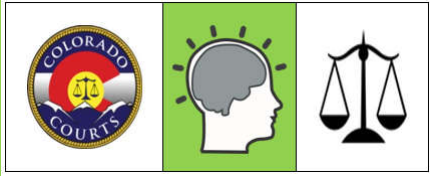


[Adult] Mental Health Diversion Program



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**Just and Well: Rethinking How States Approach Competency to Stand Trial**

Among the 10 most effective strategies to improve the competency to stand trial process:

**Strategy 4:** Create and fund a robust system of community-based care and supports that is accessible for all before, during, and after criminal justice contact.

**Strategy 5:** Expand opportunities for diversion to treatment at all points in the criminal justice system, including after competency has been raised.

**Strategy 6:** Limit the use of the CST process to cases that are inappropriate for dismissal or diversion.

Hallie Fader-Towe and Ethan Kelly, October 2020, The Council of State Government Justice Center, American Psychiatric Association Foundation, Judges and Psychiatrists Leadership Initiative  
<https://csgjusticecenter.org/publications/just-and-well-rethinking-how-states-approach-competency-to-stand-trial/>

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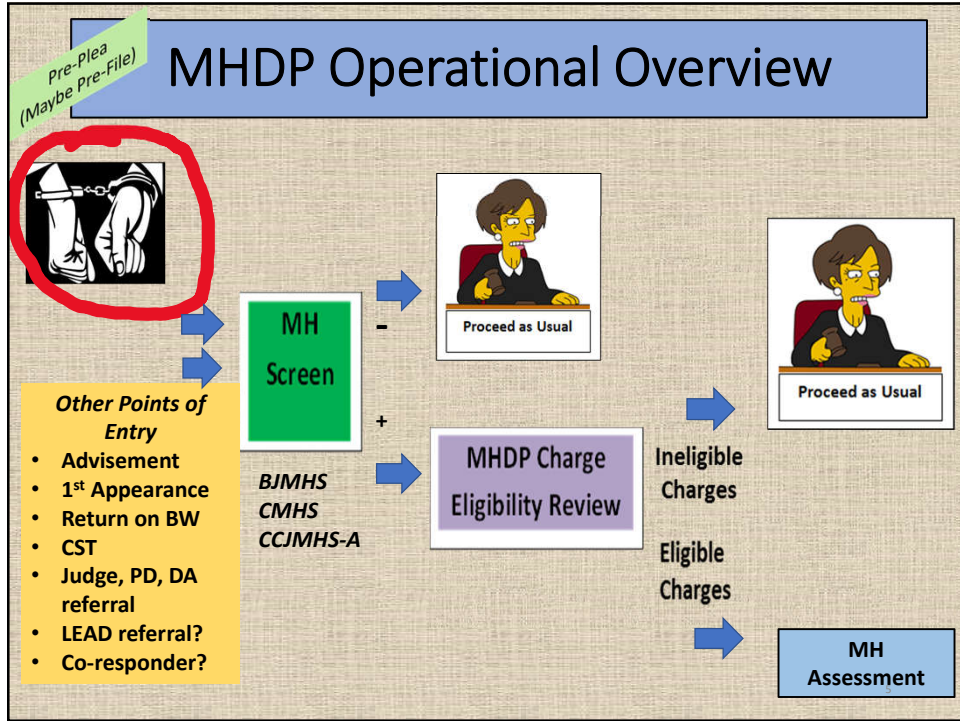
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MHDP Key Program Facts									
<b>Authority</b>	§18-1.3-101.5, C.R.S., and HB 20-1393 (expands # of authorized pilot sites)								
<b>Funding</b>	<ul style="list-style-type: none"> <li>FY19: \$750,000</li> <li>FY20: \$1,192,543</li> <li>FY21: \$100,000</li> </ul>								
<b>Funding Priorities</b>	Mental health and psychiatric screening, assessment and treatment								
<b>Other Permissible Expenses</b>	<table border="0"> <tr> <td>Case management</td> <td>Program evaluation</td> </tr> <tr> <td>Training of MHDP partners</td> <td>Personnel</td> </tr> <tr> <td>Program outreach</td> <td>Consultants / contractors</td> </tr> <tr> <td>Participant needs</td> <td></td> </tr> </table>	Case management	Program evaluation	Training of MHDP partners	Personnel	Program outreach	Consultants / contractors	Participant needs	
Case management	Program evaluation								
Training of MHDP partners	Personnel								
Program outreach	Consultants / contractors								
Participant needs									
<b>Pilot Sites</b>	6th JD (Archuleta, La Plata and San Juan Counties) 8th JD (Jackson and Larimer Counties) 16th JD (Bent, Crowley and Otero Counties) 20th JD (Boulder County)								
<b>Program Duration</b>	Effectively terminated June 30, 2021 (statutory repeal June 30, 2022)								

