost of court cases involving people with mental health treatment needs;
- reducing criminal conduct;
- reducing collateral consequences of incarceration and conviction;
- improving individual outcomes through greater housing, employment and family stability;
- improving community safety; and
- improving justice and healthcare resource management efficiencies.

Funding. Table 1 shows program funding to date. Sec. 18-1.3-101.5, C.R.S., requires disbursement of \$50,000 annually to each pilot district attorney office for program-related administrative and personnel expenses. Funding also covers compensation of Mental Health Criminal Diversion Grant Program staff within the State Court Administrator’s Office and other pilot site needs, such as mental health and psychiatric treatment of participants, consistent with funding guidelines established by the State Court Administrator’s Office.¹⁰ In response to the Spring 2020 budget crisis related to COVID-19, the FY21 long bill appropriation in House Bill 20-1360 reduced the appropriation to \$100,000. As a result, the pilot programs suspended operations, three as of July 1, 2020 and the fourth as of December 31, 2020.

Table 1, MHDP Funding	
Fiscal Year	Appropriation
2019	\$750,000
2020	\$1,192,543
2021	\$100,000

Mandates. Senate Bill 18-249 tasked the State Court Administrator and Colorado District Attorneys’ Council with identifying pilot sites. The selection included the 6th, 8th, 16th and 20th Judicial Districts. Consistent with Senate Bill 18-249, the respective District Attorneys and Chief Judges agreed that each county and court within each judicial district would participate. Senate Bill 18-249 charged pilot site chief judges with establishing and facilitating pilot programs in accordance with the CCJJ Model.

The State Court Administrator’s mandates include program administration and oversight, consistent with CCJJ Model and legislative intent. Among these responsibilities are establishment of funding guidelines and acceptable expenses for distribution of grant money to pilot sites and disbursement of such monies. Augmenting Senate Bill 18-249, Senate Bill 19-211 directed the State Court Administrator to provide the Joint Budget Committee and the Senate and House Judiciary Committees with an annual report. Required components of this report include:

- Program descriptions (e.g., eligibility criteria, screening/assessment processes and site differences);
- Problems and obstacles encountered by pilot sites;
- Demographic information of candidates/participants (e.g., age, gender, race and ethnicity);
- Number of participants who successfully complete MHDP, who remain in MHDP and who were terminated from MHDP, including the reason for termination;
- Average duration of stay in the program;

¹⁰ See Appendix C.

- Accounting of program expenditures, including costs of the State Court Administrator;
- Adequacy of and need for money to cover district attorney personnel and administrative costs, the nature of such costs and extent of prosecutorial cost savings; and
- An evaluation component with best practice recommendations (FY21 only).

Pilot Site Landscape

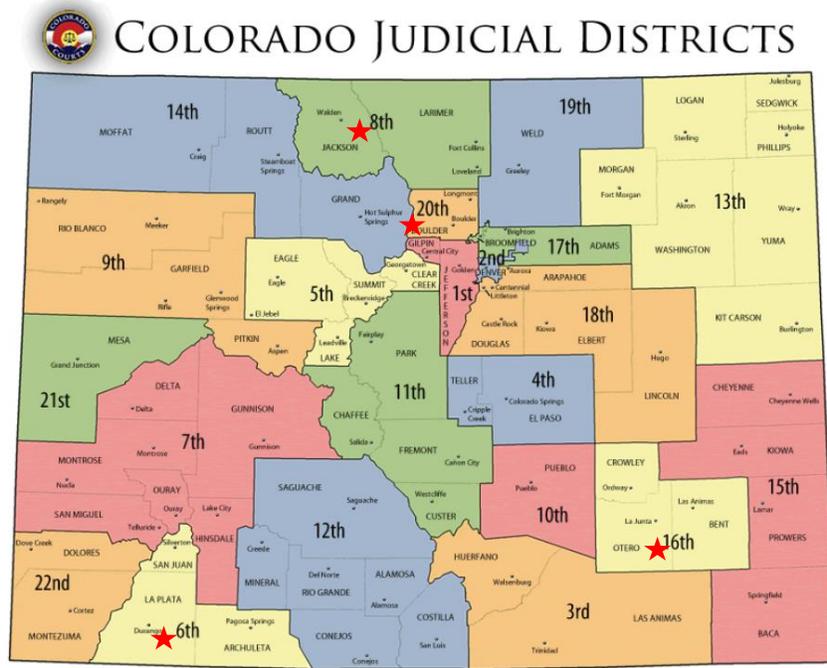


Figure 1, Map of Colorado Judicial Districts

Population. The pilot sites range in size from small rural to medium size judicial districts. None is a large urban judicial district. According to the most recent population estimates from the State Demography Office for July 2019, pilot site populations vary from 30,111 in the 16th Judicial District to 358,321 in the 8th judicial district. In contrast, urban judicial districts have larger populations from which to draw participants, such as the estimated population of 729,239 in the 2nd Judicial District or 1,040,728 in the 18th Judicial District. Employment opportunities, transportation, behavioral health services, pre-trial service programs, full-time judicial officers and other resources are less available in the rural sites, posing unique challenges.

Table 2, Pilot Site Population ¹¹									
	6 th JD			8 th JD		16 th JD			20 th JD
	Archuleta	La Plata	San Juan	Jackson	Larimer	Bent	Crowley	Otero	Boulder
By County	14,002	56,272	726	1,383	356,938	5,798	6,032	18,281	327,164
By Pilot Site	71,000			358,321		30,111			327,164

County Jails. Each pilot site has at least one jail. The 6th and 20th Judicial Districts each have one jail, La Plata County Jail and Boulder County Jail respectively. The 8th and 16th Judicial Districts have jails in in

¹¹ Colorado Population Estimates by County, 2010-2019 (July 2019), State Demography Office

each of their counties, two in the 8th and three in the 16th. Appendix D¹² shows jail capacity, bookings, release, length of stay, population, demographic information and inmate status. The number of inmates booked and released each quarter range from fewer than 10 reported in Otero County Jail to approximately 2,000-3,000 in the Larimer County Jail.

The majority of inmates are white, non-Hispanic males. The number of individuals awaiting competency evaluations at any given time during the first nine months of 2020, when jail data became available through the Division of Criminal Justice, ranged from 0 in the 16th Judicial District to 29 in the 20th Judicial District. As shown in Table 3, the percentage of inmates detained pretrial in the pilot sites ranges from 27% to 54%. Of those pretrial detainees, approximately 80% face felony charges.

Table 3, Pilot Site Inmate Status ¹³ , January through September 2020				
	6 th JD	8 th JD	16 th JD	20 th JD
% detained pretrial	41%	38%	54%	27%
% pretrial detainees facing felony charges	87%	81%	unknown	80%

This data provides context for the relatively low number of participants. The CCJJ Model focused on post-arrest screening at the jail as the sole point of entry and on low level offenses, statutorily defined to exclude class 1 through 3 felonies, level 1 and 2 drug felonies and all Victim Rights Act crimes.

Of the individuals detained pretrial who have eligible charges, MHDP candidates must screen “positive,” indicating the need for a mental health assessment. Mental health screening results from program inception in FY19 through FY20 appear below. The overall rate of positive screens was 30%, representing 3,745 positive screens of the 12,494 screens administered.

Table 4, Rate of Positive MH Screens among Inmates Screened for MHDP																		
FY19 by Quarter						FY20 by Quarter												
JD	1/1/19 - 3/31/19			4/1/19 - 6/30/19			7/1/19 - 9/30/19			10/1/19 - 12/31/19			1/1/20 - 3/31/20			4/1/20 - 6/30/20		
	# Screened	# + Screen	% + Screen	# Screened	# + Screen	% + Screen	# Screened	# + Screen	% + Screen	# Screened	# + Screen	% + Screen	# Screened	# + Screen	% + Screen	# Screened	# + Screen	% + Screen
6	0	0	NA	0	0	NA	759	156	21%	673	182	27%	675	171	25%	420	120	29%
8	0	0	0	1715	222	13%	1889	567	30%	1574	580	37%	1489	568	38%	1480	451	30%
16	11	9	82%	250	83	33%	273	104	38%	260	89	34%	231	64	28%	130	41	32%
20	0	0	NA	0	0	NA	159	94	59%	294	138	47%	201	97	48%	11	9	82%
Total	11	9	82%	1965	305	16%	3080	921	30%	2801	989	35%	2596	900	35%	2041	621	30%

Court Case Filings. Case filing volume in the pilot site judicial districts correlates with population size. The most populous judicial districts have the highest case filing volume and vice versa. While not all case filings represent potential MHDP participants, due to the statutory and other eligibility criteria, those pilot sites with relatively small case volumes have a smaller pool of potential MHDP participants.

¹² Colorado Division of Criminal Justice, Department of Public Safety Jail Data Dashboard (HB 19-1297), <https://www.colorado.gov/pacific/dcj-ors/ors-jaildata>; For definitions, see <https://www.colorado.gov/pacific/dcj-ors/hb19-1297-definitions>.

¹³ Calculations based on data from Colorado Division of Criminal Justice, Department of Public Safety Jail Data Dashboard (HB 19-1297), <https://www.colorado.gov/pacific/dcj-ors/ors-jaildata>.

Table 5, Overview of Filings by Judicial District, Fiscal Year 2019 and 2020 ¹⁴											
JD	County	District Court Criminal		County Court						District Criminal, County Felony, Misdemeanor and Traffic Filings	
				Felony		Misdemeanor		Traffic			
		FY19	FY20	FY19	FY20	FY19	FY20	FY19	FY20	FY19	FY20
6	Archuleta	150	135	132	111	320	285	293	368		
	La Plata	654	595	80	74	708	730	1,574	1,273		
	San Juan	7	4	2	2	22	17	29	41		
	Total	811	734	214	187	1,050	1,032	1,896	1,682	3,971	3,635
8	Jackson	21	38	1	0	78	55	71	66		
	Larimer	3,223	3,022	105	95	3,199	3,251	3,747	3,570		
	Loveland	0	0	0	0	1,751	1,845	2,871	2,717		
	Total	3,244	3,060	106	95	5,028	5,151	6,689	6,353	15,067	14,659
16	Bent	137	102	18	7	172	173	161	168		
	Crowley	96	134	4	11	58	93	109	212		
	Otero	361	303	37	28	475	540	591	610		
	Total	594	539	59	46	705	806	861	990	2,219	2,381
20	Boulder	2,559	2,394	2,440	1,944	2,260	2,255	2,768	2,155		
	Boulder/Longmont	0	0	0	0	1,080	1,043	1,585	1,225		
	Total	2,559	2,394	2,440	1,944	3,340	3,298	4,353	3,380	12,692	11,016

Pilot Site Profiles

Pilot programs evolved over the course of FY20, as each site identified ways to improve processes and expand its number of participants. The FY21 funding requests, attached as Appendix E, reflect changes made during FY19 and FY20 and anticipated in FY21. Pilot site summary profiles appear in Tables 6-9.

Table 6, 6 th Judicial District Program Summary	
Program Capacity	15-20 anticipated / 20-25 maximum (at a time)
Eligibility Disqualifications	<ul style="list-style-type: none"> • DUI, DWAI, history of sex offense convictions (public safety) • Driving under restraint/without license (diversion period too short) • CPAT score of 4 • Candidates already involved in problem-solving courts not local
Screen/Assessment Tools	Basic Jail Mental Health Screen, Colorado Pretrial Assessment Tool
Post-implementation Changes	<u>Eligibility expansion:</u> CPAT score of 3 <u>Eligibility disqualification:</u> DUI, DWAI, Driving under restraint/without license
Points of Entry	Jail, community (bond/summons and citation)
FY2021 Goals	<ul style="list-style-type: none"> • Enroll 48 participants (4/month) through use of a case review team • Increase stakeholder involvement through quarterly meetings • Provide education, training and outreach to community and partners • Ensure successful participants have access to care through Medicaid or private insurance
Funding Request	<ul style="list-style-type: none"> • Staffing (diversion coordinator), staff training/travel • MH and psychiatric assessments and treatment, case management • Screening, data collection, reporting (jail staff) • Participant needs (bus, hotel, grocery vouchers)

¹⁴ Colorado Judicial Branch Annual Statistical Report, Fiscal Years 2019 and 2020. Data for FY20 is preliminary and subject to change.

Table 7, 8th Judicial District Program Summary	
Program Capacity	75 anticipated / 150 maximum (at a time)
Eligibility Disqualifications	<ul style="list-style-type: none"> • History of drug distribution or sexual offenses • Prior extensive treatment opportunities • Crimes of violence, weapons charges, traffic offenses • Probation status, active warrants, or other pending cases • CPAT level 4
Screen/Assessment Tools	Basic Jail Mental Health Screen, Colorado Pretrial Assessment Tool
Post-implementation Changes	<u>Eligibility expansion</u> : CPAT 3; Some class 4 felonies and cases involving restitution; Entry through co-responder referrals or otherwise out of custody (not yet implemented) <u>Service expansion</u> : Addition of case management (e.g., Medicaid; court/ appointment attendance; transportation, phone service and housing access) <u>Eligibility disqualification</u> : Probation, active warrants, other pending cases
Points of Entry	Jail, community, including co-responder referrals
FY2021 Goals	<ul style="list-style-type: none"> • Reduce inmate population with MH needs • Reduce recidivism of people with MH needs • Increase treatment, decrease court involvement of people with MH needs • Increase participation to include people who receive summons • Improve “warm hand off” to treatment • Assist law enforcement with reducing arrests due to MH needs
Funding Request	<ul style="list-style-type: none"> • Staff compensation • MH assessments and treatment, psychiatric services and medications, case management • Participant needs (bus, gas, taxi, phone, hotel, Narcan)

Table 8, 16th Judicial District Program Summary	
Program Capacity	16 anticipated / 75 maximum (at a time)
Screen/Assessment Tools	Correctional Mental Health Screen
Points of Entry	Jail, Deputy DA referral at advisement
FY2021 Goals	<ul style="list-style-type: none"> • Conduct mental health screening of all people arrested and determine eligibility within 24 hours of screening • Obtain MH assessments within 48 hours of screening
Funding Request	<ul style="list-style-type: none"> • Staff compensation, office supplies and utilities • DA staff, provider and law enforcement training; staff travel • Compensation of jail staff for screening • MH assessments and treatment • Participant needs (transportation, interpreters, etc.)

Table 9, 20th Judicial District Program Summary	
Program Capacity	25-45 anticipated / 50-75 maximum (at a time)
Eligibility Disqualifications	<ul style="list-style-type: none"> • Class 4, 5, 6 felonies (case by case) • CPAT scores 3 or 4 • Objection by officer, victim or DA • Severity of mental health needs (provider inability to treat) • Non-local residence • Prior criminal history (case by case)
Screen/Assessment Tools	Correctional Mental Health Screen for Men, for Women Modified Mini Screen MS (for mental health) TCU Drug Screen 5 (for substance use treatment needs)
Post-implementation Changes	<u>Eligibility expansion described in Pilot Site Funding Request, Appendix</u> <u>Hiring of MHDP Navigator</u> Development of training, protocol, and collaboration

Points of Entry	Jail screening, jail referral and first appearance (non-universal screening)
FY2021 Goals	<ul style="list-style-type: none"> • Participants engage with MHDP staff throughout diversion • MHDP staff connects participants with services, resources and treatment • Participant numbers increase 25% through expanded eligibility criteria • Stakeholder relationships strengthen through semi-annual training/meetings • Participant referrals increase through warrants and court appearances
Funding Request	<ul style="list-style-type: none"> • Staff compensation, travel, office supplies and staff telephone • MH assessments and treatment, psychiatric services and medications • Education and outreach brochures and forms • Participant costs (bus, hotel, fees to obtain vital documents, fees to seal records, funds for restitution payment, clothing, interpretation/translation)

Operational Challenges

Challenges all pilot sites share are 1) identification of individuals who need mental health treatment, face eligible charges and are not otherwise disqualified; 2) expansion of points of MHDP entry for individuals who are not in custody; 3) participant difficulty in follow through with assessment and treatment; 4) the rapid shift to remote program operations due to COVID-19; and 5) the loss of funding due to the pandemic-related budget crisis, which interrupted program growth within a year or less of implementation. Below are summaries of specific challenges identified by each pilot site, along with actions taken to overcome the challenges.

Table 10, Operational Challenges and Problem-Solving		
JD	Challenge	Solutions Implemented
6	<ul style="list-style-type: none"> • Identification of eligible candidates • DA staff workload • Lack of full-time staff for MH assessments • Delays in access to treatment • Decreased in arrests, reduced access to jail, delayed/virtual court proceedings, inability to meet in person, delays processing enrollments, decreased referrals, loss of funding 	<ul style="list-style-type: none"> • Expansion of eligibility: CPAT scores 1-3 • Out-of-custody screening procedures • Revised procedures for assessments and diversion agreements, use of telehealth for therapy and medication, electronic document software and video meeting platforms to expedite screening, assessment and finalization of agreements
8	<ul style="list-style-type: none"> • Mental health provider contracting delays • Provider scheduling limitations • Low participant numbers • Target population not in custody • Participant follow through (treatment and court) • Release of candidates prior to MH assessment • Participant basic needs not met (e.g., housing) • MHDP candidates on probation, with other criminal charges or with history of sex offenses • Reduction in arrests, delayed hearings and loss of funding, suspension of operations and denial of MHDP entry after March 23, 2020 	<ul style="list-style-type: none"> • Expansion of eligibility to include some Class 4 felonies and cases with restitution (planned) • Expansion of MHDP entry beyond jail (e.g., out of custody, co-responder referrals; planned) • Staff attendance of court to facilitate case management, provider appointments and warm handoff to treatment • Referral for MH assessment at first court date if not complete • Use of case management to improve success • Hiring of staff to support participants (planned) • Local grant to restore modified programming
20	<ul style="list-style-type: none"> • Identifying eligible candidates • Information-sharing logistics • Reporting requirements and data collection • Fewer arrests, reduced jail population, lack of access to jail • Court closures and delays 	<ul style="list-style-type: none"> • Expansion of eligible charges • Expansion of program for post-file cases • Participant identification through docket review and remote screening • Improved data collection and information sharing through spreadsheets and ReliaTrax

Candidate and Participant Demographics

At this early stage of implementation, demographic comparisons are premature. When program operations resume, the Diversion Coordinator will continue to monitor demographic data. Table 11 reflects participant demographics of age, gender, race, ethnicity and success rates for each.

Table 11, FY20 Profiles of Exiting Participants							
		6 th JD	8 th JD	16 th JD	20 th JD	Total	Success Rate ¹⁵
Age							
	18-25	2	5	-	1	8	88%
	26-30	2	4	2	3	11	82%
	31-35	-	2	-	3	5	80%
	36-40	-	3	-	1	4	25%
	41-45	-	4	1	-	5	60%
	46-50	-	-	-	-	-	-
	51-55	2	2	1	-	5	80%
	56-60	3	1	-	-	4	75%
	61+	1	1	-	-	2	50%
Gender							
	Male	3	11	1	6	21	76%
	Female	7	11	3	2	23	65%
	Other	-	-	-	-	-	-
Race							
	White	44	-	-	-	44	70%
	Black or African American, Asian, American Indian, Alaska Native, Native Hawaiian, Other Pacific Islander, 2 or More Races or Other Race	-					
Ethnicity							
	Hispanic or Latino	1	1	2	-	4	100%
	Not Hispanic or Latino	9	21	2	8	40	65%
Class of Offense							
	Petty Offense, Traffic Infraction or Offense	-	-	-	-	-	-
	M3	6	-	-	4	10	80%
	M2	1	3	-	1	5	60%
	M1	2	-	4	1	7	100%
	DM2	-	-	-	-	-	-
	DM1	-	1	-	-	1	100%
	F6	1	2	-	-	3	67%
	F5	-	4	-	-	4	50%
	F4	-	-	-	-	-	-
	DF4	-	12	-	2	14	57%
	DF3	-	-	-	-	-	-

¹⁵ The success rate is the percentage of diversion participants in this demographic who successfully exit MHDP, compared to all MHDP exits in the demographic.

Enrollment, Successful Completion and Program Termination

Figure 2 shows gradually increasing participation. For reference, contracts with mental health providers and interagency agreements were, for the most part, finalized in the spring of 2019. Pilot sites phased in implementation over the course of the spring and summer of 2019, with all pilot sites fully operational in the fall of 2019. Participation was moving in a gradual but upward trajectory.

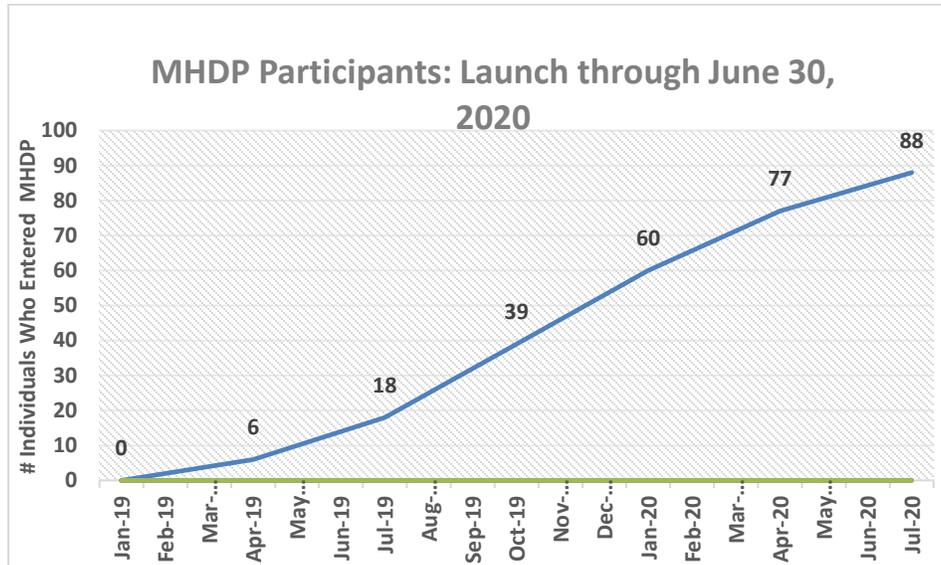


Figure 2, MHDP Participation in All Pilot Sites

Figure 3 illustrates growth of pilot site operations until March 2020, when COVID-19 resulted in business and court closures, as well as Stay at Home orders. Not long thereafter, future program funding became uncertain. The sudden shift to remote operations, declining arrests prompted by public health concerns and the impending loss of funding caused programs to suspend their operations. Programs continued serving enrolled diversion participants but, for the most part, suspended new entry into MHDP.

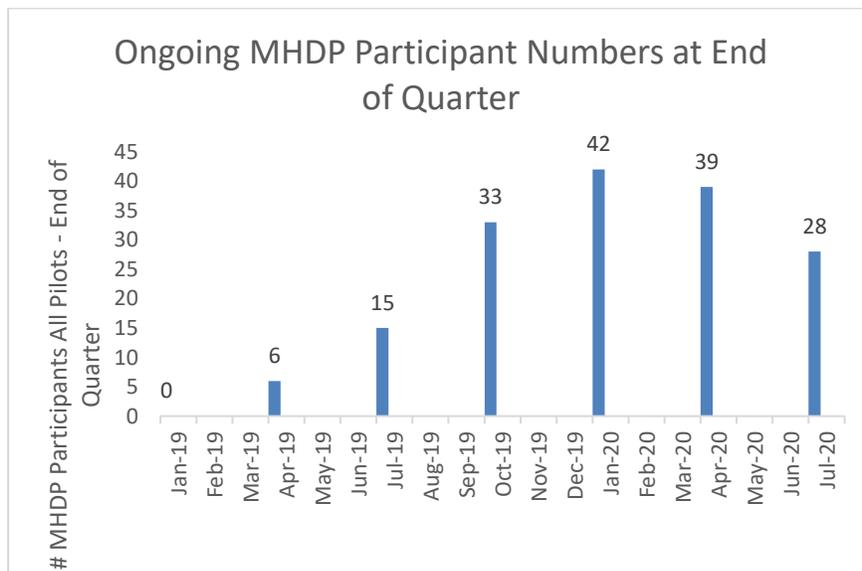


Figure 3, MHDP Participation in All Pilot Sites

Table 12 shows factors affecting eligibility, from initial mental health screening and program entry through program exit. Note that approximately one-third of individuals screened indicate a need for

further mental health assessment. Of those, approximately 60% are ineligible because of the criminal charges against them. The MHDP statute mandates some of these exclusions, such as the prohibition against all Victim Rights Act crimes and class 1 through 3 felonies. Other exclusions are specific to local pilot program operations. Each site has varying levels of tolerance for criminogenic risk, criminal history and inclusion of particular crimes, for example.

Table 12, MHDP Eligibility Summary, January 2019 through June 2020			
% of people screened who become participants	<u># participants Jan. 2019 through June 2020</u> # people screened for MH needs (using BJMHS, CMHS, CCJMHS-A)	<u>88</u> 12494	0.7%
% of screenings that are positive	<u># people with + screens for MH needs</u> # people screened for MH needs	<u>3745</u> 12494	30.0%
% of people with + screens not referred for MH assessment (i.e., screened out)	<u># people with + screens for MH needs not referred for MH assessment</u> # of people with + screens for MH needs	<u>3596</u> 3745	96.0%
% of people screened out due to ineligible charges	<u># people with + screens for MH needs not referred for MH assessment due to ineligible criminal charges</u> # people with + screens for MH needs not referred for MH assessment	<u>2105</u> 3596	58.5%
% of people screened out due to criminal history	<u># people with + screens for MH needs not referred for MH assessment due to criminal history</u> # people with + screens for MH needs not referred for MH assessment	<u>271</u> 3596	7.5%
% of people screened out due to criminogenic risk	<u># people with + screens for MH needs not referred for MH assessment due to criminogenic risk</u> # people with + screens for MH needs not referred for MH assessment	<u>878</u> 3596	24.4%
% of people screened out due to circumstances of offense	<u># people with + screens for MH needs not referred for MH assessment due to circumstances of offense</u> # people with + screens for MH needs not referred for MH assessment	<u>103</u> 3596	2.9%
% of people screened out due to amount of restitution involved	<u># people with + screens for MH needs not referred for MH assessment due to amount of restitution</u> # people with + screens for MH needs not referred for MH assessment	<u>12</u> 3596	0.3%
% of people screened out due to program limitations	<u># people with + screens for MH needs not referred for MH assessment due to program limitations (e.g., staffing/resources)</u> # people with + screens for MH needs not referred for MH assessment	<u>11</u> 3596	0.3%
% of people screened out due to unwillingness/lack of interest	<u># people with + screens for MH needs not referred for MH assessment due to unwillingness/lack of interest in MHDP</u> # people with + screens for MH needs not referred for MH assessment	<u>5</u> 3596	0.1%
% of people screened out due to other current criminal legal system involvement	<u># people with + screens for MH needs not referred for MH assessment due to other cases (e.g., ineligible charge, probation/parole, warrants)</u> # people with + screens for MH needs not referred for MH assessment	<u>211</u> 3596	5.9%

Table 13 illustrates similarities and differences among pilot sites. The table shows site-specific and program-wide impacts of each eligibility factor. Participants struggling with mental health needs, and oftentimes access to food, housing, transportation and money, may have difficulty arranging to attend court hearings and appointments for mental health assessment or treatment. The pilot sites continued to troubleshoot these and other challenges to overcome high no-show rates for assessment appointments by providing transportation vouchers, improving the treatment referral process, and attempting to expedite assessment of individuals who were in custody, prior to the posting of bond or other release.

Table 13, FY20 Participant Eligibility by Pilot Site ¹⁶					
	6 th JD	8 th JD	16 th JD	20 th JD	Total
Mental Health Screens (e.g., Brief Jail Mental Health Screen)					
# Screened	2527	6432	894	665	10518
# Positive (+) Screens	629	2166	298	338	3431
% Positive (+) Screens	25%	34%	33%	51%	33%
Mental Health Assessments					
Not Referred for Assessment					
Charges Not Eligible	188	1316	110	307	1921
Criminal History	148	82	32	0	262
Criminogenic Risk	82	718	0	2	802
Circumstances of Offense	99	1	2	0	102
Restitution Owed	2	8	0	0	10
Program Limitations (Staff/Funding)	9	0	2	0	11
Def Unwilling to Participate	2	1	0	2	5
Other Reasons	89	1	107	4	201
Total Not Referred for Assessment	619	2127	253	315	3314
Referred for Assessment (from + Screen)	12	39	45	23	119
Total Assessed	9	31	10	21	71
# Assessed Not Recommended for MHDP					
Severity of MH Needs	1	0	1	0	2
MH Treatment Not Needed	0	1	0	0	1
Severity of Substance Abuse	0	0	0	0	0
DEF Unwilling to Participate	0	0	0	0	0
Other Reasons	0	0	0	1	1
# Recommended for MHDP (Post-Assessment)	8	30	10	20	68
# Signed Diversion Agreements (thru Screen/Assessment Process)	5	28	5	15	53
# Signed Diversion Agreements (thru Other Points of Entry)	12	0	0	5	17
Total New Participants	17	28	5	20	70

Table 14 provides an overview of program entries and exits. This table does not reflect the number of ongoing participants from one quarter to the next.

Table 14, FY20 MHDP Participant Entry and Exit by Pilot Site										
Judicial District	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total	
	Entries	Exits	Entries	Exits	Entries	Exits	Entries	Exits	Entries	Exits
6 th JD	4	1	3	3	7	4	3	2	17	10
8 th JD	13	2	10	3	4	10	1	7	28	22
16 th JD	3	0	1	0	1	4	0	0	5	4
20 th JD	1	0	7	1	5	2	7	5	20	8
Total	21	3	21	12	17	20	11	11	70	44

¹⁶ Caveat: Data is recorded in the quarter it occurs, resulting in eligibility that spans more than one quarter from screen to signature of the diversion agreement. As a result, the figures may not appear mathematically accurate. For example, 10 people may be referred for assessment in one quarter, but 11 assessments may occur due a referral for assessment in a prior quarter.

FY20 program exits, with 31 successful and 13 unsuccessful completions, show an average duration of stay to be 162 days for successful completers and 76 days for individuals terminated without successfully completing the program. This duration is calculated from the date the diversion agreement is signed until the date of exit. The duration of stay for FY20 successful completers ranges from 45 to 186 days, and for those terminated without successfully completing the program, from 7 to 156 days.

Table 15 shows FY20 pilot site completions for the 44 individuals who exited the program, including reasons for failure to complete the 6-month period of diversion. While the number of participants is low, the success rates so early in development of the program show promise.

Table 15, FY20 Successful Completions by Pilot Site							
Pilot Site	# Successful Completions	# Unsuccessful Completions					Success Rate ¹⁷
		Did Not Start or Terminated from Treatment	New Charge	Voluntary Withdrawal	Abscond	Total	
6 th JD	10	0	0	0	0	0	100%
8 th JD	11	5	6	0	0	11	50%
16 th JD	4	0	0	0	0	0	100%
20 th JD	6	0	2	0	0	2	75%

Similarly, the safety rate shown in Table 16 is promising. The rate reflects the percentage of participants who were not charged with new offenses during their terms of diversion. This rate reflects participants who completed diversion and exited the program, but not ongoing participants.

Table 16, FY20 Safety Rate			
Pilot Site	# of Exiting Participants Not Charged with a New Offense during MHDP	Total # of Exiting Participants	Safety Rate
6 th JD	10	10	100%
8 th JD	16	22	73%
16 th JD	4	4	100%
20 th JD	6	8	75%
Total	38	44	83%

Table 17 shows the number of mental health screenings that occurred, mostly in jail settings, the number of biopsychosocial assessments conducted, consistent with the MHDP Model, and the number of treatment sessions participants attended based on quarterly data reported by each pilot site. The majority of participants receive mental health treatments on a recurring basis.

Table 17, FY20 Services Provided by Pilot Site					
	6 th JD	8 th JD	16 th JD	20 th JD	Total
# Mental Health Screens	2527	6432	894	665	10518
# Mental Health Assessments	9	31	10	21	71
# Mental Health Sessions Attended ¹⁸	119	306	33	131	589
0	0	2	0	2	4
1-3	1	1	0	2	4
4-6	1	1	0	0	2
7-9	2	0	3	0	5
10-12	2	2	1	2	7
13 or more	3	10	0	1	14

¹⁷ The success rate is defined as the percentage of participants successfully completing MHDP.

¹⁸ Reported only upon program exit.

One unknown throughout the program planning process has been the need to fund mental health treatment for those who lack access to Medicaid, Medicare, VA benefits or private insurance. Although the sample size is small, this early data indicates that the majority of individuals will have or be eligible to obtain Medicaid, and that a number will have private insurance. If this early data accurately forecasts availability of coverage for treatment, program dollars will go much further than anticipated.

Table 18, FY20 Exiting Participants, Primary Source of Medical Coverage					
Judicial District	Medicaid	Private Insurance	MHDP Funding	Unknown	Total
6 th JD	6	4	0	0	10
8 th JD	12	1	5	4	22
16 th JD	4	0	0	0	4
20 th JD	7	1	0	0	8
Total	29 (66%)	6 (14%)	5 (11%)	4(9%)	44

Program Expenditures

Table 19 shows FY20 program expenditures. Most surprising has been the availability of public benefit or other private resources to cover the cost of mental health treatment. While the number of participants is admittedly low, the spending on participant services, and the rate of Medicaid eligibility, suggest that MHDP program dollars will go further than initially projected.

