



**Mental Health Criminal Justice Diversion Grant Program**  
**First Annual Report, Fiscal Year 2019**



**Colorado Judicial Branch**

**Office of the State Court Administrator**

**Court Services Division • Criminal Justice Programs Unit**

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## Executive Summary

The Mental Health Diversion Program (MHDP) is among the General Assembly's recent strategies to remedy criminal justice involvement driven by unmet mental health needs. Senate Bill 18-249, codified at §18-1.3-101.5, C.R.S., created a post-arrest, pre-plea program for diversion of individuals with unmet mental health needs, arrested for low level, non-Victim Rights Act<sup>1</sup> (non-VRA) offenses, out of jail and into mental health treatment. The MHDP is an intermediate intervention, when early interventions, such as crisis or walk-in centers, co-responder teams, and Law Enforcement Assisted Diversion are unavailable or do not prevent arrest and incarceration, and before later interventions, such as mental health court liaisons, Jail Based Behavioral Health Services, and competency evaluation and restoration services, come into play.

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)<sup>2</sup>. Program goals include reducing the number of individuals with behavioral health disorders in the jails, reducing the number and cost of court cases involving individuals with such disorders, saving costs and improving measurable efficiencies in justice and health care resource management, and promoting measurable positive life outcomes for individuals with behavioral health disorders. The MHDP strives to interrupt criminal justice involvement driven by unmet mental health needs before criminal conduct escalates in frequency and severity, at great cost to individuals, families, communities and taxpayers.

The Mental Health Criminal Justice Diversion Grant Program within the State Court Administrator's Office supports four pilot sites in their design and implementation of mental health diversion programs. Pilot sites include the 6th Judicial District, 8th Judicial District, 16th Judicial District, and 20th Judicial District. Generally, individuals arrested in the pilot sites undergo mental health screening at or soon after booking into county jails to determine whether further mental health assessment is appropriate. If so, pilot district attorneys' offices or their delegates review candidate suitability for the program based on eligibility of the charges, criminal history, risk assessments, and other pilot-specific screening instruments. Suitable candidates undergo mental health assessments by or under the supervision of licensed mental health professionals. When the assessments support participation in the MHDP, the candidates receive diversion agreements that require initiation of mental health treatment and abstention from conduct leading to new criminal charges during the six month diversion period. Successful completion of the agreement results in dismissal or non-filing of charges.

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<sup>1</sup> VRA offenses include, for example, murder, manslaughter, criminally negligent and vehicular homicide, assault and vehicular assault, menacing, kidnapping, many sexual offenses, robbery, many 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, many 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.*

<sup>2</sup> See Appendix A.

Pilot sites are in the early stages of program implementation with a small, but increasing number of program participants. The pilot sites continue to review, adjust and improve their programs and streamline their processes. All pilot sites will, for the first time, meet together as multi-disciplinary teams January 16-17, 2020 at the Ralph Carr Judicial Center for training and to share ideas, solutions and lessons learned. Fiscal Year 2020 promises to be a year of program growth that will provide more outcome, performance and operational data.

## Program Overview

Senate Bill 18-249, codified at C.R.S. §18-1.3-101.5, created a program for diversion of individuals who have unmet mental health needs, 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.”<sup>3</sup> 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.

The program, as initially conceived in the CCJJ Model and as understood by the State Court Administrator, involves routine post-arrest screening<sup>4</sup> for mental health treatment needs during the booking process.<sup>5</sup> Soon thereafter, persons with identified mental health needs would undergo MHDP eligibility consideration. Eligible candidates would receive a mental health assessment<sup>6</sup>. The assessment would yield a recommendation regarding the suitability for MHDP prior to the first appearance or advisement of rights. The individual’s contact person for the MHDP would provide a “warm hand-off”<sup>7</sup> to the treatment provider, facilitating the initial

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<sup>3</sup> §18-1.3-101.5(1), C.R.S.

<sup>4</sup> The term “screen” refers to the use of a specific instrument that may be administered by a lay person (i.e., a person who is not a licensed mental health professional) to identify individuals who may have mental health concerns that require further assessment.

<sup>5</sup> Among the screens considered are the Brief Jail Mental Health Screen (“BJMHS”), Correctional Mental Health Screen for Women, Correctional Mental Health Screen for Men, and Colorado Criminal Justice Mental Health Screen. All are evidence-based, validated on criminal justice populations, and available in the public domain. They may be administered by lay persons, require minimal training, and take only a few minutes to administer. Three of the four pilot sites selected the BJMHS, a required screen for recipients of Jail Based Behavioral Health Services Expansion Grants, including the 6<sup>th</sup> and 16<sup>th</sup> Judicial Districts. See Appendix B.

<sup>6</sup> The term “assessment” refers to a structured evaluation tool, described in the CCJJ Model to address 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.

<sup>7</sup> The term “warm hand-off” refers to a direct introduction 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 MHDP

contact between participant and therapist. The individual would sign the diversion agreement, without entering a guilty 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.

## Goals

Consistent with the CCJJ Model, program goals include reducing the population of county inmates with unmet mental health needs by providing treatment that interrupts recurring cycles of criminal justice involvement; reducing criminal behavior; reducing collateral consequences of incarceration and conviction; improving outcomes through greater housing, employment and family stability; improving community safety; reducing jail overcrowding, reducing the number and cost of court cases involving people needing mental health treatment, such as incarceration and prosecution cost savings; and improving justice and healthcare resource management efficiencies.

## Funding

Senate Bill 18-249 provided \$750,000 annually for program operations, including \$50,000 annually for each of the four pilot district attorney offices to offset administrative and personnel costs, compensation of Mental Health Criminal Diversion Grant Program staff within the State Court Administrator's Office, and other operational needs, consistent with funding guidelines established by the State Court Administrator's Office.<sup>8</sup> Senate Bill 19-211 removed the \$750,000 annual cap and provided an additional general fund appropriation of \$442,543 for fiscal year 2020 to cover the estimated costs of assessment and treatment for the number of participants anticipated, as set out in the Pilot Design Plans.

## Mandates

Senate Bill 18-249 tasked the State Court Administrator and Colorado District Attorneys' Council to collaboratively identify pilot sites, leading to selection of the 6th, 10th, 16th and 20th Judicial Districts. Following withdrawal of the 10th Judicial District, the 8th Judicial District agreed to serve as the fourth pilot site. Consistent with Senate Bill 18-249, the District Attorney and Chief Judge for each pilot site agreed that each county and court within its purview would participate, including Archuleta, La Plata and San Juan Counties in the 6th Judicial District; Jackson and Larimer Counties in the 8th Judicial District; Bent, Crowley and Otero Counties in the 16th Judicial District; and Boulder County in the 20th Judicial District. Senate Bill 18-249 charged pilot site chief judges with responsibility for establishing and facilitating pilot programs in accordance with the CCJJ Model, as detailed in §18-1.3-101.5(4), C.R.S.

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participant and the therapist, to confer trust and rapport established between the MHDP participant and initial MHDP contact person to the therapist, and to increase the likelihood that the participant will attend the first treatment appointment.

<sup>8</sup> See Appendix C.

The State Court Administrator’s mandates include program administration and oversight, consistent with CCJJ Model and legislative intent, as detailed in §§18-1.3-101.5(5) and (6), C.R.S. 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:

1. Program descriptions, including eligibility criteria, screening and assessment processes and differences among judicial districts;
2. Problems and obstacles encountered by the programs;
3. Nonidentifying, demographic information of program candidates and participants, including age, gender, race and ethnicity;
4. The number of participants who successfully completed the programs, who remain in the programs and who were terminated from the programs and the primary reason for termination;
5. The average duration of stay in the program<sup>9</sup>;
6. An accounting of program expenditures, including costs of the State Court Administrator;
7. 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; and
8. An evaluation component with best practice recommendations (Fiscal Year 2021 only).

While annual program reporting will cover the State of Colorado fiscal year, July 1 through June 30, this first annual report also includes some data from the first quarter of Fiscal Year 2020 (i.e., July 1, 2019 through September 30, 2019). Because the program is early in the implementation process, with pilot programs launching as recently as July 1, 2019, this additional data provides a more realistic picture of gradual increases in screening, assessment, participation and treatment.

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<sup>9</sup> Excluding third quarter data from the 16<sup>th</sup> Judicial District, not yet received, six participants exited the program through September 30, three successfully and three unsuccessfully. Because meaningful analysis requires more data, the average duration of stay has not been calculated and will appear in the Fiscal Year 2020 report.

## Pilot Site Landscape

The pilot sites include urban (e.g., the 20<sup>th</sup> Judicial District), rural (e.g., the 6<sup>th</sup> and 16<sup>th</sup> Judicial Districts) and mixed (e.g., the 8<sup>th</sup> Judicial District) environments.

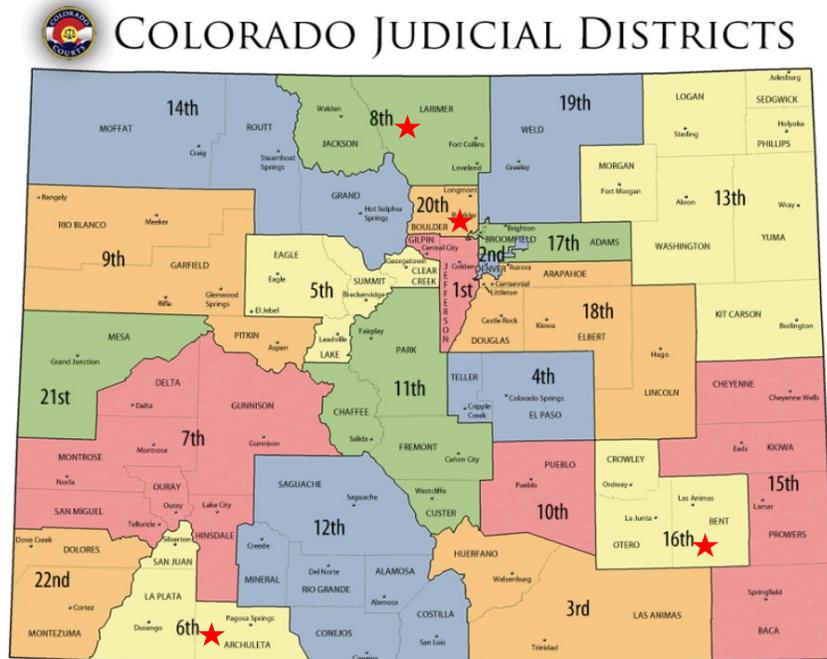


Figure 1, Map of Colorado Judicial Districts

Pilot site populations vary from 29,985 in the 16<sup>th</sup> Judicial District to 345,228 in the 8<sup>th</sup> 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 1, Pilot Site County Population <sup>10</sup>									
	6 <sup>th</sup> JD			8 <sup>th</sup> JD		16 <sup>th</sup> JD			20 <sup>th</sup> JD
	Archuleta	La Plata	San Juan	Jackson	Larimer	Bent	Crowley	Otero	Boulder
Population by County	13,316	55,619	714	1,375	343,853	5,866	5,749	18,370	332,854
Population by Judicial District	69,649			345,228		29,985			332,854

As shown in Table 2, the volume of criminal court filings mirrors the population differences across pilot sites, from just over 2,000 in the 16<sup>th</sup> Judicial District to seven-fold that amount in the 8<sup>th</sup> Judicial District.

<sup>10</sup> American Community Survey, ACS 5-Year 2013-2017 and 2010 U.S. Census, and July 2017 Population Estimates by County, State Demography Office

Table 2, Criminal Filings by Judicial District, Fiscal Year 2019 <sup>11</sup>						
Judicial District	Court Locations	District Court	County Court			Combined District Criminal, County Court Felony, Misdemeanor and Traffic Filings
			Felony	Misdemeanor	Traffic	
6 <sup>th</sup> JD	Archuleta	150	132	320	293	3,971
	La Plata	654	80	708	1,574	
	San Juan	7	2	22	29	
	<b>Total</b>	<b>811</b>	<b>214</b>	<b>1,050</b>	<b>1,896</b>	
8 <sup>th</sup> JD	Jackson	21	1	78	71	15,067
	Larimer	3,223	105	3,199	3,747	
	Larimer-Loveland	0	0	1,751	2,871	
	<b>Total</b>	<b>3,244</b>	<b>106</b>	<b>5,028</b>	<b>6,689</b>	
16 <sup>th</sup> JD	Bent	137	18	172	161	2,219
	Crowley	96	4	58	109	
	Otero	361	37	475	591	
	<b>Total</b>	<b>594</b>	<b>59</b>	<b>705</b>	<b>861</b>	
20 <sup>th</sup> JD	Boulder	2,559	2,440	2,260	2,768	12,692
	Boulder-Longmont	0	0	1,080	1,585	
	<b>Total</b>	<b>2,559</b>	<b>2,440</b>	<b>3,340</b>	<b>4,353</b>	

These numbers are relevant to the potential size of pilot site programs and number of potential MHDP candidates. While relevant, criminal case filings do not reflect the pool of MHDP eligible cases, due to statutory exclusions, negative mental health screen results, pilot site eligibility criteria, and other practical considerations. For instance, removing cases with a statutorily ineligible charge, such as a class one through three felony or any VRA crimes, decreases the volume of potential participants. Likewise, removing individuals with negative mental health screens further decreases the number of potential participants.

Table 3, Rate of Positive MH Screens among Inmates Screened for MHDP Program Quarters 1, 2 and 3 (January through September 2019)									
Judicial District	1 <sup>st</sup> Quarter			2 <sup>nd</sup> Quarter			3 <sup>rd</sup> Quarter		
	# Screened	# with + Screen	% with + Screen	# Screened	# with + Screen	% with + Screen	# Screened	# with + Screen	% with + Screen
6 <sup>th</sup> JD	0	0	NA	0	0	NA	759	156	21%
8 <sup>th</sup> JD	0	0	0	1,715	222	13%	1,889	567	30%
16 <sup>th</sup> JD <sup>12</sup>	11	9	82%	250	83	33%			
20 <sup>th</sup> JD	0	0	NA	0	0	NA	159	94	59%
<b>Overall</b>	<b>11</b>	<b>9</b>	<b>82%</b>	<b>1,965</b>	<b>305</b>	<b>16%</b>	<b>2,807</b>	<b>817</b>	<b>24%</b>

<sup>11</sup> Colorado Judicial Branch Annual Statistical Report, Fiscal Year 2019.

<sup>12</sup> Data includes only program quarters 1 and 2 for the 16th Judicial District.

Further decreasing the number of eligible program candidates are the mental health assessment and practical considerations, such as whether the individual has multiple cases, including some charges ineligible for MHDP, or is serving probation for a pre-existing case. Other screens and pilot site eligibility criteria, such as the Colorado Pretrial Risk Assessment, and candidate willingness to participate, may further narrow the number of potential participants.

Differences in jail capacity, jail populations and available meeting space within jails affect implementation logistics and participation. For instance, jail bed space ranges from a low of zero, in Archuleta and San Juan Counties, to a high of 560 in Boulder, as shown in Table 4. Some locations, such as La Plata and Bent Counties, house out-of-county inmates from non-pilot judicial districts. Limited space is available for meetings to perform mental health assessments in some jails, such as Otero County, and is subject to competing demands, such as assessment for Jail Based Behavioral Health Services.

Table 4, Pilot Site County Jail Capacity								
6 <sup>th</sup> Judicial District Counties			8 <sup>th</sup> Judicial District Counties		16 <sup>th</sup> Judicial District Counties			20 <sup>th</sup> Judicial District Counties
Archuleta	La Plata	San Juan	Jackson	Larimer	Bent	Crowley	Otero	Boulder
0	118	0	0	617	54	12	36	560

## Pilot Site Profiles

Each pilot site convened a group of criminal justice stakeholders, generally consisting of judicial officers, court staff, behavioral health providers, district attorneys, jail and law enforcement leadership, defense counsel, pre-trial services (if any), probation and others for planning and/or implementation discussions regarding the Pilot Site Design Plans, highlighted in Table 5.<sup>13</sup> The plans address eligibility, screening, assessment and other operational processes. The plans are working documents, revised when changes are made. For example, the 8<sup>th</sup> Judicial District found its eligibility criteria too restrictive, leading the district attorney to categorically expand eligibility from those with Colorado Pretrial Assessment Tool (“CPAT”)<sup>14</sup> scores of one or two to those with a score of three.

Notable differences among pilot sites include MHDP for pre-file cases in the 20<sup>th</sup> Judicial District, compared to post-file, pre-plea diversion in the other pilot sites.<sup>15</sup> The 6<sup>th</sup>, 8<sup>th</sup> and 16<sup>th</sup> Judicial Districts include some lower level felonies and drug felonies as eligible offenses,

<sup>13</sup> See also Appendix D.

<sup>14</sup> The Colorado Pretrial Assessment Tool, an empirically derived pretrial risk assessment instrument, identifies defendants likely to be higher risk to public safety and to court appearance, enabling courts to set appropriate bond conditions. See <http://capscolorado.org/cpat>.

<sup>15</sup> As reflected in the Appendix D, the 20th Judicial District instituted post-file MHDP processes in October 2019 to reach a larger pool of participants.

whereas the 20<sup>th</sup> Judicial District initially did not. The 20<sup>th</sup> Judicial District, however, opted not to retain authority to file charges for those who do not successfully complete diversion, understanding that addressing mental health impairments is not a “one and done” simple process. Recent updates to the 20<sup>th</sup> Judicial District’s plan add certain drug possession charges, currently classified as drug felonies, given their impending reduction to misdemeanors in March 2020, pursuant to passage of HB19-1263.