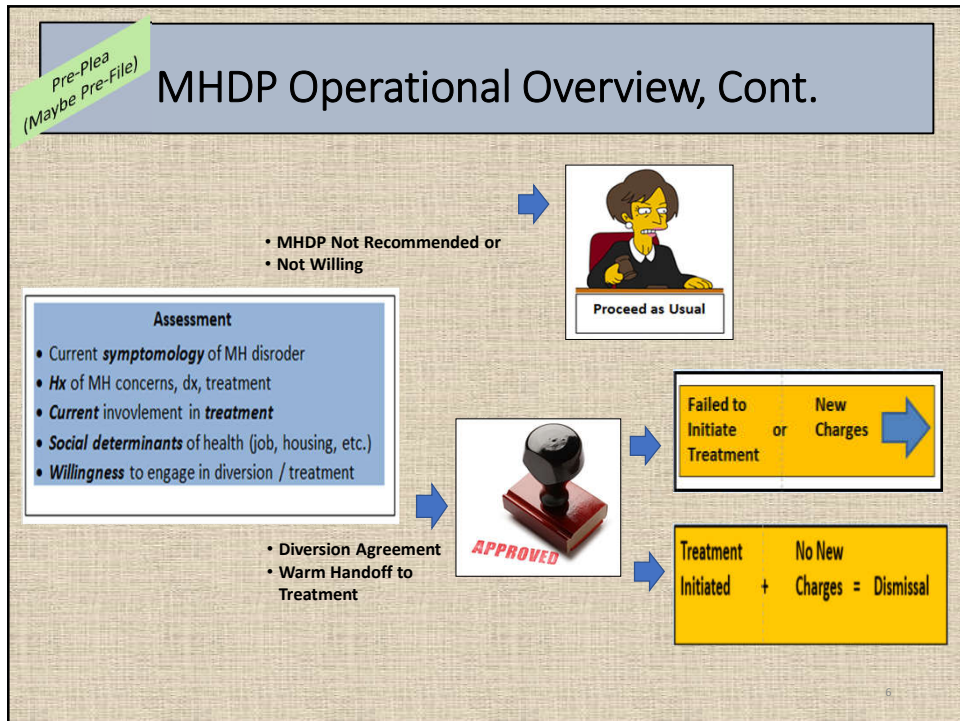
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<b>MHDP Legislative Intent</b>	
<p><i>Identify and divert individuals with MH conditions, charged w/ low-level offenses, out of the criminal justice system, into community treatment programs</i></p> <p><i>(consistent with CCJJ model, adopted January 12, 2018)</i></p>	<p><i>Goals</i></p> <ul style="list-style-type: none"> <li>➤ <b>Reduced incarceration of adults with unmet MH needs</b></li> <li>➤ <b>Reduction of the # and cost of court cases involving adults with unmet MH needs</b></li> <li>➤ <b>Cost-savings and measurable justice and healthcare resource management efficiencies</b></li> <li>➤ <b>Positive outcomes for adults with MH impairments.</b></li> </ul>

