



Mental Health Diversion Program

Annual Legislative Report
Fiscal Year 2021



Colorado Judicial Department

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EXECUTIVE SUMMARY

Senate Bill 18-249, enacted in §18-1.3-101.5, C.R.S., 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 Act (VRA) 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), 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. Senate Bill 19-211 extended the repeal date from December 31, 2021 to June 30, 2022, and removed the statutory annual spending cap. House Bill 20-1393 authorized MHDP operations in additional sites, although the loss of program funding prevented such expansion.

Program implementation occurred in the spring and fall of 2019, with program launch dates varying among pilot sites. Early on, implementation revealed a smaller than anticipated target population, with the primary point of entry pursuant to the CCJJ Model as jail-based screening, and lower than anticipated participant eligibility rates. The pilot sites responded, working to expand the program's reach by reexamining eligibility criteria, modifying processes, and exploring alternate points of entry for individuals who received summons and citations, posted bond, or were otherwise referred to the program. Other circumstances reducing the number of potential program participants identified through jail-based screening included the move away from cash bonds, the increased use of public recognizance bonds, and reclassification of offenses, such as drug possession. These developments resulted in the release of individuals with lower-level charges who otherwise matched the intended target population.

Soon thereafter, in the spring of 2020, the pandemic interrupted program operations. Amidst COVID-19 restrictions on program operations and with the loss of program funding as of June 30, 2020 foreseeable, pilot sites in the 6th, 8th, and 16th Judicial Districts wound down pilot program operations by July 1, 2020. These developments occurred alongside pandemic-related reduction of jail populations and increased use of citations to appear in court, in lieu of arrest, thereby reducing the number of individuals who otherwise may have entered the program through jail-based screening. The 20th Judicial District secured alternate funding to operate a variation of MHDP without disrupting its operations. After ceasing operations as of July 1, 2020, the 8th Judicial District also secured alternate funding and likewise launched a variation of MHDP on March 1, 2021. Programs in the 8th and 20th Judicial Districts varied from the MHDP model and operated outside of §18-1.3-101.5, C.R.S., independent of the State Court Administrator's Office.

Suspension of program operations halted progress in MHDP implementation and program growth, indefinitely removing MHDP, in its original design, as a prosecution alternative. The loss of funding terminated plans for MHDP expansion into an additional site, generation and collection of data, and program evaluation. Loss of funding also shortened the intended period of pilot site operations from the statutory implementation date of January 1, 2019 through the June 30, 2022 statutory repeal date. Funding has not since been restored.

STATUTORY AUTHORITY

Senate Bill 18-249, codified at §18-1.3-101.5, C.R.S., created a pre-plea program for diversion of individuals who have unmet mental health needs, arrested for low level, non-VRA offenses. The model provided for diversion from jail into community-based mental health treatment. This legislation established, authorized, and funded 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 administered, assisted, and oversaw 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 were 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.”¹ 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, conceived in the CCJJ Model, involved post-arrest screening² for mental health treatment needs during the booking process.³ Soon thereafter, persons with identified mental health needs would undergo MHDP eligibility⁴ consideration. A mental health professional would then conduct a mental health assessment⁵ for program candidates. The assessment would yield a recommendation regarding suitability for MHDP. If recommended, the individual would receive a “warm hand-off”⁶ 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

¹ §18-1.3-101.5(1), C.R.S.

² 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.

³ 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.

⁴ 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>.

⁵ 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.

⁶ 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.

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.

Program Goals. Consistent with the CCJJ Model, program goals included:

- 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., required disbursement of \$50,000 annually to each pilot district attorney office for program-related administrative and personnel expenses. Funding also covered 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. 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 under the MHDP model and pursuant to §18-1.3-101.5, C.R.S., as of July 1, 2020. Much of the FY19 and FY20 appropriation was unspent and therefore reverted, due to factors discussed within this report, such as the gradual expansion of pilot site eligibility criteria, identification and implementation of alternate points of program entry, the decreased use of cash bonds, and the like.

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. Consistent with Senate Bill 18-249, the respective District Attorneys and Chief Judges agreed that each county and court within each pilot site 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.

REQUIRED REPORTING

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 (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;
- 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).