<b>Table 5, Summary of Pilot Site Design Plans</b>				
	<b>6<sup>th</sup> JD</b> See Appendix D	<b>8<sup>th</sup> JD</b> See Appendix D	<b>16<sup>th</sup> JD</b> See Appendix D	<b>20<sup>th</sup> JD</b> See Appendix D
<b>Eligible Offenses (VRA offenses ineligible)</b>	<input checked="" type="checkbox"/> petty <input checked="" type="checkbox"/> misdemeanor <input checked="" type="checkbox"/> traffic <input checked="" type="checkbox"/> F4 <input checked="" type="checkbox"/> F5 <input checked="" type="checkbox"/> F6 <input checked="" type="checkbox"/> DF3 <input checked="" type="checkbox"/> DF4	<input checked="" type="checkbox"/> petty <input checked="" type="checkbox"/> misdemeanor <input checked="" type="checkbox"/> F5 <input checked="" type="checkbox"/> F6 <input checked="" type="checkbox"/> DF4	<input checked="" type="checkbox"/> misdemeanor <input checked="" type="checkbox"/> traffic (if punishable by incarceration) <input checked="" type="checkbox"/> F4 <input checked="" type="checkbox"/> F5 <input checked="" type="checkbox"/> F6 <input checked="" type="checkbox"/> DF4	<input checked="" type="checkbox"/> petty <input checked="" type="checkbox"/> misdemeanor, except law enforcement must approve diversion of obstructing/resisting <input checked="" type="checkbox"/> DF4 (revised)
<b>MH Screening Instrument</b>	Brief Jail Mental Health Screen	Brief Jail Mental Health Screen	Brief Jail Mental Health Screen	Correctional Mental Health Screen (revised)
<b>MH Screener</b>	jail	Criminal Justice Services	jail: in custody DA: out of custody	jail: in custody CJS: out of custody
<b>Other Screening Instruments</b>	CPAT; PTSD brief screen; HELPS; DAST	CPAT	CPAT	CPAT; CAGE-AID; TBI-ID (revised)
<b>Other Acceptance Criteria</b>	<ul style="list-style-type: none"> <li>• CPAT 1 or 2</li> <li>• acceptable criminal history</li> <li>• co-occurring disorder priority</li> </ul>	<ul style="list-style-type: none"> <li>• CPAT 1, 2 or 3 (revised)</li> </ul>	<ul style="list-style-type: none"> <li>• minimal criminal history</li> <li>• non-violent offenses</li> <li>• defendant willingness</li> </ul>	See Appendix D (revised)
<b>Filing Status</b>	pre-plea	pre-plea	pre-plea	pre-file and pre-plea (revised)
<b>Anticipated/Maximum Participants</b>	15/30	40/50	75/75	25-45/75 (revised)
<b>Successful Completion Requirements</b>	<ul style="list-style-type: none"> <li>• compliance with treatment plan</li> <li>• no new offenses</li> </ul>	<ul style="list-style-type: none"> <li>• compliance with treatment plan</li> <li>• no new offenses</li> </ul>	<ul style="list-style-type: none"> <li>• compliance with treatment plan</li> <li>• no new offenses</li> <li>• no missed appointments</li> </ul>	<ul style="list-style-type: none"> <li>• completion of diversion plan</li> </ul>

Pilot sites submitted their initial Pilot Site Design Plans in November 2018, with minimal data from which to estimate the number of individuals who would meet the eligibility criteria and with limited time for stakeholders to establish detailed operational processes. Pilot sites also lacked data on the percentage of individuals eligible for treatment and medication coverage by Medicaid, Medicare, Veterans' benefits or private insurance, compared to the percentage requiring MHDP funding for coverage. All sites continue to actively review, modify and reconsider eligibility criteria and operational processes, making changes to improve efficiency and maximize program impact. Pilot sites will continue to update their Design Plans with the evolution of their operations and identification of best practices.

## Implementation and Operational Challenges

Numerous unanticipated challenges became apparent during pilot program design and in the preliminary stages of implementation. Although not insurmountable, the challenges delayed the ease and speed of implementation.

### Mental Health and Psychiatric Treatment Providers

Obstacles related to the provision of mental health assessment and mental health and psychiatric treatment included difficulty securing providers, provider inability to meet the desired time frames for provision of services, cost variability among providers, Medicaid coverage restrictions for service to inmates, provider restrictions regarding insurance coverage and Medicare acceptance, and logistics involving assessment in county jails for more than one program.

**Provider Response and Assessment/Treatment Time Frames.** When the State Court Administrator's Office published a request for proposals, as required by state fiscal rules, for the provision of mental health and psychiatric assessment and treatment, no providers responded in three of the four pilot sites. One provider submitted a proposal in the fourth site, resulting in a contract for services. Securing providers in the other three pilot sites required on-site meetings with multiple potential providers to answer questions, understand and address provider concerns, and modify MHDP expectations.

Chief among those concerns were provider inability to meet MHDP assessment and treatment time frames, lack of compensation for missed appointments among a population with a high no-show rate, and difficulty accessing inmates for assessment due to inmate unavailability (e.g., attorney or family visits, jail lockdowns, etc.), and jail space limitations. Most providers eventually secured to assess and/or treat MHDP participants indicated they could not meet the time frames for assessment and treatment set out in the request for proposals. As a result, and without other providers able to provide the services within the desired time frames, delays in the mental health assessment and provision of treatment were unavoidable. As the program grows, telehealth may be an acceptable alternative that expedites assessment and treatment.

As a result of these delays, provider contracts were not in place until well into Spring 2019,<sup>16</sup> delaying pilot site implementation.

**Cost and Cost Variability:** Other provider-related impediments were less significant, but include wide variability of cost among providers and minimal ability to negotiate non-Medicaid rates due to lack of competition among providers, along with Medicaid ineligibility for assessment of incarcerated individuals. Provider limitations on insurance acceptance and provider caps on patient volume posed additional challenges.

**Logistical Considerations:** Finally, in three of the four pilot sites,<sup>17</sup> the Jail Based Behavioral Health Services (“JBBS”) providers, who assess and treat inmates in county jails, are not the same providers for the MHDP. In the time prior to eligibility determination for the MHDP, an inmate showing symptoms of mental health impairments may be screened and assessed for both the MHDP and JBBS, given the uncertainty as to whether the individual will remain in custody or not. Having different providers serve the same individuals adds complications regarding the use of different instruments, duplication of screening and assessment, and scheduling challenges regarding time and place. For example, some jails have minimal space to accommodate inmate assessments, personal visits and meetings with defense counsel. Flexibility and cross-program collaboration have assisted in resolving these challenges. The pilot sites will continue to refine procedures to improve functionality within and across programs, particularly as the number of participants increases.

### Implementation Timing and Cross-Program Coordination

Table 6 summarizes the timing of key implementation actions.

Table 6, Implementation Timeline Summary	
September 2018	Staffing of the Mental Health Criminal Justice Diversion Grant Program
October 2018	Development of pilot program procedures, timeline, reporting requirements and funding guidelines
November 2018	Pilot site submission of Pilot Site Design Plans, including stakeholder identification, target population characteristics, screening tool selection, anticipated operational procedures and funding requests; Chief Judge submission of program policies
December 2018	Funding allocation among pilot sites
February – July 2019	Execution of interagency agreements and vendor contracts; pilot program implementation

The overlapping and consecutive initiation of multiple new criminal justice endeavors continues to challenge small and large judicial districts alike, complicating and delaying implementation of

<sup>16</sup> February 19, 2019 (6<sup>th</sup> Judicial District); April 17, 2019 and May 2, 2019 (8<sup>th</sup> Judicial District); and February 4, 2019 (16<sup>th</sup> Judicial District). Community Justice Services handled vendor procurement in the 20<sup>th</sup> Judicial District.

<sup>17</sup> The provider of Jail Based Behavioral Health Services and MHDP assessments and treatment is the same only in the 6<sup>th</sup> Judicial District.

MHDP. While judicial districts and stakeholders throughout Colorado welcome the innovative programs geared toward improving the criminal justice system response to individuals afflicted by mental health impairments, the number and reach of such programs requires in depth coordination, integration and thoughtful planning. Varying from one judicial district to the next, programs may include MHDP, Bridges, Co-Responder, Law Enforcement Assisted Diversion, Jail Based Behavioral Health Services (SUD/Co-Occurring), Jail Based Behavioral Health Services Expansion (Mental Health), Medication Assisted Treatment, Outpatient [Competency] Restoration, various problem-solving courts addressing mental health and/or substance abuse for general or specific populations, Bureau of Justice Assistance Justice and Mental Health Collaboration projects and Bureau of Justice Assistance Comprehensive Opioid Abuse Site-Based Projects, among other grant and local initiatives.

This impressive array of local, state and federal initiatives presents great potential for coordination, integration and synergy, resulting in widespread systems change.<sup>18</sup> However, the mere number of programs launching within a relatively short period of time can overwhelm already strained local resources. Piecemeal implementation risks diluting results, duplicating efforts, decreasing efficiency, complicating the use of available interventions and overwhelming judicial, mental health and psychiatric treatment provider, pre-trial services and jail resources. While coordination occurred at a local level, the State Court Administrator’s Office and Office of Behavioral Health initiated recurring program leadership meetings and instituted ongoing collaboration in outreach, training, coordination and problem-solving.<sup>19</sup>

Other key pre-implementation tasks planning follow in Table 7.

<b>Table 7, Key Implementation Tasks</b>
Local and nationwide <b>research</b> on and meetings regarding mental health diversion programs, screening instruments, assessment tools, pre-trial services, probation services, risk needs responsivity principles, criminal filing and inmate mental health data
Establishment of <b>budget</b> management procedures and preparation of budget amendment request
<b>Data Collection and reporting</b> , including analysis of Division of Criminal Justice, Jail Based Behavioral Health Services, and Judicial Branch data; Obtaining code for case tracking; Identification of data collection for outcome and performance measures; creation of data reporting forms <sup>20</sup>

<sup>18</sup> For example, while the last to launch MHDP, the 20<sup>th</sup> Judicial District invested substantial up front resources to coordinate five newly grant-funded projects, developing an oversight and management structure to ensure optimal alignment and efficient integration of their planning and implementation.

<sup>19</sup> For example, criminal justice program leaders within the Judicial Branch and Office of Behavioral Health have jointly conducted trainings, attended meetings, served as subject area experts and in advisory capacities for each other, developed joint written materials and collaborated regarding the anticipated joint procurement of a criminal justice programmatic needs and gaps evaluation.

<sup>20</sup> See Appendix E.

<b>Document</b> development, including MHDP summary <sup>21</sup> , pilot site decision items <sup>22</sup> , site design plan form, funding guidelines, sample timeline <sup>23</sup> , chief judge policies, participant surveys <sup>24</sup> , participant handouts <sup>25</sup> , implementation checklist <sup>26</sup> , district attorney notification <sup>27</sup> , and decision tree
<b>Interagency agreement</b> preparation and finalization
<b>Procurement</b> of mental health and psychiatric service providers
Pilot site <b>program development and implementation meetings</b> and teleconferences; provision of support and technical assistance
Creation of and meetings with MHDP <b>Funding Allocation and Advisory Committee</b> <sup>28</sup>
<b>Outreach and education</b> , including presentations to stakeholders

## Participant Eligibility

Across the four pilot sites, the number of individuals arrested and booked into county jails eligible for MHDP was smaller than anticipated. Upon implementation, the pilot sites discovered that few individuals meeting eligibility criteria remained incarcerated and available for the immediate mental health screening, assessment and anticipated warm hand-off from jail into treatment. Perhaps pilot sites overestimated the number of incarcerated individuals charged with lower level, non-VRA offenses needing mental health treatment. Perhaps increasing use of personal recognizance bonds or the use of summons and citation, rather than arrest, results in a lower than expected population of inmates to be screened, assessed and diverted into MHDP. Perhaps Law Enforcement Assisted Diversion and co-responder teams are effectively intervening earlier in the spectrum of criminal justice involvement by connecting individuals needing mental health treatment with resources such as crisis services, lowering arrest rates. While many of these possibilities indicate progress in criminal justice responses regarding mental health challenges, the reality of a small pool of incarcerated individuals who meet eligibility criteria required stakeholders to reconceive their Pilot Site Design Plans.

The pilot sites remain hopeful and committed, well-aware of the unmet mental health needs of individuals within the criminal justice system. The pilot sites have revised their eligibility criteria and continue to consider ideas for expanding their participant populations. Potential ideas shared for increasing the number of participants include changes to eligibility criteria and processes by considering more of the statutorily permissible offenses, reconsidering other eligibility criteria, such as a broader range of scores on the CPAT, as occurred in the 8<sup>th</sup> Judicial District. The pilot sites may utilize a mental health screening tool more focused on identifying

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<sup>21</sup> See Appendix F.

<sup>22</sup> See Appendix G.

<sup>23</sup> See Appendix H.

<sup>24</sup> See Appendix I.

<sup>25</sup> See Appendix J.

<sup>26</sup> See Appendix K.

<sup>27</sup> See Appendix L.

<sup>28</sup> See Appendix M.

mild to moderate mental health concerns, rather than moderate to severe, for example, to broaden the program reach and serve a greater number of individuals within the target population.

Expanding the points of entry into MHDP, beyond routine mental health screening upon arrest, is another option. For example, pilot sites could establish procedures and conduct outreach to generate referrals from public defenders, district attorneys, judicial officers and others who may interact with defendants outside of the initial jail mental health screening. These individuals who notice symptoms of mental health impairments could refer the individual for assessment, either in or out of custody. Alternatively, pilot sites could standardize mental health screening at first appearance or advisement of rights hearings to identify potential participants who bonded prior to screening or assessment, those with false negative screens and those who received a summons and citation who, absent treatment, are likely to become increasingly involved in the criminal justice system. These alternate points of entry could result in cost savings for those who might receive sentences of incarceration or, even if not, who might recidivate without treatment. Another point of entry could be competency findings, with those found competent to stand trial, following competency evaluation or restoration, considered for MHDP suitability.

The pilots have undertaken several efforts already to expand program participation. For example, the 6<sup>th</sup> Judicial District reviewed its pre-launch caseload for appropriate participants; The 8<sup>th</sup> Judicial District expanded eligibility to include those with a higher risk of nonappearance (e.g., individuals with CPAT scores of 1, 2 or 3); The 16<sup>th</sup> Judicial District is working on processes to screen defendants with mental health impairments who appear in court on summons or on bond; The 20<sup>th</sup> Judicial District has expanded its original eligibility criteria from strictly pre-file to some post-file cases and opened eligibility for those charged with drug possession felonies that will be reclassified to misdemeanors in 2020.

## Defendants and Court Processes

Other obstacles to implementation are logistical. For example, MHDP candidates are sometimes released prior to assessment, prior to signing a diversion agreement, or prior to a warm handoff into treatment. Unreliable or nonexistent contact information, lack of transportation, and challenges experienced by individuals with mental health concerns impede follow through and attendance of appointments.

Coordination of court dates is difficult: Court dates prior to receipt of MHDP assessment recommendations are premature and may result in release from custody prior to their acceptance into MHDP; On the other hand, hearings weeks or months after recommendations are received are belated. Particularly in rural areas, judicial officers may be part-time, with limited scheduling flexibility. The gap between a release from custody and return to court for acceptance into the program or initiation of treatment may result in a lost opportunity for meaningful intervention. The ease of a plea, may have greater appeal than the more cumbersome but beneficial path of mental health treatment, and mental health impairments may render returning to court for a scheduled hearing unlikely.

## Program Design Challenges

Among the MHDP design challenges are inconsistencies between the statute and CCJJ model, treatment of restitution, and the role of prosecutorial discretion. Inconsistencies between the CCJJ model and C.R.S. §18-1.3.101.5, which requires adherence to it, include reference to pre-file diversion in the CCJJ Model and the statutory reference to pre-plea diversion. The inability to reconcile the CCJJ Model and statute opened the door to disagreement regarding more controversial provisions of the CCJJ Model, such as prosecutorial discretion.

Pilot site district attorneys expressed concern about limitation of prosecutorial discretion regarding the ultimate decision to divert an individual from prosecution to treatment and permissible bases for terminating diversion. As to the first issue, the CCJJ Model references “a discretionary decision by an [mental health] evaluator whether to divert” and is silent regarding authority for making “the ultimate decision to divert.” (CCJJ Model, page 3 of 6, fourth bullet). However, page 5 of the CCJJ Model also states:

Upon determination of a mental health concern, the evaluator will make a recommendation to divert into treatment. The recommendation will be sent to all partners, including public defenders, district attorneys, judges overseeing the pilot program, and community mental health providers.

The parties will receive the recommendation from the evaluator and discuss any confounding issues or concerns. Upon discussion, a determination to divert with a no-file procedure and no report back or an agreement to defer decision with a plan to collect or review additional information will occur.

Given program dependence on district attorney willingness to participate and district attorney opposition to relinquishing decision-making authority to a mental health evaluator, stakeholder committee or judicial officer, the pilot programs currently operate with district attorneys retaining authority over prosecutorial, eligibility and termination decisions. For example, some pilot site district attorneys maintain the right to require treatment compliance, no missed appointments, and/or random urinalysis as conditions of the diversion agreement, the violation of which could result in termination of diversion. In contrast, the CCJJ Model provides for termination from the diversion program *only upon a complete failure to initiate treatment* or commission of a new offense during the six month diversion period. The CCJJ Model states:

Prosecutors in counties that elect to participate in this project will need to agree, as part of this project, to defer filing of charges in cases where individuals are recommended for this pre-charge diversion effort...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 the initiating 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. (CCJJ Model, page 4 of 6, first bullet).