Table 19, FY20 Expenditures						
Judicial District	District Attorney Disbursement	Participant Services	Contracts/Consultants	Program Operating	SCAO FTE and Operating	Total
6 th JD	\$50,000	\$3,083	-	-	-	\$53,083
8 th JD	\$50,000	\$18,780	-	-	-	\$68,780
16 th JD	\$50,000	\$6,145	-	\$201	-	\$56,346
20 th JD	¹⁹	\$586	\$72,564	\$1138	-	\$74,288
State Court Administrator's Office	-	-	-	-	\$111,376	\$111,376
Total	\$150,000	\$28,594	\$72,564	\$1,339	\$111,376	\$365,873

The vast majority of the FY20 General Fund appropriation was returned and re-appropriated due to underspending and the pandemic-related budget crisis. As stated in the executive summary, program operations are largely suspended, with little likelihood of imminent restoration of funding. As a result, the State Court Administrator's Office will be unable to comply with the statutory mandate to disburse \$50,000 to each pilot site district attorney office or to otherwise fund ongoing pilot site operations. Figures 4 and 5 show the relative amounts spent, and unexpended, during FY19 and 20.

¹⁹ Through an Interagency Agreement, the District Attorney for the 20th Judicial District assigned the \$50,000 disbursement owed to his office to Community Justice Services (CJS). The amount appears under the "contracts/consultants" category. CJS hired a Mental Health Navigator to conduct day-to-day operations for MHDP, including mental health assessments outsourced in the other pilot sites.

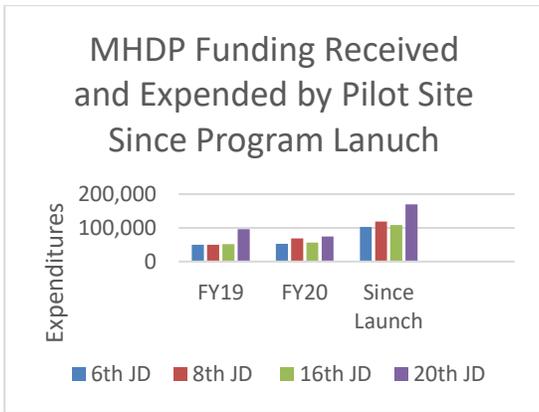


Figure 4

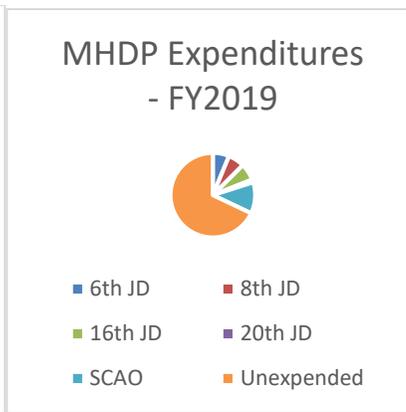
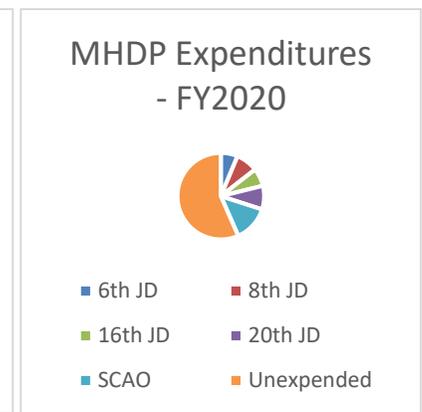


Figure 5



District Attorney Funding

The pilot sites report a need for the \$50,000 disbursement to offset their staffing and administrative expenses. This disbursement partially or wholly covers staffing, usually by a district attorney diversion coordinator or in the 20th Judicial District, by a Mental Health Navigator employed by Boulder County’s Community Justice Services. Another option would be to modify the statute such that district attorney staffing and administrative costs could be requested in program budgets and administered on a reimbursement basis, related to specific program needs, like all other program expenses. This change would allow greater flexibility, rather than a flat, one size fits all, payment. The pilot sites expressed little appetite for this possible change. District attorneys also report using this funding for ancillary participant purchases of goods and services, such as transportation to appointments and other items related to participant stability and program completion. The difficulty maintaining contact with participants has led some pilot sites to inquire about purchasing inexpensive telephones.

Illustrating the need for the district attorney disbursement, three of the four pilot programs ceased operations upon losing FY21 funding and reassigned MHDP staff to other work. The 20th Judicial District secured alternate funding to temporarily continue program operations, and the 8th Judicial District just more recently received a funding award to allow resumption of a modified version of MHDP. Nonetheless, all indications are that MHDP cannot operate without funding to meet district attorney staffing needs.

Program Evaluation

A program evaluation design was completed and appears in Appendix H. Performance of the evaluation will require funding and time for the pilot sites to operate without interruption. Even if MHDP received FY21 funding for evaluation performance, the pilot sites have not operated for a sufficient, uninterrupted period of time to generate data needed to support a meaningful evaluation. The statutory deadline of November 1, 2021 for inclusion of the program evaluation in the FY21 annual legislative report is therefore untenable.

Similarly, insufficient data exists to support measurement of cost savings in a program evaluation, although costs savings are anticipated. If and when MHDP receives funding to resume operations and obtain the statutorily mandated program evaluation, cost savings will be one metric likely to be addressed. With the program on hold, pilot sites are gathering data regarding individuals who could have been served by MHDP to assist with determining the magnitude of impact. In addition, other variables affect cost savings. For example, design of the MHDP model envisioned a population of low-

level pretrial detainees needing mental health treatment. Since then, reductions in the use of cash bonds, changes in the classification of certain offenses, increased use of summons and citations and pandemic-related operational changes within jails suggest that the model be reconsidered, focusing on points of entry beyond jail-based screening, and integrated into other criminal justice programs.

Conclusion

When the pandemic hit, MHDP pilot sites were making strides incorporating mental health interventions into diversion programs, addressing a gap in services needed by a vulnerable population. With pilot programs now in “hold” status for the foreseeable future, determining the viability of MHDP will require more time than the current statutory repeal date of June 30, 2022 can offer. Restoration of funding, generation of pilot site data and funding of the evaluation must first occur. If funding is restored, extension of the repeal date and evaluation deadline will be necessary.

Appendix A - Mental Health Diversion Program Statute

Document: C.R.S. 18-1.3-101.5**C.R.S. 18-1.3-101.5**[Copy Citation](#)

Current through all laws passed during the 2020 Legislative Session

CO - Colorado Revised Statutes Annotated **TITLE 18. CRIMINAL CODE** **ARTICLE 1.3. SENTENCING IN CRIMINAL CASES** **PART 1. ALTERNATIVES IN SENTENCING**

18-1.3-101.5. Alternative pilot programs to divert individuals with mental health conditions - legislative intent - eligibility - process of diversion- grant program - program management - definitions - repeal

(1) The intent of this section is to establish and facilitate five or more pre-plea local-level mental health pilot programs in selected judicial districts that will identify individuals with mental health conditions who have been charged with a low-level criminal offense and divert such individuals out of the criminal justice system and into community treatment programs in accordance with the principles and proposed model recommended by the Colorado commission on criminal and juvenile justice, adopted on January 12, 2018. In addition, proceeding pursuant to the model recommended by the Colorado commission on criminal and juvenile justice encourages and facilitates flexible and locally controlled programs in a manner that can accommodate and respect the availability or limitation of resources in each jurisdiction while still maintaining the core integrity and objectives of the effort to foster the use of mental health diversion programs throughout the state.

(2) As used in this section, unless the context otherwise requires:

(a) "Colorado commission on criminal and juvenile justice" means the commission established pursuant to section 16-11.3-102.

(b) "Grant program" means the mental health criminal justice diversion grant program established pursuant to subsection (6) of this section.

(c) "Low-level criminal offense" means any petty offense or misdemeanor, excluding those offenses enumerated in section 24-4.1-302 (1). "Low-level criminal offense" may also include, if agreed to by the district attorney in a given pilot program site, any class 4, class 5, or class 6 felony or any level 3 or level 4 felony drug offense, excluding any felony offenses enumerated in section 24-4.1-302 (1).

(d) "Pilot program" means any alternative program created pursuant to this section that diverts individuals with mental health conditions into community treatment programs.

(e) "State court administrator" means the state court administrator established pursuant to section 13-3-101.

(3) There are created five or more pilot programs in judicial districts in the state. The state court administrator and the Colorado district attorneys' council shall collaborate to identify potential pilot program sites with the agreement of

the elected district attorneys and chief judges in a judicial district. The state court administrator and the Colorado district attorneys' council shall consider geographic diversity in identifying pilot program sites. The purpose of the pilot programs is to identify individuals with mental health conditions who have been charged with a low-level criminal offense and divert such individuals out of the criminal justice system and into community treatment programs. The district attorney and the chief judge for a judicial district selected as a pilot program site pursuant to this subsection (3) shall work collaboratively and through consensus with interested and necessary participants within the judicial district, including but not limited to law enforcement, jail officials, public defenders, judges, pretrial service providers, and local community mental and behavioral health service providers, to decide which courts and counties within the judicial district are best suited to implement the pilot program.

(4) The chief judge or his or her designee of any county or district court where a pilot program is created pursuant to subsection (3) of this section is responsible for establishing and facilitating the pilot program in compliance with the principles and model adopted by the Colorado commission on criminal and juvenile justice on January 12, 2018. The duties of the chief judge with respect to the pilot program may include, but need not be limited to:

(a) Initiating and coordinating organization meetings among the various local entities necessary to the implementation of the pilot program;

(b) Establishing policies for the pilot program;

(c) Facilitating any formal agreements or memoranda of understanding required to create the pilot program;

(d) Brokering services through contracting with local community treatment programs that provide a continuum of community-based mental health care and treatment to accomplish the goals of the pilot program; and

(e) Administering the pilot program once it is implemented.

(5) The state court administrator is responsible for administration and oversight of the pilot programs, including certifying that, on or before January 1, 2021, each pilot program site implements a design that is consistent with the principles and proposed model adopted by the Colorado commission on criminal and juvenile justice and the legislative intent of this section. The duties of the state court administrator with respect to the pilot programs include, but are not limited to:

(a) Establishing pilot program procedures and timelines; and

(b) Establishing grant funding guidelines and acceptable expenses for the distribution of grant program grant money to the pilot program sites based upon specific allocations required by the grant program and other pilot program needs and any other criteria, such as case volume, geographical complexity, and density of need.

(6) There is created in the office of the state court administrator the mental health criminal justice diversion grant program. The state court administrator is responsible for administering and monitoring the grant program, including, but not limited to:

(a) Establishing grant funding guidelines and acceptable expenses for the distribution of grant program grant money to the pilot program sites based upon specific allocations required by the grant program, the specific award to the district attorney's office in each of the designated judicial districts, other pilot program needs, and any other criteria, such as case volume, geographical complexity, and density of need. In addition to any other allowable expenses to be paid for by the grant program, each district attorney's office participating in the pilot program must receive fifty thousand dollars per year from the grant funding for each year of the grant program. Such money must be used to assist in covering the costs related to personnel and administrative requirements to establish and operate pilot programs in the designated judicial districts.

(b) Awarding annual grants to the pilot programs;

(c) Disbursing grant money; except that the state court administrator shall distribute the first round of grant awards on or before January 1, 2019.

(6.5) (a) On or before November 1, 2019, and on or before each November 1 thereafter, the state court administrator shall submit a report to the joint budget committee of the general assembly and to the judiciary committees of the senate and house of representatives, or any successor committees, on the pilot program and the grant program for the preceding state fiscal year. The report must include:

(I) A description of the programs, including eligibility criteria, screening and assessment processes, and differences among judicial districts;

(II) A discussion of problems and obstacles the programs are encountering;

(III) Nonidentifying demographic information on individuals evaluated and participants enrolled in the programs, including age, gender, race, and ethnicity;

(IV) Participant status, including the number of individuals who successfully completed the programs; the number of participants remaining in the programs; the number of participants terminated from the grant program, and the primary reasons for termination; and the average duration of stay in the programs;

(V) An accounting of expenditures under the grant program, including the costs of the state court administrator; and

(VI) Information regarding the adequacy of and need for money to cover district attorney program-related personnel and administrative costs, including the nature of such costs and the extent of any program-related prosecutorial cost savings.

(b) In addition to the information required in subsection (6.5)(a) of this section, the report due on or before November 1, 2021, must also include an evaluation component with recommendations for best practices, including target populations, participant treatment and oversight, funding, and any proposed revisions to the model recommended by the Colorado commission on criminal and juvenile justice.

(7) This section is repealed, effective June 30, 2022.

History

Source: **L. 2018:** Entire section added, (SB 18-249), ch. 320, p. 1921, § 1, effective May 30. **L. 2019:** (6)(a), (6)(b), and (7) amended and (6.5) added, (SB 19-211), ch. 119, p. 499, § 1, effective April 16. **L. 2020:** (1), (3), IP(5), and (6)(a) amended, (HB 20-1393), ch. 212, p. 1028, § 1, effective June 30.

COLORADO REVISED STATUTES

Content Type:

Terms:

Narrow By: -None-

Date and Time: Oct 15, 2020 03:31:26 p.m. EDT

MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

FINAL RECOMMENDATION PRESENTED TO THE
COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE
January 12, 2018

FY18-MH #01. Develop Pre-File Mental Health Diversion Pilot Programs.

Recommendation FY18-MH #01

This recommendation proposes the development of pilot programs for pre-file mental health diversion in judicial districts where the option or resources for the option may be lacking. The pilot will:

- Develop post-arrest, pre-file diversion programs specifically for individuals experiencing mental health disorders and who meet specific criteria and are determined able to benefit from diversion to treatment rather than being processed through the criminal justice system.
- Create pre-file mental health diversion programs that utilize a stakeholder-created, reviewed, and approved model (See **Appendix A.**)

In addition, local officials should promote the utilization of Adult Pretrial Diversion Programs and funding as created by §18-1.3-101, C.R.S.

Discussion

Despite mounting efforts to increase pre-arrest diversion for individuals with mental health disorders, some will continue to be charged and booked before their mental health concerns are clearly identified. Although mental health courts are operating across our state, they are a costly process and require defendants to enter a plea, creating long term difficulties in finding housing, employment, and rejoining their communities upon release.

Colorado has experience with pre-trial diversion programs through collaboration with community mental health providers, with examples both historically and currently in Denver's municipal court, and across the state.

To promote public safety, good outcomes for all citizens, and efficiency in our government and judicial system, promising models must be pursued to divert individuals into treatment at the earliest possible discretionary point. The Judicial Department currently oversees and administers programs within District Attorney's office, funded by §18-1.3.101, C.R.S to create diversion programs. The Department will benefit from pursuing partners for and promoting the utilization of the model proposed in this recommendation.

Proposed Statutory Language

No legislative action is necessary to implement these programs, although the Colorado Judicial Branch may benefit from a supplemental budget request to add staff to oversee, track, and evaluate this program.

[As Approved]

MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

FINAL RECOMMENDATION PRESENTED TO THE
COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE

January 12, 2018

Appendix A

The Mental Health/Jails Taskforce designated a workgroup to develop the proposed model for Pre-File Mental Health Diversion Programs.

Vision:

Contribute to Colorado's effort to be the healthiest state by achieving sustainable systems and strategies that support good behavioral health outcomes, reduce incarceration and justice-involvement, save taxpayer dollars, and improve lives.

Purpose:

To recommend a model for a **pre-file mental health diversion program**. The model will serve as the basis for a pilot in sites across the state, including at least one rural and at least one urban pilot site. This model will achieve better and more sustainable behavioral health and public safety outcomes in our community by diverting individuals with mental health disorders, who have been accused of a low-level crime, out of the criminal justice system and into community treatment. This model will reduce incarceration of individuals living with behavioral health disorders, save taxpayer dollars, and improve lives through effective behavioral health interventions.

Workgroup Members:

- Frank Cornelia
- Patrick Fox
- Joe Pelle
- Abigail Tucker
- Doug Wilson
- Lucy Ohanian

Model Summary:

- **Target Population:** Individuals living with behavioral health disorders whose disorders have contributed to or created the circumstances leading to low-level criminal behavior; in particular, those who have frequent contact with police and the courts and who would benefit from effective health interventions instead of repeated incarceration.
- **Goals:** Reduce the number of individuals with behavioral health disorders in jails by a designated percentage (to be set by each pilot), reduce the number and cost of court cases involving a person with a behavioral health disorder, demonstrate cost-savings and other measurable efficiencies in justice and healthcare resources management, and promote measurable positive life outcomes for individuals living with behavioral health disorder.
- **Key performance measures:** Data shall be examined over a six-month period, and may include:
 - Recidivism of individuals diverted to the program
 - Impact on jail bed days
 - Treatment engagement, measured by provider claims
 - Impact on court costs

[As Approved]

MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

FINAL RECOMMENDATION PRESENTED TO THE
COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE

January 12, 2018

Model Principles:

- This model targets people who have been recently arrested for non-serious crimes; however, persons who have pending criminal charges and otherwise fit the criteria may also be considered.
- This model builds on existing focus and collaboration at the early intercepts of the Sequential Intercept Model¹ and prior.
- The model depends on alliances among law enforcement entities (i.e., arresting officer, jail personnel), judicial entities (i.e., public defenders, district attorneys, judges), and local mental health providers.
 - The partners must be dedicated to the program and form strong relationships.
 - In rural pilots, partners may operate regionally and via telehealth to cover viable caseloads.
- The model will depend on a series of discretionary decisions, including police discretion that an arrest is necessary, jail discretion to determine who to screen for mental health concerns, a discretionary recommendation by an evaluator as to whether to divert, and the ultimate decision to divert. These decisions will be informed by the criteria described herein, an assessment of criminogenic risk, a mental health assessment conducted by partnering clinicians, and information gathered during the arrest and processing.
- To foster collaboration and promote diversion to treatment, it is recommended that partnering evaluators be affiliated with or hired by local community mental health centers.
- To cultivate trust among partners and promote good outcomes for participants, no evaluation results or statements made about the current alleged crime will be used against participants for purposes of prosecution in the target offense. This model must ensure that all information obtained directly from or about the potential participant is privileged and confidential and may not be used in any fashion to promote the prosecution of the charges for which the participant is presently being evaluated.
- To foster successful behavioral health outcomes, the treatment provider will seek to use non-coercive methods of treatment; and, once diverted, the participant will have no further participation in the criminal justice system for the subject charges (other than narrow optional exceptions described below).

¹ The *Sequential Intercept Model* (Munetz and Griffin, 2006) identifies five conceptual points at which standard criminal justice processing points can be interrupted to offer community-based alternatives: (1) law enforcement/emergency services; (2) initial detention/initial court hearing; (3) jails/courts; (4) re-entry; and (5) community corrections/support.

MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

FINAL RECOMMENDATION PRESENTED TO THE COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE

January 12, 2018

- Prosecutors in counties that elect to participate in this project will need to agree, as part of this project, to defer filing charges in cases where individuals are recommended for this pre-charge diversion effort (through the screening process) and the judge finds the person is appropriate for this pre-charge diversion effort after hearing from the parties. If the prosecutor elects to maintain future filing authority, the circumstances under which the subject charges may be (re)filed are limited to either the participant (1) committing a new criminal offense in the six months after the diversion decision or (2) a complete failure by the participant to initiate treatment.
 - In order to assess initiation of treatment for purposes of future filing of charges, pilot programs may choose to implement a one-time communication from the treatment provider to the district attorney that simply indicates whether or not the participant has initiated treatment.

Proposed Model:

1. Adult arrestees who are brought into detention will be screened by a booking nurse, deputy, or other detention personnel for behaviors indicative of a mental or behavioral health disorder. The task force recommends that participants in the model use evidence-supported screening tools (e.g., Brief Jail Mental Health Screen² or the Colorado Pre-trial Assessment Tool³); however, the screening tool will be determined at the discretion of the detention facility with the goal of causing minimal or no disruption to the normal course of business.
2. Initial eligibility is based on the arresting charge and limited to:
 - a. Non-VRA crime Petty Offenses & Non-VRA Misdemeanors
 - b. Further, the specific pilot sites may agree to additional eligible charges. If all of the participants agree to add additional eligible charges, the workgroup recommends consideration of:
 - i. Non-VRA Low-level felonies (Felony 4, 5, 6)
 - ii. Low-level Drug Felonies (D3 and D4)

² See Osher, F. Scott, J.E., Steadman, H.J., & Robbins, P.C. (2006). Validating a brief jail mental health screen: Final technical report (NCJ 213805). National Institute of Justice. (ncjrs.gov/App/Publications/abstract.aspx?ID=235309)

³ Pretrial Justice Institute. (2012). The Colorado Pretrial Assessment Tool (CPAT). Rockville, MD: PJI. (pretrial.org/download/risk-assessment/CO%20Pretrial%20Assessment%20Tool%20Report%20Rev%20-%20PJI%202012.pdf)

[As Approved]

MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

FINAL RECOMMENDATION PRESENTED TO THE
COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE

January 12, 2018

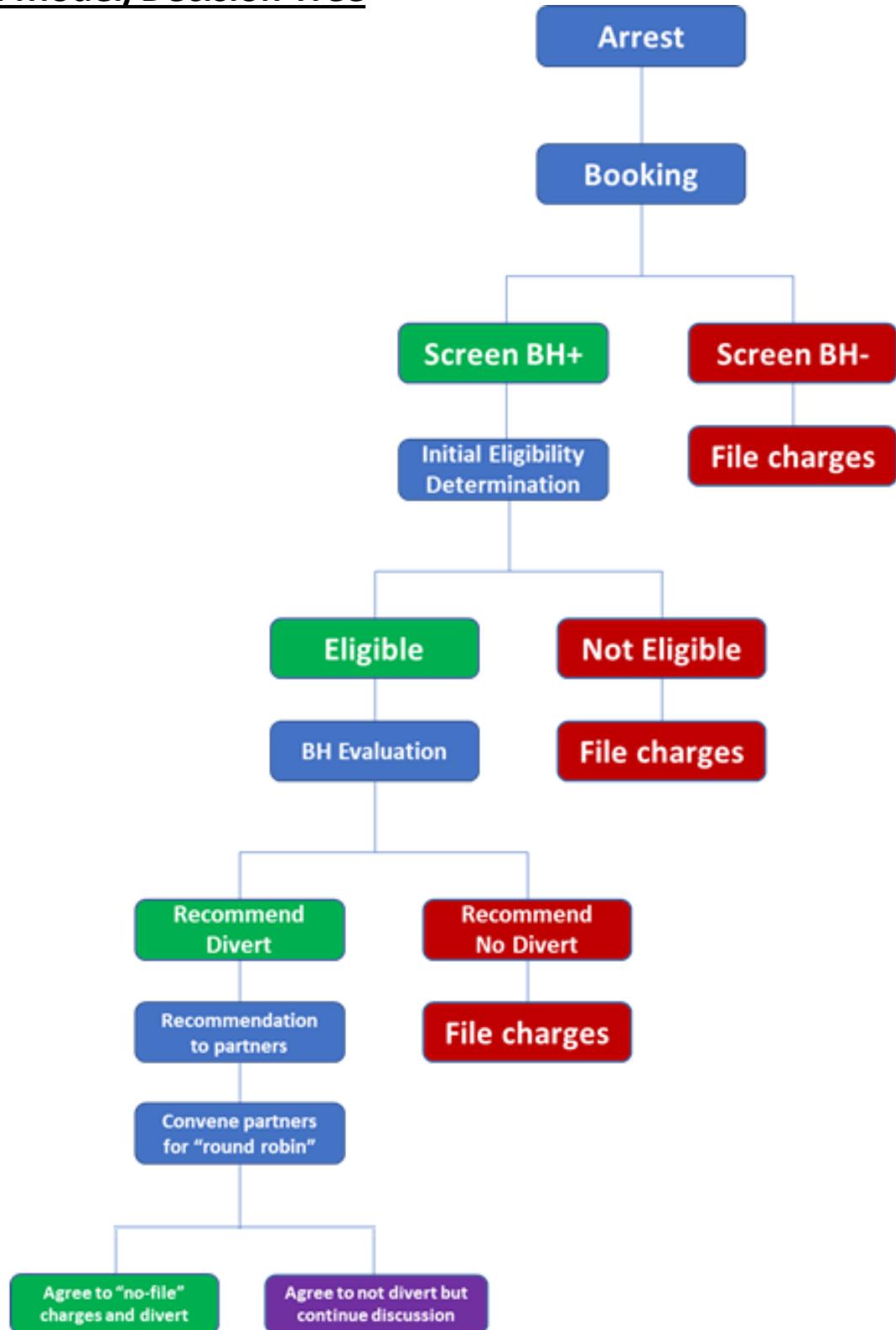
3. Upon determination of initial eligibility, and before the filing of charges, the mental health evaluator will meet with the individual in the jail to conduct an initial assessment.
 - a. While uniform assessment criteria should be included for all pilot sites, a structured evaluation tool may not be necessary. Assessments should, at a minimum, examine:
 - i. Current symptomatology of a behavioral health disorder
 - ii. History of behavioral health concerns, diagnoses, or treatment
 - iii. Current involvement in treatment – this may include consultation with current providers
 - iv. Social determinants of health (i.e., homelessness, employment, physical health, etc.)
 - v. Willingness to engage in diversion program and commit to treatment
 - b. During the assessment, and if the jurisdiction has implemented the one-time report requirement, the evaluator will obtain a limited Release of Information (ROI) to allow for the one-time report as well as data collection.
 - c. The assessment will benefit from face-to-face interaction, but to promote rapid recommendations telehealth may be considered.
 - d. Evaluations will be prioritized based on legal charges, focusing on lowest level offenses first.
4. Upon determination of a mental health concern, the evaluator will make a recommendation to divert into treatment. This recommendation will be sent to all partners:
 - a. Public defenders and district attorneys
 - b. Judges overseeing the pilot program
 - c. Community mental health providers, to prepare for rapid intake and connection to services.
5. Partners will receive the recommendation from the evaluator and discuss any confounding issues or concerns. Upon discussion, one of the following determinations will be made:
 - a. Agreement to divert with a “no-file” procedure and no report back.
 - b. Agreement to defer decision with a plan to collect or review additional information.
6. The Mental Health Evaluator will report the outcome of the process (diverted or not), demographic information, as well as Medicaid ID if applicable to the entity that is collecting outcomes data.

[As Approved]

MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

FINAL RECOMMENDATION PRESENTED TO THE
COLORADO COMMISSION ON CRIMINAL AND JUVENILE JUSTICE
January 12, 2018

Proposed Model/Decision Tree



BRIEF JAIL MENTAL HEALTH SCREEN

Section 1 (modified)

Name: _____	Detainee #: _____	DOB: _____	Next Court Date: _____
Mailing Address: _____		Best Contact #: _____	
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other: _____			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		Date of Screen: _____	Time: _____
Arrest Charges: _____			

Section 2

Questions	No	Yes	General Comments
1. Do you <i>currently</i> believe that someone can control your mind by putting thoughts into your head or taking thoughts out of your head?			
2. Do you <i>currently</i> feel that other people know your thoughts and can read your mind?			
3. Have you <i>currently</i> lost or gained as much as two pounds a week for several weeks without even trying?			
4. Have you or your family or friends noticed that you are <i>currently</i> much more active than you usually are?			
5. Do you <i>currently</i> feel like you have to talk or move more slowly than you usually do?			
6. Have there <i>currently</i> been a few weeks when you felt like you were useless or sinful?			
7. Are you <i>currently</i> taking any medication prescribed for you by a physician for any emotional or mental health problems?			
8. Have you <i>ever</i> been in a hospital for emotional or mental health problems?			

Section 3 (Optional)

Officer's Comments/Impressions (check <i>all</i> that apply):		
<input type="checkbox"/> Language barrier	<input type="checkbox"/> Under the influence of drugs/alcohol	<input type="checkbox"/> Non-cooperative
<input type="checkbox"/> Difficulty understanding questions	<input type="checkbox"/> Other, specify: _____	

Referral Instructions: This detainee should be referred for further mental health evaluation if he/she answered:

- YES to item 7; OR
- YES to item 8; OR
- YES to at least 2 of items 1 through 6; OR
- If you feel it is necessary for any other reason

Not Referred for MHDP Referred for MHDP Consideration on ___/___/___

Please email all screens (referred and non-referred) to oncald@da16co.gov ASAP.

Appendix D
Pilot Site Jail Data

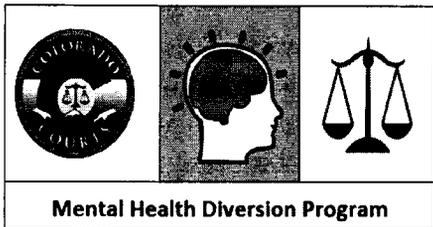
6th Judicial District La Plata County Jail by Quarter				
Quarter starting		1/2020	4/2020	7/2020
Bookings	prior quarter	675	688	420
Releases		690	768	419
Average Length of Service, Felonies (prior 365 days)		55	44	30
Average Length of Service, Misdemeanors (prior 365 days)		10	9	10
Average Daily Population (prior 365 days)		201	195	174
Gender	Female	32	29	23
	Male	169	166	151
	Other Gender	0	0	0
Race	Black	5	6	5
	Native American	48	42	42
	Other Race	5	8	2
	Unknown Race	0	0	0
	White	143	139	125
Ethnicity	Hispanic	24	24	20
	Unknown	0	0	0
	Not Hispanic	119	115	174
Confinement Categories of Inmates (as of the 1st Day of the Reporting Quarter)				
	# Inmates	196	120	123
	Sentenced	19	17	24
	Unsentenced - Hold	107	61	32
	Pretrial	70	42	67
	Felonies	59	36	60
	Misdemeanors	11	6	7
	Homeless	42	18	13
	Competency Evaluation	1	3	1

8 th Judicial District Jail Populations by Quarter							
Quarter starting		Larimer County			Jackson County		
		(1/2020)	(4/2020)	7/2020	1/2020	4/2020	7/2020
Bookings	prior quarter	2,973	2,892	2,151	40	22	17
Releases		3,015	2,983	2,174	40	23	13
Average Length of Service, Felonies (prior 365 days)		29	29	30	21	0	1
Average Length of Service, Misdemeanors (prior 365 days)		8	8	8	7	0	0
Average Daily Population (prior 365 days)		535	526	492	3	3	3
Gender	Female	98	97	88	1	0	1
	Male	437	429	404	2	0	2
	Other Gender	0	0	0	0	0	0
Race	Black	41	41	38	0	0	0
	Native American	4	4	4	0	0	0
	Other Race	4	2	2	0	0	0
	Unknown Race	2	2	3	0	0	0
	White	487	477	445	2	0	3
Ethnicity	Hispanic	131	126	119	1	0	1
	Ethnicity	48	49	49	0	0	0
	Not Hispanic	356	351	324	2	0	2
Confinement Categories of Inmates as of the 1 st Day of the Reporting Quarter							
	# Inmates	489	401	370	2	2	17
	Sentenced	136	111	73	1	0	2
	Unsentenced - Hold	169	152	141	1	2	2
	Pretrial	184	138	156	0	0	13
	Felonies	148	114	128	0	0	8
	Misdemeanors	28	24	28	0	0	5
	Homeless	168	121	117	0	0	2
	Competency Evaluation	22	17	11	0	0	0

16 th Judicial District Jails Population by Quarter										
		Bent County			Crowley County			Otero County		
		Quarter Beginning:								
		1/2020	4/2020	7/2020	1/2020	4/2020	7/2020	1/2020	4/2020	7/2020
Beds	prior quarter	58	72	96	12	11	11	34		
Capacity		62	72	96	12	11	11	34		
Bookings		178	245	144	38	35	26	4	3	3
Releases		182	261	147	35	40	23	0	0	4
Average Length of Service, Felonies (prior 365 days)										
		180	180	90	19	13	14	0	0	0
Average Length of Service, Misdemeanors (prior 365 days)										
		30	45	46	3	3	3	0	0	0
Average Daily Population (prior 365 days)										
		55	46	62	6	2	5			
Gender	Female	7	11	11	2	2	1			
	Male	51	35	51	4	6	4			
	Other Gender	0	0	0	0	3	0			
Race	Black	3	1	1	0	0	1			
	Native American	0	0	0	0	0	0			
	Other Race	0	0	0	0	0	0			
	Unknown	0	0	0	1	0	0			
	White	50	45	61	5	2	4			
Ethnicity	Hispanic	31	20	33	2	7	1			
	Unknown	0	0	0	1	0	0			
	Not Hispanic	22	26	29	3	4	4			
Confinement Categories of Inmates (as of the 1st Day of the Reporting Quarter)										
	# Inmates	47	34	29	6	1	4	4	3	3
	Sentenced	6	12	9	1	1	1	0	0	0
	Unsentenced - Hold	12	9	4	2	0	3	0	0	0
	Pretrial	29	13	16	3	0	0	4	3	3
	Felonies	8	3	12	2	0	0	0	0	0
	Misdemeanors	6	6	3	1	0	0	0	0	0
	Homeless	10	18	8	2	0	0	0	0	0
	Competency Evaluation	14	12	7	1	0	0	0	0	0

20 th Judicial District Jail (Boulder County) Population by Quarter				
		1/2020	4/2020	7/2020
Beds	prior quarter	543		
Capacity		519	543	543
Bookings		2,025	1,869	890
Releases		1,659	1,668	723
Average Length of Service, Felonies (prior 365 days)				
		58	55	58
Average Length of Service, Misdemeanors (prior 365 days)				
		25	24	24
Average Daily Population (prior 365 days)				
		414	418	375
Gender	Female	56	57	52
	Male	358	361	323
	Other Gender	0	0	0
Race	Black	29	30	28
	Native American	3	4	4
	Other Race	6	5	5
	Unknown Race	2	3	2
	White	373	377	337
Ethnicity	Hispanic	63	66	58
	Unknown	135	135	123
	Not Hispanic	216	217	194
Confinement Categories of Inmates (as of the 1st Day of the Reporting Quarter)				
	# Inmates	400	261	223
	Sentenced	118	77	40
	Unsentenced -Hold	173	114	127
	Pretrial	109	70	56
	Felonies	92	53	43
	Misdemeanors	17	17	13
	Homeless	120	79	81
	Competency Evaluation	23	29	24

Please complete and return this funding request to kara.martin@judicial.state.co.us by April 28, 2020.
Please add space, rows or attachments as necessary.