The State Court Administrator's Office submitted annual reports for FY19 and FY20, which can be found at <https://www.courts.state.co.us/Administration/Unit.cfm?Unit=mhdiver>. Due to the loss of funding in FY21 and cessation of program operations pursuant to §18-1.3-101.5, C.R.S., no additional reportable data is available since submission of the FY20 annual report, other than expenditures shown below in Table 2. The FY20 annual report included a program evaluation design. Due to the loss of funding and suspension of program operations early in the implementation process, the program evaluation could not be completed and would have provided minimal value, given the abbreviated implementation period. Instead, what follows are general themes reported from the pilot sites, followed by program feedback for each as to aspects of the pilot program that worked well or that required modification. Programs that secured alternate funding outside of §18-1.3-101.5, C.R.S., the 8th and 20th Judicial Districts, provided feedback about programming policies or practices that they continued, changed, or abandoned without the constraints of §18-1.3-101.5, C.R.S., and with the benefit of lessons learned earlier in program design and implementation. Table 2, below, reflects the FY21 funding reduction to \$100,000 and expenditures.

Table 2, FY21 Expenditures						
Judicial District	District Attorney Disbursement	Participant Services	Contracts/ Consultants	Program Operating	SCAO FTE and Operating	Total
State Court Administrator's Office	-	-	-	-		\$114,265.56
Total	-	-	-	-		\$114,265.56 (-\$14,265.56)

Pilot Program Feedback. Several themes emerged in discussions with pilot programs following suspension of operations under §18-1.3-101.5, C.R.S. First, programs reported that the statutory offense-related eligibility restrictions prohibited acceptance of participants who may have otherwise been appropriate for MHDP. Programs generally favored district attorney discretion based on professional judgment, victim input, facts and circumstances of the offense, and circumstances of the MHDP candidate. Second, programs reported that the statutory diversion period of six-months was not appropriate for all cases or all participants, who varied regarding the level of intervention needed, stability factors, and the amount of restitution to be repaid. Third, programs reported the obligation to pay restitution during the six-month period of diversion rendered some candidates, who would have otherwise been appropriate, ineligible. The amount of restitution owed, the challenge of participant stabilization in a six-month period of time, from the standpoint of mental health and basic needs (e.g., housing and employment), and participant access to personal or family financial resources affected the extent to which restitution was a barrier to program entry. Fourth, some programs observed that the target population needed a greater amount of support than was conceived in the MHDP model, as they understood it, particularly with regard to case management, assistance with basic needs, and other supports. Some pilot DA offices perceived the model to limit DA interaction with program participants following the warm handoff to the treatment provider, and believe that greater DA involvement, as opposed to being “hands off,” would better support participants, promote engagement, and increase participant success. Fifth, programs confronted the statewide and national shortage of providers able to expedite participant assessment and initiation of treatment, soon after the incident triggering legal system involvement, and willing to work with individuals involved in the criminal legal system. Sixth, programs relayed the challenges of their already understaffed, overburdened jails with implementing another distinct program that added to operational burdens by imposing additional obligations of screening, data collection, and referral of program candidates. Seventh, the lack of integration among and sheer number of criminal justice and behavioral health programs created a complexity that was difficult to navigate. Finally, variation among stakeholders and lack of integration of databases and information technology infrastructure adversely impact data collection, information sharing, service duplication, and program efficiencies.

Despite these challenges, pilot programs collectively observed that MHDP increased awareness of mental health needs and changed their approach to working with this population. Pilot programs also observed that establishing a local MHDP transformed stakeholder partnerships, improved relationships, and increased collaboration across and within the behavioral health and criminal legal systems. In FY21, three of the MHDP pilot sites, the 6th, the 16th, and the 20th Judicial Districts, operated pretrial adult diversion programs pursuant to Sec. 18-1.3-101, C.R.S., alongside their MHDP pilots. Adult diversion programs in the 7th, 20th, 21st, and 22nd judicial districts sought FY21 funding to incorporate mental health interventions for diversion clients and/or individuals involved in the competency evaluation and restoration system, reflecting awareness and commitment to serving individuals with mental health needs who intersect the criminal legal system.