Content of the diversion agreement<sup>29</sup> reflects these dilemmas. For example, some diversion agreements include payment of restitution as a term, the noncompliance with which is listed as a basis for termination of diversion. On the one hand, if restitution is disallowed as a term of diversion agreements, prosecutors are likely to deny MHDP eligibility in cases involving restitution. On the other hand, the diversion period of six months is short. The probability that participants will achieve mental health and economic stability, enabling full payment of restitution, is unlikely. If payment of restitution is a permissible condition, termination of diversion on this basis is foreseeable. Should that occur, defendants with unmet mental health needs may return to the position of facing criminal charges and possible pre-trial detention.

As to these challenges, §18-1.3.101.5(1) , C.R.S., encourages flexible and locally controlled programs that maintain the core integrity and objectives fostering the use of mental health diversion programs throughout the state. Strict adherence to the CCJJ Model, given district attorney opposition, will not foster the use of mental health diversion programs throughout the state, although it would better maintain the core integrity of the program. The State Court Administrator’s Office and pilot site Chief Judges are therefore in a conundrum, as §18-1.3.101.5(4), C.R.S., charges the Chief Judges with responsibility for establishing and facilitating the pilot programs in compliance with the CCJJ Model and charges the State Court Administrator with administering and overseeing programs consistent with the principles of the Model. The State Court Administrator’s Office encouraged strict adherence to the CCJJ Model and MHDP staff strove to oversee the program in a way that serves the overall statutory goals and policies.

## Candidate and Participant Demographics

Given the small sample size of MHDP candidates and participants, demographic comparisons are premature. The State Court Administrator’s Office will continue to collect and monitor data as the program grows and report findings in future annual reports.

	6 <sup>th</sup> JD			8 <sup>th</sup> JD		16 <sup>th</sup> JD			20 <sup>th</sup> JD
	Archuleta	La Plata	San Juan	Jackson	Larimer	Bent	Crowley	Otero	Boulder
% 65+	15-20	10-15	10-15	15-20	10-15	10-15	10-15	15-20	10-15
% < 18	18-22	18-22	18-22	18-22	18-22	<18	<18	22-26	18-22
% Asian	<1	<1	1-3	<1	1-3	<1	1-3	<1	>3
% Black	<1	<1	<1	<1	<1	>5	>5	<1	<1
% Hispanic	10-20	10-20	10-20	10-20	10-20	20-40	20-40	>40	10-20
% White	70-80	70-85	>85	>85	70-85	<55	<55	<55	70-85

<sup>29</sup> See Appendix N.

<sup>30</sup> American Community Survey, ACS 5-Year 2013-2017 and 2010 U.S. Census, and July 2017 Population Estimates by County, State Demography Office

Early data in Table 9 reflects participant age, race, ethnicity and offense classifications and is insufficient to support any conclusions.

Table 9, Participant Profiles by Pilot Site						
	6 <sup>th</sup> JD Q1, Q2, Q3	8 <sup>th</sup> JD Q1, Q2, Q3	16 <sup>th</sup> JD Q1, Q2	20 <sup>th</sup> JD Q1, Q2, Q3	Total	% Successful Completions
<b>Age</b>						
18-25	0	0	0	0	0	
26-30	1	1	0	0	2	50%
31-35	0	0	0	0	0	
36-40	0	1	1	0	2	0%
41-45	0	0	0	0	0	
46-50	0	0	0	0	0	
51-55	0	0	0	0	0	
56-60	0	0	0	0	0	
61+	1	0	0	0	1	100%
<b>Race</b>						
White	2	2	1	0	5	40%
Black or African American	0	0	0	0	0	
Asian	0	0	0	0	0	
American Indian or Alaska Native	0	0	0	0	0	
Native Hawaiian or Other Pacific Islander	0	0	0	0	0	
2 or More Races	0	0	0	0	0	
Other Race	0	0	0	0	0	
<b>Ethnicity</b>						
Hispanic or Latino	0	0	1	0	1	0%
Not Hispanic or Latino	2	2	0	0	4	50%
Unknown	0	0	0	0	0	
<b>Class of Offense</b>						
Petty Offense	0	0	0	0	0	
Traffic Infraction	0	0	0	0	0	
Traffic Offense	0	0	0	0	0	
M3	2	0	0	0	2	100%
M2	0	1	0	0	1	0%
M1	0	0	0	0	0	
F6	0	0	0	0	0	
F5	0	0	0	0	0	
F4	0	0	1	0	1	0%
DF4	0	1	0	0	1	0%
DF3	0	0	0	0	0	

## Enrollment, Successful Completion and Program Termination

Table 10 tracks program entry and exit, with “NA” indicating pre-implementation status. In addition, while the 6<sup>th</sup> Judicial District launched its program in Spring of 2019, routine jail-based screening did not begin until the JBBS Expansion Grant was operational. Processes for transmitting positive screening results to MHDP personnel took shape in late summer, resulting in lower than anticipated, albeit increasing, numbers. Pilot sites continue to monitor program growth and implement changes to better identify and serve individuals appropriate for the program. Pilot site stakeholders and State Court Administrator’s Office staff remain optimistic and dedicated to program growth.

<b>Table 10, Participant Numbers by Pilot Site Program Quarters 1, 2 and 3<sup>31</sup> (January through September 2019)</b>							
Judicial District	# New Participants Q1	# Participants Exited Q1	# New Participants Q2	# Participants Exited Q2	# New Participants Q3	# Participants Exited Q3	# Ongoing Participants End of Q3
6 <sup>th</sup> JD	3	0	1	2	4	1	5
8 <sup>th</sup> JD			1	0	13	2	12
16 <sup>th</sup> JD	3	0	10	1	Unknown	Unknown	Unknown
20 <sup>th</sup> JD					1	0	1
<b>Total</b>	<b>6</b>	<b>0</b>	<b>12</b>	<b>3</b>	<b>18</b>	<b>3</b>	<b>30</b>

Table 11 shows the considerations preceding entry into the program. Note the percentage of positive mental health screens, ranging from 21% to 59% of participants. A pool of 1,131 potential candidates with positive mental health screens was reduced to 46 candidates referred for assessment, with candidates screened out due to ineligible charges (61%), criminogenic risk (27%), criminal history (7%), circumstances of the offense (2%), other reasons (2%), restitution (<1%), and unwillingness to participate (<1%). From this pool of 1,131, and ultimately leading to 36 individuals ultimately signed diversion agreements.

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<sup>31</sup> As Quarterly Reports are due October 30, third quarter data is not yet reflected for the 16<sup>th</sup> Judicial District throughout this report, mandated to cover Fiscal Year 2019, which ended June 30. The provision of available July through September data was intended to illustrate a pattern of growth at this early stage of operations.

<b>Table 11, Eligibility by Pilot Site<sup>32</sup>, Program Quarters 1, 2 and 3 (Jan. through Sept. 2019)</b>					
	<b>6<sup>th</sup> JD</b>	<b>8<sup>th</sup> JD</b>	<b>16<sup>th</sup> JD<sup>33</sup></b>	<b>20<sup>th</sup> JD</b>	<b>Total</b>
<b>Mental Health Screens (e.g., Brief Jail Mental Health Screen)</b>					
<b>At Booking</b>					
# Screened	759	3,604	261	159	4,783
# Positive (+) Screens	156	789	92	94	1,131
% Positive (+) Screens	21%	22%	35%	59%	24%
<b>At Other Events (First Appearance, Advisement, Etc.)</b>					
# Screened	0	0	0	0	0
# Positive (+) Screens	0	0	0	0	0
<b>Total # Screened</b>	<b>759</b>	<b>3,604</b>	<b>261</b>	<b>159</b>	<b>4,783</b>
<b>Total # Positive (+) Screens</b>	<b>156</b>	<b>789</b>	<b>92</b>	<b>94</b>	<b>1,131</b>
<b>Total % Positive (+) Screens</b>	<b>21%</b>	<b>22%</b>	<b>35%</b>	<b>59%</b>	<b>24%</b>
<b>Mental Health Assessments</b>					
<b>Not Referred for Assessment</b>					
Charges Not Eligible	33	492	51	91	667
Criminal History	34	29	8	0	71
Criminogenic Risk	57	239	0	0	296
Circumstances of Offense	20	1	1	1	23
Restitution Owed	0	5	0	0	5
Program Limitations (Staff/Funding)	0	0	0	0	0
Def Unwilling to Participate	2	2	0	0	4
Other Reasons	9	5	6	0	20
<b>Total Not Referred for Assessment</b>	<b>155</b>	<b>773</b>	<b>66</b>	<b>92</b>	<b>1,086</b>
<b>Referred for Assessment (from + Screen)</b>	<b>1</b>	<b>17</b>	<b>26</b>	<b>2</b>	<b>46</b>
<b>Referred for Assessment without + Screen (PD, DA, Court, Jail Referral)</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>Total Referred for Assessment (All Sources)</b>	<b>10</b>	<b>17</b>	<b>26</b>	<b>2</b>	<b>55</b>
<b>Total Assessed</b>	<b>9</b>	<b>15</b>	<b>18</b>	<b>2</b>	<b>44</b>
<b># Assessed Not Recommended for MHDP</b>					
Severity of MH Needs	0	0	1	0	1
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
<b># Recommended for MHDP (Post-Assessment)</b>	<b>9</b>	<b>14</b>	<b>17</b>	<b>1</b>	<b>41</b>
<b># Signed Diversion Agreements (New Participants)</b>	<b>8</b>	<b>14</b>	<b>13</b>	<b>1</b>	<b>36</b>

<sup>32</sup> 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.

<sup>33</sup> As Quarterly Reports are due October 30, third quarter data is not yet reflected for the 16<sup>th</sup> Judicial District throughout this report, mandated to cover Fiscal Year 2019, which ended June 30. The provision of available July through September data was intended to illustrate a pattern of growth at this early stage of operations.

Conclusions regarding program completion and success are premature with this small sample size. More meaningful data is anticipated in the second annual program report. Table 12 reports the limited data available.

Table 12, Successful Completions by Pilot Site Program Quarters 1, 2 and 3 (January through September 2019)			
Pilot Site	# Successful Completions	# Unsuccessful Completions	% Participants Successfully Completing Diversion
6 <sup>th</sup> JD	3	0	100%
8 <sup>th</sup> JD	0	2	0%
16 <sup>th</sup> JD (Q2, Q2 only)	0	1	0%
20 <sup>th</sup> JD	0	0	

With that same caveat, the minimal data regarding program exit appears below in Table 13.

Table 13, MHDP Participant Exits Program Quarters 1, 2 and 3 (January through September 2019)																								
Pilot Site	1 <sup>st</sup> Quarter								2 <sup>nd</sup> Quarter								3 <sup>rd</sup> Quarter							
	# Participant Exits from MHDP	# Successful Participant Exits	# Unsuccessful Participant Exits	# Failing to Initiate Treatment	# New Charge	# Voluntarily Withdrawing from MHDP	# Absconding from MHDP	Other (Terminated by Provider, etc.)	# Participant Exits from MHDP	# Successful Participant Exits	# Unsuccessful Participant Exits	# Failing to Initiate Treatment	# New Charge	# Voluntarily Withdrawing from MHDP	# Absconding from MHDP	Other (Terminated by Provider, etc.)	# Participant Exits from MHDP	# Successful Participant Exits	# Unsuccessful Participant Exits	# Failing to Initiate Treatment	# New Charge	# Voluntarily Withdrawing from MHDP	# Absconding from MHDP	Other (Terminated by Provider, etc.)
6 <sup>th</sup> JD	0	0	0	0	0	0	0	0	2	2	0	0	0	0	0	0	1	1	0	0	0	0	0	0
8 <sup>th</sup> JD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	1	0	0	1
16 <sup>th</sup> JD	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0								
20 <sup>th</sup> JD	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	3	2	1	1	0	0	0	0	3	1	2	0	1	0	0	1

As evident in Table 14, operations underway to reconsider and expand eligibility criteria, points of entry and perhaps selection of the mental health screen to be used are critical to program growth and impact.

<b>Table 14, Services Provided by Pilot Site Program Quarters 1, 2 and 3 Combined (January through September 2019)</b>					
	6 <sup>th</sup> JD	8 <sup>th</sup> JD	16 <sup>th</sup> JD	20 <sup>th</sup> JD	Total
# Mental Health Screens	759	3,604	261	159	4,783
# Mental Health Assessments	9	15	18	2	44
# Mental Health Sessions Attended <sup>34</sup>	17	0	0	0	17

While insufficient data is currently available in Table 15, additional data may reveal any correlation between treatment received and program success.

<b>Table 15, Treatment Sessions Attended Program Quarters 1, 2 and 3 (January through September 2019)</b>						
	6 <sup>th</sup> JD	8 <sup>th</sup> JD	16 <sup>th</sup> JD <sup>35</sup>	20 <sup>th</sup> JD	Total	% Successful Completions
0	0	0	0	0	0	
1-3	1	0	0	0	1	100%
4-6	1	0	0	0	1	100%
7-9	1	0	0	0	1	100%
10-12	0	0	0	0	0	
13 or more	0	0	0	0	0	

As the program participation increases and more abundant data is available, the Success Rate shown in Table 16 will serve as a critical outcome measure. The success rate is the percentage of diversion participants who successfully exit MHDP, compared to all MHDP exits.

<b>Table 16, Success Rate Program Quarters 1, 2 and 3 Combined (January through September 2019)</b>			
Pilot Site	# of MHDP Participants Successfully Completing Diversion	Total # of MHDP Participants Exiting Diversion	Success Rate
6 <sup>th</sup> JD	3	3	100%
8 <sup>th</sup> JD	0	2	0%
16 <sup>th</sup> JD <sup>36</sup>	0	1	0%
20 <sup>th</sup> JD	0	0	NA
Overall	3	6	50%

Likewise, program growth will produce data to determine the Safety Rate, the percentage of MHDP participants not charged with a new offense punishable by incarceration during the diversion period.

<sup>34</sup> Reported only upon program exit.

<sup>35</sup> Data includes only program quarters 1 and 2 for the 16th Judicial District.

<sup>36</sup> Data includes only program quarters 1 and 2 for the 16th Judicial District.

Table 17, Safety Rate Program Quarters 1, 2 and 3 (January through September 2019)			
Pilot Site	# of Participants Not Charged with a New Offense during MHDP	Total # of MHDP Participants	Safety Rate
6 <sup>th</sup> JD	3	3	100%
8 <sup>th</sup> JD	1	2	50%
16 <sup>th</sup> JD Q1, Q2			
20 <sup>th</sup> JD	0	0	NA
Overall			

## Fiscal Year 2019 Expenditures

Table 18 shows program Fiscal Year 2019 program expenditures. The 6<sup>th</sup> Judicial District began selectively identifying individuals to screen on March 1, began universally screening all arrestees on May 15<sup>37</sup>, and began fully considering all arrestees with positive mental health screens on or about July 27, 2019. The 8<sup>th</sup> Judicial District began routinely screening all arrestees for MHDP on June 3, 2019. The three county jails of the 16<sup>th</sup> Judicial District began screening individuals for MHDP in March 2019. The 20<sup>th</sup> Judicial District is not yet screening all arrestees for MHDP, but began regularly screening some arrestees on July 1, 2019. Of the \$750,000 appropriated for the program, expenditures totaled \$256,245. The expenditures shown below are unlikely to provide an accurate forecast for Fiscal Year 2020 and 2021, when each pilot site is anticipated to serve a robust population of participants.

Table 18, Fiscal Year 2019 Expenditures (July 1, 2018 through June 30, 2019)						
Judicial District	District Attorney Disbursement	Participant Services	Personnel	Supplies/ Printing	Travel	Total
6 <sup>th</sup> JD	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00
8 <sup>th</sup> JD	\$50,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50,000.00
16 <sup>th</sup> JD	\$50,000.00	\$2,009.91	\$0.00	\$0.00	\$0.00	\$52,009.91
20 <sup>th</sup> JD	\$8,602.27	\$0.00	\$0.00	\$0.00	\$0.00	\$8,602.27
State Court Administrator's Office	\$0.00	\$0.00	\$94,544.71	\$78.50	\$1,010.04	\$95,633.25
<b>Total</b>	<b>\$158,602.27</b>	<b>\$2,009.91</b>	<b>\$94,544.71</b>	<b>\$78.50</b>	<b>\$1,010.04</b>	<b>\$256,245.43</b>

<sup>37</sup> Through a miscommunication, the Diversion Coordinator did not begin receiving positive mental health screens from the jail until July 27, 2019; As a result, none of the individuals routinely screened between May 15 and July 26, 2019 were considered for MHDP.

## District Attorney Funding

### Adequacy and Necessity of Annual District Attorney Disbursement

The 6<sup>th</sup>, 8<sup>th</sup> and 16<sup>th</sup> Judicial District Attorneys report that funding is adequate to cover current program-related personnel and administrative costs. All report the disbursements are necessary to participation in the program. District Attorney James Bullock of the 16<sup>th</sup> Judicial District avoided hiring additional personnel by distributing the workload among existing employees but anticipates the need for a full-time staff person if program participation increases substantially. Compensation of a full-time staff person would require additional funding.

### Use of District Attorney Disbursement

The district attorney's office of the 6<sup>th</sup> Judicial District uses the disbursement for personnel costs and operational expenses, including compensation of its diversion coordinator, supplies and a small discretionary fund to assist clients in overcoming basic obstacles to program success, such as transportation. Similarly, the 8<sup>th</sup> Judicial District uses the funding to compensate its MHDP coordinator, to cover administrative expenses and to fund authorized participant expenses critical to successful program participation. In the 16<sup>th</sup> Judicial District, which spreads the MHDP workload across existing staff, the funds offset personnel expenses for MHDP-related tasks, such as review of mental health screens and eligibility determinations, intake work and document preparation, data compilation, report preparation, and billing. The funds also cover office supplies, utilities, and office space related to program operations. In contrast, the 20<sup>th</sup> Judicial District elected to assign its disbursement to Community Justice Services, the Boulder County agency that provides pre-trial services and coordinates the day to day operations of the MHDP through its MHDP Navigator. Unlike other pilots who utilize contracted vendors to perform the mental health assessments, the Navigator conducts the assessments under the supervision of the licensed mental health professional. The State Court Administrator's Office reimburses Boulder County for expenses related to compensation of the Navigator, as well as other program-related expenses.