Funding Request of the 6th Judicial District

Legislative Intent, Sec. 18-1.3-101.5, C.R.S. *To identify and divert individuals with mental health conditions charged with low-level criminal offenses, out of the criminal justice system and into community treatment programs, consistent with the principles and proposed model of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), adopted January 12, 2018.*

SECTION 1. APPLICANT INFORMATION		
Primary MHDP contact name: Christian Champagne	Email: ChristianChampagne@co.laplata.co.us	Phone: 970-382-6451
Mailing address: 1060 E 2 nd Ave Ste B10, Durango, CO 81301		
FY21 funding requested (excluding \$50K DA disbursement): \$61,127.60	Participating counties: LaPlata, Archuleta and San Juan	

SECTION 2. PROGRAM INFORMATION	
Part A - Target Population and Participant Eligibility Determination	
1. Program capacity	Anticipated # participants at a given time: <u>15-20</u> Maximum # participants at a given time: 20-25
2. Statutorily eligible offenses categories	<p>Low-level criminal offenses exclude Victim Rights Act offenses and:</p> <ul style="list-style-type: none"> • include any petty or misdemeanor offense; • with DA agreement, any class 4, 5 or 6 felony or any level 3 or 4 felony drug offense. <p>If your program will exclude any statutorily-eligible offenses from MHDP eligibility, please identify the ineligible offense(s) or offense categories and describe the reason for exclusion. Originally our MH Diversion Program was screening and set to include all of the eligible offenses listed in the pilot site design plan. However, upon implementation we have chosen to exclude offenses that include but are not limited to Driving Under the Influence, Driving While Ability Impaired, Driving Under Restraint and Driving Without a Driver's License. Our office feels that offenses such as DUI's and DWAI's are crimes directly related to public safety. Programs such as MH Diversion and other such Diversionary sentences are not appropriate as the risk to public safety is too high and the penalties for these offenses are directly related to the person's number of prior convictions for those offenses. Therefore, when any of those offenses are committed it is important to have the history and track record of convictions on record. Regarding the offense of Driving Under Restraint and Without a Driver's License, we have found that the six month period of time that the MH Diversion program provides participants is not adequate enough. A charge such as that generally requires more time than is allowed under the MH Program guidelines. Participants often need to comply with DMV requirements in order to obtain their Driver's Licenses and that often takes up to 12 months to accomplish. As a result this disqualifies them from being able to reasonably participate in a 6 month program with the expectation of success. Our office and program continues to look at other qualifying offenses on a case by case basis should exclusionary issues arise to make sure that all are able to have the opportunity to participate if they qualify.</p>

3. Eligibility disqualifications

a. List any disqualifying factor(s) for someone otherwise eligible (i.e., whose mental health screen indicates mental health concerns or needs and who faces potential charges for an eligible offense) and reasons for the eligibility disqualification: Due a few reasons and circumstances that have come up over the course of the past year during the pilot plan since implementation, our MH program has chosen to screen out certain participants from consideration who otherwise would be statutorily eligible. Though the reasons below may not be an exclusive list, it likely encompasses a vast majority of the cases our program sees in which we deem ineligible. In the past we have found sex offenders that have screened positive to be ineligible for the program despite their underlying charge being appropriate for MH Diversion as we feel the need that community safety is a priority and taking an offender of that nature onto the program poses too high of a risk to all involved. Likewise we currently find participants charged with DUI's, DWAI's and DUR's ineligible. Driving Under the Influence offenders are also a very serious public safety risk and whether the arguments made over "plea bargains" or not, our office works diligently to obtain the history and track records of convictions moving forwards for the purpose of future community safety for everyone involved. Those charges with DUR's we have found are too often given requirements by the DMV that extend well-beyond 6 months in order to get their Driver's License back. So although the case bay be appropriate per the screening tool used, the MH program is setting them up for failure because it's not reasonable for them to obtain their Driver's License within the 6 month term that the program is set for, thus leaving them noncompliant. Currently our MH program excludes participants with a CPAT score of 3 or higher although in the new Pilot Site Design Plan, we have expanded our criteria to include those who score 1-3. We feel that due to the subjectivity of the CPAT model that there is a population of offenders out there that could otherwise be benefiting from the program. Our MH Diversion program also has excluded participants that we have screened but who have verbalized to us that they live out of area and are not going to be staying in SW Colorado for any reasons beyond incarceration and thus have no interest in local MH services. These individuals have predominantly been from Central NM or the Front Range in CO. SW Colorado is a well-known and high trafficked tourist area so we get a lot of out-of-area visitors. Participants have screened in but have been found ineligible based on their place of residence as we feel it would be very difficult to provide supervision remotely and/or even get them their assessment once they have left the area given the quick bond hearings they are provided. Lastly, our program finds individuals who are involved in other forms of specialized treatment Courts such as Behavioral Health Court, Wellness Court, Drug Court, Problem Solving Court, etc. to be ineligible as we do not want to be interfering or duplicating services. These individuals are also likely on other forms of community supervision already as well and though not automatically ineligible, risk levels may be higher than they otherwise would be.

b. List all screens or assessments used to determine MHDP eligibility or referrals.

Name of Screen/ Assessment	Purpose (eligibility or referral)	Administered by Whom?	Eligibility Threshold or Disqualifying Score/Rating
Brief Jail Mental Health Screen	Eligibility & Referral	LaPlata County Jail Detention Staff	Yes answer to Quest 7 or Quest 8 OR Yes answer to at least 2 Questions on 1-6.
CPAT	Eligibility	LaPlata County Jail Detention Staff	Scores 1-3 are eligible (we recently began accepting scores of 3)

Additional explanation, if any: None

4. Eligibility changes: For existing pilots, briefly describe any changes expanding or narrowing eligibility criteria during FY19 and FY20. Our original Site Design Plan's eligibility qualifications stated that we were accepting CPAT scores 1 and 2. In meeting with stakeholders and partnering agencies we have decided to expand out eligibility criteria to include CPAT scores of 3 as this will capture more participants who otherwise may not have been provided the opportunity to obtain mental health services. This is with the understanding that we are simply screening those who have a CPAT score of 3 and not necessarily enrolling them. The CPAT screening method is a subjective measure that is used to determine an individual risk of re-offense, likelihood of re-appearance and a tool to determine bond. Considering that, we feel that there is a population that may not be getting served as a result of limiting our

eligibility criteria to the scores 1 and 2, thus expanding it to the threshold of 3.

Our program also decided that despite being technically eligible per the site design plan and the funding committee’s eligibility criteria, we are choosing not to accept charges that include Driving Under Restraint and Driving Without a License. We have found that those cases require individuals to obtain certain documents or perform tasks that are necessary in order to fulfill Court requirements. Those tasks more often than not exceed the 6 month time frame that Mental Health Diversion gives an individual. We feel that placing an individual with such a circumstance on a 6 month Mental Health Diversion sets them up for failure when they cannot get their required license in the required timeframe. We now refer cases such as this to our BRIDGES program so they still get the benefit of having assistance through the legal process and a warm handoff is made. Charges such as Driving Under the Influence and Driving While Ability Impaired are handled on a case by case basis based on the individual circumstances of the offense. This is per office policy as those charges are also technically eligible for the MH Diversion program as there are others that also apply but are reviewed on a case by case basis.

Part B – Program Implementation and Operations

5. Program partners

Pilot sites are encouraged to strengthen stakeholder partnerships throughout program planning, implementation and adaptation to 1) improve program operations through maximum input, buy-in, collaboration and coordination; and 2) maximize participant access and meaningful referrals for basic needs and stability-enhancing services.

Please list all program partners and indicate their level of engagement in program planning, implementation and problem-solving. Examples: Bridges liaison, co-responders, court staff, DA office, JBBS, jail, judicial officers, MH providers, pre-trial services, PD office, probation, law enforcement, community service providers (e.g., food banks, DV advocates, shelters, transitional housing, hotels, employment services, public benefits, etc.).

Program Partner	Engagement Level (high, medium or low)	Program Partner	Engagement Level (high, medium or low)
LaPlata County Detention Center	Medium	Axis Health System (therapists, psychiatrists, case managers, etc.)	High
Office of the State Public Defender	Medium	Durango Police Department	High
LaPlata/Archuleta/San Juan County and District Court Personnel/Staff	Medium	BRIDGES Liaison	Medium
District Attorney’s Office	High	LaPlata County Sheriff’s Office	Low
Private Therapists/Providers in the Community	Low	Community Providers (grocery stores, hotels, transit providers, thrift stores).	Low
Private Defense Counsel	Low	Dept of Human Services	Low

6. Mental health (MH) screen: *The short questionnaire administered orally by a non-mental health professional, such as a booking officer or pre-trial services staff, used to determine whether to request a mental health assessment. Administration of the screen does not require formal training and may occur as a routine justice system procedure. Examples of free, evidence-based, validated [on criminal justice populations] MH screens include Brief Jail Mental Health Screen (BJMHS), Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS), and Correctional Mental Health Screen for Women (or Men) (CMHS-W or CMHS-M).*

a. Please identify the MH screen your program will use.

- BJMHS CCJMHS CMHS-W and CMHS-M Other: _____

b. Will all individuals booked into jail undergo MH screening if they are willing: Yes No
If not, please explain _____

c. Who conducts or will conduct MH screening?

- at booking/arrest: jail/booking pretrial services other: _____
- for individuals on summons/citation: Diversion Coordinator via Criminal History review, CPAT score, type of charge, Circumstance of Offense, review of any restitution owed, if the individual lives out of the area and/or will be staying in the area upon release, if the charges are eligible, etc.
- for individuals on bond: The same review procedures apply as per summons/citation although if the individual is on bond, in addition to the above review steps taken by the Diversion Coordinator they were also given the Brief Jail Mental Health Screen at time of booking which would also have been reviewed by the Diversion Coordinator but administered by the detention staff.

d. Please briefly describe remaining steps in the eligibility process after MH screening. As previously mentioned, after the initial MH Screening process occurs by either the jail staff or the Diversion Coordinator, eligibility into the MH Diversion program is further screened by reviewing factors such as the participants Criminal History and resulting CPAT score, the type of offense they are charged with, reviewing the circumstances of their offense and reviewing any restitution owed in each case. We also look at one’s demographic location. If a participant resides out of state and has no intention of staying in the area once out of jail, we feel that is a disqualifier to eligibility. These eligibility steps are made by the Diversion Coordinator and reviewed as needed by the assigned attorney on the case. Decisions are made as a team and we look at the totality of one’s situation and do all we can to give individuals the benefit of the doubt so as many of them have the opportunity to receive treatment as possible. Once eligible, participants or there counsel is contacted in order to begin the process of MH Diversion and have that conversation.

e. Who tracks the # of positive and negative screens for MHDP quarterly reports? The Diversion Coordinator receives all positive screens of the Brief Jail Mental Health Screen. At the time of Quarterly Reporting, he then works with the jail staff that administers the screens and further determines the total number of both positive and negative screens to ensure accuracy. Copies of the actual Brief Jail Mental Health Screens are kept at the jail and with Axis Health as they become part of one’s medical record. For the purpose of Quarterly Reporting though, the Diversion Coordinator is sent the names of the individuals who screen positive and those numbers are tracked internally at the District Attorney’s Office. Then during reporting, the team coordinates to ensure accurate data collection for both positive and negative screens.

7. Mental health (MH) assessment, as referenced in the CCJ Model: *The face-to-face or telehealth assessment conducted by a licensed mental health professional, in the jail, at the professional’s office, or elsewhere, to determine whether MHDP is recommended and if so, to provide a warm-handoff to treatment. The assessment examines:*

- Current symptomology of a behavioral health disorder;
- History of behavioral health concerns, diagnoses, or treatment;
- Current involvement in treatment;
- Social determinants of health (e.g., homelessness, employment, etc.); and
- Willingness to engage in MHDP and commit to treatment.

a. **Describe the process for obtaining MH assessment of candidates with positive MH screens, not otherwise disqualified from MHDP.**

- candidates in custody: When a positive BJMHS is identified, reviewed and deemed appropriate for possible entry into MH Diversion, the Diversion Coordinator will meet with them either in the jail or in Court at their bond setting (depending on if they are represented, when the BJMHS result is received, etc.). Upon speaking with them about the program and given they are open to it, the necessary ROI's are signed and a referral is emailed to the treatment provider. The participant is told that either the provider will contact them to schedule an assessment or the Diversion Coordinator schedules the assessment with them present to ensure it gets made and to remove barriers (lack of phone, for example). Participants are also encouraged to be proactive in scheduling when able. The Diversion Coordinator then assists with coordinating appointment times with the participant and provider. Once the participant attends the assessment, the provider emails the results to the Diversion Coordinator and the Diversion process proceeds as recommended.

We are currently in the process of closing a gap that exists where the Diversion Coordinator meets with an inmate in-custody and are willing to engage in an assessment, then are seen in Court hours later and are released on bond and are relied on to schedule the assessment once out of custody. This oftentimes sets them up for failure due to issues such as lack of phone, not remembering appointment times and other situations specific to individuals with mental illnesses. The Diversion Coordinator and Axis Health are currently working to implement a hand-off system that doesn't currently exist in the jail where once an inmate is found appropriate and willing to participate in an assessment, the inmate then requests to see a provider from Axis who will then conduct the assessment prior to leaving custody. Axis currently does not see inmates unless requested. This change will require the assistance and dedication of not only Axis and the Diversion Coordinator, but also the detention staff as inmates will be filing requests to see mental health providers and those requests must be fulfilled.

- Candidates out of custody: If out of custody, participants communicate independently or through their defense attorneys. Cases are screened by the Diversion Coordinator using tools and mechanisms such as the CPAT, ones Criminal History, police reports, type of charge, Circumstance of Offense, review of any restitution owed, if the individual lives out of the area and/or will be staying in the area upon release, if the charges are eligible, etc. If appropriate and once an ROI is signed a referral is emailed to the treatment provider for an assessment in the same manner and procedure as it is done for an in-custody candidate. The provider then reaches out to the participant to schedule an appt. The Diversion Coordinator also provides follow up with both the participant and the provider to help ensure the assessment gets scheduled. Axis Health communicates with the Diversion Coordinator regarding the completion or incompleteness of the assessment and the Diversion process proceeds accordingly thereafter.
- b. **Describe the steps your program will take to increase the likelihood that out of custody candidates will attend their MH assessment appointments.** A procedure that we are starting to implement with a majority of our participants is when the Diversion Coordinator meets with them in Court at their first appearance they initially will sign an ROI for the provider and agree to an assessment. We are then starting to call the provider then and there with the participant to schedule the assessment. This eliminates any possible miscommunication between the participant and the provider once the participant leaves Court. They then leave Court with a standing appointment for an assessment and will have no need for any further instructions other than to attend an appointment that has already been scheduled. The Diversion Coordinator follows up with the provider regarding the assessment as usual per protocol.

Our program has also recently strengthened its relationship with Durango Police Department. This has been a huge benefit to the program in that Durango Police Department has begun assisting program participants get to their assessment appointments. Individuals who have been identified as candidates for the program and are seen as at a higher risk level due to factors such as housing, no phone service, no transportation, etc. If necessary, Durango Police Department has been dispatching Crisis Trained Officers to assist them in getting to their assessment appointments at Axis so as to prevent them from becoming "frequent flyers" in the system.

This incredible display of community assistance has been a big support to our program and is a great show of leadership moving forward as we continue to build our program.

8. Mental health and/or psychiatric treatment

- a. **How will your program coordinate entry into treatment and promote participation?** (specify who will do what and when)? The 6th JD MHDP has worked diligently to coordinate with Axis Health in an effort to streamline the referral process for both in-custody and out of custody participants. Moving forward and utilizing the lessons we have learned over the past year since implementation, we intend on being able to streamline the process of referral to treatment in a much more efficient manner. This includes utilizing the “KITE” system that the LaPlata County Jail has which allows inmates to request to see Axis Health should they request it. Once the initial assessment has been conducted by the Diversion Coordinator following the BJMHS, participants will start to use this system to then see the Axis Health provider that is located on-site for their MHDP assessment. This will occur either immediately after their meeting with the Diversion Coordinator or following their initial bond hearing. For those out of custody, our program intends to increase efficiency by scheduling assessments with the participant’s present in-Court. This means the Diversion Coordinator will call Axis Health directly with the participant present and schedule the assessment with them there so they leave their first appearance with an appointment already scheduled. This cuts down on the participant’s responsibility for making appointments when they may not have the resources to do so once they leave Court (lack of phone, money, etc.).

Our MH Diversion Program has begun to work with Axis Health in creating incentives for participants who either struggle to attend treatment or otherwise may not feel motivated in the beginning stages. We have purchased items such as trolley tokens to assist with transportation to and from not only treatment but generally around town they can use for personal reasons, we have also purchased grocery cards to give as an incentive for those who may need a bit more motivation as well as need the resources. It is our hope that these will result in participants returning for follow-up appointments and also serve as a reminder to those that need it.

- b. **How will your program reduce barriers to increase treatment attendance?** Our program intends to increase treatment attendance by implementing and increasing various services across the board. As mentioned previously, we have purchased grocery cards and trolley tokens as incentives for participants to attend their assessment and treatment. Moving forward we are also going to look at purchasing hotel vouchers for individuals who are homeless as there is a current housing crisis in our area. This will provide a strong incentive for them to engage in services with their provider and reduce the number of FTA’s. Once engaged, Axis Health has Case Managers who assist participants with obtaining free mobile phones which will then give them access to other services, better follow through with appointments and a lower FTA rate with treatment and their Court obligations. Axis Health has worked diligently at providing same day assessment appointments for those participants who are more difficult to reach either via phone, email or in-person and are incredibly accommodating in the event that someone should require an emergency appointment or “just shows up”. This practice and accommodating attitude is the team-oriented approach that we feel will make our MH Diversion program incredibly successful.

Another way we have worked on reducing the number of participants who fail to appear for their assessments and appointments is that we have strengthened our relationship with the Durango Police Department. In doing so, they have worked incredibly hard and have committed themselves to assisting program participants with getting to their treatment appointments. Upon identifying or being told of participants who are at a higher risk level to not attend appointments as a result of factors such as lack of transportation, no phone service, memory issues, cognitive impairment or other mental health related concerns, Durango Police Department has been

dispatching Crisis Trained Officers to help transport them to their appointment to ensure attendance. This has been of great help to not only the participants but also the program and the community. Their dedication and commitment to the program has provided a large boost and the treatment provider also sees the benefit by way of maintaining efficiency in their caseloads. This helps to ensure compliance and from law enforcements point of view it helps to prevent the “revolving door” effect in the criminal justice system.

- c. **Who will assist participants with obtaining and/or using private insurance and/or Medicaid during diversion and for post-diversion access?** Axis Health System currently provides services to all participants that have Medicaid. They also accept all other forms of private insurance as well work on a sliding fee on a case by case basis. Per the MH Diversion contract, Axis Health provides all MH assessments for program participants regardless of insurance or an individual’s ability to pay. The MH Diversion program has treatment funds available for those participants who are self-pay. Over the past year of programming, we have seen participants enter into treatment with private insurance and following their assessment with Axis Health, they have chosen to continue/complete treatment with an outside provider who also accepts their specific insurance plan. Predominantly this provider has been Riversage Counseling. Due to our rural location, we do not have many outside providers other than some outlying individual private therapists/counselors that are mostly self-pay. Upon attending their initial assessment and attending their subsequent recommended treatment, Axis Health provides Case Management services to those participants requiring it. These services include getting self-pay/indigent participants connected to Medicaid, applying for financial and food services as well as transportation and housing. Should the participant have private insurance and request to have their treatment transferred to an outside provider, an appropriate referral is made and upon a signed ROI, records are transferred to the new provider. The Diversion Coordinator assists in this process along with the provider to ensure continuity of care.

Access to care following the completion of one’s successful diversion period is a team-based effort as participants are referred accordingly based on their individual needs. Axis Health’s Case Managers perform a large part of the referrals to service as they work with participants throughout the program to identify various needs and despite one’s successful completion of their legal case, any remaining social or economic needs will continue to be served. Referrals to such agencies as the Dept. of Human Services, San Juan Basin Public Health, Housing and Urban Development and other resources that provide food, shelter and clothing are included. This holistic approach that begins with a one-time Brief Jail Mental Health Screen continues long after legal obligations are met.

9. **Case management and access to resources:** Please describe how your program will help participants meet unmet needs (e.g., food, clothing, shelter, employment assistance, recovery support, medical care, public benefits, etc.) to achieve and maintain stability during and after diversion? Our MH Diversion program has partnered with Axis Health system which is an Integrative Health Center. They provide not only mental health services to include counseling, therapy, substance abuse and other crisis-related counseling services, but they also provide vital everyday health services. These services include medical, dental and vision among others. Axis Health is staffed by health professionals, nurse practitioners, psychiatrists, psychologists, licensed clinical social workers, family therapists and case managers. All of whom play a key role in providing our program participants with the necessary needs and services they require upon program entry. Upon entry and acceptance, participants that are seen lacking in any of the above-mentioned areas of resources are assigned a Case Manager to help link them into those services. For example, a participant in need of food and financial assistance would be assigned a Case Manager and with the assistance of that Case Manager, applications for financial assistance and food stamps may be completed and submitted (as an example). Other examples may be completing and submitting housing applications with those who enter the program homeless, referrals and program vouchers to local thrift stores for those with clothing needs or those with young dependents, job seeking assistance or referrals to the Department of Vocational Rehab for those entering the program unemployed. Others include connecting Veterans to the VA Administration for appointments and benefits and scheduling and/or finding participants a primary care physician when they may not

have one upon program entry.

Another primary function of Case Managers is to help complete assistance applications for participants who are indigent and don't have insurance so as to apply for any connect them with Medicaid. This will help cover the cost of any and all treatment that is necessary while in the program as well as will ensure they receive the necessary follow up and care long after they complete the MH Diversion program. Participants who enter the program without any form of insurance coverage but then exit with Medicaid are ensured that they are able to receive not only ongoing counseling, treatment and possibly addiction services through Axis for which they entered the program to begin with, but they also ensure themselves that they will be able to receive the necessary medical coverage listed above as well. This medical coverage is key for maintaining not only a healthy lifestyle but also plays a huge factor in areas such as obtaining and maintaining employment which then has a trickle-down effect to maintaining and affording housing. So much relies on an individual's health and we feel that through effective Case Management and making sure that participants successfully exit the program insured we are setting them up for success long-term.

10. Successful completion of diversion: Please describe the requirements to successfully complete diversion, resulting in the non-filing or dismissal of charges. When a participant agrees to enter the MH Diversion program, they sign a MH Diversion Agreement for a period of no longer than six months. Key components of this MH Diversion Agreement include:

A: The period of the Diversion shall last for six months.

B: The participant will initiate and attend any treatment/therapy recommended by the Mental Health Assessment

C: The participant will pay any restitution owed (if applicable).

Our program's MH Diversion Agreement further states that participants understand and agree to other conditions. Among them is that if they fail to initiate and attend the treatment that's recommended by the assessment or if they commit a new offense while on the MH Diversion program we may initiate revocation of the Diversion Agreement and proceed with prosecution. Participants are also required to notify the Court and Diversion Coordinator of any change in address and phone number as well as keep all of their other contact info and employment/education status current with the Diversion Coordinator. Any Protection Orders that are issued remain in effect and are to be abided by as well. A copy of the 6th JD MH Diversion Agreement is attached to this funding request.

At the time that a MH Diversion Agreement is reviewed, signed and executed. The participant reads over the above Terms and Conditions and initials that they agree to complete conditions A, B and C (C if applicable) and leave with a full understanding of what is expected from them moving forward. At this point the MH Assessment has already been completed and they have already committed to treatment and are willing to engage in the program. They have a standing appointment with the provider and once they leave Court they simply continue attending their counseling/therapy sessions as recommended. The Diversion Coordinator is in contact with the assigned therapist regarding attendance (or lack thereof), any concerns regarding barriers to treatment (housing, transportation, economic, food, etc.) as this is problem-solved using a team based approach with resources provided by the Funding Committee, among other things. After approximately six months so long as the participant has been in compliance with the recommendations of their treatment assessment, the Diversion Coordinator gathers some exit data from the provider to ensure compliance and then files a Motion and Order to Dismiss the participant's charges. Copies are sent to the participant as well. Exit surveys are emailed to the participant to gather valuable information regarding whether or not the program was beneficial to them and in what ways. Our MH Diversion program continuously looks at how we can not only screen more participants into receive treatment so we can help a larger number of individuals in need but also looks at how we can include more resources to help those already in the program and increase efficiency.

11. Information-sharing

<i>Example: Information-Sharing Arrangements among Program Partners</i>				
	<i>Information to be Shared</i>	<i>From</i>	<i>To</i>	<i>Arrangement</i>
<i>Example A</i>	<i>MH screen result (i.e., positive or negative)</i>	<i>Jail</i>	<i>DA office</i>	<i>Covered by existing MOU; Each day, jail staff emails DA the list of individuals who screen positive if candidate signs Release of Information</i>
<i>Example B</i>	<i>Status of MH assessment (complete or incomplete) and recommendation for/against MHDP participation; termination from treatment</i>	<i>MH provider</i>	<i>DA office</i>	<i>Candidate signs Release of Information; Information-sharing agreement between MH provider and DA's office to be drafted</i>
<i>Example C</i>	<i>Status of candidate's competency evaluation or restoration services outcome</i>	<i>Evaluator or restoration provider</i>	<i>DA office</i>	<i>Covered by existing information-sharing agreement which permits communication by confidential written notice</i>

Please complete the table below to describe information-sharing among your program partners, including information-sharing agreements, participant authorizations for release of information or any other information-sharing arrangements.

Information-Sharing Arrangements among Program Partners			
Information to be Shared	From	To	Nature of Arrangement
Brief Jail Mental Health Screen (Positives)	Jail	DA's Office	Covered by existing MOU, jail staff emails DA the list of individuals who screen positive (with the exception of Fridays and weekends).
Mental Health Assessment Results (Complete or Incomplete, Willing or Unwilling, Committed or Uncommitted)	Axis Health System	DA's Office	Candidate signs Release of Information; Covered by MOU, Mental Health provider notifies DA's office via email of assessment results per site design plan and MH Diversion program model.
Status of MH Treatment (Attendance or Lack thereof, treatment issues, barriers while in treatment and termination status)	Axis Health System	DA's Office	Mental Health provider sends monthly email updates to the DA's office. Updates include but are not limited to attendance, compliance and barriers as well as completion and noncompliance/unsuccessful discharge.
Status of MH Treatment (Attendance or Lack thereof, treatment issues, barriers while in treatment and termination status)	Other Private Providers not Otherwise Listed	DA's Office	Should participants seek treatment outside of Axis Health following the initial assessment, ROI's are signed and the chosen provider also provides the requested monthly email or faxed updates to the DA's office. Updates include but are not limited to attendance, compliance and barriers as well as completion and noncompliance/unsuccessful discharge.

12. Training and support needs: Please describe any training or support needed from the State Court Administrator's Office, such as procurement of training or speakers, facilitation of meetings, scheduling of monthly calls, technical assistance regarding screens or assessment tools, etc., for implementation of MHDP. The State Court Administrator's Office currently provides an ample amount of training for our MH Diversion program. Our program is fortunate to have implemented the Brief Jail Mental Health Screening Tool that is utilized across the board by all of our partnering agencies and at this time seems to be working satisfactorily. We have other screening tools at our disposal should we feel that the current assessment is not providing accurate data or information. If there was any support request our program had, it may be additional team meetings both at the local and state levels. These provide brainstorming sessions as well as team building opportunities for all parties involved. They give an opportunity to talk about what is and isn't working for all pilots, create discussion, problem solve and build

relationships that otherwise were not built. The SCAO held and sponsored a state meeting in January 2020 which facilitated these support needs and it was incredibly helpful. Further meetings would be very beneficial in the future. Our program has scheduled Quarterly meetings among local stakeholders as a result of the January meeting in hopes that we continue the momentum it created. The State Court Administrator’s Office has otherwise been incredibly helpful in answering and problem solving any and all concerns that have come up in the meantime. Having said that, specialized and expert speakers are always welcomed as the more we can learn and grow as a program the better off we will be. We also have been granted and continue to request Training funds through the MH Diversion grant so that we can continue to attend relevant trainings in/around and outside of the area so as to further our Mental Health program.

Part C – MHDP Goals, Objectives and Outcomes

Goals of the Colorado Commission on Criminal and Juvenile Justice Model Jails and Mental Health Task Force Model

- *Reduced incarceration of adults with unmet mental health needs*
- *Reduction of the number and cost of court cases involving adults with unmet mental health needs*
- *Cost-savings and measurable justice and healthcare resource management efficiencies*
- *Positive outcomes for adults with mental health impairments.*

13. Please identify pilot program goals, objectives and outcomes connected to the CCJJ Model referenced above.

Pilot Program Goal 1: Successfully enroll 48 new participants into Mental Health Diversion in FY21.

Objective (a): Have a Review Team that works to problem-solve any exclusivity issues that may result in cases not being accepted into the program that may otherwise be eligible for consideration.	Objective (b): Build program support in order to expand the MH Diversion program and the population it has been created to serve.	Objective (c): Successfully enroll 48 participants into the MH Diversion program.
Measurable Outcome(s) (a): Meeting quarterly with stakeholders and partnering agencies to review eligibility criteria in order to capture as many appropriate candidates as possible.	Measurable Outcome(s) (b): Provide education, training and outreach regarding the program to both internal staff as well as staff such as Defense Counsel, treatment providers, Court Personnel, Law Enforcement and community members so they are more knowledgeable about program benefits.	Measurable Outcome(s) (c): Enroll at least four individuals who screen positive through the approved screening methods into the MH Diversion program every month for the next twelve months.
Timeframe: 12 months	Timeframe: 12 months	Timeframe: 12 months

- **MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 1: Reduced incarceration of adults with unmet mental health needs.**

Pilot Program Goal 2: Ensure that 100% of all successful MH Diversion participants exit the program with medical insurance.

Objective (a): Assist and ensure all program participants get access to	Objective (b): Determine program participant’s current insurance status not	Objective (c): Have each of our MH Diversion participants exit the
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Mental Health Diversion Program (MHDP) Funding Request – FY 21

either private insurance or Medicaid coverage.	only for current service delivery but also for future health benefits post-exit.	program with some form of verifiable and valid health insurance.
Measurable Outcome(s) (a): Ensure that all enrolled MH Diversion participants are assigned a Case Manger upon enrollment in the program.	Measurable Outcome(s) (b): Provide a screening measure at intake to determine if participants have health insurance or not.	Measurable Outcome(s) (c): Work with Axis Health, Dept of Human Services, San Juan Basin Public Health and other applicable agencies to assist participants in completing the necessary applications to get health insurance.
Timeframe: 12 months	Timeframe: 12 moths	Timeframe: 12 months

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 2: Positive outcomes for adults with mental health impairments.

SECTION 3. BUDGET

Part A – District Attorney Funding

14. District Attorney Funding: Pursuant to 18-1.3-101.5, C.R.S., each pilot site DA office receives \$50,000 annually offset personnel and administrative costs of operating MHDP. Below is an example of DA fund usage for FY21. After reviewing the example, please complete the blank table that follows, which will show your program’s past and anticipated future DA funding usage and needs. Question 14 seeks a general description of the nature of funding needs and usage rather than a specific accounting.