6th Judicial District, Office of the District Attorney: The 6th Judicial District Attorney's Office piloted the MHDP for approximately 18 months before termination of funding. During this time, the DA's office learned that nearly all MHDP candidates had, or were eligible for, Medicaid. Contrary to expectations early in MHDP implementation, almost no MHDP participants required MHDP funding to pay for mental health treatment for this reason and to a lesser extent, due to private insurance access. The DA's office attributes high Medicaid enrollment rates to widespread community outreach and eligibility assistance from the Department of Human Services and the community Mental Health provider's Case Management team. Rather than needing funding for treatment, staffing was the primary funding need - both within the DA's office and within the jail. The DA's office required staff to work directly with diversion participants and other program partners, and the jail required staff to assist with mental health screening and program referrals. A second unexpected discovery was that program participants either declined funding for emergency housing, food, and medication copayments, instead meeting their basic needs through personal support systems, employment, or other assistance programs. The DA's office also discovered that the target population was rarely incarcerated, such that jail-based screening infrequently served as the point of entry into MHDP. Instead, candidates were more often identified during court advisements, through a review of police reports, based on the nature of the offense, or from referral by the court, DA, jail, or counsel.

The pilot MHDP provided two primary benefits: First, the program increased awareness of and focus on mental health needs within the DA's office. Second, MHDP strengthened partnerships between the DA's office, San Juan Basin Health, the community mental health provider, and other partnering agencies, prompting the development of streamlined processes for treatment of diversion participants. Following the loss of MHDP funding and reduction of pretrial adult diversion program funding, the DA's office secured county funding for the general adult diversion program. This program serves some individuals with mental health and co-occurring treatment needs, but is not strictly geared toward that population. Since termination of MHDP funding, the diversion coordinator no longer receives positive mental health screens from the jail from which to identify diversion candidates who require mental health treatment. Anecdotally and for unknown reasons, individuals currently encountering the criminal legal system have more serious mental health conditions, are higher risk, and face more serious charges, rendering them unlikely diversion candidates under the pilot model. With the experience of having implemented the MHDP, the DA's office is preparing to launch a drug diversion program. The jurisdiction recently launched a co-responder program, which is likely to increase diversion of individuals with mental health needs. Although the pilot MHDP ceased to operate in FY20, its impact on diversion programming continues to be positively felt.

8th Judicial District, Office of the District Attorney: Prior to MHDP, the 8th Judicial District Attorney's Office did not formally operate an adult diversion program. The DA's office reports that MHDP helped kickstart adult diversion and sparked stakeholder collaboration. Like other pilot sites, the 8th Judicial District learned several lessons early in MHDP implementation that assisted with the development of diversion programming. For example, the DA's office discovered the need for multiple points of entry into diversion, as the target population was, by and large, in the community on bond or having received a summons and citation to appear, rather remaining in jail following arrest.

Following the loss of MHDP funding in June 2020, the DA's office secured alternate funding to operate a variation of MHDP beginning in March 2021. The current program focuses on individuals with mental health and co-occurring treatment needs, has broader eligibility

criteria than MHDP, and accepts individuals who are not necessarily first time offenders. Current programming is more flexible regarding the length of diversion, which may exceed six months, based on participant needs and stability. In contrast to MHDP, the DA's office is more involved with diversion participants, rather than ceasing contact after handoff to the treatment provider. Whereas the DA's office did not utilize MHDP funding for participant basic needs, the DA's office now pays for participant needs, such as cell phones or emergency housing, that foster participant stabilization and support successful program completion. Through current programming, the DA's office screens a greater number of cases for eligibility and triages cases with other program partners to assess participant needs and to identify the most appropriate intervention, whether diversion, the AIM program, or Wellness Court. Although the jail continues to utilize the Brief Jail Mental Health Screen during the booking process to identify individuals who may have mental health treatment needs, the more frequent points of entry into diversion include co-responder, law enforcement, court, DA, and public defender referrals. Public defenders play a vital role in entry into diversion by providing assistance with locating clients and referring them to the program. The DA's office reports that the primary reason for termination from diversion is the commission of a new offense. In addition to the programs focusing on mental health, substance use disorders, and co-occurring disorders, the 8th Judicial District began a competency docket in May of 2021. This docket improves the criminal legal system responses when competency to stand trial is raised and, when appropriate, facilitates access to out-of-custody competency restoration services, access to housing, and other supportive services. Individuals on the competency docket may be identified for entry into diversion.