### Cost Savings

Participating prosecutors anticipate costs savings related to MHDP participation. The 6<sup>th</sup> Judicial District reports that MHDP results in cost savings not only to its office but to the criminal justice system overall by routing cases out of the criminal justice system. The 8<sup>th</sup> Judicial District voices optimism about future costs savings as progress is made to identify the population most likely to benefit from and succeed in MHDP, resulting in judicial, prosecutorial and jail cost savings. The 16<sup>th</sup> Judicial District echoes these sentiments, noting that identification of individuals needing mental health treatment will result in benefits within and beyond program participation by promoting better informed, treatment-oriented dispositions and other, often less costly, alternatives to prosecution, such as deferred judgments or probation.

## Conclusion

While a steep learning curve has marked implementation of the Mental Health Diversion Program, the pilot sites have laid a strong foundation and navigated a challenging environment in which a multitude of recent criminal justice reform efforts are in various stages of design, planning and implementation. Together, these and other developments change the landscape that existed when the CCJJ Model was first conceived. The General Assembly, the State Court Administrator's Office and the pilot sites have invested a great deal of time, expertise, and state funds to bring MHDP to life. While design, planning, early implementation and re-design marked much of Fiscal Year 2019, MHDP stakeholders anticipate Fiscal Year 2020 to be a year of dramatic program growth with demonstrable successes. The Fiscal Year 2020 annual report will address the outcome and performance measures, as well as the operational data, set forth in Appendix O. Pilot sites look forward to the inaugural January 16-17, 2020, MHDP All-Pilot Convening to learn, problem-solve and innovate. With all pilot sites now in the implementation phase, a program evaluator will be secured. Systemwide response coordination greatly increases the likelihood of program success for MHDP and its likeminded partners.

**MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE**

FINAL RECOMMENDATION PRESENTED TO THE  
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**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.

## MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

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### 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

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### 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 Model<sup>1</sup> 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).

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<sup>1</sup> 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 Screen<sup>2</sup> or the Colorado Pre-trial Assessment Tool<sup>3</sup>); 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)

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<sup>2</sup> 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](http://ncjrs.gov/App/Publications/abstract.aspx?ID=235309))

<sup>3</sup> 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](http://pretrial.org/download/risk-assessment/CO%20Pretrial%20Assessment%20Tool%20Report%20Rev%20-%20PJI%202012.pdf))

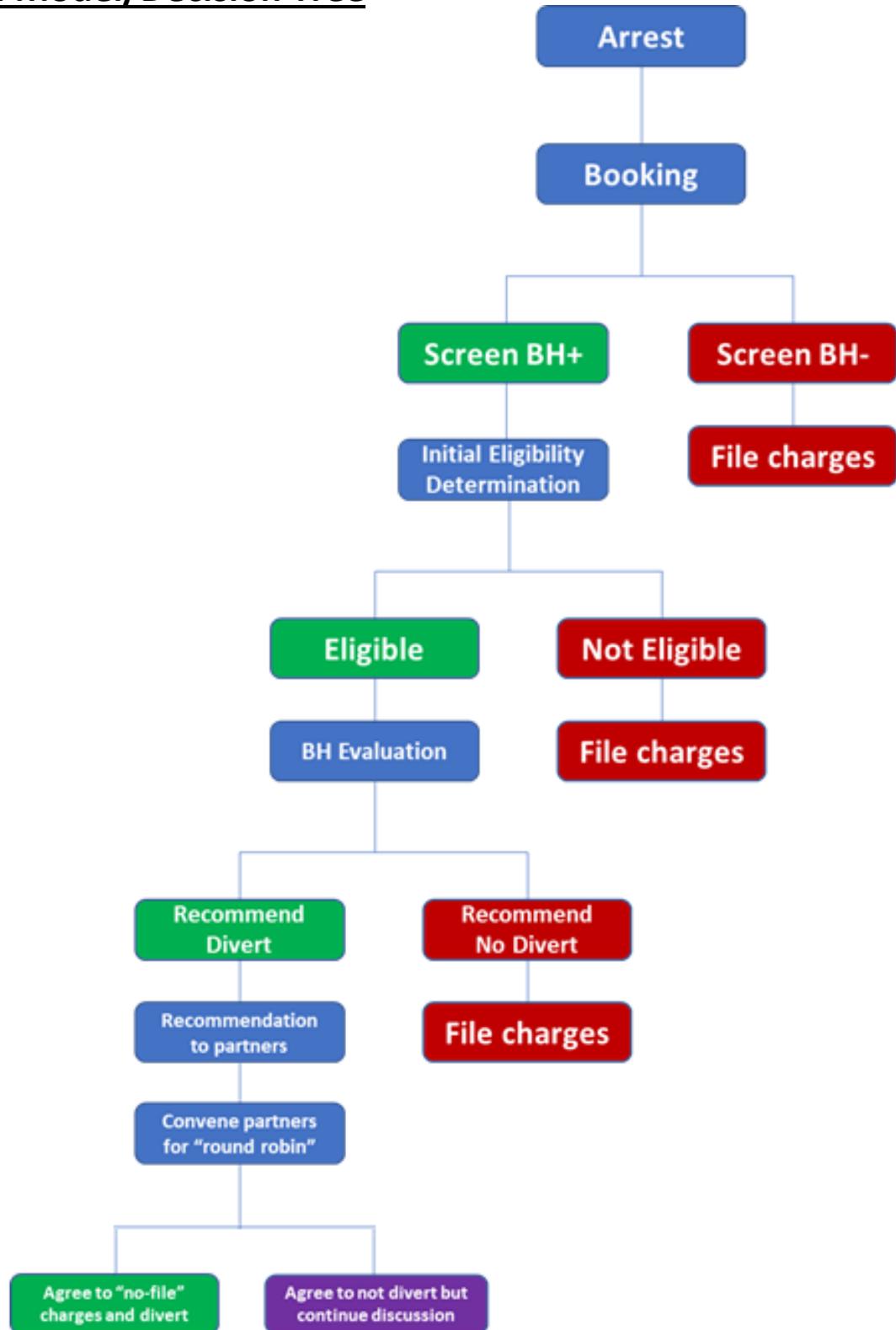
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3. Upon determination of initial eligibility, and before the filing of charges, the mental health evaluator will meet with the individual in the jail to conduct an initial assessment.
  - a. While uniform assessment criteria should be included for 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.

# MENTAL HEALTH/POINT OF CONTACT THROUGH JAIL RELEASE TASK FORCE

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## Proposed Model/Decision Tree



**BRIEF JAIL MENTAL HEALTH SCREEN****Section 1 (modified)**

<b>Name:</b> _____	<b>Detainee #:</b> _____	<b>DOB:</b> _____	<b>Next Court Date:</b> _____
<b>Mailing Address:</b> _____		<b>Best Contact #:</b> _____	
<b>Race:</b> <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: _____			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown		<b>Date of Screen:</b> _____	<b>Time:</b> _____
<b>Arrest Charges:</b> _____			

**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)**

<b>Officer's Comments/Impressions (check <i>all</i> that apply):</b>		
<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](mailto:oncald@da16co.gov) ASAP.**

**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 6<sup>th</sup>, 8<sup>th</sup>, 16<sup>th</sup> and 20<sup>th</sup> 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 <sup>nd</sup>	April 1 - June 30	<b>July 7</b>
3 <sup>rd</sup>	July 1 – Sept. 30	Oct. 31
4 <sup>th</sup>	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 D  
**Mental Health Diversion Program (MHDP)**  
**Pilot Site Design Plan**

**Instructions:** Please attach additional sheets as necessary, along with relevant supporting documents, and submit completed Pilot Site Design Plan to [kara.martin@judicial.state.co.us](mailto:kara.martin@judicial.state.co.us) by **November 15, 2018**.

6th Judicial District    Submitted by: Jeff Wilson/Christian Champagne    Title: Chief Judge/DA

1. Participating counties, if not all: All
  
2. MHDP participant goals and capacity  
At any given time, known/estimated # of inmates with mental health conditions (pre-pilot): 20  
At any given time, expected # participants in MHDP: 15-30  
At any given time, maximum # of participants in MHDP: 30
  
3. Selected MHDP-eligible offenses of the target population:  
Petty offenses:                    all    none    only the following:  
Traffic offenses:                all    none    only the following: \_\_\_\_\_  
Non-VRA misdemeanors:       all    none    only the following: \_\_\_\_\_  
Non-VRA F4, F5, F6:            all    none    only the following: \_\_\_\_\_  
Level 3, 4 F drug offenses:    all    none    only the following: \_\_\_\_\_
  
4. Other MHDP eligibility qualifications or characteristics, including but not limited to mental health conditions, criminogenic risk: CPAT score of 1-2, Priority on co-occurring disorders. All pending or open cases are eligible, i.e. if defendant has any open non-eligible cases, will be denied or removed from program, criminal history acceptable to the District Attorney
  
5. Program Partners (Check all that apply)  
District Attorney and DA Personnel    Jail personnel    Public defenders  
Judicial officers (district, county)    Pre-trial services    Private defense counsel  
Other court personnel    Mental health providers    Probation  
Law enforcement  
Other: \_\_\_\_\_
  
6. Screening and Assessment
  - a. Validated mental health screen to be used: Brief Jail mental health screen, PTSD brief screen, HELPS screen, DAST screen subject to treatment provider approval.
  - b. Mental health screen used with all arrestees with MHDP-eligible offenses? Yes
  - c. Other screens used (criminogenic risk, substance abuse, traumatic brain injury): CPAT, Criminal History
  - d. Process for administering mental health screen, including who will administer the screen and when and how results will be tracked: In Custody: screen at jail by booking/medical staff. Out of Custody: Screen by treatment staff.
  
7. Process for tracking positive screens and obtaining timely in and out of custody assessments, including who conducts assessments, instrument or method use and time frame from mental health screening to

assessment: If Out of Custody: District Attorney staff and defense attorneys will identify and flag possible candidates, refer them to the the District Attorney Diversion Coordinator, who will then refer them to treatment staff for screening with the instruments described above. Goal is to complete screening and assessment prior to next court date after identifying potential candidate. The District Attorney Diversion Coordinator will track each candidate at each step in the process.

8. Process for expedited and coordinated handoff from assessment to treatment: Treatment provider shall notify the District Attorney Diversion Coordinator of all eligible clients by next business day after assement complete. The District Attorney Diversion Coordinator staff will contact the prosecutor assigned to the client’s case. The prosecutor assigned to the client’s case shall determine whether to offer diversion to client and/or client’s counsel. The Court shall set review of the case within 5 months.
  
9. Process for selecting MHDP candidates, including timing of decision and provision of notice to the court: If out of custody, District Attorney staff/attorneys will identify potential candidates through police reports, direct observation based in-court and out-of-court interactions and referrals. See 8 above for procedure.
  
10. Requirements for successful diversion, including no file cases and dismissal of charges, and procedures for notifying the court of successful completion: Successful diversion involves completing the course of treatment recommended by the treatment provider and not incurring any new offenses (any offense punishable by incarceration). Upon successful completion, the treatment provider will notify the District Attorney Diversion Coordinator, who will then provide a filing with the court that states the defendant has successfully competed the program and seeking dismissal of the case.
  
11. Requested funding, in addition to the \$50,000/year District Attorney disbursement  
Please complete the table below or attach a proposed budget.

	Personnel	Training	Consultants/ Contract Support	Operating	MH Screening	MH Assessment	MH Treatment	Ancillary Services	Other (please specify)
FY19	Included in other lines	1500	1350	Included in other lines	1207.08	7075.80	53790.3 0	2500	none
FY20	Included in other lines	3000	2700	Included in other lines	2414.16	14151.60	107580. 60	5000	none

Explanation/Comment: Screening, Assessment, Treatment costs: based on 5 referrals/month and 8 patients engaged in ongoing treatment/month who don’t have other healthcare coverage. During course of treatment, the treatment provider will assist patients in applying for Medicaid if eligible. For some, the initial month of treatment will need to be compensated, for others, up to 6 months of treatment. Typical treatment includes weekly individual or group therapy, monthly case management or skill development, initial psychiatric evaluation, then bi-monthly psychiatric follow up, 20% of patients include family therapy, and 50% will receive at least 1 outreach/engagement intervention for any missed appointments or difficulties following recommendations.

12. Information-sharing needs and plans among partners, consistent with state and federal law, including existing and needed agreements and authorizations for release of information: The District Attorney Diversion Coordinator will need to know the results of the screening instruments completed by the

treatment provider and/or jail personnel. The District Attorney Diversion Coordinator will need to be given updates by the treatment provider, specifically an overview of the case plan developed by the treatment provider and any failures to successfully complete case plan items/goals or disengagement/separation from the program. The District Attorney Diversion Coordinator will need to be notified upon successful completion of case plan.

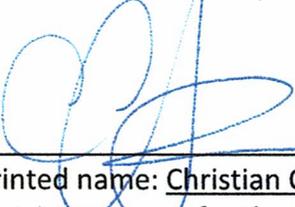
13. Training and support

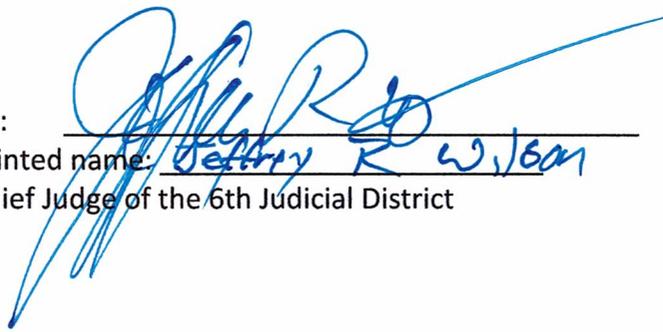
- a. Pre-implementation (< January 2019) training needs: The District Attorney Diversion Coordinator should participate in training in dealing with clients who have mental health needs.
- b. Ongoing training needs: Grant writing and reporting, statistical data analysis.
- c. Support needed from the State Court Administrator's Office: Identifying possible trainings for the District Attorney Diversion Coordinator. Statistical analysis.

14. Plan for addressing or providing referrals for longer term access to mental health treatment and/or medication, housing, employment and/or other basic needs: Treatment provider will be responsible for connecting clients with longer term mental health care needs and assist in accessing resources for other needs.

15. Other specific measurable goals for MHDP (cost savings, system efficiencies, etc.): Number of clients referred, accepted, enrolled, and graduated. Recidivism tracking over 3 year period.

I affirm that this Pilot Site Design Plan complies with the Colorado Commission on Criminal and Juvenile Justice Model, Adopted January 12, 2018, and the provisions of C.R.S. §18-1.3-101.5. I am aware of the quarterly and annual data collection and reporting requirements for my district's piloting of the mental health diversion program.

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

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

Appendix D  
**Mental Health Diversion Program (MHDP)**  
**Pilot Site Design Plan**

**Instructions:** Please attach additional sheets as necessary, along with relevant supporting documents, and submit completed Pilot Site Design Plan to [kara.martin@judicial.state.co.us](mailto:kara.martin@judicial.state.co.us) by **November 26, 2018**.

Eighth Judicial District      Submitted by: Clifford Riedel      Title: District Attorney

1. Participating counties, if not all: Larimer
2. MHDP participant goals and capacity  
At any given time, known/estimated # of inmates with mental health conditions (pre-pilot): 250  
At any given time, expected # participants in MHDP: 40 with full grant funding  
At any given time, maximum # of participants in MHDP: 50
3. Selected MHDP-eligible offenses of the target population:  
Petty offenses:             all    none    only the following: \_\_\_\_\_  
Traffic offenses:            all    none    only the following: \_\_\_\_\_  
Non-VRA misdemeanors:    all    none    only the following: \_\_\_\_\_  
Non-VRA F4, F5, F6:         all    none    only the following: Class 5 and 6  
Level 3, 4 F drug offenses:  all    none    only the following: DF4
4. Other MHDP eligibility qualifications or characteristics, including but not limited to mental health conditions, criminogenic risk: A CPAT risk score of 1 or 2
5. Program Partners (Check all that apply)  
 District Attorney and DA Personnel     Jail personnel                             Public defenders  
 Judicial officers (district, county)        Pre-trial services                         Private defense counsel  
 Other court personnel                       Mental health providers                Probation  
 Law enforcement  
Other: \_\_\_\_\_
6. Screening and Assessment
  - a. Validated mental health screen to be used: Brief Jail Mental Health Screen
  - b. Mental health screen used with all arrestees with MHDP-eligible offenses? Yes/No Yes
  - c. Other screens used (criminogenic risk, substance abuse, traumatic brain injury): CPAT
  - d. Process for administering mental health screen, including who will administer the screen and when and how results will be tracked: Initial screening by pre-trial services. Program assessment by Contractor in cooperation with the District Attorney. See 7 below. Contractor will develop a system to track timelines.
7. Process for tracking positive screens and obtaining timely in and out of custody assessments, including who conducts assessments, instrument or method use and time frame from mental health screening to assessment: See, attached flow chart. As part of the bonding process, the initial screening will be performed by pre-trial services. A positive screen will be reported to the district attorney who will confirm that the defendant meets program acceptance requirements. Within 4 business hours of receiving the positive screen report from pre-trial the DA will notify the treatment provider which will start the 48hr/72hr clock for the program assessment.
8. Process for expedited and coordinated handoff from assessment to treatment: Treatment contractor will be present in court for warm handoff at scheduled court appearances to expedite enrollment in treatment.