<i>Example Anticipated Usage of FY21 DA Disbursement - Nature or Type of Expenditure and Basis for Calculation</i>			
<i>Compensation of .5 FTE DA’s office diversion coordinator at \$2500/month, who gathers and maintains data, prepares quarterly reports, reviews cases for eligibility, makes MH assessment referrals, conducts candidate outreach and follow-up, tracks new charges, reviews cases for dismissal or pursuit of charges</i>			<i>\$30,000</i>
<i>Language interpreters and document translation services for MHDP participants</i>			<i>\$3,000</i>
<i>Bus passes and hotel vouchers for MHDP participants</i>			<i>\$3,000</i>
<i>Office supplies (files, paper, pens, copies, telephone service)</i>			<i>\$500</i>
<i>Diversion coordinator’s travel to jail, MH provider office, and court in all counties</i>			<i>\$1,500</i>
<i>DA and diversion coordinator travel expenses for training on substance use disorders, MH and criminogenic needs</i>			<i>\$1,000</i>
<i>Law enforcement training re: MHDP, MH, and competency (supplies, meals, speaker fees, and travel reimbursement)</i>			<i>\$1,000</i>
Type of Expenditure	Approximate Past Expenditures		Anticipated Future Expenditures
	FY19 (7/1/18-6/30/19)	FY20 (7/1/19-6/30/20)	FY21 (7/1/20-6/30/21)
<i>For FY21, include the basis for or calculation of the estimated expenditures.</i>			
<i>Compensation of Part Time DA’s office Diversion Coordinator at \$16,172/year, who gathers and maintains data, prepares quarterly reports, reviews cases for eligibility, makes MH assessment referrals, conducts candidate outreach and follow-up, tracks new charges, reviews cases for dismissal or pursuit of charges</i>	\$8086	\$16,172	\$16,172
<i>Bus passes, Hotel Vouchers and Grocery Cards for MHDP participants</i>	\$201.25	600.00	2000.00
<i>DA and diversion coordinator travel expenses for training on substance use disorders, MH and criminogenic needs</i>	\$2628.39	\$508.50	2000.00
<i>Medical Records Requests to Treatment Providers</i>	\$55.59	0	0

- a. MHDP could have operated without these funds could not have operated without these funds
 could have operated with the lesser amount of \$20,172 per year
 required additional funds (please describe): _____

b. **Estimated District Attorney cost savings from MHDP (e.g., nature of savings, estimated amount and calculation):** The District Attorney’s office estimates that the MH Diversion program continues to positively affect the budget as it relates to cost savings measures. We estimate that keeping the 16 total MH Diversion participants off of the County Court Attorney’s caseload, whose salary calculates out to be \$26.03 an hour and who would spend approximately 10 hours on each of those cases, ends up saving the office approximately \$4,164.80 total. This amount is significant considering current budget restrictions of the County as well as time limitations of the County Court Attorneys. We anticipate that amount to increase exponentially considering we have recently increased our case numbers and expect the trend to continue moving forward.

Part II. Program Implementation and Operations

15. Pilot site funding request: Below is an MHDP budget request example.

Example FY21 Budget Request			
Example Item/Category	Service or Purpose Description and Expenditure Calculation	Unit/Rate	Amount
MH screening	Screening for staff to handle administrative of new screen at 15 min per participant x 15 x \$15 (screening) = 2,250	Hourly	2,250
MH assessment	Assessment for 15 participants per year at \$200 each participant = 3,000	Hourly	3,000
MH treatment	Screening sessions each for 15 participants ineligible for Medicaid and Medicaid for insurance for 10 sessions (45 minutes)	Hourly	16,000
psychiatric services	Estimated at \$100/month for 6 months for 15 participants during admission support	Weekly	9,000
case management services	Case management services for 15 participants at \$15/hour (3 hours/month for 6 months)	Hourly	2,700
transportation	Transportation benefits (AME, SNAP, Medicaid, See 8.55) for 15 participants, health insurance, medical dental, MH SUB, dental case management, grocery, support, advocacy, transportation, other case management support	Weekly	10,000
personnel	Personnel	Hourly	50
support	Support	Hourly	50
reimbursement	Reimbursement	Hourly	50
materials	Materials	Hourly	50
training	Training for 15 participants	Hourly	50
Other	Other for 15 participants at \$50 each	Hourly	750
Total FY21 Request			34,000

After reviewing the funding guidelines, please detail the total funding requested for FY21, to be provided on a reimbursement basis, in the following table.

FY21 Budget Request (excluding \$50K DA Disbursement)			
Expenditure/ Reimbursement Category	Detailed Explanation of Service or Purchase and Expenditure Calculation	Provider/Vendor/ Payee	Amount
MH Screening	<i>Compensation for staff to complete and administer new screens at time booking. Meet with inmates, explain screening process and assist with administration. (.35 FTE at \$62,400K/year to administer approx. 2,880 screens/year)</i>	LaPlata County Sheriff's Office	\$21,600
Reporting/Analysis	<i>Compensation for staff to report and analyze completed assessments, screenings and data. Provide data and results to DA's office for program consideration. (8 hrs/wk at \$15.00 per hour staffed position).</i>	LaPlata County Sheriff's Office	\$6,240
MH Assessment	<i>Payment for 25 MH assessments per year at \$393.10 each performed out of custody. Our goal is 50 MH assessments but the other 25 assessments are anticipated to be in custody and covered by a different grant.</i>	Axis Health System	\$9,827.50
Psychiatric Evaluation	<i>Payment for evaluations of patients for appropriateness into med management and diagnosis of their mental health condition. Provides recommendation into treatment and sets treatment plan moving forward. (5 individual evaluations at \$296.78 each).</i>	Axis Health System	\$1,483.90
MH Treatment	<i>6 individual treatment sessions each for 10 participants ineligible for Medicaid and lacking private insurance at \$256.63/session (45 minutes)</i>	Axis Health System	\$15,397.80
<i>Case Management needed for successful MHDP completion and post-program stability</i>	<i>Case management services for 15 participants 2 hours each (\$54.82 per 15 minute unit)</i> <ul style="list-style-type: none"> • <i>Accessing public benefits: TANF, SNAP, Medicaid, Sec. 8, SSI, etc.</i> • <i>Accessing private health insurance, medical, dental, MH, SUD disorder care/treatment, recovery support, DV advocacy</i> <i>Employment, transportation, shelter or housing support</i>	Axis Health System	\$6,578.40

16. Estimated cost savings as a result of MHDP by program partners other than the DA, such as jails, court, etc. (including the nature, estimated amount and calculation of such savings): The cost of housing an inmate at the LaPlata County Jail is approximately \$95.31 per day as of this writing. Of the 16 participants that we have had enter our program thus far, three of those have been referred through the jail. At \$95.31/day and three participants, that's \$285.93 in savings per day for an undetermined amount of time they would have otherwise spent in custody, had it not been for the MH Diversion program. The Court costs associated with prosecuting a case vary by case type. Of the 16 participants that we have had enter the MH Diversion program thus far, 14 of them have been or are Misdemeanor cases and 2 are Felonies. The Courts charge approximately \$238.50 for each Misdemeanor case which includes considerations for such fees as Victims Compensation, Victims Assistance Fund and the Standard Court Costs that are accrued. Felony cases charge approximately \$473.50 with the same considerations adding in others that may include drug or alcohol determinants. By entering the MH Diversion program on the 14 Misdemeanor cases we have, we estimate that the Court saved approximately \$3,339.00 in costs. By entering the MH Diversion program on the 2 Felony cases we have, we estimate that the Court saved approximately \$947.00 in costs. It's also worth noting that by entering the Mental Health Diversion

program, those cases are those that otherwise would have likely resulted in Probation Supervision. Probation Supervision fees cost \$50.00/mo for each participant and are mandated by the State of Colorado. By enrolling and entering 16 participants into the MH Diversion program for at least the 5 month review term that is required in the 6 month MH Diversion Agreement our program has saved an additional \$4,000 total. These participants are receiving the same supervision they would otherwise be receiving in a similar setting such as Behavioral Health Court or even straight Supervision but not being assigned the fees associated and the Courts are not the ones assigning them. We feel this is incredibly important as it streamlines the process, gives participants the opportunity to still receive treatment, saves entities money and builds much needed trust between Mental Health clients and the Criminal Justice system. It therefore goes beyond strictly a dollar amount as this program not only saves money but also provides an invaluable service and rapport that previously did not exist.

17. Results of AARs: No. of cases that have been processed through the program. Please attach flowcharts or decision trees showing critical decision points in the process. Provide a list of candidates and participants for each of the following scenarios:
a. Candidates who have been arrested through program completion
b. Candidates who have been arrested through program completion
c. Candidates who have been arrested through program completion
d. Candidates who have been arrested through program completion
e. Candidates who have been arrested through program completion
f. Candidates who have been arrested through program completion
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s. Candidates who have been arrested through program completion
t. Candidates who have been arrested through program completion
u. Candidates who have been arrested through program completion
v. Candidates who have been arrested through program completion
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y. Candidates who have been arrested through program completion
z. Candidates who have been arrested through program completion

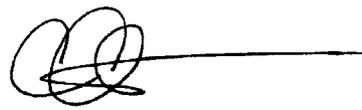
The following information is true and correct to the best of my knowledge.

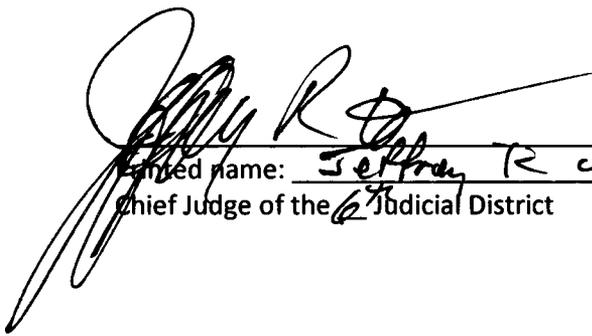
Prepared by:

Printed name: _____
Title: _____

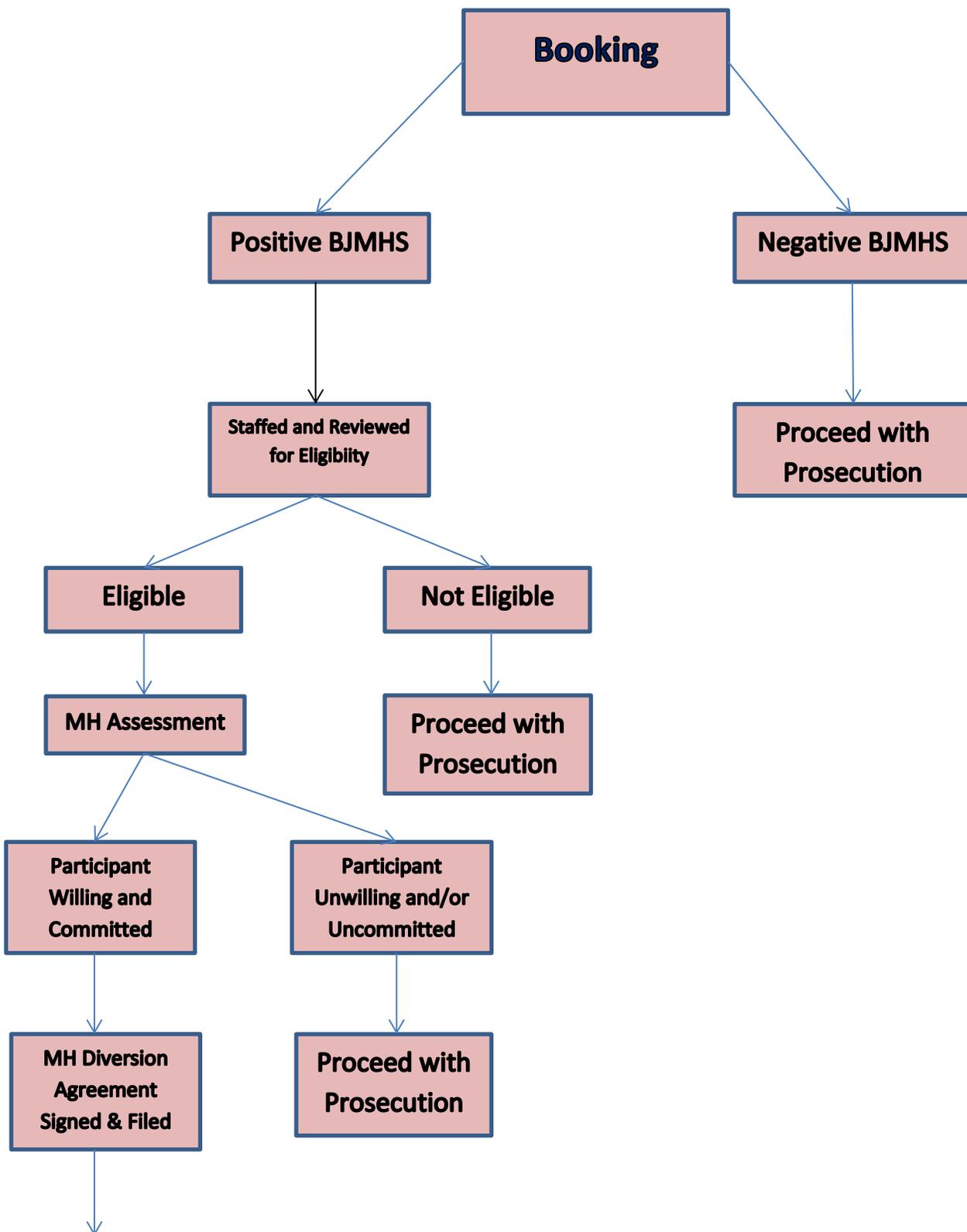
This Funding Request will be administered in accordance with the provisions of C.R.S. §18-1.3-101.5 and the Model adopted by the Colorado Commission on Criminal and Juvenile Justice Model, on January 12, 2018. I am aware of and will comply with the quarterly and annual data reporting requirements of MHPD pilot sites.

Approved by:

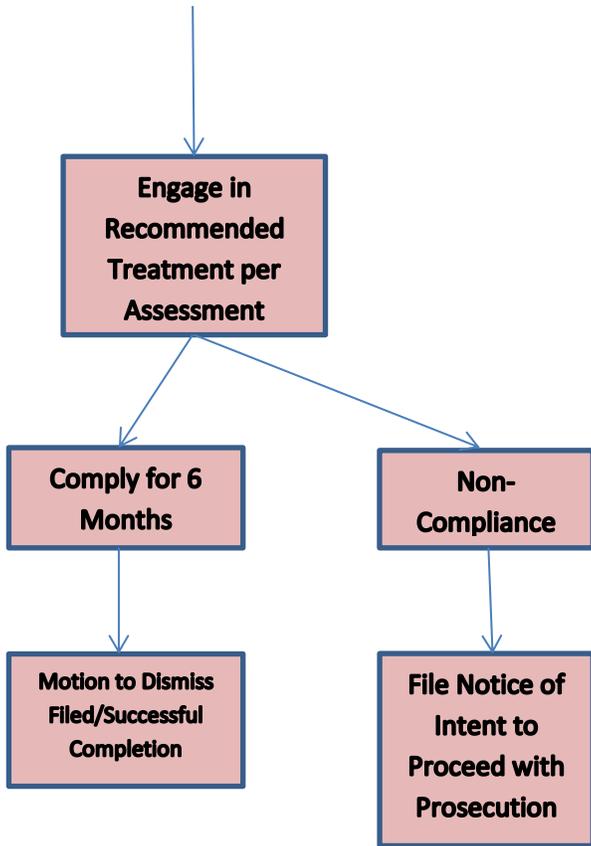

Printed name: Christian Champagne
District Attorney for the 6th Judicial District

4/10/20

Printed name: Jeffrey R. Wilson
Chief Judge of the 6th Judicial District

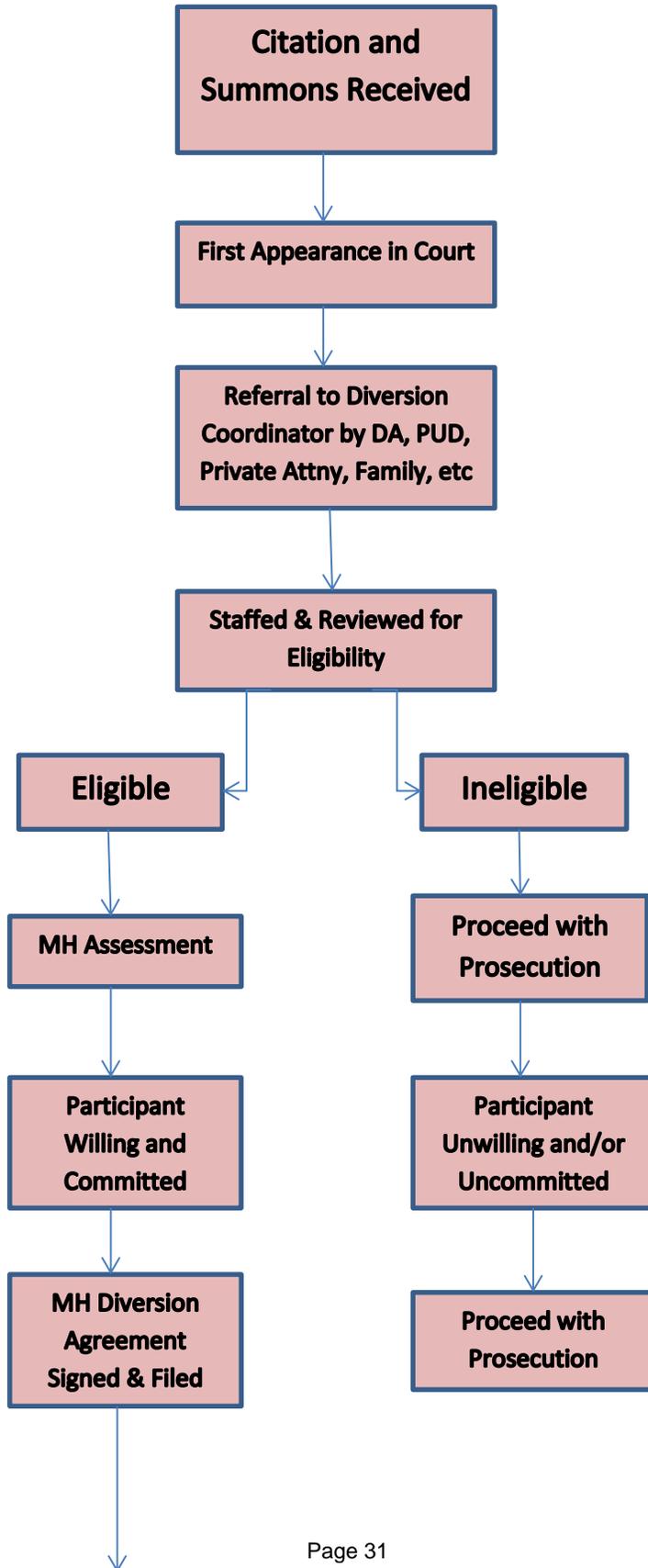
6th JD MHD Program In-Custody Work Flow

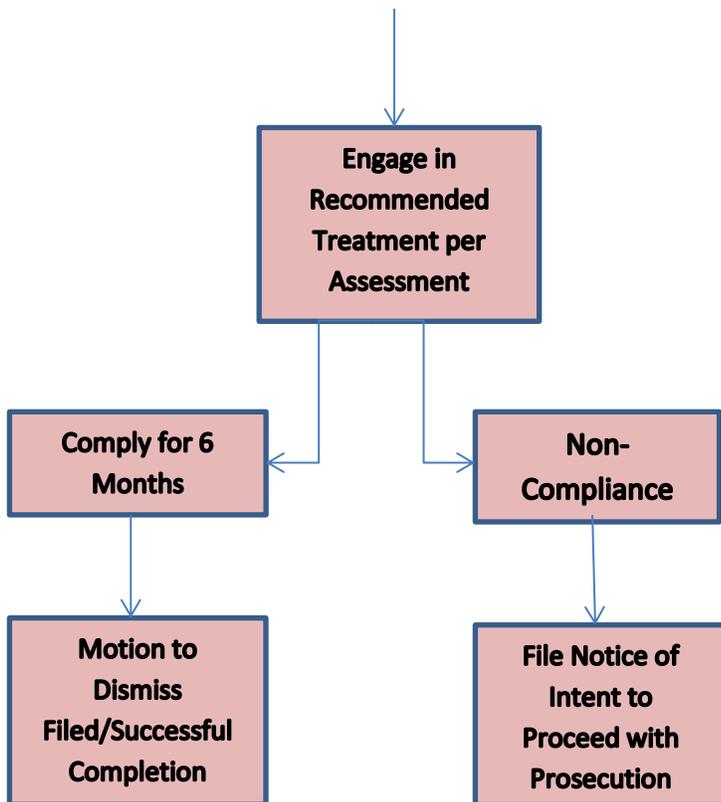


6th JD MHD Program In-Custody Work Flow (cont'd)

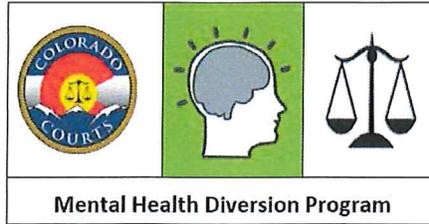


6th JD MHD Program Citation/Summons Work Flow





Please complete and return this funding request to kara.martin@judicial.state.co.us by April 28, 2020.
Please add space, rows or attachments as necessary.



Funding Request of the 8th Judicial District

<p>Legislative Intent, Sec. 18-1.3-101.5, C.R.S.</p>	<p><i>To identify and divert individuals with mental health conditions, charged with low-level criminal offenses, out of the criminal justice system and into community treatment programs, consistent with the principles and proposed model of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), adopted January 12, 2018.</i></p>
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SECTION 1. APPLICANT INFORMATION		
Primary MHDP contact name: <i>Necole Hampton</i>	Email: <i>Hamptonn@larimer.org</i>	Phone: <i>970-498-7233</i>
Mailing address: <i>210 Laporte Ave Suite200 Fort Collins, CO 80521-2763</i>		
FY21 funding requested (<i>excluding \$50K DA disbursement</i>): <i>\$130,350</i>	Participating counties: <i>Larimer</i>	

SECTION 2. PROGRAM INFORMATION

Part A - Target Population and Participant Eligibility Determination

1. Program capacity Anticipated # participants at a given time: 75 Maximum # participants at a given time: 100

2. Statutorily eligible offenses categories
Low-level criminal offenses exclude Victim Rights Act offenses and:

- *include any petty or misdemeanor offense;*
- *with DA agreement, any class 4, 5 or 6 felony or any level 3 or 4 felony drug offense.*

If your program will exclude any statutorily-eligible offenses from MHDP eligibility, please identify the ineligible offense(s) or offense categories and describe the reason for exclusion.

N/A

3. Eligibility disqualifications

a. List any disqualifying factor(s) for someone otherwise eligible (i.e., whose mental health screen indicates mental health concerns or needs and who faces potential charges for an eligible offense) and reasons for the eligibility disqualification: criminal history to include distribution and or extensive treatment opportunities, weapons charges, traffic offenses, history of sexual offenses, crimes of violence, already under probation supervision, active warrants, other pending cases. Only CPAT 1,2,3 eligible.

b. List all screens or assessments used to determine MHDP eligibility or referrals.

Name of Screen/ Assessment	Purpose (eligibility or referral)	Administered by Whom?	Eligibility Threshold or Disqualifying Score/Rating
Basic Jail Mental Health Screen	Screen for Mental Health needs	Jail – PreTrial Services	- YES to Item 7; OR - YES to Item 8; OR - YES to at least 2 of items 1 through 6; OR

			- If you feel it is necessary for any other reason
CPAT	Criminogenic risk	Jail – Pretrial Services	Score of 1,2, or 3
MHDP Assessment	Program eligibility	Summit Stone Health Partners – MH provider	Provider either recommends or does not recommend to diversion

Additional explanation, if any:

N/A

4. Eligibility changes: For existing pilots, briefly describe any changes expanding or narrowing eligibility criteria during FY19 and FY20. criteria has expanded to capture CPAT score of 3, F-4's on a case by case basis, restitution on a case by case basis, not already on probation supervision, and no other pending cases or active warrants. Our DA's office is also beginning the process of working with law enforcement and the MH treatment provider to create and launch a co-responder referral process to capture more of the target audience who are being cited and released, not arrested.

Part B – Program Implementation and Operations

5. Program partners

Pilot sites are encouraged to strengthen stakeholder partnerships throughout program planning, implementation and adaptation to 1) improve program operations through maximum input, buy-in, collaboration and coordination; and 2) maximize participant access and meaningful referrals for basic needs and stability-enhancing services.

Please list all program partners and indicate their level of engagement in program planning, implementation and problem-solving. Examples: Bridges liaison, co-responders, court staff, DA office, JBBS, jail, judicial officers, MH providers, pre-trial services, PD office, probation, law enforcement, community service providers (e.g., food banks, DV advocates, shelters, transitional housing, employment services, public benefits, etc.).

Program Partner	Engagement Level (high, medium or low)	Program Partner	Engagement Level (high, medium or low)
Jail Personnel	High	Law enforcement	High
DA office	High	Court Personnel	low
MH providers	High	Judicial Officers	low
Pretrial Services	High	Public Defenders/counsel	low
Co-Responders	High		

6. Mental health (MH) screen: *The short questionnaire administered orally by a non-mental health professional, such as a booking officer or pre-trial services staff, used to determine whether to request a mental health assessment. Administration of the screen does not require formal training and may occur as a routine justice system procedure. Examples of free, evidence-based, validated [on criminal justice populations] MH screens include Brief Jail Mental Health Screen (BJMHS), Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS), and Correctional Mental Health Screen for Women (or Men) (CMHS-W or CMHS-M).*

a. **Please identify the MH screen your program will use.**

BJMHS CCJMHS CMHS-W and CMHS-M Other: _____

b. **Will all individuals booked into jail undergo MH screening if they are willing:** Yes No

If not, please explain _____

c. **Who conducts or will conduct MH screening?**

• at booking/arrest: jail/booking pretrial services other: _____

• for individuals on summons/citation: not yet implemented

• for individuals on bond: MH Provider at Summit Stone

d. **Please briefly describe remaining steps in the eligibility process after MH screening.** After a candidate is referred from the Jail because of a MH screen, the DA’s office determines eligibility based on the eligibility criteria already determined, and then makes a referral to the MH provider if the defendant is appropriate for MHDP. The MH provider then makes the final decision if a defendant is appropriate for the diversion program based on the MH assessment.

e. **Who tracks the # of positive and negative screens for MHDP quarterly reports?** Jail

7. Mental health (MH) assessment, as referenced in the CCJJ Model: *The face-to-face or telehealth assessment conducted by a licensed mental health professional, in the jail, at the professional’s office, or elsewhere, to determine whether MHDP is recommended and if so, to provide a warm handoff to treatment. The assessment examines:*

- *Current symptomology of a behavioral health disorder;*
- *History of behavioral health concerns, diagnoses, or treatment;*
- *Current involvement in treatment;*
- *Social determinants of health (e.g., homelessness, employment, etc.); and*
- *Willingness to engage in MHDP and commit to treatment.*

a. **Describe the process for obtaining MH assessment of candidates with positive MH screens, not otherwise disqualified from MHDP.**

• candidates in custody: are assessed in custody, at the jail

• candidates out of custody: are assessed at the MH provider’s office – Summit Stone Health Partners

b. **Describe the steps your program will take to increase the likelihood that out of custody candidates will attend their MH assessment appointments.** Case management in the form of a navigator or case manager who can attend court and help candidates make, remember and get to appointments/court dates; help to fund transportation, help to fund or provide phone service, help to find and obtain stable housing

8. Mental health and/or psychiatric treatment

- a. **How will your program coordinate entry into treatment and promote participation?** (specify who will do what and when) The case manager will assist the DA's office from the beginning to help ensure the candidate gets to the right court dates and assessment appts, helping remove any barriers the candidate is currently facing. The mental health provider and case manager will work with the candidate from assessment until completion to help ensure success and accountability. Starting the co-responder entry into the program will also help and promote program participation as more will be able to access the program.
- b. **How will your program reduce barriers to increase treatment attendance?** support transportation needs, help provide phones and or service so that candidates can be in communication with DA's office and treatment provider. Program personnel will help support stable housing in the form of case management and funding when possible.
- c. **Who will assist participants with obtaining and/or using private insurance and/or Medicaid during diversion and for post-diversion access?** The case manager will help candidate in obtaining Medicaid and other resources

9. Case management and access to resources: Please describe how your program will help participants meet unmet needs (e.g., food, clothing, shelter, employment assistance, recovery support, medical care, public benefits, etc.) to achieve and maintain stability during and after diversion? Case management and resource guide -in the form of a navigator position, ancillary funds, mental health provider also has a high level of connection to community resources.

10. Successful completion of diversion: Please describe the requirements to successfully complete diversion, resulting in the non-filing or dismissal of charges. Compliance with treatment plan and no new law violations.

11. Information-sharing

<i>Example: Information-Sharing Arrangements among Program Partners</i>				
	<i>Information to be Shared</i>	<i>From</i>	<i>To</i>	<i>Arrangement</i>
<i>Example A</i>	<i>MH screen result (i.e., positive or negative)</i>	<i>Jail</i>	<i>DA office</i>	<i>Covered by existing MOU; Each day, jail staff emails DA the list of individuals who screen positive if candidate signs Release of Information</i>
<i>Example B</i>	<i>Status of MH assessment (complete or incomplete) and recommendation for/against MHDP participation; termination from treatment</i>	<i>MH provider</i>	<i>DA office</i>	<i>Candidate signs Release of Information; Information-sharing agreement between MH provider and DA's office to be drafted</i>
<i>Example C</i>	<i>Status of candidate's competency evaluation or restoration services outcome</i>	<i>Evaluator or restoration provider</i>	<i>DA office</i>	<i>Covered by existing information-sharing agreement which permits communication by confidential written notice</i>

Please complete the table below to describe information-sharing among your program partners, including information-sharing agreements, participant authorizations for release of information or any other information-sharing arrangements.

Information-Sharing Arrangements among Program Partners			
Information to be Shared	From	To	Nature of Arrangement
Initial referral for MHDP	Jail	DA's office	Follow HIPPA and 42 CFR Part 2 with appropriate MOU
Referral for assessment, recommendation for program, and client progress reports	DA's office	MH provider	Follow HIPPA and 42 CFR Part 2 with appropriate MOU

12.

12. Training and support needs: Please describe any training or support needed from the State Court Administrator’s Office, such as procurement of training or speakers, facilitation of meetings, scheduling of monthly calls, technical assistance regarding screens or assessment tools, etc., for implementation of MHDP. N/A

Part C – MHDP Goals, Objectives and Outcomes

Goals of the Colorado Commission on Criminal and Juvenile Justice Model Jails and Mental Health Task Force Model

- *Reduced incarceration of adults with unmet mental health needs*
- *Reduction of the number and cost of court cases involving adults with unmet mental health needs*
- *Cost-savings and measurable justice and healthcare resource management efficiencies*
- *Positive outcomes for adults with mental health impairments.*

13. Please identify pilot program goals, objectives and outcomes connected to the CCJJ Model referenced above.

Pilot Program Goal 1: provide timely mental health treatment for those arrested or in custody: moving offenders with MH needs from the justice system to mental health treatment and mental stability to prevent them from spending time in jail untreated or reoffending due to their mental health.

Objective (a): reduce number of those with MH needs in jail.	Objective (b): reduce recidivism by those with mental health needs.	Objective (c): provide more MH treatment and less court involvement to low level offenders in our community
Measurable Outcome(s) (a): number of participants in the MHDP, and number of successful completions	Measurable Outcome(s) (b): low numbers of recidivism by those completing the program	Measurable Outcome(s) (c): raise in numbers of those engaged in ongoing MH treatment
Timeframe: yearly	Timeframe: one year after successful completion	Timeframe: yearly

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 1: “Reduce the number of individuals with behavioral health disorders in jails by a designated percentage (to be set by each pilot), reduce the number and cost of court cases involving a person with a behavioral health disorder, demonstrate cost-savings and other measurable efficiencies in justice and healthcare resources management, and promote measurable positive life outcomes for individuals living with behavioral health disorder.”

Pilot Program Goal 2: Create and begin a co-responder entry point into the Mental Health Diversion Program.

Objective (a): accept more participants into MHDP for those only on summons	Objective (b): advancing the “warm hand” off into treatment	Objective (c): help Law Enforcement reduce number of arrests due to mental Health
Measurable Outcome(s) (a): more candidates entering MHDP	Measurable Outcome(s) (b): additional entry points into the program being used	Measurable Outcome(s) (c): lower number of arrests
Timeframe: 2020-2021	Timeframe: yearly	Timeframe: yearly

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 2: “This model targets people who have been recently arrested for non-serious crimes; however, persons who have pending criminal charges and otherwise fit the criteria may

also be considered.” As we are seeing that these low level offenders are not entering the jail like initially thought, co-responders helps advance this goal.