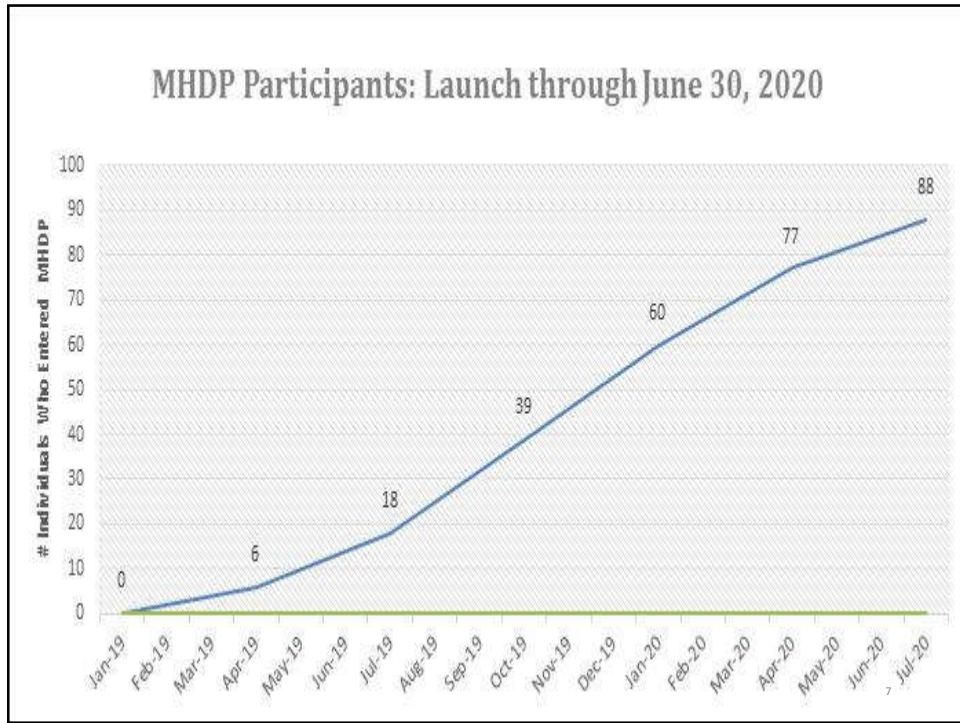
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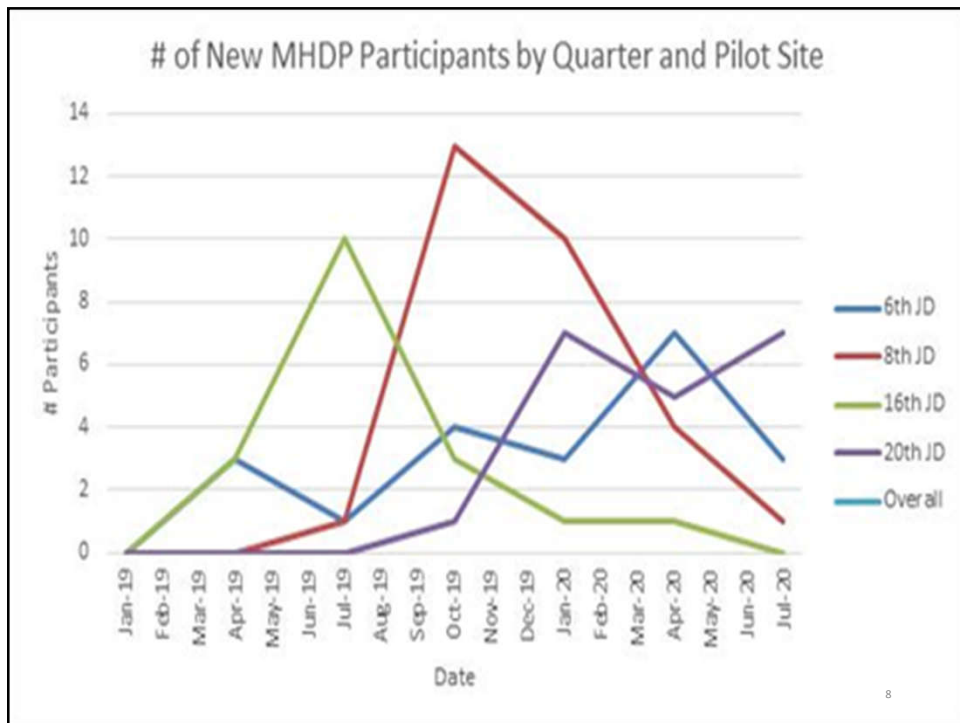
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## Observations

- ➔ Few in custody met eligibility criteria
  - post-arrest screening (in jail)
  - non-VRA, eligible offenses
  - + MH screen
  - acceptable risk / criminal history
  - not on parole, probation
  - restitution - ongoing barrier to entry)
- ➔ Those eligible released / lost contact (or not arrested)
- ➔ Need more providers and expedited assessment/treatment
- ➔ Need funding for basic needs/stabilization as much as for treatment

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## Recommendations

- ➔ Involve all critical stakeholders early (DA, PD, Court, Pretrial, MH, Diversion, PSCs, JBBS, LE, co-responders, Bridges, victim advocates)
- ➔ Maximize **points of entry**
- ➔ Limit **exclusionary criteria** and question assumptions
- ➔ **Equity** and **inclusion** in program design/administration
- ➔ Limit **time in jail** (decompensation/criminogenic exposure)
- ➔ Minimize **time from incident to eligibility and treatment**
- ➔ Warm-handoffs and funding for **basic needs** (food, housing, clothes, transportation, phone, job training, voc rehab)
- ➔ **Case management** (not compliance monitoring)
- ➔ Assistance with Medicaid/insurance - **continuity of care**
- ➔ **Victim** input (including restitution/RJ factors)
- ➔ **RNR** and **MI** training
- ➔ Defining **success...**

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### Both Diversion Statutes

- Alternative to prosecution
- Potential **funding for treatment** needs:
  - MH/psychiatric screening, assessment and treatment as payor of last resort
  - Psychiatric meds as payor of last resort
  - Participant support/case management (MH provider, Div. Coordinator, etc.)
  - Participant basic needs
- Opportunity to identify **other needs** and assist with referrals (Medicaid, SSD/SSI, food stamps, child support, housing, employment, education, vocational rehabilitation, etc.)
- **Interrupt criminal court involvement** driven by unmet MH needs
- Avoid **collateral consequences** of incarceration / conviction on employment, medical stability, family stability, etc.

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### Diversion Statute Comparison

Mental Health Diversion Program §18-1.3-101.5, C.R.S.	Adult Diversion Program §18-1.3-101, C.R.S.
MH-specific	General, not restrictive
Must follow CCJJ model	No specific model
Post-arrest MH Screening/ Assessment	Potential for triage
6-month period of diversion	Flexible diversion term, up to 2 years
No F1-F3, VRA	Excluded offenses (no VRA exclusion)
\$50K/DA office per year +	Flexible funding, ADFC
Focus on providing services not compliance monitoring	

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