- 
9. Process for selecting MHDP candidates, including timing of decision and provision of notice to the court: See Flow Chart.

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  10. Requirements for successful diversion, including no file cases and dismissal of charges, and procedures for notifying the court of successful completion: Compliance with treatment plan and no new law violations.

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11. Requested funding, in addition to the \$50,000/year District Attorney disbursement  
Please complete the table below or attach a proposed budget.

	Personnel	Training	Consultants/ Contract Support	Operating	MH Screening	MH Assessment	MH Treatment	Ancillary Services	Other (please specify)
FY19					0.00	\$150-\$200			
FY20									

Explanation/Comment: each assessment will be \$150-\$200; treatment one-on-one \$120 per hour, group session \$50-\$65 per hour; ancillary (case mgmt 1 hr per person every other week at \$50-\$70 per hour)

12. Information-sharing needs and plans among partners, consistent with state and federal law, including existing and needed agreements and authorizations for release of information: Follow HIPPA and 42 C.F.R. Part 2. with appropriate releases and business associate agreements (MOU).

13. Training and support

- a. Pre-implementation (< January 2019) training needs: Coordination meeting with Pretrial, Jail and Court pre-implementation and practice implementation of flow of program.
- b. Ongoing training needs: Once the Contract awarded, Contractor will need basic orientation of the criminal justice system.
- c. Support needed from the State Court Administrator's Office: Video or slide presentation of court practices for contractor orientation.

14. Plan for addressing or providing referrals for longer term access to mental health treatment and/or medication, housing, employment and/or other basic needs: This would be funded through individual insurance and our expectations would be that the contractor maintains continuity of care for the individuals as indicated by clinical assessment past the diversion timeframe. Larimer County has two employees assigned to the Criminal Justice Services that process individuals for Medicare eligibility.

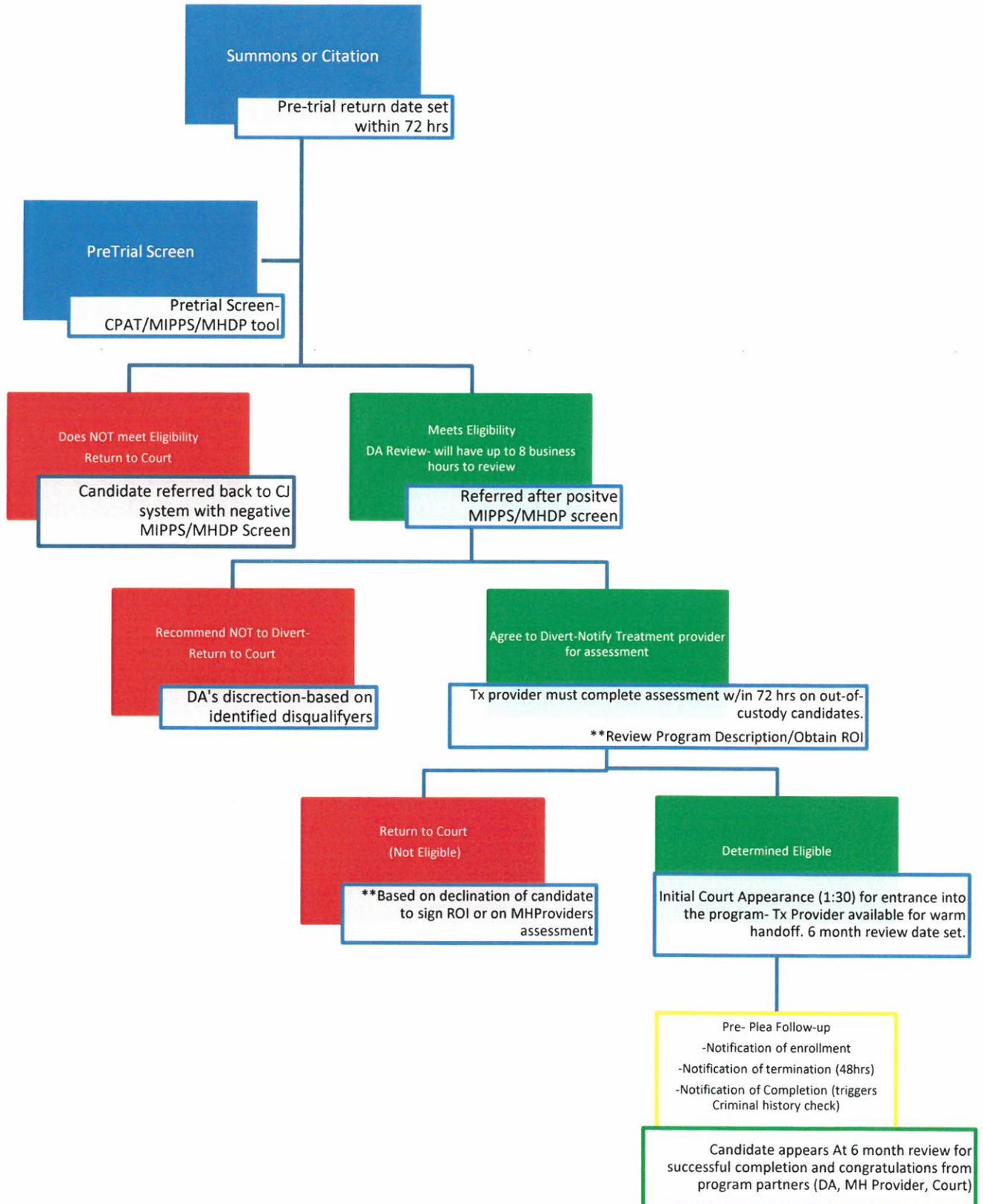
15. Other specific measurable goals for MHDP (cost savings, system efficiencies, etc.): Reduction of recidivism will be measured by participants not obtaining new charges. Program participants will be reviewed at 6 months for successful completion of the diversion program. Participants successfully completing diversion will also be reviewed again at 6 months after successful completion to review whether new charges have been filed.

I affirm that this Pilot Site Design Plan complies with the Colorado Commission on Criminal and Juvenile Justice Model, Adopted January 12, 2018, and the provisions of C.R.S. §18-1.3-101.5. I am aware of the quarterly and annual data collection and reporting requirements for my district's piloting of the mental health diversion program.

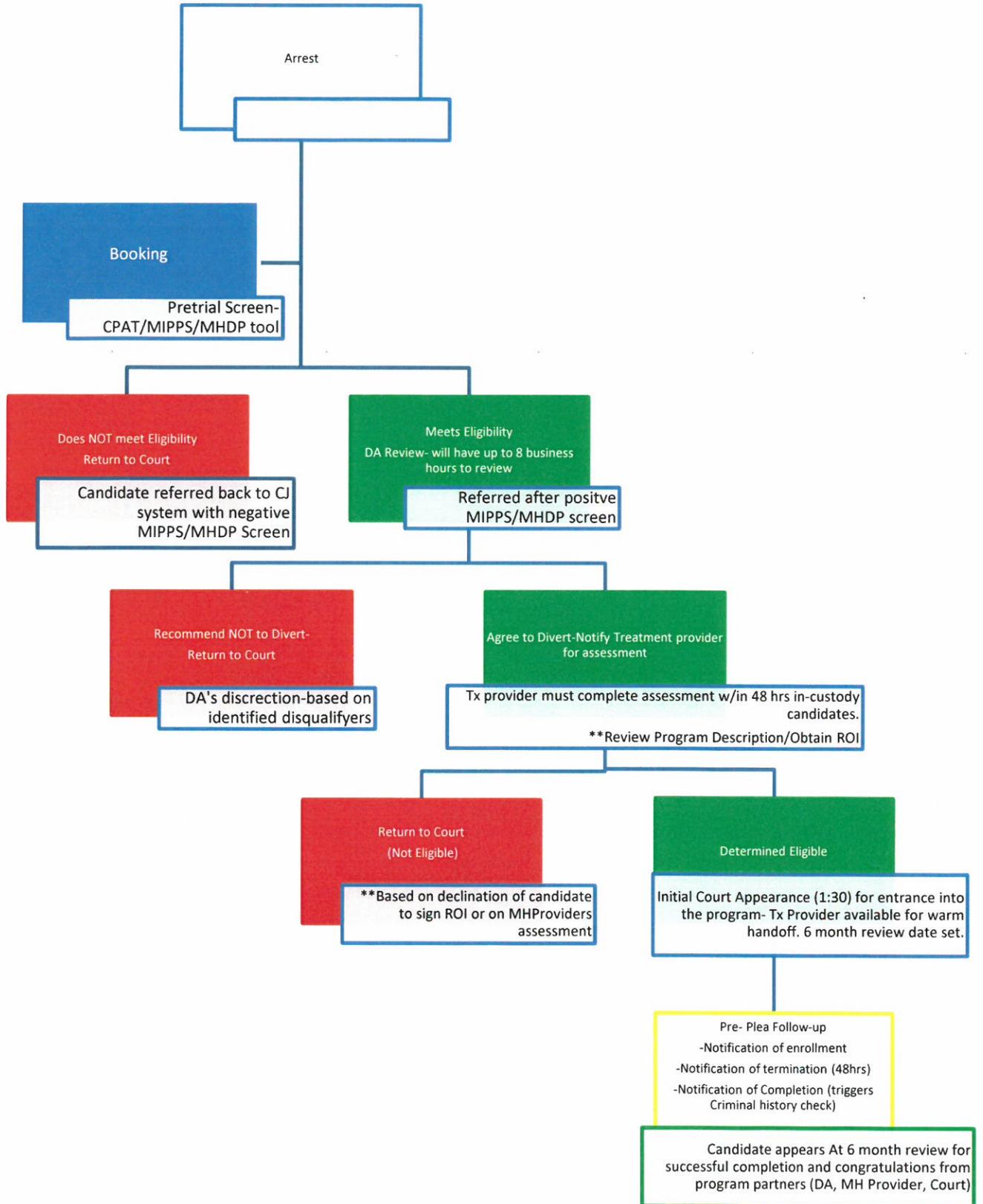
By:   
Clifford Riedel  
District Attorney for the Judicial District

By:   
Stephen E. Howard  
Chief Judge of the Judicial District

PROPOSED MODEL/DECISION TREE (Out-of-Custody)



PROPOSED MODEL/DECISION TREE (In-Custody)



### 8th District Mental Health Diversion Pilot proposed by

	Personnel	Training	Consultants/ Contract Support	Operating	MH Screening	MH Assessment	MH Treatment
FY19	0	0	0	0	\$0	\$12,000	\$41,600
FY20	0	0	0	0	\$0	\$24,000	\$83,200

## Budget FY19 and FY20

Ancillary Services/Case Management	Psychiatric Services	Medication	<b>Total Request</b>
\$45,500	\$7,400	\$6,500	<b>\$113,000</b>
\$91,000	\$14,800	\$13,000	<b>\$226,000</b>

Supplemental Budget Request to  
Pilot Site Design Plan  
8<sup>th</sup> Judicial District

**FY19 Mental Health Assessment** budget is based on 60 participants at a cost of \$200 per assessment totaling \$12,000. The program will initially be designed for 50 participants (January 2019-June 2019). We have added an additional 10 assessments for participants replacing any of the initial 50 participants who do not complete the program

**FY20 Mental Health Assessment** budget is based on 120 participants at a cost of \$200 per assessment totaling \$24,000. The program will initially be designed for 100 participants (50 for July 2019-December 2019 and 50 for January 2020-June 2020). We have added an additional 20 assessments for participants replacing any of the initial 100 participants who do not complete the program.

**FY19 Mental Health Treatment** budget is based on 20% of the 50 program participants (10) without private paid or Medicaid insurance needing treatment as follows: Individual weekly therapy (26 weeks) at a cost of \$120 per session ( $26 \times \$120 = \$3,120 \times 10 = \$31,200$ ) and weekly group therapy (26 weeks) at a cost of \$40 per session ( $26 \times \$40 = \$1,040 \times 10 = \$10,400$ ). Total individual weekly therapy (\$31,200) plus total weekly group therapy (\$10,400) equals our request of \$41,600.

**FY20 Mental Health Treatment** budget is based on 100 program participants using the calculations for FY19 treatment for the entire 12 months rather than the 6 months in FY19 for a total of \$83,200.

**FY19 Ancillary Services/Case Management** budget is based on 50 participants requiring 1 hour of case management every other week at \$70 per hour. ( $13 \text{ hours} \times 50 = 650 \times \$70 = \$45,500$ )

**FY20 Ancillary Services/Case Management** budget is based on 100 participants using the calculations for FY19 for ancillary services/case management for the entire 12 months rather than the 6 months in FY19 for a total of \$91,000.

**FY19 Psychiatric Services** budget is based on 20% of the 50 program participants (10) without private paid or Medicaid insurance needing treatment as follows: Psychiatric intake at a cost of \$200 per participant ( $10 \times \$200 = \$2,000$ ) and psychiatric follow-up once a month (6 months January 2019-June 2019) at a cost of \$90 per follow-up ( $6 \times \$90 = \$540 \times 10 = \$5,400$ ). Total request for psychiatric intake and follow-up is \$7,400.

**FY20 Psychiatric Services** budget is based FY19 psychiatric services costs (6 months) above for a full 12 months (July 2019 - December 2020 - \$7,400 and January 2020-June 2020 = \$7,400) for a total of \$14,800.

**FY19 Medication** budget is based on 20% of the 50 program participants (10) without private paid or Medicaid insurance needing medication for successful completion of the diversion pilot. This cost is estimated at \$6,500 for 6 months (January 2019-June 2019).

**FY20 Medication** budget is based on 20% of the 100 program participants (20) without private paid or Medicaid insurance needing medication for successful completion of the diversion pilot. This cost is estimated at \$13,000 for 12 months (July 2019-June 2020).



If the assessment recommends Mental health treatment and/or psychiatric treatment and the individual accepts a diversion through MHDP, an intake for services should be scheduled within 7 days from the date of the initial mental health screening.

7. Process for tracking positive screens and obtaining timely in and out of custody assessments, including who conducts assessments, instrument or method use and time frame from mental health screening to assessment: Upon receipt of a positive mental health screening, the results shall be provided electronically within 24 hours to the contracted mental health assessment provider, together with a copy to the District Attorney, and filed with the Court. The mental health assessment shall be completed within 48 hours of receipt of the positive mental health screening for in custody defendants and shall be completed within 72 hours of receipt of the positive mental health screening for out of custody defendants
8. Process for expedited and coordinated handoff from assessment to treatment: Based upon the likelihood of the assessment being provided by the treatment provider, there should be a coordinated handoff for treatment. The process for the coordinated handoff shall include in person introduction (preferred method) or telephonic introduction to be made by the party providing the assessment to the designated treatment provider.

Process for selecting MHDP candidates, including timing of decision and provision of notice to the court: Those individuals who are eligible for participation are as follows: 1.First time offenders or those who have had minimal history with the criminal justice system. 2.Those offenders who have been accused of non-violent crimes. 3. Those individuals who express and demonstrate a desire to change their criminal behavior. Those individuals who are chosen to be considered for participation in the diversion program shall be staffed by a representative of the District Attorney’s office, a representative of a law enforcement agency located within the 16<sup>th</sup> Judicial District, and a representative of the contracted treatment provider. The final decision of whether any individual shall be placed into the diversion program shall rest entirely with the District Attorney’s Office.

9. Requirements for successful diversion, including no file cases and dismissal of charges, and procedures for notifying the court of successful completion: The Defendant agrees to obey all local, state, and federal laws. Defendant further agrees that he will not commit any new criminal offense during the period of diversion. The Defendant agrees to obtain an assessment from a duly licensed professional contracted with the state. The Defendant may be evaluated for any medical, psychiatric, psychological or substance abuse issue deemed suitable by the licensed evaluator. The Defendant does agree to comply with any recommend treatment with such treatment to be performed by a duly licensed treatment provider contracted with the state to provide such treatment. All appointments MUST be kept with the treatment provider, which includes all counseling sessions, random urinalysis, if ordered, and any other appointments with the treatment provider. Failure to participate in treatment, missed appointments or the filing of any new criminal charges shall result in the termination of the defendant’s diversion.
10. Requested funding, in addition to the \$50,000/year District Attorney disbursement  
Please complete the table below or attach a proposed budget.

	Personnel	Training	Consultants/ Contract Support	Operating	MH Screening	MH Assessment	MH Treatment	Ancillary Services	Other (please specify)
FY19	<u>41,000</u>	<u>2,500</u>	<u>2,500</u>	<u>6,000</u>	<u>750</u>	<u>15,000</u>	<u>30,000</u>	<u>5,000</u>	
FY20	<u>82,000</u>	<u>5,000</u>	<u>5,000</u>	<u>12,000</u>	<u>1,500</u>	<u>30,000</u>	<u>60,000</u>	<u>10,000</u>	

Explanation/Comment: The proposed budgeted amounts are estimates made without the benefit of any responses to the Request for Proposal and no clearly defined scope of services provided pursuant to the contract with the treatment provider.

11. Information-sharing needs and plans among partners, consistent with state and federal law, including existing and needed agreements and authorizations for release of information:

It is contemplated that a Memorandums of Understanding shall be entered into with any staff hired by the District Attorney's office, any individual conducting mental health screening, and a service agreement by the contracted mental health assessment provider and treatment providers. HIPPA compliant releases for exchange of information shall be signed by all individuals entering into diversion program for sharing of information needed to monitor compliance with diversion together with data collection required by the funding requirements.