SECTION 3. BUDGET

Part A – District Attorney Funding

14. District Attorney Funding: Pursuant to 18-1.3-101.5, C.R.S., each pilot site DA office receives \$50,000 annually offset personnel and administrative costs of operating MHDP. Below is an example of DA fund usage for FY21. **After reviewing the example, please complete the blank table that follows, which will show your program’s past and anticipated future DA funding usage and needs. Question 14 seeks a general description of the nature of funding needs and usage rather than a specific accounting.**

<i>Example Anticipated Usage of FY21 DA Disbursement - Nature or Type of Expenditure and Basis for Calculation</i>	
<i>Compensation of .5 FTE DA’s office diversion coordinator at \$2500/month, who gathers and maintains data, prepares quarterly reports, reviews cases for eligibility, makes MH assessment referrals, conducts candidate outreach and follow-up, tracks new charges, reviews cases for dismissal or pursuit of charges</i>	<i>\$30,000</i>
<i>Language interpreters and document translation services for MHDP participants</i>	<i>\$3,000</i>
<i>Bus passes and hotel vouchers for MHDP participants</i>	<i>\$3,000</i>
<i>Office supplies (files, paper, pens, copies, telephone service)</i>	<i>\$500</i>
<i>Diversion coordinator’s travel to jail, MH provider office, and court in all counties</i>	<i>\$1,500</i>
<i>DA and diversion coordinator travel expenses for training on substance use disorders, MH and criminogenic needs</i>	<i>\$1,000</i>
<i>Law enforcement training re: MHDP, MH, and competency (supplies, meals, speaker fees, and travel reimbursement)</i>	<i>\$1,000</i>

Type of Expenditure	Approximate Past Expenditures		Anticipated Future Expenditures
	FY19 (7/1/18-6/30/19)	FY20 (7/1/19-6/30/20)	FY21 (7/1/20-6/30/21)
<i>For FY21, include the basis for or calculation of the estimated expenditures.</i>			
Salary and benefits		\$50,000	\$50,000

a. **MHDP** could have operated without these funds could not have operated without these funds
 could have operated with the lesser amount of \$_____ per year
 required additional funds (please describe): _____

b. **Estimated District Attorney cost savings from MHDP (e.g., nature of savings, estimated amount and calculation):** _____ N/A

Part B – Program Implementation and Operations

15. Pilot site funding request: Below is an MHDP budget request example.

<i>Example FY21 Budget Request</i>			
<i>Example Expenditure/ Reimbursement Categories</i>	<i>Service or Purchase Description and Expenditure Calculation</i>	<i>Provider/ Vendor/ Payee</i>	<i>Amount</i>
<i>MH screening (see question 6)</i>	<i>compensation for staff to handle administration of new screen at booking necessitating (.2 FTE at \$55K/year to administer 2,000 screens/year, record results and report to DA</i>	<i>Sheriff’s Office</i>	<i>\$11,000</i>
<i>MH assessment (see question 7)</i>	<i>Payment for 200 MH assessments per year at \$200 each performed in custody and not Medicaid eligible</i>	<i>Sam Smith, LPC</i>	<i>\$40,000</i>

Mental Health Diversion Program (MHDP) Funding Request – FY 21

MH treatment	6 treatment sessions each for 50 participants ineligible for Medicaid and lacking private insurance at \$120/session (45 minutes)	ABC Therapy	\$36,000
psychiatric medications	Estimated at \$100/month for 5 months for 25 participants, during pending SSI appeals	Walgreens	\$12,500
case management needed for successful MHDP completion and post-program stability	Case management services for 150 participants 18 hours at \$45/hour (3 hours/month for 6 months) <ul style="list-style-type: none"> • Accessing public benefits: TANF, SNAP, Medicaid, Sec. 8, SSI, etc. • Accessing private health insurance, medical, dental, MH, SUD disorder care/treatment, recovery support, DV advocacy • Employment, transportation, shelter or housing support 	ABC Therapy	\$121,500
personnel or contract support (e.g., compensation reimbursement for jail or pre-trial FTE)	NA	NA	\$0
operating	NA	NA	\$0
Training	NA (covered by DA disbursement)	NA	\$0
Other	Narcan kits for 50 participants at \$130 each	NA	\$6,500
Total FY21 Request			\$227,500

After reviewing the funding guidelines, please detail the total funding requested for FY21, to be provided on a reimbursement basis, in the following table.

FY21 Budget Request (excluding \$50K DA Disbursement)			
Expenditure/ Reimbursement Category	Detailed Explanation of Service or Purchase and Expenditure Calculation	Provider/Vendor/ Payee	Amount
MH assessment	Payment for 100 MH assessments per year at \$270 each performed in custody and not Medicaid eligible	SummitStone Health Partners	\$27,000
MH treatment	6 treatment sessions each for 25 participants ineligible for Medicaid and lacking private insurance at \$210/session (45 minutes)	SummitStone Health Partners	\$31,500
Psychiatric services	20% of the 100 participants without insurance	SummitStone Health Partners	\$24,600
Psychiatric Medication	Estimated at \$100/month for 5 months for 25 participants, during pending SSI appeals	Genoa	\$12,500
case management needed for successful MHDP completion and post-program stability	Case management services for 25 participants 18 hours at \$55/hour (3 hours/month for 6 months) <ul style="list-style-type: none"> • Accessing public benefits: TANF, SNAP, Medicaid, Sec. 8, SSI, etc. • Accessing private health insurance, medical, dental, MH, SUD disorder care/treatment, recovery support, DV advocacy • Employment, transportation, shelter or housing support 	SummitStone Health Partners	\$24,750
Ancillary costs	Bus passes, gas vouchers, hotel stays, phones, taxi		\$1,250
Other	Narcan kits for 50 participants at \$175 each Basic Needs Items for Clients: Transportation, short-term housing, clothing, food, etc	NA	\$8,750
Total FY21 Request			\$130,350

16. **Estimated cost savings as a result of MHDP by program partners other than the DA, such as jails, court, etc.**
(including the nature, estimated amount and calculation of such savings): N/A

17. Required Attachments

- a. **Flow charts or decision trees.** Please attach flow charts or decision trees showing critical decision points, processes and time frames for MHDP candidates and participants for each of the following scenarios:
 - Candidates in custody: From arrest through program completion
 - Candidates on bond: From arrest through program completion
 - Candidates given citation and summons: Citation through program completion
- b. **A copy of the diversion agreement, if any will be used.**

The following information is true and correct to the best of my knowledge.

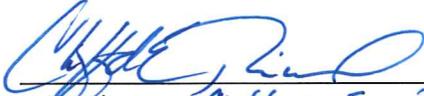
Prepared by:



Printed name: Tracey Sogi
Title: Deputy Court Executive

This Funding Request will be administered in accordance with the provisions of C.R.S. §18-1.3-101.5 and the Model adopted by the Colorado Commission on Criminal and Juvenile Justice Model, on January 12, 2018. I am aware of and will comply with the quarterly and annual data reporting requirements of MHPD pilot sites.

Approved by:

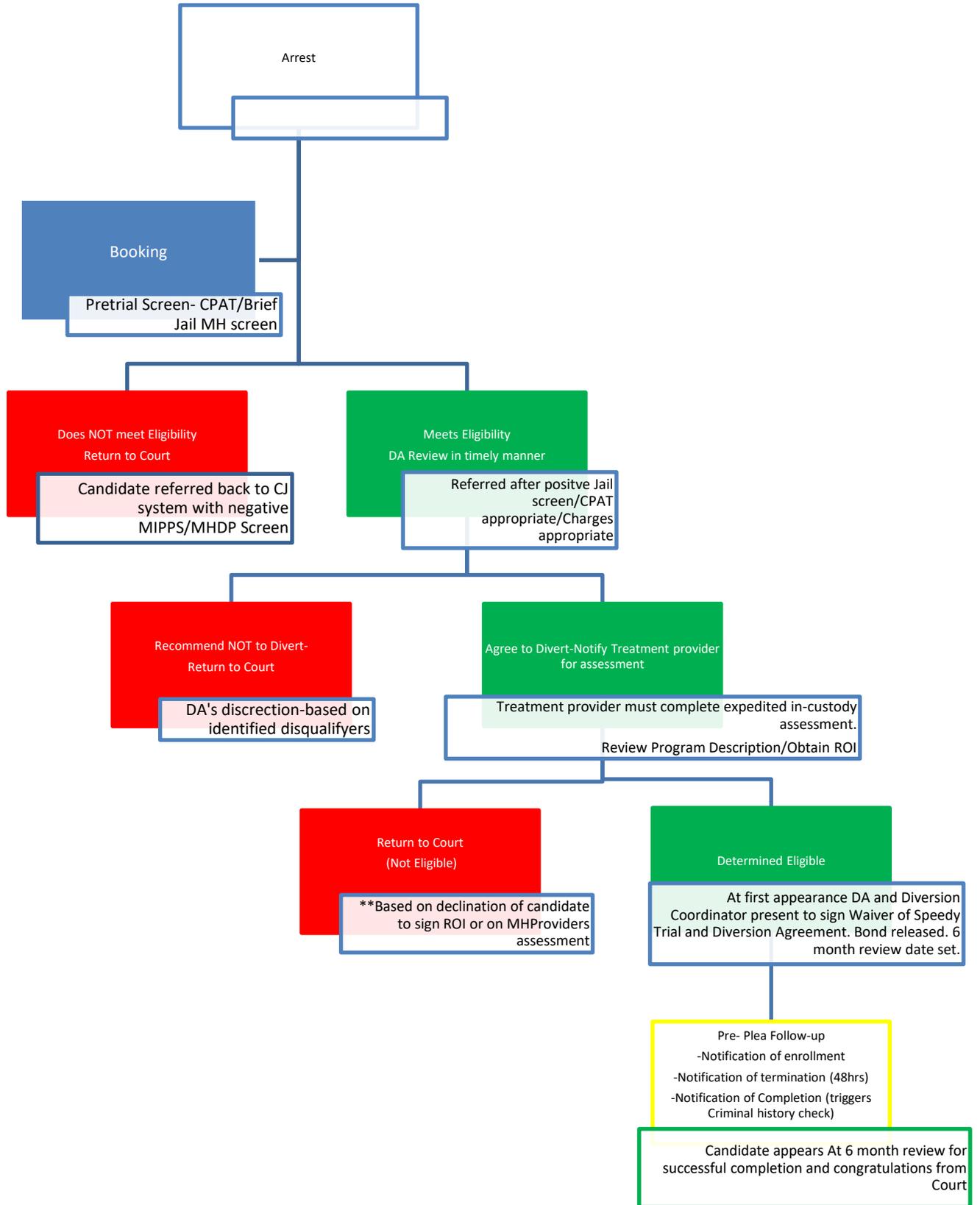


Printed name: Clifford E. RIEDEL
District Attorney for the 8th Judicial District

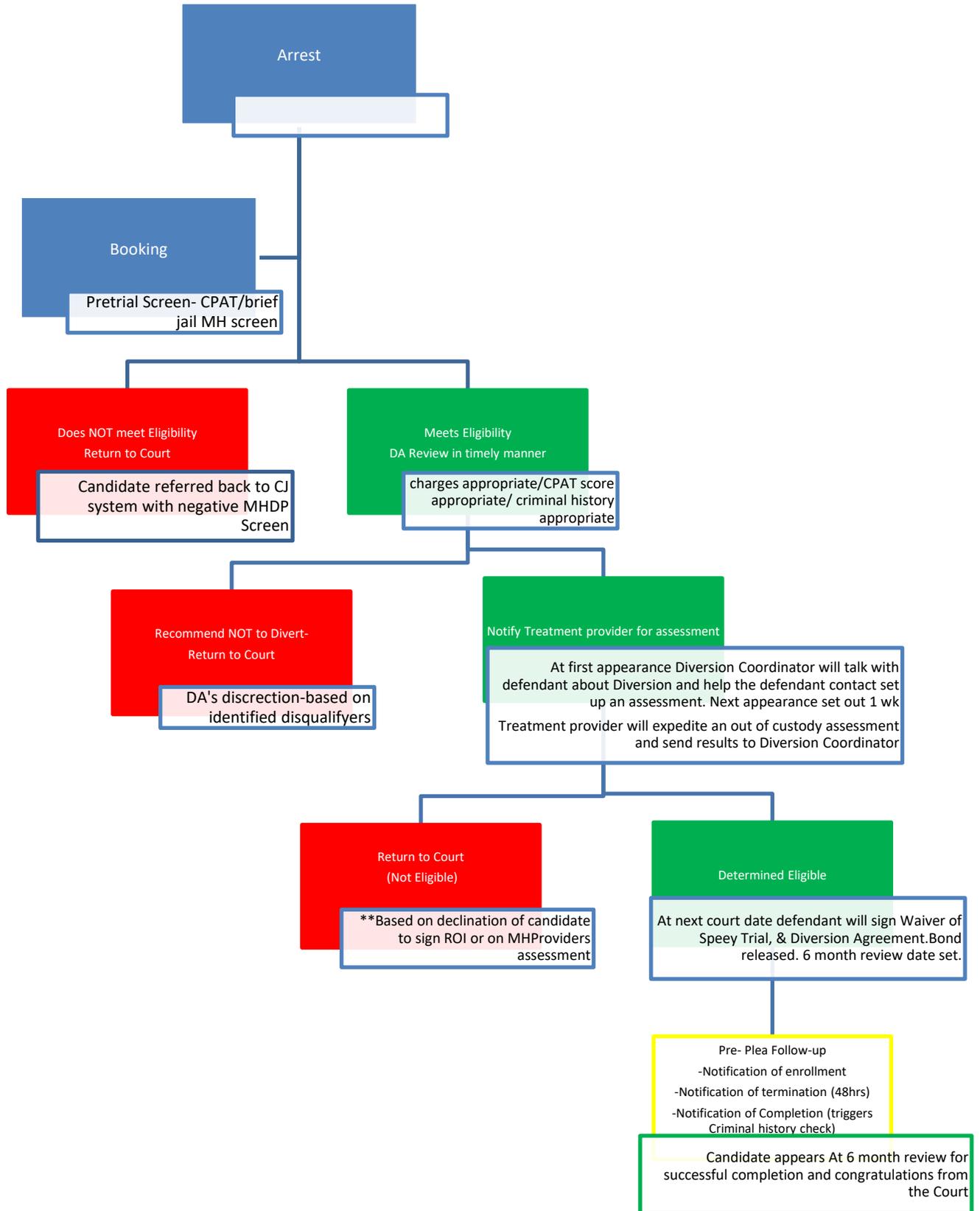


Printed name: Stephen E. Howard
Chief Judge of the 8th Judicial District

PROPOSED MODEL/DECISION TREE (In-Custody)



PROPOSED MODEL/DECISION TREE (Out-of-Custody on Pre-Trial Supervision)



DISTRICT COURT; LARIMER COUNTY, COLORADO 201 LaPorte Avenue Fort Collins, CO 80521-2761 (970) 494-3500	
PEOPLE OF THE STATE OF COLORADO vs. Defendant:	▲ COURT USE ONLY ▲
	Case No: Courtroom:
Consent to Diversion and Waiver of Speedy Trial	

After being duly advised by the Court and/or my attorney, I, the undersigned defendant, hereby waive my right to a speedy trial as that right is guaranteed to me by the Constitution of the United States and the Constitution and Laws of the State of Colorado, as provided by CRS 18-1-405, or as amended; I hereby request and consent to the diversion of the offenses charged in the complaint herein for a period not to exceed six (6) months, subject to the following conditions:

1. I will enroll and participate in the Larimer County Mental Health Diversion Program.
2. I will remain law abiding.
3. I have received, reviewed and initialed the Mental Health Diversion Program Next Steps document.
4. I have signed a Release of Information with Summit Stone and will not rescind this release for the entirety of the Mental Health Diversion Program. I understand that if I do rescind the release, I will be terminated from the Mental Health Diversion Program.

It is stipulated between the parties that (1) Upon full compliance with such conditions by the defendant the charges against the defendant shall be dismissed with prejudice: and (2) If the conditions of supervision are violated, the defendant may be tried for the offense for which he/she is charged.

I hereby move for entry of an order of Diversion and stipulate to the mandatory conditions set forth above.

 Attorney for Defendant

 Defendant

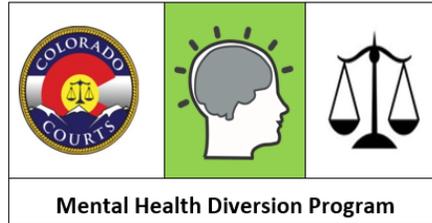
Consented to: _____ Deputy District Attorney.

APPROVED AND ORDERED THIS _____ DAY OF _____, 20_____ .

 JUDGE

 Review Date

Please complete and return this funding request to kara.martin@judicial.state.co.us by April 28, 2020.
Please add space, rows or attachments as necessary.



Funding Request of the ____ Judicial District

Legislative Intent, Sec. 18-1.3-101.5, C.R.S. *To identify and divert individuals with mental health conditions, charged with low-level criminal offenses, out of the criminal justice system and into community treatment programs, consistent with the principles and proposed model of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), adopted January 12, 2018.*

SECTION 1. APPLICANT INFORMATION		
Primary MHDP contact name: James R.Bullock	Email: Jbullock@da16.co.gov	Phone: 719-384-8786
Mailing address: 323 Santa Fe Ave., La Junta, CO 81050		
FY21 funding requested (excluding \$50K DA disbursement): \$ 12,000.00	Participating counties: Bent, Crowley and Otero	

SECTION 2. PROGRAM INFORMATION			
Part A - Target Population and Participant Eligibility Determination			
1. Program capacity	Anticipated # participants at a given time: <u>16</u> Maximum # participants at a given time: <u>75</u>		
2. Statutorily eligible offenses categories	<p><i>Low-level criminal offenses exclude Victim Rights Act offenses and:</i></p> <ul style="list-style-type: none"> • include any petty or misdemeanor offense; • with DA agreement, any class 4, 5 or 6 felony or any level 3 or 4 felony drug offense. 		
If your program will exclude any statutorily-eligible offenses from MHDP eligibility, please identify the ineligible offense(s) or offense categories and describe the reason for exclusion.			

3. Eligibility disqualifications	<p>a. List any disqualifying factor(s) for someone otherwise eligible (i.e., whose mental health screen indicates mental health concerns or needs and who faces potential charges for an eligible offense) and reasons for the eligibility disqualification: _____</p> <p>_____</p> <p>b. List all screens or assessments used to determine MHDP eligibility or referrals.</p>		
Name of Screen/ Assessment	Purpose (eligibility or referral)	Administered by Whom?	Eligibility Threshold or Disqualifying Score/Rating
Correctional mental health screen	Elgibility	Jail Staff	Please see copy of screening for score.
Additional explanation, if any: _____			

4. **Eligibility changes:** For existing pilots, briefly describe any changes expanding or narrowing eligibility criteria during FY19 and FY20. ___NONE_____

Part B – Program Implementation and Operations

5. Program partners

Pilot sites are encouraged to strengthen stakeholder partnerships throughout program planning, implementation and adaptation to 1) improve program operations through maximum input, buy-in, collaboration and coordination; and 2) maximize participant access and meaningful referrals for basic needs and stability-enhancing services.

Please list all program partners and indicate their level of engagement in program planning, implementation and problem-solving. Examples: Bridges liaison, co-responders, court staff, DA office, JBBS, jail, judicial officers, MH providers, pre-trial services, PD office, probation, law enforcement, community service providers (e.g., food banks, DV advocates, shelters, transitional housing, employment services, public benefits, etc.).

Program Partner	Engagement Level (high, medium or low)	Program Partner	Engagement Level (high, medium or low)
Ryon Medical	Low		

6. Mental health (MH) screen: *The short questionnaire administered orally by a non-mental health professional, such as a booking officer or pre-trial services staff, used to determine whether to request a mental health assessment. Administration of the screen does not require formal training and may occur as a routine justice system procedure. Examples of free, evidence-based, validated [on criminal justice populations] MH screens include Brief Jail Mental Health Screen (BJMHS), Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS), and Correctional Mental Health Screen for Women (or Men) (CMHS-W or CMHS-M).*

- a. **Please identify the MH screen your program will use.**
 BJMHS CCJMHS CMHS-W and CMHS-M Other: _____
- b. **Will all individuals booked into jail undergo MH screening if they are willing:** Yes No
 If not, please explain _____
- c. **Who conducts or will conduct MH screening?**
 - at booking/arrest: jail/booking pretrial services other: _____
 - for individuals on summons/citation: Referred by Deputy DA at advisement
 - for individuals on bond: _____
- d. **Please briefly describe remaining steps in the eligibility process after MH screening. After a positive screening the individual is then referred to mental health provider for follow mental health assessment.**

- e. **Who tracks the # of positive and negative screens for MHDP quarterly reports?** District Attorney's Office

7. Mental health (MH) assessment, as referenced in the CCJJ Model: *The face-to-face or telehealth assessment conducted by a licensed mental health professional, in the jail, at the professional's office, or elsewhere, to determine whether MHDP is recommended and if so, to provide a warm handoff to treatment. The assessment examines:*

- Current symptomology of a behavioral health disorder;
- History of behavioral health concerns, diagnoses, or treatment;
- Current involvement in treatment;
- Social determinants of health (e.g., homelessness, employment, etc.); and
- Willingness to engage in MHDP and commit to treatment.

- a. **Describe the process for obtaining MH assessment of candidates with positive MH screens, not otherwise disqualified from MHDP.**
 - candidates in custody: Ryon Medical is notified and goes to the jail to conduct the assessment.
 - candidates out of custody: The individual is referred to Ryon Medical and is provided an appointment date for the mental health assessment.
- b. **Describe the steps your program will take to increase the likelihood that out of custody candidates will attend their MH assessment appointments.** The time delay that currently exists from referral for assessment to time of assessment needs to be reduced.

8. Mental health and/or psychiatric treatment

- a. **How will your program coordinate entry into treatment and promote participation?** (specify who will do what and when) Treatment provider monitors all treatment. No case management is provided other than treatment.
- b. **How will your program reduce barriers to increase treatment attendance?** Due to the lack of case management provided by the program other than providing treatment, the program is unable to provide services concerning providing increased services.
- c. **Who will assist participants with obtaining and/or using private insurance and/or Medicaid during diversion and for post-diversion access?** Ryon Medical

9. Case management and access to resources: Please describe how your program will help participants meet unmet needs (e.g., food, clothing, shelter, employment assistance, recovery support, medical care, public benefits, etc.) to achieve and maintain stability during and after diversion? No case management services are provided.

10. Successful completion of diversion: Please describe the requirements to successfully complete diversion, resulting in the non-filing or dismissal of charges. Engagement and participation in mental health treatment for the six month period of diversion. If engaged in treatment during this time, charges are dismissed.

11. Information-sharing

<i>Example: Information-Sharing Arrangements among Program Partners</i>				
	<i>Information to be Shared</i>	<i>From</i>	<i>To</i>	<i>Arrangement</i>
<i>Example A</i>	<i>MH screen result (i.e., positive or negative)</i>	<i>Jail</i>	<i>DA office</i>	<i>Covered by existing MOU; Each day, jail staff emails DA the list of individuals who screen positive if candidate signs Release of Information</i>
<i>Example B</i>	<i>Status of MH assessment (complete or incomplete) and recommendation for/against MHDP participation; termination from treatment</i>	<i>MH provider</i>	<i>DA office</i>	<i>Candidate signs Release of Information; Information-sharing agreement between MH provider and DA's office to be drafted</i>
<i>Example C</i>	<i>Status of candidate's competency evaluation or restoration services outcome</i>	<i>Evaluator or restoration provider</i>	<i>DA office</i>	<i>Covered by existing information-sharing agreement which permits communication by confidential written notice</i>

Please complete the table below to describe information-sharing among your program partners, including information-sharing agreements, participant authorizations for release of information or any other information-sharing arrangements.

Information-Sharing Arrangements among Program Partners			
Information to be Shared	From	To	Nature of Arrangement
After arrest mental health screen conducted by jail staff and provided to DA	Jail	DA on Call	Jail staff will conduct screening on all arrested individuals and forward screening to DA on call for review
On call DA reviews screens and makes referral to treatment provider for assessment	On call DA	Treatment provider	All positive screens who qualify for MHDP are referred to mental health assessment.
All those assessed who qualify are then referred to DA office for Diversion agreement and filings with Court	Treatment provider	DA office	After determining that the individual is suitable for services the treatment provider notifies the DA office for preparation of all court documents
12.			

12. Training and support needs: Please describe any training or support needed from the State Court Administrator's Office, such as procurement of training or speakers, facilitation of meetings, scheduling of monthly calls, technical assistance regarding screens or assessment tools, etc., for implementation of MHDP. None needed at this time.

Part C – MHDP Goals, Objectives and Outcomes

Goals of the Colorado Commission on Criminal and Juvenile Justice Model Jails and Mental Health Task Force Model

- *Reduced incarceration of adults with unmet mental health needs*
- *Reduction of the number and cost of court cases involving adults with unmet mental health needs*
- *Cost-savings and measurable justice and healthcare resource management efficiencies*
- *Positive outcomes for adults with mental health impairments.*

13. Please identify pilot program goals, objectives and outcomes connected to the CCJJ Model referenced above.

Pilot Program Goal 1: Identify all arrested adults with mental health needs

Objective (a): screen all arrested adults for mental health needs	Objective (b): All arrested adults with mental health needs are screened reviewed for eligibility for the program.	Objective (c):
Measurable Outcome(s) (a): Any adult with mental health needs are referred for assessment within 24 hours	Measurable Outcome(s) (b): Eligibility for all arrested adults screened for program participation are reviewed within 24 hours of screening.	Measurable Outcome(s) (c):
Timeframe: 24 hours of arrest	Timeframe: 24 hours from initial mental health screening	Timeframe:

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 1:

Pilot Program Goal 2: Provide mental health treatment for all individuals arrested with unmet mental health needs

Objective (a): To identify all eligible adults with mental health issues to and to make treatment available	Objective (b):	Objective (c):
Measurable Outcome(s) (a): All eligible adults assessed for treatment with positive screening.	Measurable Outcome(s) (b):	Measurable Outcome(s) (c):
Timeframe: Assessment within 48 hours of positive screening	Timeframe:	Timeframe:

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 2:

SECTION 3. BUDGET

Part A – District Attorney Funding

14. District Attorney Funding: Pursuant to 18-1.3-101.5, C.R.S., each pilot site DA office receives \$50,000 annually offset personnel and administrative costs of operating MHDP. Below is an example of DA fund usage for FY21. **After reviewing the example, please complete the blank table that follows, which will show your program’s past and anticipated future DA funding usage and needs. Question 14 seeks a general description of the nature of funding needs and usage rather than a specific accounting.**

<i>Example Anticipated Usage of FY21 DA Disbursement - Nature or Type of Expenditure and Basis for Calculation</i>	
<i>Compensation of .5 FTE DA’s office diversion coordinator at \$2500/month, who gathers and maintains data, prepares quarterly reports, reviews cases for eligibility, makes MH assessment referrals, conducts candidate outreach and follow-up, tracks new charges, reviews cases for dismissal or pursuit of charges</i>	<i>\$30,000</i>
<i>Language interpreters and document translation services for MHDP participants</i>	<i>\$3,000</i>
<i>Bus passes and hotel vouchers for MHDP participants</i>	<i>\$3,000</i>
<i>Office supplies (files, paper, pens, copies, telephone service)</i>	<i>\$500</i>
<i>Diversion coordinator’s travel to jail, MH provider office, and court in all counties</i>	<i>\$1,500</i>
<i>DA and diversion coordinator travel expenses for training on substance use disorders, MH and criminogenic needs</i>	<i>\$1,000</i>
<i>Law enforcement training re: MHDP, MH, and competency (supplies, meals, speaker fees, and travel reimbursement)</i>	<i>\$1,000</i>

Type of Expenditure	Approximate Past Expenditures		Anticipated Future Expenditures
	FY19 (7/1/18-6/30/19)	FY20 (7/1/19-6/30/20)	FY21 (7/1/20-6/30/21)
<i>For FY21, include the basis for or calculation of the estimated expenditures.</i>			
Compensation of staff including Deputy DA for eligibility determination - \$1,000 per month, diversion administrative assistant for document preparation administrative assistance and compliance - \$1,000 per month, Financial officer services for billing, accounting services - \$500 per month			\$30,000
Contract services for Data Compilation, compliance and data reporting			\$12,000
Office supplies and utilities			\$3,500
Training for MHDP staff			\$3,000
Law Enforcement training			\$500
Travel			\$1,000

- a. **MHDP** could have operated without these funds could not have operated without these funds
 could have operated with the lesser amount of \$_____ per year
 required additional funds (*please describe*): _____

b. **Estimated District Attorney cost savings from MHDP** (*e.g., nature of savings, estimated amount and calculation*): _____

Part B – Program Implementation and Operations

15. Pilot site funding request: Below is an MHDP budget request example.

<i>Example FY21 Budget Request</i>			
<i>Example Expenditure/ Reimbursement Categories</i>	<i>Service or Purchase Description and Expenditure Calculation</i>	<i>Provider/ Vendor/ Payee</i>	<i>Amount</i>
<i>MH screening (see question 6)</i>	<i>compensation for staff to handle administration of new screen at booking necessitating (.2 FTE at \$55K/year to administer 2,000 screens/year, record results and report to DA</i>	<i>Sheriff’s Office</i>	<i>\$11,000</i>
<i>MH assessment (see question 7)</i>	<i>Payment for 200 MH assessments per year at \$200 each performed in custody and not Medicaid eligible</i>	<i>Sam Smith, LPC</i>	<i>\$40,000</i>
<i>MH treatment</i>	<i>6 treatment sessions each for 50 participants ineligible for Medicaid and lacking private insurance at \$120/session (45 minutes)</i>	<i>ABC Therapy</i>	<i>\$36,000</i>

Mental Health Diversion Program (MHDP) Funding Request – FY 21

psychiatric medications	Estimated at \$100/month for 5 months for 25 participants, during pending SSI appeals	Walgreens	\$12,500
case management needed for successful MHDP completion and post-program stability	Case management services for 150 participants 18 hours at \$45/hour (3 hours/month for 6 months) <ul style="list-style-type: none"> • Accessing public benefits: TANF, SNAP, Medicaid, Sec. 8, SSI, etc. • Accessing private health insurance, medical, dental, MH, SUD disorder care/treatment, recovery support, DV advocacy • Employment, transportation, shelter or housing support 	ABC Therapy	\$121,500
personnel or contract support (e.g., compensation reimbursement for jail or pre-trial FTE)	NA	NA	\$0
operating	NA	NA	\$0
Training	NA (covered by DA disbursement)	NA	\$0
Other	Narcan kits for 50 participants at \$130 each	NA	\$6,500
Total FY21 Request			\$227,500

After reviewing the funding guidelines, please detail the total funding requested for FY21, to be provided on a reimbursement basis, in the following table.

FY21 Budget Request (excluding \$50K DA Disbursement)			
Expenditure/ Reimbursement Category	Detailed Explanation of Service or Purchase and Expenditure Calculation	Provider/Vendor/ Payee	Amount
MH Screening	Reimbursement to jails for screening	Jails	12,000
MH Assessment	Mental Health assessments	Ryon Medical	25,000
Mental Health Treatment	Mental Health Treatment at contract provider rate	Ryon Medical	35,000
Support Services	Support services, transportation, interpreters	To be contracted	12,000
Training	CCJC or similar trainings	Various providers	5,000

16. **Estimated cost savings** as a result of MHDP by program partners other than the DA, such as jails, court, etc. (including the nature, estimated amount and calculation of such savings): _____

17. Required Attachments

- a. **Flow charts or decision trees.** Please attach flow charts or decision trees showing critical decision points, processes and time frames for MHDP candidates and participants for each of the following scenarios:
 - Candidates in custody: From arrest through program completion
 - Candidates on bond: From arrest through program completion
 - Candidates given citation and summons: Citation through program completion
- b. **A copy of the diversion agreement, if any will be used.**

The following information is true and correct to the best of my knowledge.

Prepared by:

Printed name: James R. Bullock
 Title: District Attorney

Mental Health Diversion Program (MHDP) Funding Request – FY 21

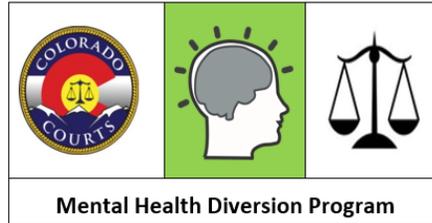
This Funding Request will be administered in accordance with the provisions of C.R.S. §18-1.3-101.5 and the Model adopted by the Colorado Commission on Criminal and Juvenile Justice Model, on January 12, 2018. I am aware of and will comply with the quarterly and annual data reporting requirements of MHPD pilot sites.

Approved by:

Printed name: James R. Bullock
District Attorney for the 16th Judicial District

Printed name: _____
Chief Judge of the __ Judicial District

Please complete and return this funding request to kara.martin@judicial.state.co.us by April 28, 2020.
Please add space, rows or attachments as necessary.



