

## 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
- <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

**PROGRAM BACKGROUND AND OVERVIEW:** SB 18-249, codified at C.R.S. §18-1.3-101.5, authorizes a mental health diversion program (MHDP), diverting individuals with mental health concerns, charged with low-level criminal offenses, from the criminal justice system into community mental health treatment. Pilot sites include the 6<sup>th</sup>, 8<sup>th</sup>, 16<sup>th</sup> and 20<sup>th</sup> Judicial Districts. Each pilot will design and implement mental health diversion programs, consistent with the model adopted January 12, 2018 by the Colorado Commission on Criminal and Juvenile Justice (CCJJ Model), with administration and oversight of the mental health criminal diversion grant program by the Office of the State Court Administrator. Program goals include:

- Reduced incarceration of individuals with mental health concerns;
- Reduction of the number and cost of court cases involving individuals with mental health concerns;
- Cost-savings and measurable justice and healthcare resource management efficiencies; and
- Promotion of positive outcomes for those with mental health concerns.

**FUNDING OVERVIEW:** Annual program funding includes:

- **DA Awards** of \$50,000 annually for each DA Office for MHDP related administrative and personnel expenses
- **Pilot Funds** for expenditures and/or reimbursements pursuant to these guidelines
- Supplemental distributions or reallocation of funding may occur prior to the close of each fiscal year, based on supplemental funding needs, utilization and availability.

**REQUIREMENTS:**

- Pilots must comply with interagency agreements among the Judicial District, DA’s Office, and any other appropriate parties, including compliance with statutory, data collection, reporting and billing requirements.
- The state operates on a July 1 – June 30 fiscal year. Funds awarded must be expended, with services or products received, by June 30 of each fiscal year.
- Pilots must submit quarterly reports in accordance with the Reporting Requirements and Cover Sheet.
- Pilot site Judicial Districts, DA Offices, and other entities (e.g., pre-trial services, if applicable) must retain proof of program expenses for verification and/or auditing.
- Invoices for payment or reimbursement for services obtained or items purchased are due as follows, but may be submitted on a monthly basis:

Program Quarter	Period Covered	Due Date
1st	Jan. 1 - March 31	April 30
2 <sup>nd</sup>	April 1 - June 30	<b>July 1</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:** See FY19 MHDP Expenditure Coding Guide. 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 Screening, Assessment and/or Treatment (Priority):** Designed to reduce recidivism and criminogenic risk(s), as deemed appropriate through professional assessment, evaluation or screen;
- **Personnel:** Expenses for salaries, wages and benefits for full-time, part-time or contractual staff;
- **Training:** Expenses related to relevant training and skill development of MHDP staff or partners (e.g., topics such as mental illness, assessment of mental health or criminogenic risk or needs, mental health diversion programs, best practices in case management, etc.) to enhance the delivery of services to program participants and enhance program operations;

- **Education and Outreach**: Expenses related to promotion of the program locally or informing stakeholders, including prospective participants (e.g., handouts, brochures, travel to stakeholder meetings);
- **Consultants/Contracts Support**: Expenses that improve the quality of services delivered by or provided for the benefit of the MHDP and its participants by a non-employee, directly tied to statutory goals and program outcomes (e.g., data collection or analysis);
- **Ancillary Services or Costs**: Services necessary for successful completion of diversion, consistent with C.R.S. §18-1.3-101.5 (e.g., purchase of bus tickets to enable participants to attend therapy);
- **Operating**: Expenses attributable to day-to-day business processes of a MHDP program or other relevant expenses specifically incurred or related to the operation of the MHDP;
- **Other**: Other approved expenses necessary for the operation of the MHDP.

**FUNDING ALLOCATION CRITERIA**: Decisions by the Funding Allocation Committee consider Pilot Site Design Plans and:

- Proposed use of funds, in relation to statutory goals and consistency with the CCJJ Model;
- Local need for mental health diversion 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](mailto:kara.martin@judicial.state.co.us).



**Reporting Requirements and Cover Sheet**

2019 Reports:

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

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

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

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

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

Prepared by:

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

Prepared by: (If more than one preparer)

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

Prepared by: (If multiple preparers)

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

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



**Mental Health Diversion Program (MHDP)**

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

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

**Mental Health Diversion  
Program (MHDP)**

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

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

**Mental Health Diversion  
Program (MHDP)**

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

**Mental Health Diversion  
Program (MHDP)**

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

**Mental Health Diversion  
Program (MHDP)**

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



### 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.</b>	<b>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.</b>	<b>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.</b>	<input type="checkbox"/> The Mental Health Diversion Program <b>helped</b> me.	<input type="checkbox"/> The Mental Health Diversion Program <b>did not help</b> me.
<b>4.</b>	<b>One thing that helped me:</b> _____ _____	
<b>5.</b>	<b>I could have used more help with:</b> _____ _____	
<b>5.</b>	<b>One thing the program should do differently:</b> _____ _____	
<b>6.</b>	<b>If I had been in jail instead of in the Mental Health Diversion Program:</b> _____ _____	
<b>7.</b>	<b>Anything else you want to tell us?</b> _____ _____	