The diversion program has potential to further expand. One obstacle to expansion is funding for staff. Current funding does not provide sufficient staff coverage for either the DA's office or the mental health treatment provider to fully serve the target population. A second obstacle to expansion of diversion is the issue of restitution. Individuals who would otherwise be appropriate for diversion are declined entry into the program when repayment of restitution during the diversion period is unrealistic due to the amount owed and capacity for repayment. This barrier is more significant for individuals of limited financial means. Finally, the lack of housing is an ongoing obstacle to stability for diversion participants, as many are homeless. With the benefit of lessons learned from MHDP, the 8th Judicial District continues to innovate and develop responsive programming to meet the needs of those encountering the criminal legal system while advancing the interests of victims.

16th Judicial District, Office of the District Attorney: The 16th Judicial District Attorney's Office confirmed the ongoing need for mental health treatment among individuals involved in the criminal legal system. Regarding the MHDP model, DA representatives observed that few members of the target population were incarcerated. Most program candidates were in the community on low cash or personal recognizance bonds, rather than in custody. Typically, release occurred before the mental health treatment provider completed the mental health assessment and prior to enrollment in MHDP. As a result, most participants were identified informally during court proceedings through referrals, rather than through routine mental health screening at the jail. Second, the director and CEO of the mental health treatment provider died prior to the end of 2019. His absence resulted in a void and loss of momentum in advancing MHDP. Third, DA representatives perceived a need for more active involvement with program participants following the warm handoff to the treatment provider and improved stakeholder communications to prevent the belated discovery that participants had disengaged or failed to initiate treatment.

Without funding for MHDP, routine mental health screening upon arrest and referral to the DA's office for diversion have ceased, although the need for mental health treatment among individuals facing criminal charges continues. The community has an ongoing shortage of affordable housing, limited transportation options, and few providers of needed services, such as substance use disorder, mental health or co-occurring disorder treatment. Finally, acceptance of the need for mental health interventions varies among stakeholders. The DA's office recognizes the need for early diversion that incorporates mental health interventions to prevent people from more deeply penetrating the criminal legal system and to avoid clogging the competency evaluation and restoration systems. The DA's office expressed the need for active case management to assist diverted participants with stabilization and to prompt compliance with diversion agreement requirements. The DA's offices supports incorporating mental health interventions and community supports into the pretrial Adult Diversion program.

20th Judicial District, Office of the District Attorney: The 20th Judicial District Attorney's Office is the one pilot site that immediately secured alternate funding after the loss of MHDP funding. This pilot site was unique in its approach to MHDP from the outset by authorizing its jail to immediately divert individuals who screened positive for mental health concerns directly to the mental health navigator at Community Justice Services. This direct referral removed DA case review from the eligibility process. However, because few individuals with eligible charges were arrested and booked at the jail, particularly with changes in arrest policies during the pandemic, this approach yielded few participants. The point of entry then expanded from jail-based referrals to also include review of new cases by the mental health navigator and referrals from district attorneys, defense counsel, the Bridges Program, the court, and others. The DA's office expanded program eligibility to include not only pre-file cases, but also post-file cases, and to include some felonies. Another unique aspect of this pilot site's approach is its focus on individuals with frequent law enforcement and court involvement, the "high utilizers," and the pilot site's willingness to work with individuals experiencing severe, rather than mild or moderate, mental health needs. The pilot site accepts individuals regardless of whether substance use disorders or mental health impairments initially appear to be primary or secondary sources of behavioral symptoms, as the two are often intertwined. The majority of pilot sites, including this pilot, operate under a harm reduction model, without routine substance use testing and without terminating individuals from diversion unless they completely abstain from drug or alcohol use. Unlike other pilot sites, however, this pilot operates with an "all carrot, no stick" approach, dismissing misdemeanor cases with prejudice prior to completion of the diversion program. With the felony cases, the pilot site sets cases for a six-month review, but only terminates participants from the program if they have new charges or have ceased all contact with the program.

Evolution of the MHDP model revealed three populations needing mental health diversion, all of whom may be diverted: 1) high system utilizers, who are often unhoused and who may have multiple criminal cases in municipal, county, and/or district court; 2) young adults experiencing their first onset of a major mental health impairment, often involving a felony offense; and 3) adults of all ages, including senior citizens, with no history of law enforcement involvement, who have managed their mental health challenges prior to the pandemic until reaching an inability to cope, which resulted in law enforcement involvement. In serving these populations, the DA's office adapted the original MHDP model to better fit local needs and to increase flexibility in eligibility criteria and program administration. For example, by operating outside of the MHDP statute, the DA's office selectively considers some Victim Rights Act offenses for diversion. Also, by operating outside of the MHDP model and within the general pretrial adult diversion program, the DA's office leverages Correctional Treatment Funds for

individuals with substance use or co-occurring disorders. Because of the substantial overlap in potential participants, behavioral health symptoms, needed interventions, case management, stakeholder involvement, and data collection needs, personnel from this DA's office observed that combining MHDP and adult diversion program administration, funding, and reporting obligations would enhance program operations and efficiencies.