Funding Request of the 20th Judicial District

Legislative Intent, Sec. 18-1.3-101.5, C.R.S.	<i>To identify and divert individuals with mental health conditions, charged with low-level criminal offenses, out of the criminal justice system and into community treatment programs, consistent with the principles and proposed model of the Colorado Commission on Criminal and Juvenile Justice (CCJJ), adopted January 12, 2018.</i>
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SECTION 1. APPLICANT INFORMATION		
Primary MHDP contact name: Marco Prospero	Email: mprospero@bouldercounty.org	Phone: (303) 441-3664
Mailing address: Community Justice Services, PO Box 471, Boulder, CO 80306		
FY21 funding requested (excluding \$50K DA disbursement): \$90,829	Participating counties: Boulder County	

SECTION 2. PROGRAM INFORMATION			
Part A - Target Population and Participant Eligibility Determination			
1.	Program capacity	Anticipated # participants at a given time: 25 to 45 anticipated participants (dependent upon changes to the eligibility criteria) Maximum # participants at a given time: 50 to 75 maximum participants (dependent upon ability to share screening responsibilities amongst personnel)	
2.	Statutorily eligible offenses categories	<p><i>Low-level criminal offenses exclude Victim Rights Act offenses and:</i></p> <ul style="list-style-type: none"> • include any petty or misdemeanor offense; • with DA agreement, any class 4, 5 or 6 felony or any level 3 or 4 felony drug offense. <p>If your program will exclude any statutorily-eligible offenses from MHDP eligibility, please identify the ineligible offense(s) or offense categories and describe the reason for exclusion.- Many, but not all, Class 4, 5, and 6 felonies are allowed per DA discretion pursuant to 18-1.3.101.5, and eligibility is dependent on factors such as the harm caused to victims, criminogenic risk, and the facts of the case.</p>	
3.	Eligibility disqualifications	<p>a. List any disqualifying factor(s) for someone otherwise eligible (i.e., whose mental health screen indicates mental health concerns or needs and who faces potential charges for an eligible offense) and reasons for the eligibility disqualification: Defendant unwillingness; criminogenic risk (CPAT levels 3 or 4); circumstances of offense (objection by officer, victim, DA Office); mental health needs too severe (MH needs too high to support with available treatment providers); living outside of Boulder County and surrounding areas (unable to provide case management or treatment services, determined on a case by case basis). Prior criminal history is not a bar to the program, but may be considered.</p> <hr/> <p>b. List all screens or assessments used to determine MHDP eligibility or referrals.</p>	
	Name of Screen/ Assessment	Purpose (eligibility or referral)	Administered by Whom? Eligibility Threshold or Disqualifying Score/Rating

Mental Health Diversion Program (MHDP) Funding Request – FY 21

CMHS –M, CMHS-W	Referral	MHDP Navigator	CMHS-M threshold is scoring a 6 or above, CMHS-W the threshold is scoring a 5 or above. For both the CMHS-M and CMHS-W there is a possibility of clinical override depending on presenting or reported mental health concerns
MMS	Referral	MHDP Navigator	N/A-does not disqualify, assists in further determining possible MH
TCU-5	Referral	MHDP Navigator	N/A-does not disqualify, assists in determining level of substance use/needs

Additional explanation, if any: _____

4. Eligibility changes: For existing pilots, briefly describe any changes expanding or narrowing eligibility criteria during FY19 and FY20. During FY19 and FY20, the Boulder County Mental Health Diversion Program hired a full-time navigator (MHDP Navigator), expanded charge eligibility criteria in multiple phases, developed training and meeting protocol to increase system partner buy-in, and built capacity for supporting all clients deemed eligible through screening and assessment protocol. These systems and protocols will continue to be honed and expanded throughout FY21; in FY22, the program aims to focus on personnel expansion to handle the anticipated increase in client load.

Part B – Program Implementation and Operations

5. Program partners

Pilot sites are encouraged to strengthen stakeholder partnerships throughout program planning, implementation and adaptation to 1) improve program operations through maximum input, buy-in, collaboration and coordination; and 2) maximize participant access and meaningful referrals for basic needs and stability-enhancing services.

Please list all program partners and indicate their level of engagement in program planning, implementation and problem-solving. Examples: Bridges liaison, co-responders, court staff, DA office, JBBS, jail, judicial officers, MH providers, pre-trial services, PD office, probation, law enforcement, community service providers (e.g., food banks, DV advocates, shelters, transitional housing, employment services, public benefits, etc.).

Program Partner	Engagement Level (high, medium or low)	Program Partner	Engagement Level (high, medium or low)
DA Office	High	Mental Health Partners	Medium
Sheriff's Office/ Jail	High	20 th Judicial Judges	High
Community Services Strategic Initiative Team	High	Public Defenders/ Private Defense Bar	Medium
Boulder County Law Enforcement Agencies	Medium	Integrating Insight- Mental Health Provider	Low
Jail Behavioral Health Teams	Medium	Community Services Providers- including shelters, food banks, etc.	Low
Bond Commissioner Unit	High	Peoples Clinic (medical)	Medium
Bridges Liaison	Medium	Jail Medical/MH Team	High

Mental Health Diversion Program (MHDP) Funding Request – FY 21

6. Mental health (MH) screen: *The short questionnaire administered orally by a non-mental health professional, such as a booking officer or pre-trial services staff, used to determine whether to request a mental health assessment. Administration of the screen does not require formal training and may occur as a routine justice system procedure. Examples of free, evidence-based, validated [on criminal justice populations] MH screens include Brief Jail Mental Health Screen (BJMHS), Colorado Criminal Justice Mental Health Screen – Adult (CCJMHS), and Correctional Mental Health Screen for Women (or Men) (CMHS-W or CMHS-M).*

a. **Please identify the MH screen your program will use.**

BJMHS CCJMHS CMHS-W and CMHS-M Other: _____

b. **Will all individuals booked into jail undergo MH screening if they are willing:** Yes No

If not, please explain: Individuals will be screened using the CMHS by the Jail Behavioral Health Team if the individual has indicated mental health or substance use on the medical screening that is completed upon admission into the jail with the Jail Medical Staff or if the individual is referred from the jail, through warrants, or attending the First Appearance Court based on MHDP eligible charges.

c. **Who conducts or will conduct MH screening?**

- at booking/arrest: jail/booking pretrial services other: MHDP Navigator
- for individuals on summons/citation: MHDP Navigator
- for individuals on bond: MHDP Navigator

d. **Please briefly describe remaining steps in the eligibility process after MH screening.** The MHDP Navigator will utilize available information about current open cases to determine if the individual meets charge eligibility. Upon screening positive for mental health needs and meeting charge eligibility, the individual will complete an assessment with MHDP Navigator to determine appropriateness for MHDP. Once the individual completes the assessment the MHDP Navigator will notify the DA's Office and Court Clerks of acceptance or denial into MHDP.

e. **Who tracks the # of positive and negative screens for MHDP quarterly reports?** MHDP Navigator MHDP Navigator through the MHDP Tracking Screens spreadsheet

7. Mental health (MH) assessment, as referenced in the CCJJ Model: *The face-to-face or telehealth assessment conducted by a licensed mental health professional, in the jail, at the professional's office, or elsewhere, to determine whether MHDP is recommended and if so, to provide a warm handoff to treatment. The assessment examines:*

- *Current symptomology of a behavioral health disorder;*
- *History of behavioral health concerns, diagnoses, or treatment;*
- *Current involvement in treatment;*
- *Social determinants of health (e.g., homelessness, employment, etc.); and*
- *Willingness to engage in MHDP and commit to treatment.*

a. **Describe the process for obtaining MH assessment of candidates with positive MH screens, not otherwise disqualified from MHDP.**

- candidates in custody: The MHDP Navigator completes the assessment face-to-face in the jail (conducted via Telehealth during COVID-19 and other emergencies), which is reviewed and approved by a licensed mental health professional.
- candidates out of custody: The MHDP Navigator completes the assessment face-to-face at the Boulder Justice Center or Longmont Courthouse (conducted via Telehealth during COVID-19 and other emergencies), which is reviewed and approved by a licensed mental health professional.

Mental Health Diversion Program (MHDP) Funding Request – FY 21

b. **Describe the steps your program will take to increase the likelihood that out of custody candidates will attend their MH assessment appointments.** The MHDP Navigator completes assessment with the candidate as close to the time of referral as possible so as to assess them while they are still in the jail or Justice Center. The MHDP Navigator then, according to the participant’s needs, either attends their first mental health appointment or coordinates responses to their needs so they can attend on their own.

8. Mental health and/or psychiatric treatment

a. **How will your program coordinate entry into treatment and promote participation?** (specify who will do what and when) The MHDP Navigator will coordinate the participant’s initial mental health appointment at time of their assessment. When needed, the MHDP Navigator will also accompany the client to appointments to provide support and to promote participation. Additionally, in response to the needs of the client, the MHDP Navigator is available throughout the diversion period to assist with reengagement and finding different treatment options.

b. **How will your program reduce barriers to increase treatment attendance?** The MHDP Navigator will assist with coordinating transportation, obtaining needed community supports, and accessing benefits. Additionally, the MHDP Navigator will assist clients in identifying barriers to accessing treatment throughout their diversion period and will work with them to prevent other barriers from arising.

c. **Who will assist participants with obtaining and/or using private insurance and/or Medicaid during diversion and for post-diversion access?** The MHDP Navigator will assist participants in obtaining and re-certifying Medicaid, as well as assist them in using private insurance benefits.

9. Case management and access to resources: Please describe how your program will help participants meet unmet needs (e.g., food, clothing, shelter, employment assistance, recovery support, medical care, public benefits, etc.) to achieve and maintain stability during and after diversion? The MHDP Navigator will provide case management during the diversion period to support clients with unmet needs and assist them in accessing long-term supports to reduce recidivism and increase likelihood of success upon completion of the diversion program. Additionally, The MHDP Navigator will work to connect clients with ongoing community supports that are available after the diversion period is completed. The MHDP Navigator will be available to provide referrals for ongoing care or resources for participants following their completion of MHDP.

10. Successful completion of diversion: Please describe the requirements to successfully complete diversion, resulting in the non-filing or dismissal of charges. Upon signing the diversion agreement, all charges are immediately closed or dismissed with prejudice. This iteration of MHDP depends on developing connections with clients rather than using the justice system structures to impose restrictions. As such, MHDP staff established internal short-term indicators in addition to tracking long-term recidivism changes. These indicators included remaining in contact with the MHDP navigator, getting connected to community social service supports, and attending therapy sessions. The MHDP navigator works with the client to develop a treatment plan and define how they will interact these indicators. The MHDP Navigator tracks level of interactions, referrals, and other case management elements to understand the extent to which clients progress towards their goals. As of March 31, 2020 (end of Quarter 1), there were eleven active clients who participated in the program for an average of 98 days (cumulative 1,080 days), which is over halfway through the six month diversion program with no new charges.

11. Information-sharing

Example: Information-Sharing Arrangements among Program Partners

	Information to be Shared	From	To	Arrangement
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Mental Health Diversion Program (MHDP) Funding Request – FY 21

<i>Example A</i>	<i>MH screen result (i.e., positive or negative)</i>	<i>Jail</i>	<i>DA office</i>	<i>Covered by existing MOU; Each day, jail staff emails DA the list of individuals who screen positive if candidate signs Release of Information</i>
<i>Example B</i>	<i>Status of MH assessment (complete or incomplete) and recommendation for/against MHDP participation; termination from treatment</i>	<i>MH provider</i>	<i>DA office</i>	<i>Candidate signs Release of Information; Information-sharing agreement between MH provider and DA's office to be drafted</i>
<i>Example C</i>	<i>Status of candidate's competency evaluation or restoration services outcome</i>	<i>Evaluator or restoration provider</i>	<i>DA office</i>	<i>Covered by existing information-sharing agreement which permits communication by confidential written notice</i>

Please complete the table below to describe information-sharing among your program partners, including information-sharing agreements, participant authorizations for release of information or any other information-sharing arrangements.

Information-Sharing Arrangements among Program Partners			
Information to be Shared	From	To	Nature of Arrangement
Jail Medical Mental Health Screen results	Jail Medical	CJS	Covered by a practice agreement. Jail Medical screens are completed on carbon copy, one copy is provided to CJS MHDP Navigator to flag possible participants.
Possible eligible participants	CJS	Jail & DA office	Covered by participant signing a release of information. CJS MHDP Navigator shares list of potentially eligible participants that meet initial charge criteria, have a positive MH screen, and have agreed to participate in an assessment and sign a release of information.
Status of MH assessment and recommendations for participating in MHDP	CJS	Jail & DA office	Covered by participant signing a release of information. MHDP Navigator informs Jail (if participant is in custody) and/or DA office the results of the MH assessment and whether the individual will be accepted into the program.
Recommendations for treatment and supporting services	CJS	Community providers	Covered by participant signing a release of information. MHDP Navigator asks participant to sign release of information for each treatment and supportive service provider where they are referred in order to coordinated services and follow-up on participation.

12. Training and support needs: Please describe any training or support needed from the State Court Administrator's Office, such as procurement of training or speakers, facilitation of meetings, scheduling of monthly calls, technical assistance regarding screens or assessment tools, etc., for implementation of MHDP. Training to assist DA office in identifying possible participants for MHDP at First Appearance to refer to screening. Quarterly phone call with SCAO to provide technical assistance, coaching, and troubleshoot implementation obstacles. Preferably this would happen the month before the quarterly reports are due.

Part C – MHDP Goals, Objectives and Outcomes

Mental Health Diversion Program (MHDP) Funding Request – FY 21

Goals of the Colorado Commission on Criminal and Juvenile Justice Model Jails and Mental Health Task Force Model

- *Reduced incarceration of adults with unmet mental health needs*
- *Reduction of the number and cost of court cases involving adults with unmet mental health needs*
- *Cost-savings and measurable justice and healthcare resource management efficiencies*
- *Positive outcomes for adults with mental health impairments.*

13. Please identify pilot program goals, objectives and outcomes connected to the CCJJ Model referenced above.**Pilot Program Goal 1:**

Clients engage with community supports and treatment

<i>Objective (a):</i> Clients remain connected with MHDP Navigator throughout diversion period	<i>Objective (b):</i> Clients are connected with services and resources in the community	<i>Objective (c):</i> Clients are connected with treatment providers
Measurable Outcome(s) (a): 75% of clients followed treatment plan decisions about level of contact to have with the MHDP Navigator	Measurable Outcome(s) (b): 75% of clients reported following through with at least half of referrals made by MHDP Navigator for community social service supports over the course of their diversion period	Measurable Outcome(s) (c): 70% of clients attended their first treatment appointment; 80% of these clients went on to schedule their second appointment
Timeframe: By June 30, 2021	Timeframe: By June 30, 2021	Timeframe: By June 30, 2021

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 1: Positive outcomes for adults with mental health impairments.

Pilot Program Goal 2: Expanded client pool for the Mental Health Diversion Program

<i>Objective (a):</i> Implement expanded eligibility criteria (starting FY21).	<i>Objective (b):</i> Enhance relationships and connections within the Justice System	<i>Objective (c):</i> Increase rate of referrals to the MHDP Navigator for screening and assessment from sources outside of Boulder County jail
Measurable Outcome(s) (a): Increase caseload by 25% with new criteria. <i>Please see attachment of current and expanded criteria for FY21.</i>	Measurable Outcome(s) (b): Meet with or provide training to system partners (including law enforcement agencies and judges) twice a year.	Measurable Outcome(s) (c): Increase referrals of potential clients who entering the system through warrants or the First Appearance Court by 50% over FY20 numbers.
Timeframe: By December 31, 2020	Timeframe: By June 30, 2021	Timeframe: By June 30, 2021

MHDP Model/Statutory goal(s) advanced by Pilot Program Goal 2: Reduced incarceration of adults with unmet mental health needs

SECTION 3. BUDGET**Part A – District Attorney Funding**

Mental Health Diversion Program (MHDP) Funding Request – FY 21

14. District Attorney Funding: Pursuant to 18-1.3-101.5, C.R.S., each pilot site DA office receives \$50,000 annually offset personnel and administrative costs of operating MHDP. Below is an example of DA fund usage for FY21. **After reviewing the example, please complete the blank table that follows, which will show your program’s past and anticipated future DA funding usage and needs. Question 14 seeks a general description of the nature of funding needs and usage rather than a specific accounting.**

<i>Example Anticipated Usage of FY21 DA Disbursement - Nature or Type of Expenditure and Basis for Calculation</i>	
<i>Compensation of .5 FTE DA’s office diversion coordinator at \$2500/month, who gathers and maintains data, prepares quarterly reports, reviews cases for eligibility, makes MH assessment referrals, conducts candidate outreach and follow-up, tracks new charges, reviews cases for dismissal or pursuit of charges</i>	<i>\$30,000</i>
<i>Language interpreters and document translation services for MHDP participants</i>	<i>\$3,000</i>
<i>Bus passes and hotel vouchers for MHDP participants</i>	<i>\$3,000</i>
<i>Office supplies (files, paper, pens, copies, telephone service)</i>	<i>\$500</i>
<i>Diversion coordinator’s travel to jail, MH provider office, and court in all counties</i>	<i>\$1,500</i>
<i>DA and diversion coordinator travel expenses for training on substance use disorders, MH and criminogenic needs</i>	<i>\$1,000</i>
<i>Law enforcement training re: MHDP, MH, and competency (supplies, meals, speaker fees, and travel reimbursement)</i>	<i>\$1,000</i>

Type of Expenditure	Approximate Past Expenditures		Anticipated Future Expenditures
	FY19 (7/1/18-6/30/19)	FY20 (7/1/19-6/30/20)	FY21 (7/1/20-6/30/21)
<i>For FY21, include the basis for or calculation of the estimated expenditures.</i>			
Compensation of 1.0 CJS MHDP Navigator (\$3887-\$5599/mo) who completes screens, assessments, provides case management, provides bridge counseling, compiles quarterly reports, reaches out to stakeholders, and assists in program development.	\$1500 (staff hired Jun 2019)	\$50,000	\$50,000
Compensation for consultant to assist with stakeholder meetings and implementation of MHDP	\$4000	\$0	\$0
Program Operating Supplies (computer, monitor, keyboard, mouse files, paper, pens, brochures)	\$2500	\$0	\$0

- a. **MHDP** could have operated without these funds could not have operated without these funds
 could have operated with the lesser amount of \$_____ per year
 required additional funds (*please describe*): _____

b. **Estimated District Attorney cost savings from MHDP** (*e.g., nature of savings, estimated amount and calculation*): _____

At this time, we

do not have an estimate as we are still early in implementation and it is difficult to estimate. Currently, the DA’s Office has supervisors working on the program development and has not see a large decrease in the number of cases to calculate a cost difference. The DA’s Office is optimistic that this model will benefit individuals, the community, and the entire system with improved outcomes and long-term cost savings.

Part B – Program Implementation and Operations

15. Pilot site funding request: Below is an MHDP budget request example.

<i>Example FY21 Budget Request</i>			
<i>Example Expenditure/ Reimbursement Categories</i>	<i>Service or Purchase Description and Expenditure Calculation</i>	<i>Provider/ Vendor/ Payee</i>	<i>Amount</i>
<i>MH screening (see question 6)</i>	<i>compensation for staff to handle administration of new screen at booking necessitating (.2 FTE at \$55K/year to administer 2,000 screens/year, record results and report to DA</i>	<i>Sheriff’s Office</i>	<i>\$11,000</i>

Mental Health Diversion Program (MHDP) Funding Request – FY 21

MH assessment (see question 7)	Payment for 200 MH assessments per year at \$200 each performed in custody and not Medicaid eligible	Sam Smith, LPC	\$40,000
MH treatment	6 treatment sessions each for 50 participants ineligible for Medicaid and lacking private insurance at \$120/session (45 minutes)	ABC Therapy	\$36,000
psychiatric medications	Estimated at \$100/month for 5 months for 25 participants, during pending SSI appeals	Walgreens	\$12,500
case management needed for successful MHDP completion and post-program stability	Case management services for 150 participants 18 hours at \$45/hour (3 hours/month for 6 months) <ul style="list-style-type: none"> • Accessing public benefits: TANF, SNAP, Medicaid, Sec. 8, SSI, etc. • Accessing private health insurance, medical, dental, MH, SUD disorder care/treatment, recovery support, DV advocacy • Employment, transportation, shelter or housing support 	ABC Therapy	\$121,500
personnel or contract support (e.g., compensation reimbursement for jail or pre-trial FTE)	NA	NA	\$0
operating	NA	NA	\$0
Training	NA (covered by DA disbursement)	NA	\$0
Other	Narcan kits for 50 participants at \$130 each	NA	\$6,500
Total FY21 Request			\$227,500

After reviewing the funding guidelines, please detail the total funding requested for FY21, to be provided on a reimbursement basis, in the following table.

FY21 Budget Request (excluding \$50K DA Disbursement)			
Expenditure/ Reimbursement Category	Detailed Explanation of Service or Purchase and Expenditure Calculation	Provider/Vendor/ Payee	Amount
Personnel	Supplement to DA funding for MHDP Navigator (salary and benefits): provides screening, assessment, case management, reporting and program development.	CJS	\$24,000
Personnel	Hourly administrative support for screening data entry, screening support, and general program support (\$18/hr- 10hrs/week)	CJS	\$9,400
MH Treatment	200 treatment sessions for participants ineligible for Medicaid and lacking private insurance, estimated at \$120/session	MHP, Insight Psychotherapy	\$24,000
Psychiatric Prescriber Time	50 hours of prescriber time for medication evaluation and follow-up for participants ineligible for Medicaid and lacking private insurance estimated at \$250/hour	MHP, Private practice psychiatrists	\$12,500
Psychiatric Medications	Estimated at \$100/month for 5 months for 20 participants, during pending Medicaid or insurance enrollment.	MHP, Clinica, Peoples Clinic, Walgreens	\$10,000
Operating Costs	Cell phone service for MHDP Navigator to connect with participants to coordinate services (\$72/mo). Most participants prefer text messaging.	Verizon	\$864
Operating Costs	Office supplies (paper, pens, folders)	Office Depot	\$250

Mental Health Diversion Program (MHDP) Funding Request – FY 21

Operating Costs	Travel (mileage reimbursement) between worksites and service providers for program operation and case management.	CJS	\$2,000
Education & Outreach	Brochures for law enforcement, potential participants, and community members. Forms for DA office to refer individuals to MHDP.	Boulder County Printing	\$1,500
Ancillary Services	Bus passes and hotel vouchers for participants in need	RTD & Various hotels in Boulder County	\$3,000
Ancillary Services	Funds to assist participants in acquiring vital documents to obtain supportive services (ID, birth certificate, etc)	DMV, SSA, State	\$1,000
Ancillary Services	Funds to assist participants lacking warm clothes, a meal, or help with basics to acquire work	Various stores and restaurants in Boulder County	\$1,000
Education & Outreach	Training and travel costs for MHDP Navigator to attend trainings on MH, Criminogenic Risk, Diversion, etc.	TBD	\$2,500
Ancillary Services	Language interpreters and document translation services for MHDP participants	TBD	\$2,000
Ancillary Services	Funds to seal records for 25 participants at \$65 a person.	20th Judicial	\$1,625
Ancillary Services	Funds to provide restitution if participant is unable to pay.	Victims	\$5,000
Total FY21 Request			\$90,829

- c. **16. Estimated cost savings as a result of MHDP by program partners other than the DA, such as jails, court, etc. (including the nature, estimated amount and calculation of such savings):** At this time, we do not have an estimate as we are still early in implementation and it is difficult to estimate. Currently, the program partners have supervisors working on the program development and have not seen a large decrease in the number of cases to calculate a cost difference. Program partners are optimistic that this model will benefit individuals, the community, and the entire system with improved outcomes and long-term cost savings.

17. Required Attachments

- a. **Flow charts or decision trees.** Please attach flow charts or decision trees showing critical decision points, processes and time frames for MHDP candidates and participants for each of the following scenarios:
- Candidates in custody: From arrest through program completion
 - Candidates on bond: From arrest through program completion
 - Candidates given citation and summons: Citation through program completion
- b. **A copy of the diversion agreement, if any will be used.**

The following information is true and correct to the best of my knowledge.

Prepared by:

Marco Prospero

Printed name: Marco Prospero

Clinical and Reentry Services Administrator, Boulder County Community Justice Services

Mental Health Diversion Program (MHDP) Funding Request – FY 21

This Funding Request will be administered in accordance with the provisions of C.R.S. §18-1.3-101.5 and the Model adopted by the Colorado Commission on Criminal and Juvenile Justice Model, on January 12, 2018. I am aware of and will comply with the quarterly and annual data reporting requirements of MHPD pilot sites.

Approved by:

Michael Dougherty

Printed name: Michael Dougherty
District Attorney for the 20th Judicial District

Ingrid Bakke

Printed name: Ingrid S. Bakke
Chief Judge of the 20th Judicial District



OFFICE OF THE DISTRICT ATTORNEY

TWENTIETH JUDICIAL DISTRICT

Michael T. Dougherty, District Attorney

Mental Health Diversion Program FY21 Expansion Proposal

(1) Eligible for Pre-File Diversion Directly from Jail (immediate dismissal without DA involvement)

Eligible:

- Non-VRA Petty Offense and Misdemeanors

Exclusions:

- Obstructing/Resisting- *must have LE input*
- Cases where individual is charged with an offense related to a firearm is ineligible
- Violations of protection order are excluded (unless a non-contact violation such as alcohol use, non-DV)
- Offenses against people, such as reckless endangerment, harassment, and false imprisonment, must have input from LE and/or DDA (email approval via MHDPIntake@bouldercounty.org)
- VRA cases
- Traffic offenses (including MTs such as DUI)

(2) Post-File Summons with Immediate Dismissal upon Referral and Acceptance by MHDP

Eligible:

- Non-VRA Petty Offense and Misdemeanors (no traffic or MT)
- Obstructing/Resisting with LE input
- Discretion based on facts, history, victim input, willingness to engage, etc.:
 - o Reckless endangerment
 - o Harassment
 - o False imprisonment

*Program prioritized early access and case resolution such as at FAC.

(3) Felonies Eligible with DA's Office approval only

BOULDER OFFICE: JUSTICE CENTER · 1777 6TH STREET · BOULDER, COLORADO 80302 · 303.441.3700 · FAX: 303.441.4703

LONGMONT OFFICE: 1035 KIMBARK · LONGMONT, COLORADO 80501 · 303.441.3700 · FAX: 303.682.6711

WWW.BOULDERCOUNTYDA.ORG · EMAIL: BOULDER.DA@BOULDERCOUNTY.ORG · TDD/V: 303.441.4774

- (A) Arrest → Booking → MHDP Contact's DA's Office for Approval via email → Immediate Closure**
- (B) Assigned DDA refers to MHDP Pre- or Post-filing → Screening and Acceptance → Dismissal**
- (C) Assigned DDA refers to DA's Office Diversion → Intake/Risk Assessment → Referral to MHDP when appropriate**

**MHDP will conduct screening at jail and contact DA's Office (MHDPintake@bouldercounty.org = Ken, Elaina, Adam) for approval prior to diverting case to MHDP*

The following non-VRA felony offenses may be considered by DA's Office, with consideration for facts and criminogenic risk, and other factors such as victim input, criminal history, treatment history, and restitution amount:

- F6 Theft (\$2-5K), F6 Criminal Mischief (\$1-5K), F6 First Degree Trespass to Auto (intent to commit theft)
- F6 Criminal Impersonation (e.g. false name to officer)
- F6 Unauthorized Use of Financial Transaction Device (\$2-5K)
- F4 Identity Theft and F5 Forgery (i.e. uses someone else's card, isolated incident, may not be a more organized criminal effort)
- F6 False Info to Pawn Broker Violation

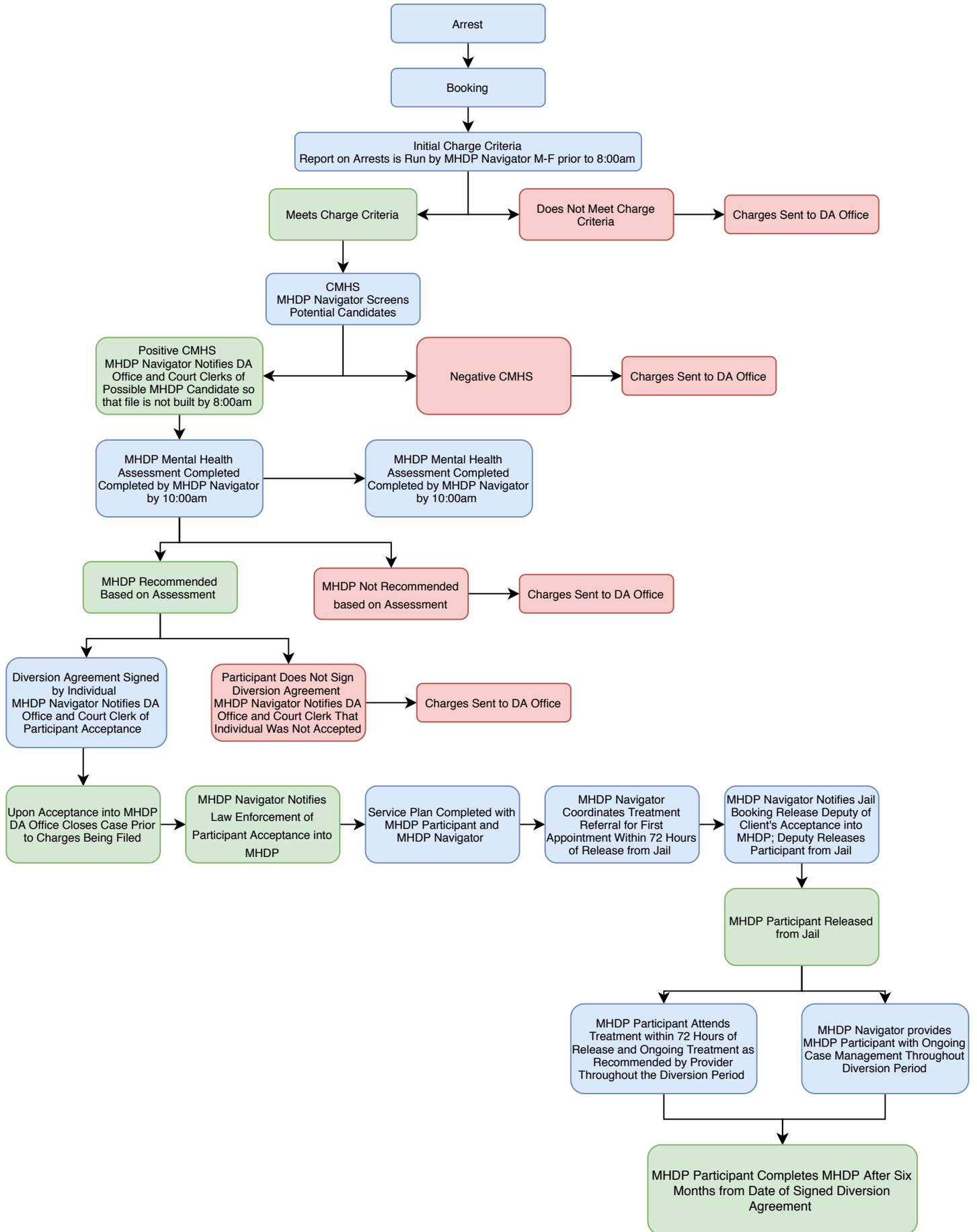
Other offenses not eligible for MHDP, but eligible for DA's Office Adult Diversion Program, may discretionarily be transitioned from supervised diversion to MHDP following a risk assessment, victim contact, and approval from Ken, Elaina, or Adam.