12. Training and support

a. Pre-implementation (< January 2019) training needs: Training shall be provided for those individuals who will be performing all mental health screening including jail staff and deputy DAs

b. Ongoing training needs: \_\_\_\_\_

c. Support needed from the State Court Administrator's Office: Additional training from SCAO shall include training on additional expenditure coding for CORE

13. Plan for addressing or providing referrals for longer term access to mental health treatment and/or medication, housing, employment and/or other basic needs: Upon discharge from MHDP every participant in the program shall be provided with a recommendation for appropriate ongoing aftercare following successful completion of MHDP

14. Other specific measurable goals for MHDP (cost savings, system efficiencies, etc.):

1. Monitoring of scaled CMHS screening shall take place from screening and upon discharge to monitor changes in defendant's self-reported perceptions and coping.

2. Any person screening positive and committed to treatment under the MHDP shall be released from custody and shall have commenced treatment within 7 days from initial screening.

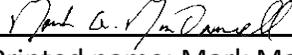
3. 80% of all participants in MHDP shall successfully complete diversion. Successful completion shall be no new offenses during the period of diversion and successful participation in treatment during the period of diversion.

4. An anticipated goal shall be the increased admissions into community based services providing services to the targeted population.

I affirm that this Pilot Site Design Plan complies with the Colorado Commission on Criminal and Juvenile Justice Model, Adopted January 12, 2018, and the provisions of C.R.S. §18-1.3-101.5. I am aware of the quarterly and annual data collection and reporting requirements for my district's piloting of the mental health diversion program.



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

By:  \_\_\_\_\_  
Printed name: Mark MacDonnell  
Chief Judge of the 16th Judicial District

Appendix D  
**Mental Health Diversion Program (MHDP)**  
**Pilot Site Design Plan**

**Instructions:** Please attach additional sheets as necessary, along with relevant supporting documents, and submit completed Pilot Site Design Plan to [kara.martin@judicial.state.co.us](mailto:kara.martin@judicial.state.co.us) by **November 15, 2018**.

20th Judicial District      Submitted by: Tim Oliveira Title: Commander, BCSO

1. Participating counties, if not all: Boulder County

2. MHDP participant goals and capacity  
At any given time, known/estimated # of inmates with mental health conditions (pre-pilot): average of 248.6 per month (from January 1, 2018 to October 31<sup>st</sup>, 2018) residing in the BCJ or 45.92% of the daily population.

At any given time, expected # participants in MHDP: 25-45

At any given time, maximum # of participants in MHDP: 50-75

3. Selected MHDP-eligible offenses of the target population:

Petty offenses:            all    none    only the following: \_\_\_\_\_

Traffic offenses:            all    none    only the following: \_\_\_\_\_

Non-VRA misdemeanors:    all    none    only the following: Obstruction/Resisting= officer discretion

Non-VRA F4, F5, F6:            all    none    only the following: \_\_\_\_\_

Level 3, 4 F drug offenses:    all    none    only the following: DF4-under 4 grams

4. Other MHDP eligibility qualifications or characteristics, including but not limited to mental health conditions, criminogenic risk: Substance use issues, history traumatic brain injury, whether or not client is a Boulder County Resident, if not then what? \_\_\_\_\_

5. Program Partners (Check all that apply)

District Attorney and DA Personnel    Jail personnel    Public defenders

Judicial officers (district, county)    Pre-trial services    Private defense counsel

Other court personnel    Mental health providers    Probation

Law enforcement

Other: Buy-in from Chiefs of Police for municipalities within Boulder County

6. Screening and Assessment

a. Validated mental health screen to be used: Correctional Mental Health Screen

b. Mental health screen used with all arrestees with MHDP-eligible offenses? Yes/No Yes

c. Other screens used (criminogenic risk, substance abuse, traumatic brain injury): Confidential Medical Screen, CPAT (Colorado Pre-Trial Assessment Tool), and CAGE-AID (SUD screen), Ohio State University TBI-ID.

d. Process for administering mental health screen, including who will administer the screen and when and how results will be tracked: The Mental Health Diversion Navigator (MHDN) will administer the "Correctional Mental Health Screen" with all individuals that identify with mental health or substance use during Medical Screening in the jail, meet charge criteria, or are flagged during the Bond Commissioner process. The Mental Health Diversion Navigator (MHDN) will administer the "Correctional Mental Health Screen" with individuals referred by the District Attorney's office at their first appearance. The MHDN will then enter this information into both the Jails Electronic Medical Record as well as by entering an "EVENT CODE" (i.e. "BMHS"- brief mental health screen, and "MHDP"-mental health diversion program referral/placement) into the Jail Management System.

7. Process for tracking positive screens and obtaining timely in and out of custody assessments, including who conducts assessments, instrument or method use and time frame from mental health screening to assessment: Assessments will be completed by the MHDN as soon as possible after eligible clients are identified via a positive screen and meeting charge criteria. In many cases this can happen the same day. They will complete a biopsychosocial assessment including demographics, relevant history, and a battery of assessments as indicated, including: Mini-Cog, PC-PTSD, Immediate Needs Assessment, Columbia Suicide Severity Rating, Vulnerability Scale, TCU-5, Ongoing Abuse Screen, and LSI-R-SV. Assessment results will be used to develop a diversion plan for referral and support in the community.
- 
8. Process for expedited and coordinated handoff from assessment to treatment: They (The Mental Health Diversion Navigator, MHDN) will also assist client in connecting with resources and treatment in the community. The MHDN will use the diversion plan created from the assessment to guide the referral process. When needed the MHDN will accompany client or provide transportation to referral source. This will include connection to natural and formal support systems including family, friends and other supportive communities and service providers.
- 
9. Process for selecting MHDP candidates, including timing of decision and provision of notice to the court: Candidates will be identified through Boulder County Mental Health Diversion program decision tree model (attached) to determine charge eligibility and shall be screened during the Booking process by the MHDN using the Correctional Mental Health Screening Instrument. Upon meeting the charge eligibility, positively being screened for Mental Health issues as well as obtaining written consent and interest in participating in the diversion program, clients will be assessed by the MHDN Navigator for further needs and appropriate referral to service providers.
10. Requirements for successful diversion, including no file cases and dismissal of charges, and procedures for notifying the court of successful completion: Meets eligibility for program, completes assessment and diversion plan, and gives documented consent to participate. Reports will be provided to the court on a quarterly basis, or as requested by the court.
- 
11. Requested funding, in addition to the \$50,000/year District Attorney disbursement  
Please complete the table below or attach a proposed budget.

	Personnel	Training	Consultants/ Contract Support	Operating	MH Screening	MH Assessment	MH Treatment	Ancillary Services	Other (please specify)
FY19	<u>42.5K</u>						<u>30K</u>	<u>7.5K</u>	
FY20	<u>85K</u>						<u>60K</u>	<u>15K</u>	

Explanation/Comment: MH treatment includes counseling, psychiatry, medication, and peer recovery support. Personnel will provide screening and assessment.

---

12. Information-sharing needs and plans among partners, consistent with state and federal law, including existing and needed agreements and authorizations for release of information: We have existing ROIs in place to be used as needed.
-

13. Training and support

- a. Pre-implementation (< January 2019) training needs: None. Current training needs are being handled amongst current program partners.
- b. Ongoing training needs: On-going outreach education to both Law Enforcement partners and the Boulder County Community.
- c. Support needed from the State Court Administrator's Office: Request for comparative data from the other pilot sites around challenges and successes in implementing MHDP.

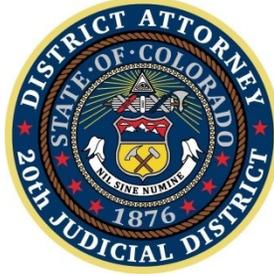
14. Plan for addressing or providing referrals for longer term access to mental health treatment and/or medication, housing, employment and/or other basic needs: The MHDN (Mental Health Diversion Navigator) will help link client with existing resources in the community that will assure these needs are met. The planning team will also meet with these systems to ensure smooth service delivery and accountability.

15. Other specific measurable goals for MHDP (cost savings, system efficiencies, etc.): Reduction in cost of jail bed days. Average lengths of stay for AXIS 1 offenders multiplied by bed days at \$140 per day. Increased time engaged in treatment. Increase in admissions in community treatment. Decreased police contact, post diversion.

I affirm that this Pilot Site Design Plan complies with the Colorado Commission on Criminal and Juvenile Justice Model, Adopted January 12, 2018, and the provisions of C.R.S. §18-1.3-101.5. I am aware of the quarterly and annual data collection and reporting requirements for my district's piloting of the mental health diversion program.

By: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
District Attorney for the 20th Judicial District

By: \_\_\_\_\_  
Printed name: \_\_\_\_\_  
Chief Judge of the 20th Judicial District



## OFFICE OF THE DISTRICT ATTORNEY

### TWENTIETH JUDICIAL DISTRICT

Michael T. Dougherty, District Attorney

## Mental Health Diversion Program Pilot – Expanded Eligibility Criteria

### Initial Eligibility Criteria - Pre-filing at Jail only

- Non VRA Petty Offense and Misdemeanors
  - o Obstructing/Resisting- *must have LE input at the jail*
- Past Criminal History alone, will **not** automatically disqualify someone
  - o Other open case with unsupervised probation only, may be considered
  - o Current supervised probation or parole will be excluded
  - o Open warrant(s) will disqualify
  - o Eligible participants will be evaluated using MH screens and the CPAT; CPAT 1 and 2 are target population
- Must live in county

### New Expanded Eligibility (August 23, 2019) – expand to PRE and POST-filing

- Non-VRA Petty Offense and Misdemeanors
  - o Exceptions:
    - 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
    - Offenses against people, such as reckless endangerment, harassment, and false imprisonment, must have input from LE and/or DDA
- 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
  - 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

- **Post-filing cases via summons**
  - DDA may refer to MHDP at first appearance, and MHDP will screen cases at Boulder County Justice Center on same morning
    - If D is accepted, DA will dismiss case immediately upon notice of acceptance
    - If D is not accepted, the case will be handled in a standard manner
- **Expanded eligibility for drug charges**
  - Effective March 1, 2020, Possession of Schedule I/II under 4 grams will be classified as a DM1
    - Prior to March 1, 2020, DF4s (Possession of Sched I/II, under 4 grams) may be considered for MHDP, along with drug misdemeanors
    - After March 1, 2020, all drug misdemeanors may be considered for MHDP
- In cases involving co-defendants, each individual will be assessed individually
- MHDP staff will determine eligibility based on charges submitted by LE
  - If LE believes that higher charges are likely to be filed, LE should inform jail staff and DA's Office, and indicate concern on "Arresting Agency Questionnaire/Pre-Booking Inventory" form
- Restitution (likely for theft and criminal mischief), will be determined and paid to victim by CJS, and is currently limited to \$10,000 annually
  - 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
- Case is closed (pre-filed) or dismissed (post-filed) immediately when defendant is determined to be eligible by MHDP staff and defendant accepts program
  - LE may give input in all cases using the "Arresting Agency Questionnaire/Pre-Booking Inventory" or speaking to MHDP staff at the time of booking
    - MHDP will follow-up with LE to inform of MHDP acceptance
    - MHDP will contact each department to schedule time for training/briefing on program
  - MHDP will provide monthly reports of participation to DA's Office



**Reporting Requirements and Cover Sheet**

**2019 Reports:**

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

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

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

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

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

**Prepared by:**

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

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

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

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

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

**Mental Health Diversion Program (MHDP)**

Appendix E

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

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

**Mental Health Diversion Program (MHDP)**

Appendix E

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

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

**Mental Health Diversion  
Program (MHDP)**

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

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

**Mental Health Diversion  
Program (MHDP)**

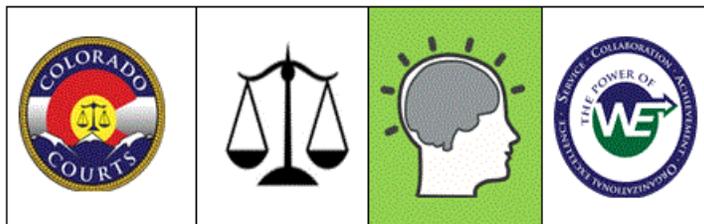
Form # 2 Participant EXIT Data Program Quarter (PQ)	Last Name	Date Booked (if arrested)	Date of MH Screen (if not date booked)	Date of Release from Custody (if arrested)	Date of Entry into MHDP (signature of diversion agreement)	Date of Exit from MHDP
PQ 1 1/1/19-3/31/19						
PQ 2 4/1/19-6/30/19			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

**Mental Health Diversion  
Program (MHDP)**

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

**Mental Health Diversion Program (MHDP)**

Mental Health Diversion Program (MHDP)		Mental Health Provider Data				
		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)
Form # 2 Participant EXIT Data Program Quarter (PQ)	PQ 1 1/1/19-3/31/19					
PQ 2 4/1/19-6/30/19						
PQ 3 7/1/19-9/30/19						
PQ 4 10/1/19-12/31/19						



## Mental Health Diversion Program (MHDP)

### Program Description

To address the incarceration of persons with untreated mental health problems, the MHDP strives to reduce criminal behavior through access to mental health treatment. The MHDP is a post-arrest pre-plea diversion pilot program for lower level non-Victim Rights Act offenses. Mental health screening and assessment upon or soon after arrest identify MHDP participants, who will divert from routine criminal case processing and court involvement to mental health and/or psychiatric treatment in the community. Participants who obtain treatment and commit no other criminal offense during the six months of diversion may avoid criminal conviction and its collateral consequences on employment, housing and family stability. MHDP benefits may include reduction of jail overcrowding, incarceration and prosecution cost savings, increased community safety and better outcomes for individuals, families and communities.

### Program Services

- Mental health screening and assessment
- Mental health treatment (individual and/or group sessions)
- Psychiatric treatment
- Case management

### Pilot Sites

6th Judicial District (Archuleta, La Plata and San Juan Counties)  
 8th Judicial District (Jackson and Larimer Counties)  
 16th Judicial District (Bent, Crowley and Otero Counties)  
 20th Judicial District (Boulder County)

### Program Contact

Kara Martin • Mental Health Diversion Program Coordinator  
 Criminal Justice Programs Unit • Court Services Division  
 Office of the State Court Administrator  
 1300 Broadway, Suite 1200, Denver CO 80203  
 720.625.5963 • kara.martin@judicial.state.co.us

### Population Served

Adult arrestees in county jails who need mental health treatment and are alleged to have committed lower level, non-VRA criminal offenses

### Authorizing Legislation

SB 18-249, codified at CRS §18-1.3-101.5, creates the Mental Health Criminal Justice Diversion Grant Program in the Office of the State Court Administrator and establishes mental health diversion programs in four pilot sites. The program is authorized through June 30, 2022.

### Funding and Staff Allocation

FY 2019 \$750,000  
 FY 2020 \$1,192,543, including staff compensation for the MHDP Grant Program in the Office of the State Court Administrator and \$50,000 annually for each pilot site District Attorney Office to offset staff and administrative costs

### Funding Guideline Priorities

- Mental health assessment
- Mental health and psychiatric treatment

### Other Permissible Expenses

- Case management
- Training of MHDP partners
- Program outreach
- Ancillary services (e.g., bus passes)
- Program evaluation
- Personnel
- Consultants / contractors

## Overview of Mental Health Diversion Pilot Program Timeline, Decision Items and Responsibilities

*Funded through December 2021*

**Purpose:** *To pilot a pre-file mental health diversion program in sites across the state that will achieve better and more sustainable mental health and public safety outcomes by diverting individuals with mental health conditions, who have been accused of low-level crime, out of the criminal justice system and into community treatment. See the Colorado Commission on Criminal and Juvenile Justice Model, Adopted January 12, 2018 (CCJJ Model).*

### Goals:

- Reduce the number of individuals with mental health conditions in jails by a designated percentage
- Reduce the number and cost of court cases involving those with mental health conditions
- Demonstrate cost-savings and other measurable efficiencies in justice and healthcare resource management
- Promote positive outcomes for those living with mental health conditions

### Proposed Timeline

- Oct. 15, 2018: SCAO development of pilot program procedures, timeline and reporting requirements
- Oct. 15, 2018: SCAO establishment of grant funding guidelines and acceptable expenses
- Nov. 15, 2018: Pilot submission of program design, funding allocation request and proposed use, consistent with CCJJ model
- Nov. 15, 2018: Chief Judge establishment of pilot policies (could be included in program design)
- On or before Dec. 1, 2018: SCAO allocation of funding among pilots
- Dec. 15, 2018: Chief Judge finalization of needed MOUs or formal agreements, including brokering of services with MH treatment providers
- <span style="color: red;">Jan. 1, 2019: SCAO distribution of \$50,000 to each pilot; pilots operational (arrests > 12/31/18)
- Quarterly report deadlines:
 

April 30, 2019 (Q1)	October 30, 2020 (Q7)
July 30, 2019 (Q2)	January 30, 2021 (Q8)
October 30, 2019 (Q3)	April 30, 2021 (Q9)
January 30, 2020 (Q4)	July 30, 2021 (Q10)
April 30, 2020 (Q5)	October 30, 2021 (Q11)
July 30, 2020 (Q6)	January 30, 2022 (Q12, Final)

### SCAO Responsibilities, CRS §18-1.3-101.5(5) and (6)

- Administration, monitoring and oversight of pilot programs, certifying that by January 1, 2019, each pilot implements a design consistent with the CCJJ model and legislative intent
- Establishing pilot program procedures and timelines
- Establishing grant funding guidelines and acceptable expenses and awarding annual grants to pilot sites (considering required allocations, other pilot needs, case volume, geographical complexity, density of need, etc.)
- Disbursing \$50,000 per year through December 2021 to the DA's office of each pilot to cover personnel and administrative costs required to establish and operate the program, with the first payment distributed by January 1, 2019