One limiting factor is the obligation to pay restitution, which disproportionately affects individuals of meager financial means. Ensuring victim voice and repair of harm to the victim and community is a critical component of diversion. However, individuals with limited access to personal or familial financial resources are unable repay restitution during the period of diversion. There are no program fees collected by MHDP, but there are competing interests in wanting to divert equitably and regardless of ability to pay restitution, while also wanting to ensure that victims are compensated for their losses, thereby ensuring that the decision to divert does not negatively impact crime victim engagement or rights.

Other program challenges fall into two areas, gaps in service availability and gaps in funding. With respect to service availability, few Medicaid beds are available for individuals with substance use disorders, mental health impairments, or co-occurring disorders, especially individuals with acute needs. Also, few providers are willing to work with and experienced with individuals involved in the criminal legal system. Finally, intensive outpatient programs willing to accept diversion participants are geographically distant. For example, an intensive outpatient program in Aurora was identified for a participant residing in Boulder but transportation and travel time are barriers to accessing treatment. Gaps in funding include payment for private, non-Medicaid beds for individuals with severe needs who require long-term interventions, and a shortage of funding for participant emergency needs, such as short-term housing, transportation, payment for identification documents, and the like. The primary obstacle or limiting factor to advancing diversion of people with behavioral health needs, though, is limited staffing resources. Presently, the program is able to fund only one mental health navigator. The program received recent news of temporary funding for two additional behavioral health navigators to provide case management to greater number of participants.

FUTURE OF MENTAL HEALTH DIVERSION

The loss of funding early into MHDP implementation, soon after the onset of the pandemic, disrupted testing of the MHDP model. Having recently launched their pilot programs, the pilot sites were still refining identification of participants, eligibility criteria, and operational processes. As a result, the MHDP model was minimally tested and did not undergo a formal program evaluation, due to lack of funding and due to an insufficient test experience, in duration and in the number of participants. Despite these limitations, the pilot sites learned from their experiences and apply this knowledge to better serve individuals with behavioral health challenges who encounter the criminal legal system.

Emerging from the pilot site experience is the consensus that mental health impairments and substance use contribute to criminal legal system involvement in a significant share of criminal cases. Pilot sites share the consensus that mental health and substance use disorder interventions are critical to disrupting criminal legal system involvement, and that funding for these interventions is a top priority. Finally, pilot sites agree that supportive case management and short-term funding for participant basic needs that are necessary to participant stability are vital to participant and program success.

With lessons learned from the MHDP model, the pilot sites agree that funding of these interventions within the umbrella of the pretrial adult diversion program, pursuant to §18-1.3-101, C.R.S., would increase operational and funding efficiencies by combining application, reporting, oversight, and program operation functions. Funding behavioral health interventions under the adult diversion program would also provide access to Correctional Treatment Funding and would leverage the existing structure and experience of the Adult Diversion Funding Committee. Consolidating mental health treatment funding under the adult diversion program would foster a more integrated approach for case triage to match program candidates with programs. The overall structure of the adult diversion program is likewise a good fit for incorporation of mental health interventions. The adult diversion statute provides greater flexibility regarding eligible offenses and regarding the potential period of diversion. The adult diversion statute emphasizes rehabilitation and reintegration, and elevates reparation of harm to victims within the program's legislative intent. Incorporating supportive case management and behavioral health interventions, tailored to the needs of the diversion participant, is wholly compatible with the pretrial adult diversion statute, as written, such that the statute would require no modification. Furthermore, between ten and twelve of Colorado's 22 judicial districts have participated in the adult diversion program in the past two years. These programs recognize the need to divert individuals with mental health treatment needs but have lacked the funding to do so. With the impending statutory termination of the MHDP on June 30, 2022, FY23 presents an opportunity to meaningfully and efficiently integrate mental health interventions into adult diversion programming.