Other Criteria (all cases)

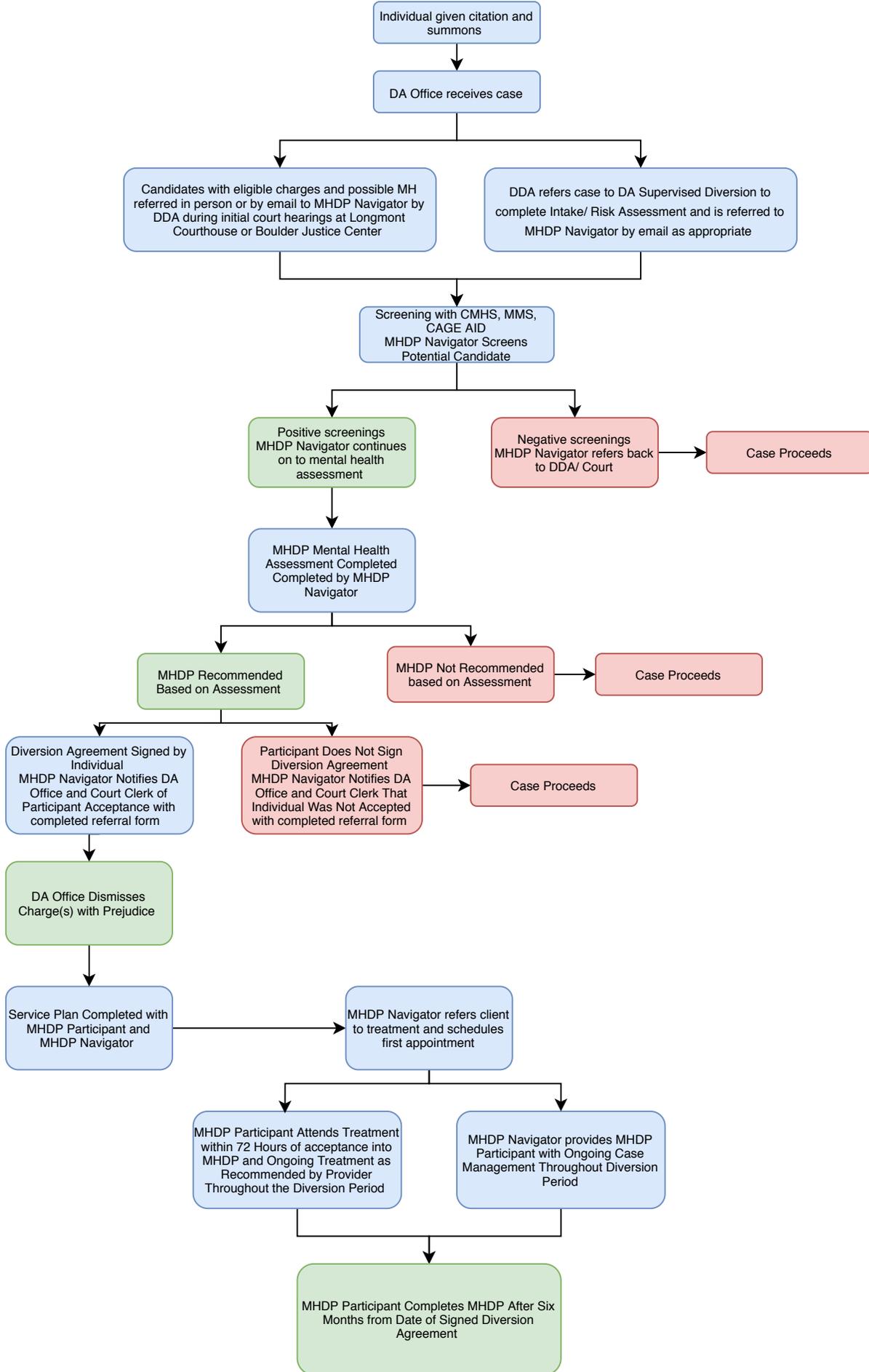
- Past Criminal History alone, will **not** automatically disqualify someone
 - o Defendants are not eligible if they have other open, unresolved cases pending
 - o Defendants with open probation or parole supervision will not be considered
 - Defendants on unsupervised probation may be considered
 - o Other open warrant(s) will disqualify -- will consider if someone failed to appear on summons date and is arrested for that FTA warrant, or if there are open municipal or traffic warrants with expectation that defendant take care of warrants
 - o Eligible participants will be evaluated using MH screens and the CPAT; CPAT 1 and 2 are target population; CPAT 3 may be considered when prior FTA history, MH history, or unstable housing/ phone access account for the CPAT 3 designation
- In cases involving co-defendants, each individual will be assessed individually
- Restitution (likely for theft and criminal mischief), will be determined and paid to victim by CJS, and is currently limited to \$10,000 annually
 - o CJS will prioritize individual victims

- CJS will contact businesses to determine when/if there is interest in waiving restitution based on MH criteria and need to recover

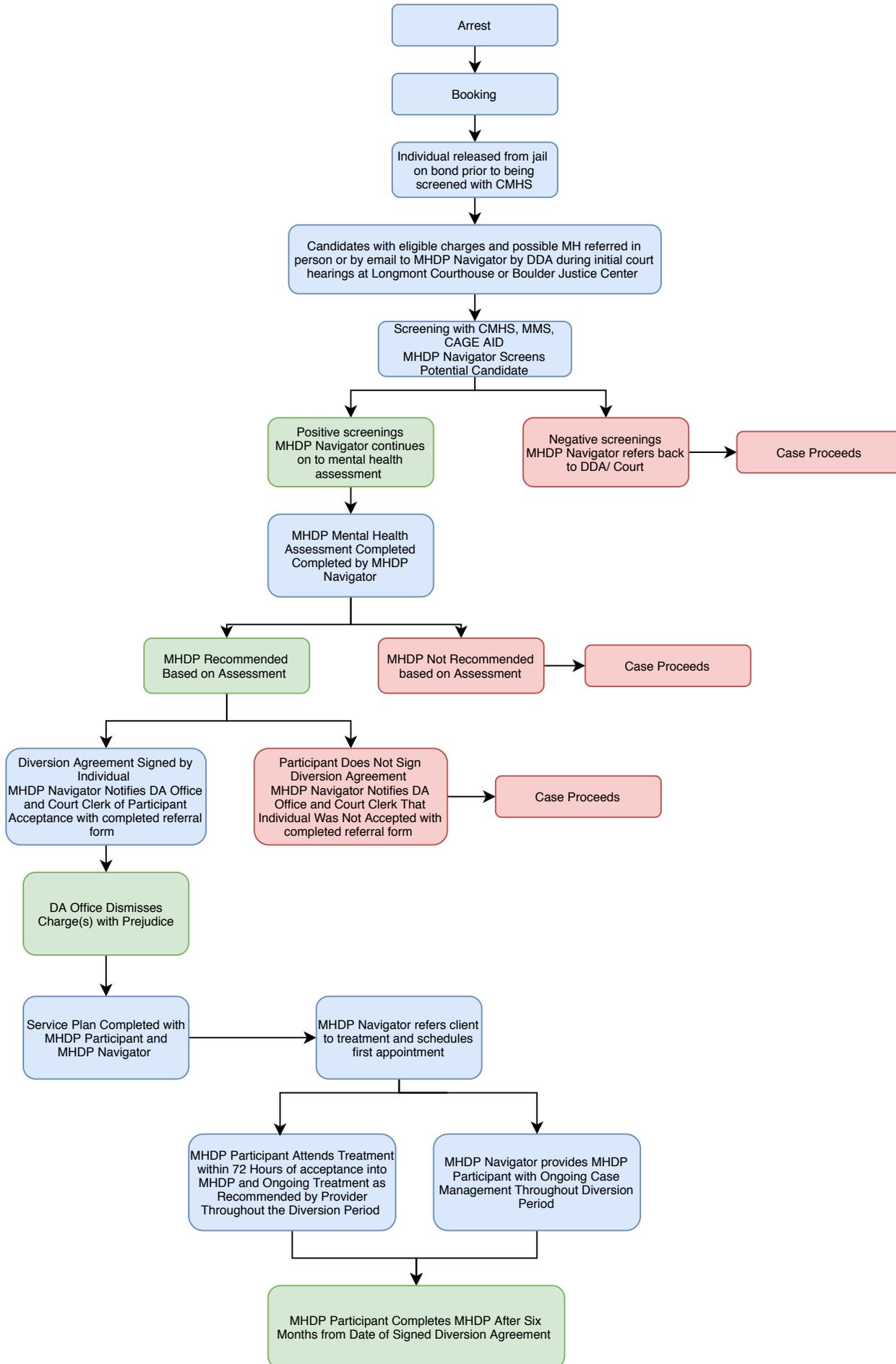
In Custody: From Arrest Through Program Completion Diverted From Jail Prior to DA Office Receiving Case



Citation and Summons: Citation Through Program Completion



Candidates on Bond : From Arrest Through Program Completion



Boulder County Justice System Partners, Mental Health Pre-File Diversion Program (BCJSP-MHPDP)

MENTAL HEALTH PRE-FILE DIVERSION PROGRAM AGREEMENT FORM

I am able to read and understand this Diversion Agreement. I have not been pressured, forced or coerced into signing this Diversion Agreement and I am doing so voluntarily.

Pursuant to Colorado Revised Statute §18-1.3-101, the Defendant, defense counsel, if any, and the People hereby agree as follows:

This Agreement applies only to the following matter:

Defendant Name: _____

Date of Offense: _____ Case No. _____

Description of offense by Defendant:

I, the Participant, understand that:

1. I have the right to consult with legal counsel before agreeing to enter the Pre-File Diversion Program. If I cannot afford to hire an attorney, legal counsel may be appointed by the Court to represent me pursuant to Colorado law.
2. Participation in this Pre-File Diversion Program means that the charges associated with this case will be dismissed as a condition of program eligibility.
3. As a program participant, no statement on this form shall be used against me at a later date.

4. I understand that failure to comply with the programs requirements, will not result in charges being filed against me, but may prohibit my acceptance and or eligibility for participation in this program in the future.
5. I will not commit any criminal offenses during the period of this agreement. A criminal offense is a violation of the law that is punishable by jail time.
6. I am required to keep my mailing address, phone number, employment and education status current at all times and report such changes to the Diversion Navigator.
7. I understand that this Diversion Agreement requires my participation in a Mental Health Assessment and possibly in programs offering medical, therapeutic, educational, vocational, corrective, preventive, or other rehabilitative services. I will sign any necessary releases of information so that treatment may be facilitated properly.
8. I may be required to provide information regarding prior criminal charges, education and work experience, family, residence in the community, and other information relating to the diversion program.
9. I will comply with any other requirements of the Pre-File Diversion Navigator in order to meet the conditions of the Diversion Agreement including answering all reasonable questions asked by the Diversion Navigator.
10. By executing this agreement, I understand that I am obligated to fulfill the additional conditions indicated below:

CONDITIONS OF DIVERSION AGREEMENT

Participants

Initials

- [] ____ **The diversion period shall be for six (6) months.**
- [] ____ **I will complete a Mental Health Assessment** as recommended by the Pre-File Diversion Navigator. The evaluation shall be completed prior to the commencement of the Diversion Agreement.
- [] ____ **I will initiate and attend any treatment/therapy recommended by Mental Health Assessment.** I understand that the Mental Health Assessment may recommend treatment services, such as counseling, therapy and other rehabilitative services. Upon recommendation to these services, I agree that I will begin the treatment and continue to regularly attend treatment for the period of time recommended by the treatment provider or until the completion of the six (6) month Diversion Agreement.
- [] ____ I will pay **restitution** in the amount of \$_____. I will arrange a restitution payment schedule with the Diversion Coordinator within 21 days of the signed agreement and make all payments according to that schedule. The restitution is for harm caused to:

By signing below I acknowledge that I have read the above Terms and Conditions and I knowingly, willingly and voluntarily enter into the agreed upon Diversion Agreement. I understand that I may consult with legal counsel before agreeing to Diversion.

Participant signature: _____ **Date:** _____

Participant's Address/Phone (if any): _____

MENTAL HEALTH DIVERSION PROGRAM FUNDING GUIDELINES – FY19 AND FY20

PROGRAM OVERVIEW: C.R.S. §18-1.3-101.5 authorizes the mental health diversion program (MHDP), which diverts adults with unmet mental health needs, charged with low-level crimes, from jail or prosecution into mental health treatment, based on the Colorado Commission on Criminal and Juvenile Justice model. Pilot sites include the 6th, 8th, 16th and 20th judicial districts, with program administration and oversight through the Office of the State Court Administrator. Goals include:

- Reduced incarceration of adults with unmet mental health needs;
- Reduction of the number and cost of court cases involving adults with unmet mental health needs;
- Cost-savings and measurable justice and healthcare resource management efficiencies; and
- Positive outcomes for adults with mental health impairments.

FUNDING OVERVIEW

- \$50,000 annually to each pilot DA office for MHDP-related administrative and personnel expenses
- Expense reimbursement or payment pursuant to these guidelines
- Funding reallocation based on pilot needs, utilization and fund availability

REQUIREMENTS

- Compliance with interagency agreements and statutory, reporting and billing requirements
- Expenditure of funding allocations/awards, with services/products received by fiscal year end (June 30)
- Retention of program expense documentation for verification and/or auditing
- Submission of invoices or reimbursement requests no later than:

Program Quarter	Period Covered	Due Date
1st	Jan. 1 - March 31	April 30
2 nd	April 1 - June 30	July 7
3 rd	July 1 – Sept. 30	Oct. 31
4 th	Oct. 1 - Dec. 31	Jan. 31

PERMISSIBLE USES OF FUNDING: Funds must be used in compliance with C.R.S. §18-1.3-101.5 and these funding guidelines, as amended from time to time, for:

- **Mental Health Assessment, Treatment and/or Medication:** To increase stability and decrease criminogenic risk, including substance use disorder treatment in conjunction with mental health treatment
- **Personnel:** To support MHDP full-time, part-time or contractual staff salary, wages and/or benefits
- **Training:** To enhance MHDP service delivery on topics such as CIT, Risk Need Responsivity, Sequential Intercept Model, mental illness, traumatic brain injury and best practices
- **Education and Outreach:** To stakeholders, participants and others (e.g., brochures, travel to meetings)
- **Consultants/Contracts Support:** To improve MHDP service delivery, directly tied to statutory goals and program outcomes
- **Ancillary Services/Costs:** To enable MHDP success (e.g., bus tickets to attend treatment)
- **Operating and Other:** To support day-to-day MHDP operations

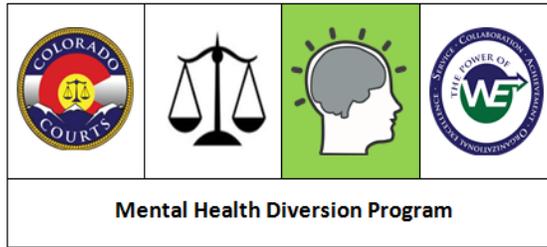
If uncertain, pre-approval of expenditures is encouraged.

FUNDING ALLOCATION CRITERIA: Decisions by the MHDP Advisory Committee consider Pilot Site Design Plans and:

- Proposed use of funds, in furtherance of statutory goals and consistency with the CCJJ Model;
- Pilot MHDP needs for the target population and projected number of participants;
- Case volume, geographical complexity, density of need and other relevant criteria; and
- Compliance with program reporting requirements.

QUESTIONS? Please contact Kara Martin at (720) 625-5963 or kara.martin@judicial.state.co.us.

Appendix G



Reporting Requirements¹ and Cover Sheet

Update: The first annual legislative report of the Mental Health Diversion Program (MHDP) revealed that only 41 individuals of the 1,131 with positive mental health screens were found eligible and recommended for MHDP participation, from January through September 2019. In response to these figures and in the interest of reaching a larger number of participants, consistent with the General Assembly’s intent and program funding, the MHDP Funding Allocation and Advisory Committee requested information regarding MHDP eligibility exclusions (e.g., specific reason(s) for MHDP ineligibility of each person who screens positive for mental health concerns on the Brief Jail MH Screen, the Correctional Mental Health Screen for Men or Women, or Colorado Criminal Justice Mental Health Screen-Adult).

In response to this request, Form 3 is attached to quarterly reporting Forms 1 and 2. Tracking the reasons for MHDP candidate ineligibility will likely be temporary, but is necessary to inform the General Assembly regarding program participation, to grow the program and to potentially prompt legislative changes. Instructions for Form 3 follow this Cover Sheet. If the quarter from April 1 through June 30, 2020 generates a sufficient sample size, further data collection on Form 3 may be unnecessary. Please contact Kara Martin at kara.martin@judicial.state.co.us or 720.625.5963 with questions or concerns.

2020 Reports:

- Jan. 1 – March 31, 2020, due April 30
- April 1 – June 30, 2020, due July 31
- July 1 – Sept. 30, 2020, due October 31
- Oct. 1 – Dec. 31, 2020, due January 31

Participant Narratives: For the quarterly report due January 31, please attach at least four brief narratives describing participant outcomes or survey responses (See Participant Feedback Survey).

Pilot Site Updates: Please provide:

- Any new revisions to eligibility criteria, target population or process changes
- Any new obstacles encountered during the relevant quarter regarding implementation, solutions implemented and outcomes
- Any new assistance needs (e.g., training, funding, technical assistance, staffing, form development, data collection)

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

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

¹ Contact Kara Martin at 720.625.5963 or kara.martin@judicial.state.co.us if COVID-19 prevents submission of reports by the listed deadline.

Form # 1 - Summary Data by Program Quarter (PQ)		1/01/20 3/31/20	4/01/20 6/30/20	7/01/20 9/30/20	10/01/20 12/31/20
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 2), # 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				

Form # 1 - Summary Data by Program Quarter (PQ)		1/01/20 3/31/20	4/01/20 6/30/20	7/01/20 9/30/20	10/01/20 12/31/20
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)				
26	# of participants who <u>exited</u> MHDP this quarter (This should equal the # of exited participants listed in Form 2)				
27	Total # of participants at end of quarter (Formula: Row 24 + Row 25 - Row 26)		0	0	0

**Mental Health Diversion
Program (MHDP)**

District # _____

Form # 2 Participant EXIT Data	Last Name	First Name	DOB	Race	Case #(s)	Ethnicity	Level of Most Serious Offense	C.R.S. Cite of Most Serious Offense (If Known)	Date Booked (if arrested)
Program Quarter (PQ)									
1/1/20-3/31/20									
4/1/20-6/30/20									
7/1/20-9/30/20									
10/1/20-12/31/20									

**Mental Health Diversion
Program (MHDP)**

Form # 2 Participant EXIT Data	Last Name	Date of MH Screen (if not date booked)	Date of Release from Custody (if arrested)	Date of Entry into MHDP (signature of diversion agreement)	Date of Exit from MHDP	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
Program Quarter (PQ)								
1/1/20-3/31/20								
4/1/20-6/30/20								
7/1/20-9/30/20								
10/1/20-12/31/20								

**Mental Health Diversion
Program (MHDP)**

		Mental Health Provider Data			Mental Health Provider Data			
Form # 2 Participant EXIT Data Program Quarter (PQ)	Last Name	Provider Recommends MHDP? (Y/N)	MH Treatment Provider(s)	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)
1/1/20-3/31/20								
4/1/20-6/30/20								
7/1/20-9/30/20								
10/1/20-12/31/20								

Form 3 Instructions

Column A: MHDP Candidate Identifier

Using whatever system your program uses to identify individuals – such as name, case #, SID or otherwise - list the identifier for each person who has a positive MH screen, based on the brief 8-10 question screen used at the beginning of the eligibility process to determine whether an individual is an MHDP candidate. MH screening may be used during the inmate booking process or in later criminal justice involvement, such as at first appearance or advisement of rights.

Columns B and C: Ineligible Charge

If the offense or charge is the reason for MHDP ineligibility, select the correct column to indicate whether the charge is ineligible because the statute, Sec. 18-3-101.5, excludes it (such as VRA crimes, F1, F2, or F3), or whether the charge is ineligible because of pilot site criteria/offense-based exclusions. After selecting the correct column, enter the statutory cite for the offense leading to ineligibility.

Column D: Unacceptable Criminal History according to Pilot Criteria

If unacceptable criminal history is the reason for MHDP ineligibility, indicate the reason for exclusion. For example, some pilot sites may exclude those with prior sex offense convictions, outstanding warrants, histories of failing to appear, etc., from MHDP eligibility.

Column E: Unacceptable Criminogenic Risk according to Pilot Criteria

If the pilot site uses a risk assessment tool to determine MHDP eligibility and excludes those scoring a certain level of criminogenic risk, list the tool used and the score (ex. CPAT 3).

Column F: Circumstances of Incident (Fact Specific) according to Pilot Criteria

If the pilot site excludes from eligibility MHDP candidates based on fact-specific information, such as objection by the arresting officer, list the circumstances resulting in MHDP ineligibility.

Column G: MHDP Fit according to Pilot Criteria

If the pilot site excludes a MHDP candidate from eligibility because of program fit, such as the severity of MH or substance use disorder necessitates programming structure that exceeds what MHDP offers, identify the general reason for eligibility exclusion.

Column H: Mental Health Assessment Recommends against MHDP

If the MHDP candidate is excluded from eligibility because the assessor/evaluator who conducts the MH assessment recommends against MHDP participation, mark "x".

Column I: Staff Limitations

If the MHDP candidate is denied MHDP eligibility because of program capacity or resource limitations, mark "x".

Column J: Other Cases

If the MHDP candidate is ineligible because of other [criminal] cases, indicate the basis for such exclusion. For example, some programs may exclude individuals currently on probation or parole or candidates likely to proceed through the criminal justice system because of other pending MHDP-ineligible cases or charges. Indicate the basis for MHDP ineligibility.

JUNE 2020



COLORADO ADULT & MENTAL HEALTH DIVERSION PROGRAMS

PROCESS & OUTCOME EVALUATION DESIGN

HEATHER GARWOOD

GARWOOD CONSULTING SERVICES, LLC
Fort Collins, CO

Prepared for:

COLORADO JUDICIAL DEPARTMENT
STATE COURT ADMINISTRATOR'S OFFICE
Denver, CO

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BACKGROUND

According to the Bureau of Justice Statistics (BJS), at the end of 2016, over 4.5 million adults in the United States were under the supervision of probation or parole. That equates to one in 55 adults. Further, although they are the lowest incarceration rates in over ten years, BJS statistics indicate that jails still incarcerate 226 inmates per 100,000 U.S. residents, and prisons, 431 per 100,000 residents. The collateral consequences of having a record of a criminal conviction can negatively impact a person's ability to maintain employment and housing, and access social assistance (Evans, 2014; see also <https://niccc.csgjusticecenter.org>). Collateral consequences that disrupt protective and stability factors exacerbate an already challenging cycle of involvement with the criminal legal system.

Colorado Diversion

Colorado statute allows for the State Court Administrator's Office (SCAO) to provide administrative support for two diversion programs: the Adult Diversion Program (ADP) and the Mental Health Diversion Program (MHDP), see Table 1, below. Passed in 2013, C.R.S. §18-1.3-101 allows for the creation of an ADP to divert "defendants from the criminal justice system when diversion may prevent defendants from committing additional criminal acts, restore victims of crime, facilitate the defendant's ability to pay restitution to victims of crime, and reduce the number of cases in the criminal justice system" (C.R.S. §18-1.3-101(1)). Similarly, the legislature passed SB 249 in 2018, allowing for the creation of a four-district pilot program to divert "individuals with mental health conditions who have been charged with a low-level criminal offense... out of the criminal justice system and into community treatment programs" (p. 2). Most recently, the legislature's passage of HB 1393, which awaits the Governor's signature, would expand the number of potential pilot sites.

Legislation passed in 2019 requires an evaluation of the pilot MHDPs to include "recommendations for best practices, including target populations, participant treatment and oversight, funding, and any proposed revisions to the model recommended by the Colorado commission on criminal and juvenile justice" (C.R.S. §18-1.3-101.5(6.5)(b)), with a report of findings to be completed and submitted to the legislature by November 1, 2021. What follows is an evaluation design that comports with existing MHDP statute. This designed study provides the Colorado Judicial Department with options to explore and evaluate process and outcome measures using a mixed-methods (i.e., qualitative and quantitative) design for both the ADP and MHDP. The design options are informed by existing research, as well as local and administrative stakeholder interests.

A review of existing research informs the evaluation design. While not an exhaustive review, the scope focused the evaluation design by considering studies of diversion outcomes, informing appropriate research questions, and providing evaluation frameworks from which to base the evaluation design.

Table 1. Diversion Programs Summary

Program	Statute	Target Population	Districts
Adult Diversion Program (ADP)	§18-1.3-101 & §13-3-115 (establishes funding committee)	Varies by district, often individuals with limited criminal history charged with offenses up to and including felonies	2 nd , 6 th , 7 th (Delta Co. only), 9 th , 12 th , 15 th , 16 th , 20 th , 21 st , and 22 nd
Mental Health Diversion Program (MHDP)	18-1.3-101.5	Individuals with mental health conditions charged with offenses up to and including lower level felonies	6 th , 8 th , 16 th , and 20 th

Adult Diversion: Literature & Colorado Programs

According to a 2018 study conducted by the Center for Court Innovation (Rempel et al.), although diversion programs began in the 1970’s, research did not generally support their efforts to reduce convictions, recidivism, or costs. One reason for this is concern over net-widening, in which minor offenses otherwise unlikely to attract prosecutorial attention prior to the establishment of diversion programs are referred for diversion (Clancey & Howard, 2006). Currently, in response to increasing caseloads and smaller budgets, diversion efforts are seeing a resurgence (Lowry & Kerodal, 2019). The 2018 study evaluated 16 prosecutor-led diversion programs in 11 prosecutor offices, likely representing the largest and most diverse diversion evaluation study in the literature.

As illustrated in the Center for Court Innovation (CCI) study, diversion programs come in a variety of shapes and sizes—they may be pre-arrest or post-arrest, pre-file or post-file, and may include misdemeanors, felonies, or a combination (Rempel et al., 2018). Additionally, diversion efforts may be led by pretrial services, by probation or some other community supervision case management agency, by the courts, or by prosecutors (Lowry & Kerodal, 2019; Sirotych, 2009).

Overall, findings from the CCI study demonstrate that diversion can effectively decrease convictions (and subsequent exposure to conviction-related collateral consequences) and sentences to incarceration. The impact on recidivism was mixed, although four out of the five programs that were evaluated for this outcome did demonstrate a recidivism reduction (Rempel et al., 2018). A study conducted by Mueller-Smith and Schnepel (2019) also found that diversion efforts in Texas has positive impacts related to recidivism and employment.

In Colorado, legislation passed in 2013 created a state funding mechanism for district attorney-operated ADP’s (C.R.S. §18-1.3-101(1)). According to the FY18-19 Annual Legislative Report developed by the Office of the State Court Administrator, a total of ten ADP implementation sites operated in Colorado during the fiscal year ending June 30, 2020. And just like the CCI study finding, the implementation sites vary in their screening processes, selection criteria, and program focus. Given that Colorado’s implementation sites vary in much the same ways as the sites in the CCI study, this evaluation design will base some evaluation components (e.g.,

interview protocols) on the CCI study. Permission was obtained to modify and use the CCI study evaluation tools.

Mental Health Diversion: Literature & Colorado Pilot Programs

According to a study by BJS, results of the 2011-12 National Inmate Survey indicate that an estimated 14% of persons incarcerated in state and federal prisons and 26% of persons incarcerated in jails had experienced serious psychological distress within 30 days of survey completion. This is three to five times the rate of the general U.S. adult population (Bronson & Berzofsky, 2017). A 2015 publication by the Substance Abuse and Mental Health Services Administration reported that between 60 and 87% of people in the criminal legal system who have a serious mental disorder also have a substance abuse disorder. Efforts to address this over-representation have included programs like diversion and specialty courts. The goals of these programs tend to include the avoidance of collateral consequences associated with criminal legal system involvement, engagement in mental health treatment and services, and incarceration and recidivism reduction (Lattimore, Broner, Sherman, Frisman, & Shafer, 2003).

Like general diversion programs, mental health diversion programs may take a variety of forms, including those that target potential program participants pre-booking or prior to arrest, and those that target potential participants post-booking (Lattimore et al., 2003). Sirotich (2009) grouped the post-booking programs into three types: jail-based programming usually administered by pretrial services; court-based programming with mental health clinicians who assess potential participants through the court process; and specialized mental health courts. Colorado uses a combination of these kinds of post-booking programs.

A review of the existing literature related to mental health diversion programs reveals a general lack of quality research design methods (e.g., experimental or quasi-experimental designs), and mixed and variable outcomes for the mental health diversion programs that have been evaluated (Bird, & Shemilt, 2019; Morgan et al., 2012; Sirotich, 2009). A systematic review conducted by Sirotich (2009) explored outcomes from 18 studies, including evaluations of pre-booking diversion, jail-based diversion, court-based diversion, mental health courts, and cross-model / pooled comparisons. Overall, the results indicated a significant reduction in the amount of jail time served by diverted individuals compared to those who were not diverted (10 studies measured this outcome; 8 studies indicated a significant reduction, and 2 additional studies found no difference). However, of the 7 studies that measured the percentage of persons re-arrested, only one study found a significant reduction in re-arrest prevalence, and one study found an increase among those in diversion programming. Similar results are indicated for the number, or incidence, of re-arrests: of the 11 studies that reported this outcome, only one indicated a significant reduction among diversion participants, and one study indicated a significant increase in the number of arrests.

Although not specific to diversion programming, a meta-analysis conducted by Morgan et al. (2012) reviewed mental health treatment effects on offenders with mental illness (OMI). Their systematic review yielded just 26 includable studies, and results for included outcome measures varied: while treatment effects generally indicated improvement in symptoms and

functioning, the impact on criminal recidivism, when measured, was limited. Just 4 studies measured this outcome, with 3 of the 4 studies demonstrating a small to moderate effect size (0.25 to 0.54) and one study demonstrating a negative effect (-0.55). Additionally, although existing research supports the use of the risk-need-responsivity (RNR) framework for criminal rehabilitation (Bonta & Andrews, 2017; Bonta, Law, & Hanson, 1998), and the included studies were all evaluating treatment effects on offenders, only one included study was appropriately adherent to all three principles (was sufficiently intensive, targeted criminogenic needs, and used cognitive-behavioral techniques). In fact, predictors of recidivism for OMI's are generally the same as for non-OMI's; in other words, with the exception of antisocial personality disorder, the presence of a mental illness in and of itself generally does not predict recidivism (Bonta, Law, & Hanson, 1998).

Although the adherence to RNR is empirically supported, existing research also points to the importance of addressing stability factors such as consistent housing (e.g., independent living, residential treatment, or halfway house) when working with this population (Case et al., 2009). Addressing mental health needs of people in the criminal legal system does have positive public health impacts and may decrease the compounding impact that mental illness can have with other criminogenic needs (Skeem, Steadman, & Manchak, 2015). Morgan et al. (2012) conclude that treatment programs working with this population need to balance both psychiatric and criminogenic targets in their treatment approaches (see also Case, Steadman, Dupuis, & Morris, 2009). In addition, Lamberti (2007) suggests using a balanced framework that incorporates competent service providers, access to needed services including mental health treatment, and legal leverage to support engagement in order to treat both mental health *and* criminogenic needs and consequently reduce recidivism.

LOGIC MODEL

Since this evaluation design plan is intended to evaluate two programs with multiple implementation sites that have some commonalities, a single logic model was developed that incorporates both programs (see Figure 1). The purpose of the logic model is to provide a broad conceptual framework of the programs, focusing primarily on elements that should be common to most, if not all, implementation sites. The model is not designed to capture individual implementation site nuances as those should be captured in the evaluation itself. The logic model framework was used to identify relevant research questions to be addressed in the evaluation design.

This logic model was created based on the review of numerous documents, including but not limited to program annual reports, reporting forms, relevant statutes, funding applications, and feedback from program stakeholders. Specifically, administrative and program stakeholders were asked:

What is missing from the model? What suggestions do you have for modifications? Is there anything that is included that you think shouldn't be, or that only applies to one program or the other (e.g., there are a few elements that are specifically attributed to the MHDP)?

Figure 1, the revised logic model, incorporates suggested stakeholder modifications. The evaluator(s) and stakeholders should be open to further modifications based on information garnered from the process and outcome portions of the evaluation.

Figure 1. Logic Model: Adult & Mental Health Diversion Program

Assumptions	Resources / Inputs	Activities	Outputs	Short & Long-Term Outcomes	Impact
	<i>In order to accomplish our set of activities we will need the following:</i>	<i>In order to address our problem, we will conduct the following activities:</i>	<i>We expect that once completed or under way these activities will produce the following evidence of service delivery:</i>	<i>We expect that if completed or ongoing these activities will lead to the following changes:</i>	<i>We expect that if completed these activities will lead to the following changes in 3-5 years:</i>
<ul style="list-style-type: none"> • Criminal convictions adversely impact people’s protective factors (e.g., employment, housing, education). • Low-level crimes can be diverted from the CJ system without negatively impacting public safety. • Diversion allows people to be held accountable while avoiding the negative collateral consequences that come from a criminal conviction. 	<ul style="list-style-type: none"> • Legislative authorization & budget allocation • Support and collaboration between DA, judges, public defenders, law enforcement & local treatment providers (i.e., MH providers for MHDP) • SCAO coordinator • Funding • Treatment / intervention partners identified • Target population to be served 	<ul style="list-style-type: none"> • Funding application distributed to districts. • Funding applications reviewed and funding decisions made by Funding Committee. • Diversion programs that are funded are established. • Diversion personnel are hired & trained. • Diversion candidates are identified through screening and offered program. • Quarterly reporting forms and completed by programs. 	<ul style="list-style-type: none"> • Diversion agreements offered and accepted • Diversion cases managed • Participants referred to interventions (including MH tx for MHDP participants) • Participants complete agreements • Successful Diversion completion • Case dismissed / not filed 	<ul style="list-style-type: none"> • Treatment engagement (especially for MHDP participants) • Stability and criminogenic needs are addressed / reduced. • Reduced recidivism. • Restoration to victims. • Payment of restitution. • Reduced number of cases filed and / or prosecuted. • Reduced jail bed days (specifically including people w/MH needs for MHDP). 	<ul style="list-style-type: none"> • Increased use of MH and other systems to address MH needs rather than CJ system (for MHDP especially). • Fewer negative collateral consequences for people in the CJ system. • Improved CJ system efficiencies and cost savings to the public, including prosecution and jail savings.

STAKEHOLDER FEEDBACK – EVALUATION DESIGN

Administrative and program level stakeholder feedback was solicited as part of the evaluation design process. Specifically, stakeholders were asked:

What research questions would you like to see answered in the program evaluation (you may consider the attached logic model as you think about this)? Broadly, the evaluation will be designed to address both process and outcome questions. What evaluative questions do you have that are not currently addressed in the annual reports for these two programs? What qualitative program elements should be explored? What outcome measures should be addressed?

Stakeholders were given ten days to respond with feedback. A total of four administrative stakeholders responded; two provided feedback and two indicated they did not have feedback to offer. The administrative stakeholder feedback is as follows:

Diversion generally in Colorado is not able to explain the connection(s) between program eligibility criteria and explicit conditions of an agreement that tie into actual, defined participant outcomes. Understanding this flow would demonstrate the effectiveness of programs in meeting legislative intents and also identifying appropriate diversion candidates in a consistent, fair, and impartial way.

All three of my questions below are designed to really study the individuality of the [MHDPs] from different frames of reference.