**Pilot Site Chief Judge Responsibilities, CRS §18-1.3-101.5(4)**

- Establishing and facilitating the pilot program, consistent with the CCJJ Model
- Initiating and coordinating organizational meetings with program partners to implement the program
- Establishing policies for the pilot program
- Facilitating formal agreements or MOUs required for creation of the pilot program
- Contracting with local community treatment providers that deliver a continuum of services
- Administering the program

**Pilot Program Design Considerations and Decision Items**

*SCAO is eager to visit pilot sites and if requested, can facilitate meetings to address decision items, gather, distribute and/or present options, such as screening tools, information-sharing agreements, etc., and otherwise problem solve. Please notify Kara Martin of areas in which your pilot site requests support.*

1. **Target population:** Must decide on target population; Need agreement among jail, DA, court and providers regarding the target population and a willingness of providers to treat those offered MH diversion; An overly narrow target population will limit the ability to demonstrate program impact.
  - a. Qualifying offenses
    - i. All non-VRA petty?
    - ii. All non-VRA misdemeanor?
    - iii. All non-VRA F4, F5 or F6?
    - iv. All level 3 or 4 F drug offenses?
  - b. Qualifying MH conditions
    - i. Serious or severe mental illness or condition?
    - ii. Any mental illness or condition?
    - iii. Specific mental health condition or category of conditions or disorders? Disqualifying disorders?
    - iv. Co-occurring substance abuse?
  - c. Qualifying criminogenic risk? Low? Moderate? High?
  - d. Likelihood of succeeding in diversion?
  - e. Risk of deterioration in jail?
2. **Partners/participants:** Must decide on other agencies or entities to involve, the most appropriate person from each and when to involve them (e.g., in the planning and development stages, post-design and pre-implementation, for training, etc.)
  - a. Court (Judicial officer(s), court staff, behavioral health liaison?)
  - b. DA
  - c. Jail
  - d. Pre-trial services
  - e. Mental health provider(s)
  - f. Public defender and/or private defense counsel
  - g. Probation?
  - h. Others?
3. **Pilot locations within judicial district:** Must decide whether to pilot MH diversion in all counties and all courthouses and if not, to select most appropriate locations
4. **Inventory of services:** Must compile a list of available resources and/or services for not only MH issues, but basic needs; Check with behavioral health liaison (if in place)

5. **Screening instrument(s)**: Must decide which screening tool(s) to use and logistics regarding its use. Ideally, the screen will be universally used for all arrestees with qualifying charges, not just those demonstrating concerning behavior. The screen should be quick to use and should be a validated tool. The screen should be completed as soon as possible prior to posting of bond.
  - a. What pre-trial, MH, SA screens are currently used, if any? Do those screens identify the target population?
  - b. Consider ease of use (staff time, etc.)
  - c. Consider whether the screen identifies those in the target population
  - d. Consider whether to use a MH screen only; Criminogenic risk? Substance abuse? Traumatic brain injury?
  - e. Decide whether to screen all arrestees with qualifying charges, rather than those exhibiting behaviors indicative of MH concerns (universal vs. selective screening)
  - f. Consider existing processes within the jail that identify arrestees with MH issues
  - g. How would screening fit within existing jail processes so as to minimally disrupt operations?
  - h. Are the mental health provider and jail in agreement regarding the selected screening tool(s)?
  - i. Who will administer the screen and where? When will it be administered (the sooner, the better)?
  - j. Consider procedures for tracking screen outcome(s)
  - k. Consider procedures to obtain a timely assessment for those screening + (in and out of custody)
  
6. **Mental health/illness assessment and referral to treatment**: Must decide on processes for obtaining MH assessment and expedited, seamless handoff to treatment
  - a. What assessment will be used to identify those in need of MH treatment?
  - b. At what point will individuals be offered diversion? Post-assessment? Who will meet to review assessment to decide whether to offer diversion?
  - c. What procedures must be in place to ensure effective handoff to treatment?
  - d. How has the mental health provider integrated treatment approaches that reduce risk of reoffending?
  - e. What, if any, action will be taken to address longer term access to treatment and medication (e.g., post-diversion, through Medicaid, private insurance or otherwise) to sustain mental health?
  - f. What will be the mechanism, if any, for assessment of those who initially screened negative for MH concerns but are later identified by the jail, court or otherwise as candidates for MH diversion?
  
7. **Funding**:
  - a. Must identify and articulate funding needs/proposed use (assessment, treatment staffing, etc.)
  - b. Must determine need for RFP process (to broker services with MH providers, etc.)
  - c. Must determine procedures for invoicing and payment
  
8. **Information sharing**: Must identify information needed by each partner (DA, jail, court, mental health provider, defense counsel, etc.); How will needed information be shared in compliance with federal and state privacy and confidentiality requirements?
  - a. What information sharing agreements are currently in place? Are they sufficient?
  - b. What information sharing agreements are needed?
  - c. What authorizations for release of information are required for signature by diversion candidates?
  
9. **MOUs/interagency agreements**: Must decide on and execute agreements needed to address the duties of partners, information sharing, and use of funds, as appropriate

**10. Data tracking and reporting:**

- a. What data is currently available to each pilot partner? What data must be tracked?
- b. What data could be tracked? What data would make a compelling case for MH diversion?
- c. What are the reporting requirements and time frames?

**11. Training:** Must identify the pre-implementation (< January 2019) training needs of each pilot partner and arrange training (e.g., inmates with MH issues, Crisis Intervention Team training, use of MH screen, referral processes, availability of MH diversion, court staff training on coding, etc.)

**12. Other logistical issues:**

- a. What meetings are needed and with whom for pilot design and implementation?
- b. What support is needed from SCAO (meeting coordination and/or facilitation, information gathering, research, suggestions, etc.)?
- c. For purposes of determining recidivism and non-compliance with diversion requirements, what level of offense “counts”? Traffic infraction? Traffic offense? Petty offense?
- d. Need tailored diversion contract or agreement; ROI for diversion candidate; waiver of speedy, etc.
- e. Must confirm court coding for acceptance into MH diversion, for successful completion, etc.
- f. How does the court receive notice that candidate is approved for MH diversion?
- g. How does the court receive notice of successful diversion?

**Funding Constraints:** Annual funding for the program of \$750,000 includes

- \$200,000 for pilot DA offices (\$50,000/pilot)
- SCAO staffing of the Mental Health Criminal Justice Diversion Grant Program
- Allocation to pilot sites for permissible expenditures (e.g., MH assessments, treatment, staffing)

**Resources**

- Mental Health Screening Tools in Correctional Institutions: A Systematic Review, BMC Psychiatry, 2013
- Mental Health Screens for Corrections, U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, May 2007
- Brief Jail Mental Health Screen Utilization in U.S. Jails, Journal of Forensic Medicine Forecast, 2018
- Stepping Up: Conducting Timely Mental Health Screening and Assessment in Jails, recorded webinar, <https://www.naco.org/events/stepping-conducting-timely-mental-health-screening-and-assessment-jails>
- Mental Health Minimum Standards, NYC Board of Correction
- Jail and the Mentally Ill, Issue and Analysis, California Corrections Standards Authority
- Criminal Justice Diversion for Persons with Mental Disorders: A Review of Best Practices, CMHA BC Divisions’ Mental Health Diversion Project, March 31, 2008
- Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System, SAMHSA, 2015
- Mental Health Diversion Practices: A Survey of the States, Treatment Advocacy Center, August 2013
- In Focus: Implementing Mental Health Screening and Assessment, The Stepping Up Initiative
- Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask, The Stepping Up Initiative, January 2017
- Effectiveness of Criminal Justice Liaison and Diversion Services for Offenders with Mental Disorders: A Review, Psychiatric Services, September 2013
- County Roles and Opportunities in Reducing Mental Illness in Jails, National Association of Counties, Safety + Justice Challenge
- Turning Point: Criminal Justice to Behavioral Health, SAMHSA Newsletter, July 18, 2016
- Recommendations for Criminal Justice Diversion in Rural Virginia Communities

Appendix H  
For Discussion Purposes Only - Sample MHDP Timeline

**Law enforcement** - arrest - *October 25, 7 pm*

**Jail** – booking and screening

If MHDP eligible charges, conduct MH screen and record - *October 25, 8 pm* - (1 hour > arrest)

If + screen, within 12 hours, notice to MH provider of need for assessment (email/phone) - *October 26, 8 am* - (.5 day > arrest)

Obtain ROI?

**DA** - ROI, police report, any PSI, any assessment results or impact statement to Assessor (*October \_\_*)

**MH Provider (unless MH professional in jail):**

In jail: Provide MH assessment within 48 hours of notice of + screen - *October 28, 8 am* (2.5 days > arrest)

Out: Provide MH assessment within 72 hours of notice of + screen - *October 29, 8 am* (3.5 days > arrest)

Obtains ROI (if none completed)

**Assessor:** Within 12 hours of assessment (or inability to complete it), provides MHDP recommendation to MHDP decision team and treatment provider (if applicable) on standard form with Medicaid ID and demographic data - *October 28, 8 pm; October 29, 8 pm* (3 or 4 days > arrest)

**Diversion decision?** Automatic unless unwilling? Execution of **formalized agreement?**

**Warm handoff** to treatment provider (phone/in person introduction) → **release**

*October 29, 8 pm; October 30, 8 pm* (4 or 5 days > arrest)

**Provider - Initiation of treatment**

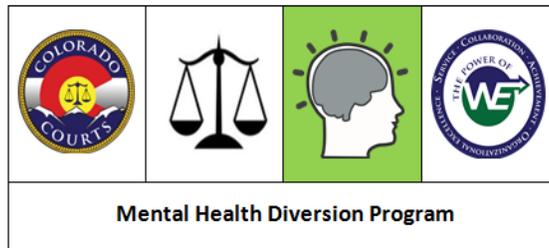
- Within 24 hours (1 business day?) of facilitated intro, start MH treatment – *October 30, 8 pm?* (5 or 6 days > arrest)
- Within 1 week of facilitated intro, start psychiatric treatment – *Nov. 5 or 6* (11 or 12 days > arrest)
- Notification to court/team treatment initiated within 1 week of warm handoff – *Nov. 3; Nov. 4*
- Continued provision of services up to 6 months following diversion decision

**Provider** -Invoices to Judicial within 30<sup>th</sup> of month following month of service delivery

**Judicial** - review and payment of invoices within 30 days

Diversion term: *Oct. 29/30, 2018 – April 29/30, 2019* (end of treatment through MHDP)

- Before end of diversion, link to access for ongoing treatment?
- Notice of dismissal of charges, if filed



### What Do You Think?

Congratulations on completing the Mental Health Diversion Program! Please help us understand whether the program was helpful and how we can make it better.

***You are not required to complete this survey. The only purpose is to evaluate and improve the program. Please do not identify yourself or include your name. This survey will not affect any charges against you.***

<b>1. When I <i>started</i> the Mental Health Diversion Program:</b>	
<input type="checkbox"/> I had a job.	<input type="checkbox"/> I did not have a job.
<input type="checkbox"/> I had a home.	<input type="checkbox"/> I did not have a home.
<input type="checkbox"/> I had Medicaid.	<input type="checkbox"/> I did not have Medicaid.
<input type="checkbox"/> I had private health insurance.	<input type="checkbox"/> I did not have private health insurance.
<input type="checkbox"/> I could financially support my family.	<input type="checkbox"/> I could not financially support my family.
<input type="checkbox"/> I had an appointment set for mental health treatment or counseling.	<input type="checkbox"/> I did not have an appointment set for mental health treatment or counseling.
<input type="checkbox"/> I was taking medication for my mental health.	<input type="checkbox"/> I was not taking medication for my mental health.
<b>2. When I <i>finished</i> the Mental Health Diversion Program:</b>	
<input type="checkbox"/> I had a job.	<input type="checkbox"/> I did not have a job.
<input type="checkbox"/> I had a home.	<input type="checkbox"/> I did not have a home.
<input type="checkbox"/> I had Medicaid.	<input type="checkbox"/> I did not have Medicaid.
<input type="checkbox"/> I had private health insurance.	<input type="checkbox"/> I did not have private health insurance.
<input type="checkbox"/> I could financially support my family.	<input type="checkbox"/> I could not financially support my family.
<input type="checkbox"/> I had an appointment set for mental health treatment or counseling.	<input type="checkbox"/> I did not have an appointment set for mental health treatment or counseling.
<input type="checkbox"/> I was taking medication for my mental health.	<input type="checkbox"/> I was not taking medication for my mental health.
<b>3. <input type="checkbox"/> The Mental Health Diversion Program <b>helped</b> me.</b>	<b><input type="checkbox"/> The Mental Health Diversion Program <b>did not help</b> me.</b>
<b>4. One thing that helped me:</b> _____ _____	
<b>5. I could have used more help with:</b> _____ _____	
<b>5. One thing the program should do differently:</b> _____ _____	
<b>6. If I had been in jail instead of in the Mental Health Diversion Program:</b> _____ _____	
<b>7. Anything else you want to tell us?</b> _____ _____	



# MENTAL HEALTH DIVERSION PROGRAM

## NEXT STEPS

<b>WHO is the program for?</b>	<p><i>Maybe you, if:</i></p> <ul style="list-style-type: none"> <li>• you could benefit from mental health treatment</li> <li>• your charges - or alleged charges - fit the program</li> <li>• your criminal history is a fit for the program (<i>decided by the District Attorney</i>)</li> <li>• you want treatment and are ready for a change</li> </ul>
<b>WHAT are the benefits?</b>	<ul style="list-style-type: none"> <li>• The program pays for your treatment, if you don't qualify for Medicaid or have insurance</li> <li>• Your charges will be dismissed if you complete the program (stay engaged and enrolled in treatment and crime free for 6 months)</li> </ul>
<b>HOW do you complete the program?</b>	<ul style="list-style-type: none"> <li>• Follow your Pre-Trial release conditions</li> <li>• Meet with SummitStone Health Partners and complete a program assessment</li> <li>• Sign a Diversion Agreement at your next court date</li> <li>• Engage in treatment for six months without being negatively discharged</li> <li>• During the six months of Diversion do not receive any new charges</li> </ul>
<b>WHAT are your next steps?</b>	<ul style="list-style-type: none"> <li>• If you are released from custody, set up supervision with Pre-Trial</li> <li>• If you are released from custody, call SummitStone to complete your program assessment</li> <li>• Go to your appointment(s) at SummitStone</li> <li>• Appear in court at all court dates</li> <li>• Sign the Diversion Agreement</li> <li>• Comply with the Diversion Agreement</li> </ul>
<b>WARNING! Don't miss out on this chance!</b>	<p><b>You must:</b></p> <ul style="list-style-type: none"> <li>• call SummitStone immediately at 970-498-7482</li> <li>• go to your appointment(s) with SummitStone</li> <li>• go to your court date(s)</li> </ul>
<b>Questions and contact Info</b>	<ul style="list-style-type: none"> <li>• SummitStone Health partners: 970-498-7482</li> <li>• District Attorney's Office (eligibility questions): Necole Hampton 970-498-7233 hamptonl@co.larimer.co.us</li> </ul>

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Signature

\_\_\_\_\_ initials of person giving Defendant form



## GOALS OF MHDP

A recently enacted law (SB 18-249, codified at C.R.S. §18-1.3-101.5) authorizes a Mental Health Diversion Program. MHDP keeps people with mental health issues who are charged with non-Victim Rights Act offenses out of the criminal justice system and into community mental health treatment.

The goal of the Larimer County Mental Health Diversion Program is to identify those individuals who are struggling with mental health issues and divert them out of the justice system and into the appropriate mental health and social service resources.

## MHDP MISSION

By connecting individuals with the appropriate resources and services, we hope to prevent further contacts with the criminal justice system.

We hope to develop cost-savings and measurable criminal justice and healthcare resource management efficiencies.

We strive for positive outcomes for those with mental health conditions, such as improved health, reduced symptoms, improved social support and an overall reduction of criminal activity.

## COLORADO COURTS MISSION



- Protect constitutional and statutory rights and liberties
- Assure equal access
- Provide fair, timely and constructive resolution of cases
- Enhance public safety
- Supervise offenders
- Facilitate victim and community reparation

## Larimer County Mental Health Diversion Program (MHDP)



SUMMITSTONE  
HEALTH PARTNERS



## PURPOSE

MHDP addresses the incarceration of people who have untreated mental health problems and strives to reduce criminal behavior by providing access to mental health treatment.

MHDP is a post-arrest, pre-plea pilot program for non-Victim Rights Act offenses. As soon as possible after arrest, individuals will receive a mental health screening and assessment to identify eligible participants. These individuals will be diverted from routine criminal case processing and court involvement and placed into out-patient mental health and/or psychiatric treatment in the community.

*Participants who enroll, maintain treatment and commit no other criminal offense during the six months of diversion may avoid criminal conviction and have the case dismissed, thereby avoiding the consequences that typically affect employment, housing and family stability when someone is incarcerated.*



## WHAT IS THE LARIMER COUNTY MENTAL HEALTH DIVERSION PROGRAM?

MHDP is a pre-plea program for people whose charges and risk levels are at the appropriate level to be considered for diversion from the criminal justice system due to their mental health needs. MHDP provides non-criminal-justice treatment along with other supportive services to help the individual achieve stability in the community.

### Program Services

- Mental health screening and assessment
- Individual and/or group mental health treatment sessions
- Psychiatric treatment as needed
- Case management as needed



PLAN

## PROCESS

1. A risk assessment and mental health screening will be conducted on all defendants by Pre-Trial Services (PTS) as a part of the bond application process.
2. PTS will forward appropriate cases to the District Attorney for review.
3. The District Attorney will review the case and criminal history. If the case meets the program requirements, the District Attorney's office will forward it to SummitStone Health Partners for a mental health assessment.
4. If the defendant agrees to an assessment, SummitStone will then notify the District Attorney's office of the individual's appropriateness for the program from a treatment perspective.
5. The District Attorney will notify the courts, and at the next appearance, the defendant will be formally offered enrollment into the program
6. If the defendant remains enrolled and engaged and does not receive criminal charges for six months, the criminal case against them will be dismissed.

Appendix J



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It is the goal of the **Boulder County Mental Health Diversion Program (MHDP)** to identify and divert low-level criminal cases involving individuals who are struggling with mental health issues out of the criminal justice system and into appropriate services or treatment.

By connecting people with needed resources and services, the Mental Health Diversion Program can help improve mental health outcomes, prevent further contacts with the Justice system, and reduce crime.

Boulder County prosecutors, defense attorneys, law enforcement, and jail staff are all teaming up to introduce a diversion program that keeps people struggling with mental health issues out of jail and offers them treatment and the chance to have their charges dismissed instead of going through a traditional court process.

## **Boulder County Justice System Partners**

Boulder County Sheriff's Office  
Boulder County Jail  
3200 Airport Road  
Boulder, CO 80301

Boulder County  
Justice System Partners

# Mental Health Diversion Program

Appendix J



## Program Screening and Admission

Upon arrival at the Boulder County Jail, eligible individuals will be screened by Jail Medical Personnel for mental health symptoms, substance use, and medical issues.

The initial MHDP screening will be conducted by Community Justice Services Jail Behavioral Health Navigators. Individuals will be screened using the Correctional Mental Health Screen. Based on the responses to this screening, a person with mental health symptoms will be referred for further assessment or evaluation.

In conjunction with this screening and evaluation, Community Justice Services Bond Commissioners will determine if the person meets the charging criteria for acceptance in the Mental Health Diversion Program.

Individuals may also be referred by a Deputy District Attorney at their first court appearance. Once referred, individuals will be screened and assessed for admission to the Mental Health Diversion Program.

## Referral for Services

When a person meets both the mental health screening and program eligibility standards, the Mental Health Diversion Navigator will:

1. Conduct a follow-up assessment to further identify the participant's immediate needs.
2. Determine if the participant is already engaged in mental health services in the community.
3. Identify any barriers or obstacles that may prohibit or hinder the participant's willingness and or ability to engage in services.
4. Contact the appropriate agency or service provider to make a referral.
5. Oversee the "warm hand-off" of the participant to the appropriate service or treatment provider prior to the participant's release.

Restitution and Restorative Justice services may be required as part of participation in this program.

Once connected with services, the Mental Health Diversion Navigator will monitor the participant's engagement with services at the following intervals: 1 month, 3 months, 6 months, 9 months, and 12 months post-diversion.

## Eligibility Criteria

The following charges may be eligible:

- Non-VRA Petty Offense and Misdemeanor cases, including:
  - o Theft
  - o Trespass
  - o Criminal Mischief
  - o Disorderly Conduct
  - o Misdemeanor drug charges
- Obstructing/Resisting cases (depends on details of the case and requires input of the arresting agency and or officer)

The following cases are **NOT** eligible for MHDP:

- Firearm offenses
- Victims Rights Acts charges
- Violations of Protection Orders
- Charges causing harm to people such as reckless endangerment, harassment, and false imprisonment, must have approval of the arresting agency or District Attorney's Office.

Past criminal history alone will not automatically disqualify a person from program acceptance. However, participants may not have other pending cases, other open warrants, or be currently on supervised probation or parole for another case.

Appendix K  
**MHDP IMPLEMENTATION CHECKLIST**

**Participation of Partners**

- The jail is on board and understands what, where, when, why and how
- The DA is on board and understands what, where, when, why and how
- The PD is on board and understands what, where, when, why and how
- The MH/psychiatric providers are on board and understand what, where, when, why and how
- The court is on board and understands what, where, when, why and how
- If applicable, pre-trial services is on board and understands what, where, when, why and how
- Other: \_\_\_\_\_ is on board and understands what, where, when, why and how
- All program partners are in contact with and know how to reach each other

**InterAgency Agreements, Forms, Etc.**

- DA, Judicial and other necessary parties have an executed InterAgency Agreement and have reviewed it
- Program partners have a copy of the CCJJ Model and Statute
- DA received first payment of \$50K
- Program partners have the MHDP Funding Guidelines updated 1.9.19
- Program partners have the Reporting Requirements and Cover Sheet
- Program partners have the Quarterly Report Forms 1 and 2 updated 1.9.19
- Program partners have allocated responsibility for collecting, maintaining and reporting each piece of data
- Program partners have the FY19 and FY20 MHDP Expenditure Codes
- Chief Judge policies are in place
- Program Partners have a process to document problems, ideas, changes, unmet funding/personnel needs, etc.
- Program Partners have a copy of the optional Participant Feedback Survey
- Program Partners know the reporting deadlines
- Program Partners know deadlines for invoices and expense reimbursement requests, esp. at end of fiscal year (6/30)

**MH Screen**

- Program partners have agreed on MHDP messaging to arrestees before (before screen/assessment)
- Program partners reviewed CCJMHS-A, CMHS, Brief Jail MH Screens and instructions
- Program partners selected a screen acceptable to jail personnel
- Jail personnel know what to do when arrestees screen + (e.g., how to obtain a MH Assessment) or negative
- DA, Court or Pre-Trial has a plan for administration of the MH Screen for out of custodies (if served by the pilot)

**MH/Psychiatric Treatment**

- Contracts are in place with providers
- Providers have SCAO background check forms
- SCAO completed background reviews and informed provider of results
- All program partners have made contact with providers and established a plan for communication
- Non-prescribing providers have a plan for handling/referring psychiatric needs of participants
- Providers are prepared to submit to DA (or CJS, 20<sup>th</sup>) one monthly invoice separated by client, service, date, cost
- DA's Office (or CJS I the 20<sup>th</sup>) is prepared to review provider invoices to confirm that recipients of services are/were MHDP candidates/participants referred to provider for such services during diversion period

**Program Consideration**

- Program partners have release(s) of information that allow needed information sharing, including data collection
- Program partners have a plan for determining MHDP eligibility and minimizing unnecessary assessments (e.g., those with ineligible charges, unwilling to participate, etc.)
- Program partners have a Diversion Agreement form
- Program partners have a "warm handoff" plan to maximize engagement

Appendix K

- Program partners have a plan for dealing with participants who fail to initiate treatment
- Program partners have a plan for dealing with participants charged with jailable offenses during diversion term
- Program partners have a plan for informing court of successful diversion/ dismissal of charges (except in 20<sup>th</sup> JD)
- Program partners have a plan for regularly updates/discussion (progress, needs, questions, changes, successes, etc.)

**SCAO**

- We would like SCAO to schedule standing calls for our program partners or pilot leaders
- We would like SCAO to schedule  standing calls  half/full-day meeting with other pilots
- We would like SCAO to provide quarterly post-MHDP recidivism information
- We would like an online discussion/information sharing forum among pilots
- Other: \_\_\_\_\_

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Appendix L  
**RYON MEDICAL & ASSOCIATES, LLC.**

P.O. Box 497  
318 Lacey  
La Junta, Colorado 81050  
719-384-0303 (Phone) ~ 719-384-1033 (Fax)

**MENTAL HEALTH DIVERSION PROGRAM**  
**MENTAL HEALTH ASSESSMENT RECOMMENDATION**

Defendant Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Location of Assessment: \_\_\_\_\_

Assessment completed by (Print Name): \_\_\_\_\_

1.  The undersigned described MHDP to the defendant.
2. The assessment  has been completed  has not been completed.  
If not completed, reason for incomplete assessment: \_\_\_\_\_
3. Inclusion in the Mental Health Diversion Program:  
 *Is recommended* and the *defendant is willing* to voluntarily engage in receiving mental health services\*.  
Provider: \_\_\_\_\_  
Intake appointment date and time: \_\_\_\_\_  
 Is not recommended  
If not recommended, primary reason not recommended: \_\_\_\_\_  
\_\_\_\_\_  
If not recommended, any appropriate referrals identified: \_\_\_\_\_  
\_\_\_\_\_  
If not recommended, skip questions 4 and 5.
4. The defendant  is  is not currently in treatment.
5. If the defendant is currently in treatment, name of provider and confirmed date of next appointment: \_\_\_\_\_

\*If defendant is currently in treatment, intake/next appointment should be scheduled with existing provider unless defendant objects.

Please email this form to [oncald@da16co.gov](mailto:oncald@da16co.gov)

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\_\_\_\_\_  
MH Professional

\_\_\_\_\_  
Date

<b>Mental Health Division Program Funding Allocation and Advisory Committee</b>
Hon. Chris Bachmeyer, 1st Judicial District Court
Carey Boelter, Behavioral Health Programs Manager, Co-Responder Program, El Paso County Sheriff's Office
Maureen Cain, Office of the Colorado State Public Defender
Kyle Gustafson, Problem-Solving Court Coordinator, State Court Administrator's Office
Levon Hupfer, 17th Judicial District Attorney's Office
Russha Knauer, Division of Probation Services, State Court Administrator's Office
Kara Martin, Mental Health Diversion Program, State Court Administrator's Office
Lt. Keith Penry, Douglas County Sheriff's Office
Jenna Quigley, Criminal Justice Programs Unit Manager, State Court Administrator's Office
Matt Riede, Restorative Justice Coordinator, State Court Administrator's Office,
Hon. Jonathan Shamis, Lake County Court, 5th Judicial District Court

# 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:

Date of Offense: \_\_\_\_\_ Case No. \_\_\_\_\_

Description of offense by Defendant:

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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):** \_\_\_\_\_

<b>DISTRICT/COUNTY COURT, LA PLATA COUNTY, COLORADO</b> Court Address: 1060 E. Second Ave., Durango, CO 81301 Phone Number: (970) 247-2304	<b>▲ COURT USE ONLY ▲</b>
<b>PEOPLE OF THE STATE OF COLORADO</b>  v.  <b>Defendant:</b>	
Christian Champagne - District Attorney, Reg. #36833 1060 E 2 <sup>nd</sup> Ave, #B10, Durango, Colorado 81301 Phone Number: (970) 247-8850 Fax Number: (970) 259-0200	Case Number:  Division:
<b>MENTAL HEALTH DIVERSION AGREEMENT</b>	

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 C.R.S. 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:

Date of offense: \_\_\_\_\_ Case No: \_\_\_\_\_

Description of offense by Defendant:

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I, the Defendant, understand that:

1. I have the right to consult with legal counsel before agreeing to enter the 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. If I fulfill the obligations described in this Diversion Agreement, the pending or potential criminal charges against me will be permanently dismissed. A successfully completed Diversion Agreement shall not be considered a conviction for any purpose.

3. I understand that the criminal case covered by this Agreement will be stayed, or paused, by the court. If charges have been filed, I waive my right to a speedy trial for the entire period of the Diversion Agreement. If charges have not been filed, I agree that the statute of limitations regarding the conduct covered by this Agreement shall be tolled for the diversion period.
4. If I fail to initiate and attend treatment/ therapy recommended in the Mental Health Assessment or commit an offense that is punishable by jail time, the District Attorney, in his or her sole discretion, may initiate revocation of this Diversion Agreement by filing a criminal complaint, information, or indictment, or if charges have already been filed, by giving the court notice of intent to proceed with the prosecution. If this happens, I may request a hearing within 14 days after the first court appearance following such notice to contest whether a violation of the Diversion Agreement occurred. If I do not request a hearing, the right to contest the violation is waived.
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 notify the Court of any change in address and phone number. I also must keep my mailing address, phone number, employment and education status current at all times and report such changes to the Diversion Coordinator.
7. I understand that should a Notice of Intent to Prosecute be filed in this case, I am obligated to appear in Court.
8. Any Protection Order issued in this case remains in effect during the period of diversion.
9. I understand that this Diversion Agreement requires a Mental Health Assessment to be performed and that I may be directed to participate 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.
10. 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.
11. I will comply with any other requirements of the Diversion Coordinator in order to meet the conditions of the Diversion Agreement including answering all reasonable questions asked by the Diversion Coordinator.
12. By executing this agreement, I understand that I am obligated to fulfill the additional conditions indicated below:

**CONDITIONS OF DIVERSION AGREEMENT**

**Defendant's  
Initials**

[ ] \_\_\_\_\_ **The diversion period shall be for six (6) months.**

[ ] \_\_\_\_\_ **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.

**Defendant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Defendant's Address/Phone (if any):** \_\_\_\_\_

\_\_\_\_\_

**Defendant's Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief/Deputy/District Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>DISTRICT/COUNTY COURT, LA PLATA COUNTY, COLORADO</b> Court Address: 1060 E. Second Ave., Durango, CO 81301 Phone Number: (970) 247-2304	▲ COURT USE ONLY ▲
<b>PEOPLE OF THE STATE OF COLORADO</b>  v.  <b>Defendant:</b>	
Christian Champagne - District Attorney, Reg. #36833 1060 E 2 <sup>nd</sup> Ave, #B10, Durango, Colorado 81301 Phone Number: (970) 247-8850 Fax Number: (970) 259-0200	Case Number:  Division:
<b>ORDER: MENTAL HEALTH DIVERSION AGREEMENT</b>	

The Court hereby Orders that all proceedings in this case are hereby stayed for six (6) months from the date this agreement was entered into, or until \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ am/pm, at which time all charges in this case will be dismissed with prejudice unless the People have previously filed a petition to revoke the Diversion Agreement.

The Court further sets the case for internal review at a time five (5) months from the date this agreement was entered into, or \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ am/pm. Unless summoned to court by proper notice, the Defendant need not appear at that time and place.

\_\_\_\_\_  
**Judge**

\_\_\_\_\_  
**Date**

## Mental Health Diversion Program Performance and Outcome Measures

The Mental Health Diversion Program (MHDP) collects data for the following performance and outcome measures. Future annual reports, further into the implementation cycle, will include these measures when a larger number of individuals have undergone eligibility screening and program participation, resulting in a more robust and meaningful body of data.

### Outcome Measures

**Success Rate:** The percentage of diversion participants who successfully complete diversion.

**Safety Rate:** The percentage of participants not charged with a new offense punishable by incarceration during the period of diversion.

**Satisfaction:** The qualitative measure of stakeholder opinions regarding the quality of services, interactions and worth within the criminal justice system.

### Performance Measures

**Provision Rate:** The percentage of assessed and appropriate persons who receive services.

**Post-Program Success Rate:** The percentage of participants who complete diversion successfully and are not charged with a new offense after program completion.

**Compliance Rate:** The percentage of participants successfully completing diversion.

**Docket Control:** The percentage of reduced case filings and adjudications attributable to diversion placements.

### Other Operational Data

**Referrals:** The number of referrals to diversion program.

**Time to Diversion Program Placement and Treatment Initiation:** Time from mental health screening to execution or filing of the diversion agreement and initiation of treatment, including timing of intermediate steps.

**Time to Release from Custody:** Time from arrest to release from custody into diversion.

**Time in Diversion:** Time from execution or filing of the diversion agreement to conclusion of program participation through successful completion, voluntary withdrawal or termination.

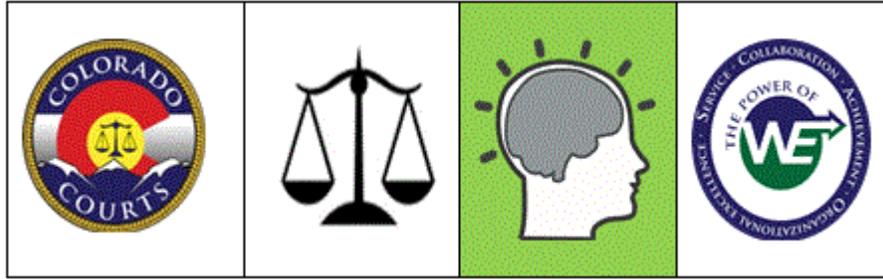
**Time in Programming:** Time from entry to successful completion, voluntary withdrawal or termination of diversion.

**Exits:** Recorded successful completions, voluntary withdrawals and program terminations.

**Charges Diverted:** The most frequently diverted offenses and rate of successful completion for each.

**Payment for Treatment:** The percentage of participants with treatment paid by various sources.

**Recidivism:** Recidivism rates and comparison of recidivating offense classifications.



## **2020 Convening of Mental Health Diversion Pilot Programs**

*Ralph Carr Judicial Center, 1300 Broadway, Denver CO 80203*

### **Proposed Agenda**

- 8:30 – 9:00 **Welcome and Introductions**
- 9:00 – 9:30 **Group Work: Community Resource Speed Mapping**
- 9:30 – 10:15 **Group Work: Sequential Intercept Model Speed Mapping**
- 10:15 – 10:30 **Break**
- 10:30 – 11:30 **Pieces of the Puzzle Panel: Bridges, JBBS, LEAD, MAT, Co-Responder, Outpatient Restoration**
- 11:30 – 12:15 **Traumatic Brain Injury and Why It Matters**
- 12:15 – 1:00 **Lunch**
- 1:00 – 1:45 **Civil Commitment as a Criminal Justice Alternative**
- 1:45 – 2:30 **Risk, Need and Responsivity**
- 2:30 – 2:45 **Break**
- 2:45 – 3:30 **Understanding the MHDP Model**  
*Colorado Commission on Criminal and Juvenile Justice Mental Health/Jails Task Force Model chair Sheriff Pelle and member Abigail Tucker*
- 3:30 – 5:00 **Group Work: Pilot Site Accomplishments, Challenges, Problem-Solving and Action Plans**
- 5:00 **Adjourn**