- I'd like to see the differences in the exclusionary criteria and how that impacts eligibility and ultimate cost-savings. I'm guessing that, locally, many jurisdictions have additional exclusionary criteria that greatly reduce the intended impact of the program.*
- I would like to hear how some sites have been able to adjust their process to ensure they were capturing people in MHDP who were released from jail before they were able to be screened (I'm not sure if this has actually happened anywhere; but a qualitative review of input that includes how the process could be changed to capture eligible participants could capture similar information).*
- Finally, I know several sites have deviated from the CCJJ intercept model, which was the initial concept for MHDP. I would like know what those deviations have been and what the impact has been (in other words, how has the deviation from that model either bolstered or detracted from the intended impact).*

Two additional program stakeholders responded. One provided documentation from the all-pilot meeting of the MHDPs in January – the goals, community resources, and Sequential Intercept Model maps for each district. The other program stakeholder provided the following feedback:

The only feedback we would offer is that we found a significant need for case management of each diversion case - in order for it to be successful. Moving forward, we

would have established a case management position as a part of this program, as MHDP did not seem to run well, or be successful without that case management.

Secondly, the idea of a co-responder model looks to be more useful and allow for more participation in the program. We found in our jurisdiction that the targeted population the legislation suggested would benefit was not so. There were very few candidates in custody, remaining in jail. Most all posted bond. In order to engage participants who need mental health services, we were hoping to implement a co-responder model, in which referrals to the program could be made by an officer writing a summons, not making an arrest. Our hope is to implement this model if the program runs again in the future.

Although stakeholder feedback was limited, stakeholders that did respond generally expressed an interest in understanding how the individual site activities are aligned with the goals of the program and how these activities lead (or not) to intended impact and outcomes.

METHODS

This evaluation design will use a parallel mixed methods design, meaning that qualitative analysis and quantitative data collection and analysis will occur simultaneously; one method will not necessarily inform the other. These methods will provide formative (i.e., improvement) and summative (i.e., impact or outcome) feedback (Rovai, Baker, & Ponton, 2014).

Table 2: Evaluation Objectives

Process evaluation	Assess ADP & MHDP implementation quality – including funding applications, participant and program data, and site stakeholder interviews – in up to 10 ADP districts and 4 MHDP districts.
Outcome evaluation	Compare recidivism, incarceration, and restitution outcomes of diversion participants to outcomes of comparison group of non-diversion offenders with similar basic demographics (e.g., age, sex, race), offense charges, and comparable arrest and / or conviction histories (if available) based on frequency and / or offense severity.

A review of applicable statutes, program goals as described in funding applications, program annual reports, and existing research, summarized above, informed crafting of research questions. Priority questions concern seven general themes:

1. Collateral consequences / conviction reduction
2. Case reduction
3. Restoring victims
4. Restitution
5. Recidivism reduction
6. Accountability
7. Implementation

These themes reflect a majority of the priorities articulated by the implementation site funding applications and existing statute.

Process Evaluation

The purpose of a process evaluation is to determine how a program delivers the results that it does (Rovai, Baker, & Ponton, 2014; Newcomer, Hatry, & Wholey, 2015). Generally, what is it doing and / or not doing to reach its stated goals, and is the program accomplishing those goals? In this evaluation design, we must evaluate two different diversion programs (Adult Diversion and Mental Health Diversion), each of which has multiple implementation sites. The process evaluation portion will incorporate both qualitative (e.g., document review and interviews of site representatives) and quantitative data. Quantitative data for this portion of the evaluation will be specific to the goals set by implementation sites, and analysis will utilize basic descriptive statistical methods.

First, the evaluator should review existing documentation for each implementation site, relevant to the research questions above, using the information to answer as many of the interview questions as possible to reduce the burden on the implementation sites. Second, the evaluator should conduct an in-depth interview with implementation site stakeholders through a single implementation site representative who gathers information and responds on the site's behalf, or with different individuals who, based on their roles, can respond to different portions of the interview. See Appendix A. In addition to gathering answers to the interview questions, the evaluator should verify the adequacy and accuracy of the answers compiled from the review of implementation site documentation. Finally, the evaluator should analyze site-specific quantitative data using descriptive statistical methods to further inform how well sites meet each of their identified goals, including those related to target population and successful diversions.

The written documentation, interview, and site-specific descriptive statistical analysis results can then inform the development of site-specific logic models. The site-specific model will connect program goals to activities to intended outcomes. This approach will concretely illustrate activities that do not connect to implementation site goals and desired outcomes and the absence of activities needed to support goals and desired outcomes. Combined with any site-specific outcome analysis described below, this process should identify and articulate strengths and areas of improvement for individual implementation sites and the diversion programs overall.

Table 3: Process Evaluation Research Questions

Questions – data sources include document review and implementation site interviews

1. Collateral Consequences / Conviction Reduction: How are sites working to meet the goal of reducing conviction (thereby reducing the collateral consequences of conviction)? To what extent are they meeting this goal?
2. Case Reduction: How are sites working to meet the goal of improving criminal justice system efficiencies (including reducing cases in the criminal justice system)? To what extent are they meeting this goal?
3. Restoring Victims: How do programs work to restore victims of crime?
4. Restitution: How do programs facilitate the collection of restitution?
5. Recidivism Reduction: How do programs work to decrease recidivism?
6. Accountability: How do programs ensure that participants are accountable to the program requirements? What supervision, case management, or monitoring methods do they use?
7. *MHDP only*, Implementation: To what extent does each program adhere to or deviate from the CCJJ diversion model? For programs that depart from the model, what is the goal or desired outcome for each departure? How does the program measure the impact of those changes from the model? To what extent do the changes help programs attain their goals?

Outcome Evaluation

Review of existing program documentation (e.g., annual reports, statute, reporting requirements, and funding applications) informed the selection of the outcome measures to be evaluated. Stakeholder feedback, existing literature evaluating diversion efforts, and data availability and accessibility factored into the crafting of the research questions for this portion of the study. Given these parameters, the primary outcomes to be analyzed in this study include convictions, recidivism, jail days, and payment of restitution.

Table 4 summarizes the outcome related research questions and their corresponding hypotheses and proposed analysis methods. The evaluator must create a non-diversion comparison group to test the differences between and possible outcome correlations for the ADP, MHDP, and non-diversion groups. Options for creating the comparison group, each with its own limitations, include:

1. Using a pre-post implementation model and creating district-specific pre-implementation groups for each of the implementation districts. Limitations include district attorney (DA) changes and statutory or policy changes post-implementation.
2. Creating a comparable non-diversion group from a similarly situated (e.g., geography, population, DA political affiliation, etc.) and similarly resourced (e.g., treatment availability) non-diversion district. Although statutory changes would apply uniformly to a diversion district and a non-diversion district, differences between DA's, courts, treatment providers, etc. may impact outcomes for either or both groups. This approach would require the creation of a number of non-diversion comparison groups, to be matched to individual diversion districts based on the aforementioned

considerations. Resources, including the time it takes to create the comparison groups from existing data, may limit the feasibility of this approach.

3. Create an aggregate non-diversion group from all non-diversion districts. This approach may reduce the confounding impact of district-specific practices and resources limitations. However, the diversion and non-diversion groups may have significant practical differences between them or may be more or less weighted toward other confounding variables (e.g., differences in urban, suburban, rural representation). Further, it stands to reason that if the comparison group is aggregated across all non-diversion districts, then the ADP and MHDP groups should also be aggregated. Doing so may suppress district-specific impacts (positive or negative), especially given the level of local control that the implementation sites have in designing their programs.

The evaluator and SCAO staff should select the best approach, considering available resources and other known limitations.

Once the non-diversion comparison group or groups are created, initial analysis will test whether there are any differences between the ADP, MHDP, and / or non-diversion groups (specifically comparing the means between these groups). The limitations for this design include the absence of efforts to ensure that comparison groups are equivalent. However, these means comparison tests (see Table 4 for details) can make a preliminary determination as to whether any differences exist between groups (Rovai, Baker, & Ponton, 2014). If there are no statistically significant differences between the groups, we will be unable to reject the null hypothesis (indicated by H_0 for each research question in Table 4 below), and there will be no need to move on to a correlation design (e.g., regression analysis). If no differences exist between the means, any regression analysis that would show a statistical difference would be an error.

Table 4: Outcome Evaluation Research Questions

Questions & Hypotheses	Analysis Methods
<p>1. Did districts that implemented diversion programs experience reduced conviction rates for the targeted case types following program implementation?</p> <p><i>Hypothesis A – conviction reduction</i> H₀: No difference in rate of conviction exists when comparing a district’s conviction rate 12 months pre-implementation to the 12 months post-implementation. H₁: Districts experienced a lower conviction rate in the 12 months post-diversion implementation than in the 12 months pre-implementation.</p>	<p>Simple descriptive statistical analysis will be used, comparing the district’s rates of conviction and case dismissal for the targeted case types during the 12 months before and the 6, 12, and 24 months after the diversion program implementation; descriptive statistics include calculating measures of central tendency such as the mean as well as calculating the raw number of convicted and dismissed cases</p>
<p>2. Was recidivism¹ reduced? Two hypotheses (B & C) will be tested relative to this question.</p> <p><i>Hypothesis B – incidence of (any) re-arrest</i> H₀: No difference in incidence of re-arrest exists between the ADP, MHDP, and non-diversion groups. H₁: The ADP group has lower incidence of re-arrest compared to the non-diversion group.</p>	<p>Statistical analysis for a means comparison (e.g., independent samples <i>t</i>-test, ANOVA, or their non-parametric equivalent – Mann-Whitney <i>U</i>, or Kruskal-Wallis <i>H</i> test, respectively)²</p> <p><i>Hypothesis B: Dependent Variable (DV) = re-arrest incidence (any)</i></p>

¹ Recidivism will be defined as any new misdemeanor or felony filings (including unclassified traffic misdemeanors under Title 42, and drug misdemeanors and felonies) during the diversion or supervision period, or within one year following completion of diversion or other sentence (for non-diversion group).

² Tests for means comparison are tests in which the analysis determines whether there are statistically significant differences (differences that do not occur by chance) between the means of different groups. A *t*-test will compare two groups; ANOVA (analysis of variance) will compare three or more groups. Parametric tests such as *t*-test and ANOVA require a normal distribution of the subjects within the groups (e.g., a bell curve) unless samples are sufficiently large (it is generally recommended that each group have at least 30 participants for this type of analysis). If the population is not normally distributed, or the groups are too small, nonparametric tests can be run. However, these tests are less robust than their parametric counterparts (Nishishiba, Jones, & Kraner, 2014; Rovai, Baker, & Ponton, 2014).

- H₂: The MHDP group has lower incidence of re-arrest compared to the non-diversion group.
- H₃: the diversion group (ADP & MHDP combined) has lower incidence of re-arrest compared to the non-diversion group.

Hypothesis C – frequency (number) of re-arrest

- H₀: No difference in frequency of re-arrest exists between the ADP, MHDP, and non-diversion groups.
- H₁: The ADP group has lower frequency of re-arrest compared to the non-diversion group.
- H₂: The MHDP group has lower frequency of re-arrest compared to the non-diversion group.
- H₃: the diversion group (ADP & MHDP combined) has lower frequency of re-arrest compared to the non-diversion group.

Hypothesis C: DV = re-arrest frequency (number)

Hypotheses B & C: Independent Variable (IV) = group (ADP, MHDP, and / or non-diversion)

- 3. Were fewer jail days recorded by the diversion groups during the 12 months following arrest for the instant offense when compared to a non-diversion group? Jail days may include time in jail for instant offense, time in jail as a sanction for non-compliance, and time in jail for re-arrest for new offense.

Statistical analysis for a means comparison as described for Hypotheses B & C above.

Hypothesis D – number of days incarcerated

- H₀: No difference in number of days incarcerated exists between the ADP, MHDP, and non-diversion group.
- H₁: The ADP group has fewer days of incarceration compared to the non-diversion group.

DV = total days in jail
 IV = group (ADP, MHDP, and / or non-diversion)

H₂: The MHDP group has fewer days of incarceration compared to the non-diversion group.

-
4. Do diversion participants pay restitution at the same rate (amount and completion) as non-diversion individuals?

Statistical analysis for a means comparison as described for Hypotheses B & C above.

Hypothesis E – amount of restitution paid

H₀: No difference in amount of paid restitution exists between the ADP, MHDP, and non-diversion group.

H₁: The ADP group paid higher amounts of restitution compared to the non-diversion group.

H₂: The MHDP group paid higher amounts of restitution compared to the non-diversion group.

Hypothesis E: DV = total amount of restitution paid

Hypothesis F – restitution completion measured by percent of restitution paid.

H₀: No difference in percent completion of paid restitution exists between the ADP, MHDP, and non-diversion group.

H₁: The ADP group completed a higher percentage of restitution payment compared to the non-diversion group.

H₂: The MHDP group completed a higher percentage of restitution payment compared to the non-diversion group.

Hypothesis F: DV = percent of ordered restitution paid

IV = group (ADP, MHDP, non-diversion)

Data Elements

The following data elements are necessary to complete the outcome evaluation portion of this study.

- Person level data that can be matched on a key identifier (e.g., ML number)
- Demographics – minimum of age, sex, and race, but also some indication of crime history if available
- Case filings including offense and filing dates
- Convictions including dates
- Arrest and release dates
- Program termination or sentence completion for non-diversion cases – successful / unsuccessful and outcome if unsuccessful
- Restitution ordered
- Restitution paid

Regression Analysis

If any of the means tests described above demonstrate a significant difference between groups, and if evaluation resources allow it, the next step will be to conduct a regression analysis, regressing each of the ADP and MHDP on the dependent variables (DV) for which there was a significant difference (i.e., arrest incidence and frequency, days in jail, restitution amounts and completion). Regressions test whether there is any correlation between the group and the DV. For example, if a person participates in a diversion program, does that correlate to an increase or decrease in the likelihood that they will recidivate?

The exact type of regression analysis will depend on the types of variables being analyzed, for example, dichotomous (arrest vs. no arrest), or continuous (e.g., days in jail). Logistic regression will test for correlations between IVs and categorical DVs and linear regression will test for correlations between independent variables (IV) and continuous DVs. The number of IVs that are used in the model will also determine exactly which type of regression analysis is appropriate. Finally, if a regression is run on just two variables (as in bivariate regression), the program group (IV) on outcome (DV), one can introduce controls such as criminal history, age, sex, and race if those variables are available. This will add strength to the model. Note that for the regression analysis, a minimum of 60 participants per group is recommended (Rovai, Baker, & Ponton, 2014).

CONCLUSION

Should the designed study be conducted, the SCAO can anticipate the following products as a result:

1. Site specific logic models; summary of site strengths and suggestions for areas of improvement,
2. Preliminary information related to intended program outcomes,
3. Recommendations for further data collection, study, and / or best practices (including program components, processes, and target populations).

While a number of known evaluation limitations exist in the study design, this study should serve as a first step toward improved practices and further evaluation. With this in mind, even outcome evaluation results that demonstrate no significant differences or correlations can still be valuable. Specifically, these results may still be able to inform future data collection efforts (i.e., what to collect and what not to collect) and study methodologies. Finally, a certain amount of evaluation flexibility is suggested, in order to balance any resource constraints (e.g., funding, stakeholder time, etc.) with program priorities.

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APPENDIX A - INTERVIEW PROTOCOL

The following is a sample letter that can be used to reach out to the ADP and MHDP sites to request participation in the interview process.

To Whom It May Concern:

The State Court Administrator's Office (SCAO) will be conducting an evaluation study of both the Adult Diversion Program (ADP) and the Mental Health Diversion Program (MHDP). This evaluation will encompass both process and outcome measures. The process evaluation portion of the study will assess how implementation sites have designed and implemented diversion programs that align with the corresponding statutorily defined goals and requirements for ADP and MHDP. To that end, the SCAO is requesting your program's participation in an interview designed to collect information that can answer the following questions, related to these statutorily defined goals:

- Collateral Consequences: How are sites working to meet the goal of reducing conviction (thereby reducing the collateral consequences that result)? To what extent are they meeting this goal? This question gets at target population and screening / acceptance protocols.
- Case Reduction: How are sites working to meet the goal of improving criminal justice system efficiencies (including reducing cases in the criminal justice system)? To what extent are they meeting this goal? This also incorporates target population and acceptance protocols as well as case management strategies.
- Restoring Victims: How do programs work to restore victims of crime?
- Restitution: How do programs facilitate the collection of restitution?
- Reduce Recidivism: How did programs work to decrease recidivism?
- Accountability: How do programs ensure that participants are accountable to the program requirements?
- MHDP only: To what extent does each program adhere to or deviate from the CCJJ diversion model? For programs that made modifications, what was the goal or desired outcome for each modification? To what extent did the modifications help programs attain their goals?

In preparation for the interview, we will review your site's program materials to answer as many questions as possible on the attached Interview Questionnaire with the intention of expediting the interview and minimizing demands on program representatives. We attach the questionnaire to assist you in selecting the program representative(s) most suitable for the interview, which will be conducted orally. The program representative(s) need not complete the attached questionnaire in writing or prior to the interview. **Please provide the name and contact information for the person(s) from your diversion program(s) best equipped to answer questions about:**

- Program environment, such as jurisdiction population, size of prosecutor's office, and case volume;
- Program goals;

- Target population;
- Eligibility determination, including how the process works and who is involved;
- Use of risk need assessment in your program, including what your assessment process measures and how the results are used;
- Program mandates including length of time intervention requirements;
- Legal consequences (both positive and negative) for successful completion or failure and how participants are informed of these consequences;
- Supervision requirements;
- Program oversight, including qualifications and training of any administrative staff;
- Partnerships with community and stakeholder agencies;
- Overall program strengths and weaknesses; and
- Program data management.

This interview can be scheduled during a time that works for you and should take no less than [insert time frame] to complete. Your participation is voluntary. If you are willing to participate, please contact [name of evaluator] at [phone number] or [email] to schedule an interview.

Thank you,
[name of SCAO contact]

PRETRIAL DIVERSION SITE INTERVIEW QUESTIONNAIRE³

Name of Program: _____

Check One:

- Mental Health Diversion Program (MHDP)
- Adult Diversion Program (ADP)
- Both MHDP & ADP

District: _____ Year Started: _____

Your Name: _____

Your Position: _____

Your Agency: _____

E-mail: _____

Today's Date: _____

Please answer the questions in this interview candidly and to the best of your knowledge. Your responses will be invaluable in producing a basic understanding of your program's policies and procedures.

NOTE: *Highlighted questions may be answered via document review in advance of the interview. Confirm the accuracy and adequacy of any responses that are provided prior to or during the interview(s).*

I. PROGRAM ENVIRONMENT

1. Can you offer a general description of the jurisdiction you represent, including the degree to which it is urban, suburban, or rural; population size if you know; major racial/ethnic groups; and general socioeconomic attributes of the population?
2. Describe the structure of the prosecutor's office: About how many attorneys work in the office? What other kinds of staff work in the office, and about how many of them are there?
3. About how many felony and misdemeanor cases does your office prosecute every year?
_____ (# felony cases/year)

³ Protocol developed by Center for Court Innovation, 2018. Adapted and used with permission.

_____ (# misdemeanor cases/year)

4. Do you have an annual statistical report or any document you could share indicating the breakdown of cases your office prosecutes by charge and/or disposition outcome? If yes, can we have a copy?
- Yes (Attached/Provided)
 - No

II. PROGRAM GOALS

5. What are the main goals of the pretrial diversion program? What do you hope it accomplishes?
6. Here is a list of goals that might or might not be important to you. Please candidly rank the importance of each one. (Probe: Rehabilitate defendants by treating their underlying problems; reduce recidivism; use resources more efficiently; reduce collateral consequences of conviction; have the defendants gain insight into the harm their behavior caused; involve victims in prosecutorial decisions; involve community in prosecutorial decisions.)
7. If you prioritize several goals, are some more realistic or achievable than others? Which ones?

III. TARGET POPULATION

8. Does pretrial diversion participation take place pre-filing or post-filing? (For participation to take place pre-filing, a court case must not yet exist.)
- Pre-filing
 - Post-filing
 - Mixed (either one)
9. Why do you use a [pre-filing, post-filing, mixed] model?
10. If you use a mixed model (some cases pre-filing and some post-filing), what determines whether a defendant participates pre-filing or post-filing?
11. Which charge severity is eligible? Check all that apply.
- Felony
 - Misdemeanor
 - Other/Specify: _____
12. Why did you choose to focus on [misdemeanor/felony/both/other] charge severity?
13. Is there any restriction on diversion eligibility related to criminal history (e.g., first-time only)? Please clarify any such restriction, indicating whether it is based on prior arrests or convictions. Also, please indicate the rationale for any such restriction.

14. Is the program only available to defendants facing specific types of charges (e.g., drug, marijuana, property, prostitution, or some other type)? If so, please specify which charges and indicate why the program has that particular focus.
15. Besides what has already been implied and offenses that are excluded by statute, are any other charges expressly excluded? Please specify which charges are excluded and why.
16. Regardless of your formal criteria, please list the most common charges seen in practice.
17. Does your program have any clinical or other non-legal eligibility criteria (e.g., drug problem, homeless, mental illness etc.)? If so, please explain exactly what problem threshold must be met (e.g., if a drug problem is necessary, how severe a problem will make someone eligible).
18. Conversely, based on their problems or social situation, are there any types of defendants who are excluded (e.g., those with a certain type or severity of mental illness)? If so, please specify.

IV. ELIGIBILITY DETERMINATION

19. Who reviews cases for eligibility, and how do the cases reach that individual?
20. Who is involved in the decision of whether a defendant can participate in the pretrial diversion program? *Please check all that apply.*
 - Judge
 - Police/law enforcement
 - Probation
 - Public defender
 - Prosecutor
 - Other: _____
21. For each entity indicated in the previous question, please explain their involvement and how the final decision is made?
22. What points of entry are available (e.g., direct referral from jail, after a finding of competency or following restoration, at first appearance or advisement of rights)?
23. About how often do eligible defendants refuse to participate? *Probe for availability of data on percentage of eligible defendants who refuse to participate.*
 - Never or rarely
 - Sometimes (from roughly a few to one-quarter of eligible cases)
 - Often (from roughly one-quarter to one-half of eligible cases)
 - Very often (roughly half or more of eligible cases)

24. What do you think is the most common reason why defendants refuse to participate?

- Program participation is too long and intensive
- Better legal outcome is likely by not participating
- Unmotivated to enter treatment or participation in diversion services
- Other: _____

Please elaborate on why defendants might refuse to participate (as needed):

V. RISK NEED ASSESSMENT

25. Do you perform a risk need assessment of any kind (e.g., SPIn or LSI-R) with program participants (regardless of its length or content)?

- Yes
- No

If "Yes" to previous question, please answer the lettered questions that follow:

- a. What instrument or instruments are used?
- b. Who is assessed?
 - All defendants whose cases reach the prosecutor's office
 - Defendants who meet the diversion program's legal eligibility criteria
 - Defendants who actually become diversion program participants
 - Other: _____
- c. Please elaborate on who is assessed and when the assessment takes place (as needed)?
- d. About how long does the assessment take to administer (# minutes)?
- e. What issues does the assessment cover? *If you are unsure, do not check at this time.*
 - Risk of re-offense
 - Flight risk (risk of not showing-up at court dates or program sessions)
 - Demographic information
 - Drug use and addiction
 - Criminal history
 - Anti-social personality
 - Anti-social peer relationships
 - Criminal thinking (pro-criminal beliefs or attitudes; negative views towards the law)
 - Current employment status and employment history
 - Current educational/vocational enrollment and educational/vocational history
 - Family relationships
 - Anti-social tendencies among family members (criminal or drug-using behavior)
 - Leisure activities
 - Neighborhood conditions
 - Past experiences of trauma and/or symptoms of post-traumatic stress

- Depression and/or bipolar disorder
- Other mental health issues
- Readiness to Change
- Other: Please specify: _____

f. Does your assessment produce a summary score for the following? *Check all that apply.*

- Risk of re-offense
- Level of substance (drug or alcohol) addiction
- Criminal thinking or negative attitudes towards the law
- Trauma or post-traumatic stress symptoms
- Other mental health disorders (Which ones? _____)
- Employment problems and needs

g. To the extent that you assess for risk of re-offense or generate a summary risk score or classification, which risk level do you seek to enroll in your diversion program?

- N/A (risk assessment not performed)
- Low risk
- Medium risk
- High risk

h. Please elaborate on how do you use the assessment and/or its summary scores? Specifically, indicate the extent to which it is used to determine eligibility, service planning, case management, intensity of monitoring, or anything else.

i. Can you attach or provide a copy of all screening or assessment tools you use?

- Yes (Attached/Provided)
- No

26. Let's pause for a moment. We've discussed who's eligible and how they're screened and assessed. What do you see as the strengths and weaknesses of your current approach? What do you wish could change? What are the barriers to making those changes?

VI. PROGRAM MANDATES

27. Is program length standardized for all participants?

- Yes, what is the length? _____
- No, what is the average length? _____

28. Are any program requirements standardized for all participants (e.g., community service)?

- Yes, which one(s)? _____
- No

29. For program requirements that vary by case, please review how you determine the level and type of services for each defendant.

30. Are there any services or program innovations you would like to implement but can't because of gaps in available community resources or other reasons?

31. Does the diversion program ever involve any of the following? *(Please check all that apply.)*

- Motivational Enhancement Therapy / Motivational Interviewing
- Drug treatment
- Mental health treatment
- Restorative justice program: what services and who is involved? _____

- Treatment for young adults: What services and ages? _____

- Treatment for women: What services? _____

- Treatment for criminal thinking patterns: If yes, which model?
 - Thinking for a Change (T4C)
 - Moral Reconciliation Therapy (MRT)
 - Reasoning and Rehabilitation (R&R)
 - Other: Name: _____

- Treatment for trauma: If yes, which model?
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Seeking Safety
 - Other: Name: _____

- Housing assistance
- Vocational, employment, or educational services: Which? _____

- Other/Specify: _____

- None of the above

32. Regardless of services or programs participants receive, does the program involve a cognitive-behavioral approach (i.e., efforts to identify and restructure thoughts and decision-making patterns that contribute to the defendant's problems)? If you're not sure, that okay.

- Yes
- No
- Unsure

If yes, please elaborate on how these approaches are used: _____

33. Regardless of whatever services or programs participants receive, does the program involve an educational approach (imparting information)?

- Yes
- No
- Unsure

If yes, please elaborate on how these approaches are incorporated: _____

34. In the event that services are delivered outside the prosecutor's office, is information about participant attendance and compliance communicated back to the prosecutor's office?

- Yes
- No
- Unsure

35. If yes, how is that information communicated back and who is it communicated to?

36. Does the prosecutor communicate such information to any other agency (e.g., court, probation, etc.)?

VII. LEGAL LEVERAGE

37. At the time that defendants become pretrial diversion participants:

a. Do they sign a contract?

- Yes
- No

b. Do they receive a handbook or other written information about the program?

- Yes
- No

c. Do they receive written information about what will happen to their criminal case if they either (a) complete program requirements or (b) are noncompliant?

- Yes
- No

d. Can you provide a copy of all written documents given to participants when they enroll?

- Yes (Attached/Provided)
- No

e. Please elaborate on exactly what participants are told about their responsibilities; consequences of compliance and noncompliance; and where, when, and to whom to

report when they first enroll in the program; and about who provides this information to the participants (e.g., assistant district attorney, other prosecutorial staff, or others) and where the information is provided (e.g., in court, program office, complaint room, etc.)?

- f. Are participants told at enrollment exactly what legal outcome will result if they complete all requirements? *Please answer “no” if participant is merely told what may happen or is told of one or more possible outcomes. Please answer “no” if there is any doubt.*

Yes

No

- g. Are participants told at enrollment exactly what legal outcome will result if they fail out?

Yes

No

38. For program participants who complete all requirements, what happens to the case?

Please check all that apply in at least some cases.

Case never filed with the court

Case dismissed by the court

Case reaches the court and is closed but without dismissal of the charges

Please elaborate on what happens to the court case and, if it varies from case-to-case, why it might vary in this way?

39. Is the case sealed, expunged, or otherwise eliminated from the record of the participant?

Yes

No

Please elaborate on case sealing status / process and any potential collateral consequences of the arrest that may still pertain:

40. For program participants who fail to complete the program, what happens to the case?

Please check all that apply in at least some cases.

Case filed with the court

Case hearings/adjudication process continues

Case immediately convicted and sentenced

Please elaborate on what happens to the court case and, if it varies from case-to-case, why it might vary in this way?

41. What do you think is the primary reason for why participants sometimes fail? What data exists to document reasons for failure?

42. As a practical matter, what kind of disposition and sentence is typically imposed on cases where the participant failed to complete the diversion program?

VIII. SUPERVISION

43. Must participants appear in court regularly during their program participation?

- Yes
- No
- Sometimes (depends on the case)

If yes, please elaborate on how frequently, for what purpose, and how court supervision works?

44. Are participants drug-tested during their program participation?

- Yes
- No
- Sometimes (depends on the case)

If yes, please elaborate on how frequently, where, and why?

45. Must participants meet with a case manager during program participation?

- Yes
- No
- Sometimes (depends on the case)

If yes, please elaborate on how frequently, for what purpose, and how case management works?

46. Must participants pay any restitution owed before completion?

- Yes
- No
- Sometimes (depends on the case)

If yes, please elaborate on how this works?

47. For participants who are noncompliant with program rules, are they ever given a “second chance” to be compliant?

- Yes
- No

If yes, please elaborate on what kind of behavior is considered noncompliant, how many chances participants might receive, whether or how interim sanctions are used in response to noncompliance, and what participants are handed or told about sanctioning policies?

IX. PROGRAM OVERSIGHT

48. Please describe the program’s staff and organizational structure. (Probe for roles, part-time, full-time).

49. If there is a diversion coordinator, what professional educational credentials does the coordinator possess (e.g., JD, MSW, etc.)? Are these credentials required for the position?
50. Please indicate whether the coordinator has attended trainings covering each of the following topics by checking the appropriate boxes. (Many of these topics may be irrelevant to the specific diversion program model at your site, but please check-off anyway.)
- Pharmacology of addiction
 - Mental health disorders
 - Risk-needs-responsivity principles
 - Trauma assessment and/or trauma-informed therapy
 - Treatment for any special populations (e.g., young adults or women with children)
 - Restorative justice
51. Please indicate whether or how the coordinator or other program staff use outside research or evidence and/or data collected at the program to shape or revise its design.
52. Please indicate how program/service delivery staff are hired and by whom.
53. What do you believe are the most important training needs (if any) for diversion program staff?

X. PARTNERSHIPS

54. Please discuss what, if any, role is played by each of the following stakeholders in the development of diversion program policies, everyday operations, enrollment decisions, and program completion/failure/legal outcome decisions: (a) defense bar, (b) court players, (c) law enforcement, (d) probation, (e) community-based partners, or (f) other stakeholders (name?). *Please verify that each of the aforementioned stakeholders were covered and, for each, that each of the aforementioned types of involvement were covered.*
55. If community-based service providers are involved, please note how many providers you use and circumstances under which you use each one (if not covered above).
56. What other diversion efforts exist in your jurisdiction (e.g., pre-trial services, LEAD or co-responder program, problem solving courts)?
57. In order to maximize resources and avoid service duplication, how does coordination with other programs take place (e.g., JBBS and MHDP programs)?

XI. OVERALL PROGRAM STRENGTHS AND WEAKNESSES

58. What would you say are the greatest strengths and weaknesses of the program?

59. What have been some of the most important barriers you've faced at different times in the program's planning and operational history?
60. How does your community view the program (if you know)?
61. What would you like to change about the program?
62. Specifically, how do you feel about the volume of cases enrolled in the program? Too few, too many, or just right? Would you want any changes related to volume? How implement them?

XII. PROGRAM DATA AND RESULTS

63. On average, about how many days or weeks pass between an arrest and program entry?
 _____ (#) Days / Weeks (*circle time unit that applies*)
64. On average, about how many days or weeks pass between program entry and actually having a first appointment or session that involves delivering of program services or content?
 _____ (#) Days / Weeks (*circle time unit that applies*)
65. In practice, about how long does the average program completer spend as a participant in the program (considering extra accumulated time due to missed appointments or other reasons)?
 _____ (#) Days / Weeks / Months (*circle time unit that applies*)
66. Does the program have an official policies and procedural manual?
 No
 Yes
67. If yes to the previous question, can you please provide a copy of the manual?
 Yes/Attached
 No
68. Do you routinely seek feedback from program participants? (*Please check all that apply.*)
 No
 Yes, through surveys that participants fill-out
 Yes, through focus groups or discussions in which participants are invited to offer feedback
 Yes, through other means: _____
69. Please elaborate on how feedback is obtained from participants and how it has been used?

70. Does the program maintain a database tracking participant characteristics and performance?

- No
- Yes, simple spreadsheet (Excel, Lotus, etc.)
- Yes, Access database
- Yes, Relational database
- Yes, other: _____

71. Please elaborate on data collection and tracking tools and policies: what is tracked, how, by whom, and how is the information used?

72. How satisfied are you with data collection and performance monitoring protocols?

73. We would like to ask about some specific types of information: For each, please indicate whether data is kept in an electronic database (e.g., Excel, Access, etc.).

- Assessment information
- Services to which participants were assigned
- Program completion or non-completion/failure status
- Program start date and end date
- Attendance for each assigned day of treatment/services
- Final legal outcome and sentence (if applicable) of the participant's criminal case

Please elaborate on how you store the information checked just above: _____

74. Do you create regular (e.g., annual) performance reports of any kind? If yes, may we have a copy of your most recent report?

- Yes
- No

75. Would you be willing to share case-level data on program participants in an impact study?

- Yes
- No

Additional Comments: