



CARROLL COUNTY MENTAL HEALTH ADVOCATES DIVERSION PROGRAM OPERATING POLICIES AND PROCEDURES

1. PROGRAM OVERVIEW

1.1 The purpose of the Diversion Program

The purpose of the Diversion Program is to provide a referral-driven alternative to traditional criminal justice processes for legal adults facing issues related to mental health, substance misuse, or criminal offenses whose root cause can be attributed to those mental health and substance misuse disorders. The program aims to support participants by addressing underlying challenges that contribute to problematic behavior and offering case management services tailored to their needs. Participants in the program will complete a case plan and participate in support services.

1.1a The Carroll County Mental Health Advocates Diversion Program consists of two primary program tracks, each with Mental Health (MH) and Substance Misuse (SM) components:

Pretrial Diversion (MHPD/SMPD):

A voluntary, four-phase program for individuals with mental health and/or substance misuse recovery needs who are facing criminal charges. Successful completion results in dismissal of charges and connection to long-term community-based support.

- **Mental Health Pretrial Diversion (MHPD)**
- **Substance Misuse Pretrial Diversion (SMPD)**

Accountability Track (MHAT/SMAT):

A parallel four-phase program for individuals not eligible for pretrial diversion. Participants may be sentenced into the program, referred after jail release, or identified by law enforcement following contact—even without formal charges. This track provides coordinated services aimed at stability and reduced Criminal Justice System involvement.

- **Mental Health Accountability Track (MHAT)**
- **Substance Misuse Accountability Track (SMAT)**

1.1b Program Model and Phases

Both the Pretrial Diversion (MHPD/SMPD) and Accountability Tracks (MHAT/SMAT) operate under a structured four-phase, recovery-oriented program model. Each phase builds upon the previous phase and is designed to support engagement, stability, accountability, and long-term recovery.

- **Phase 1: Foundations of Recovery**

Focuses on engagement, stabilization, and connection. During this phase, Diversion Program participants complete orientation, establish regular contact with peer support staff, begin identifying recovery goals, and develop initial structure and accountability.

- **Phase 2: Growth & Accountability**

Emphasizes skill-building, self-management, and increased responsibility. Diversion Program participants engage in Whole Health Action Management (WHAM) curriculum, continue peer support, and demonstrate consistent participation and progress toward recovery goals. Participants assigned to the Substance Misuse track (SMPD/SMAT) will complete Moral Reconciliation Therapy (MRT) in place of the Whole Health Action Management (WHAM) curriculum during this phase.

- **Phase 3: Wellness & Empowerment**

Focuses on strengthening long-term wellness and independence through the development of a Wellness Recovery Action Plan (WRAP). Diversion Program participants identify personal wellness tools, supports, and long-term goals while continuing peer engagement and community connection.

- **Phase 4: Connection & Independence**

Supports maintenance of recovery, sustained community involvement, and preparation for program completion. Diversion Program participants demonstrate stability, continued accountability, and readiness to transition out of formal program requirements while remaining connected to peer and community supports.

Progression through phases is based on engagement, effort, and demonstrated growth, rather than time alone. Phase timelines are flexible and adjusted as needed to support individual recovery needs.

1.2 Program Length & Duration

The typical period of enrollment in the Diversion Program ranges from 12 to 18 months, based on the completion of all four program phases. Program length may be shortened to no less than six (6) months when appropriate, depending on the participant's level of need, engagement, progress, and identified barriers. Program duration may also be extended when additional barriers impacting a participant's stability or success are identified. Extensions are used as a supportive measure to promote successful completion rather than as a punitive response.

1.3 Program Agreement



Upon enrollment, Diversion Program participants will receive and review the Carroll County Mental Health Advocates Diversion Program Agreement. While enrolled in the program, participants are expected to engage in the program in accordance with the terms outlined in the agreement, with support and guidance from CMHA staff.

1.4 Individualized Recovery & Case Planning

Participation in the Diversion Program requires engagement in an individualized recovery and case plan. The recovery plan is developed collaboratively by the participant and CMHA staff and is tailored to the participant's unique needs, strengths, and goals.

The plan may include:

- Peer support contact frequency
- Required group participation
- Engagement in mental health services (either newly established or continued from services in place prior to enrollment)

Participants are expected to make a good-faith effort to engage in the services and supports outlined in their recovery plan.

Ongoing Treatment Engagement Requirement

As a condition of participation in either the Pretrial Diversion (MHPD/SMPD) or the Accountability Track (MHAT/SMAT), Diversion Program participants are required to remain actively engaged in behavioral health treatment throughout the duration of the program.

Program participants must, at a minimum, provide documentation verifying one of the following:

- Attendance at a psychiatric appointment at least once every three (3) months when prescribed psychiatric medication, or
- Attendance at therapy sessions with a licensed behavioral health clinician at least once every six (6) weeks when medication management is not required.

These minimum requirements do not replace or override clinical recommendations.

Diversion Program participants are expected to follow all treatment recommendations outlined in their Behavioral Health Assessment (BHA) and as determined by their licensed mental health clinician, which may include more frequent services or additional levels of care.

Documentation may include appointment verification, provider attendance confirmation, or other written proof of engagement from a licensed provider.

Failure to provide required documentation of ongoing treatment engagement or to follow clinical recommendations may result in a review of program participation and may be addressed through supportive intervention, modification of the recovery plan, or further action consistent with program policies.

Alternative Treatment Placement & Modified Diversion Requirements

The Diversion Program recognizes that, in certain cases, a higher level of care may be clinically appropriate. Participants may be approved to fulfill Diversion Program requirements through enrollment in a licensed inpatient or residential treatment program, subject to prior approval by the Court and the Diversion Team.

1. Court Approval Requirement

All placements into inpatient or residential treatment in lieu of standard Diversion Program participation must receive prior approval from the Court. Documentation of such approval shall be maintained in the participant's file.

2. Equivalency of Compliance

While enrolled in an approved inpatient or residential treatment program, a participant's compliance with all rules, regulations, and treatment recommendations of that program shall be considered compliance with the Diversion Program. Conversely, failure to follow program expectations, discharge against medical advice (AMA), or administrative discharge from the treatment program may be considered non-compliance with Diversion and may result in further review or referral back to the Court.

3. Programs Equal to or Exceeding One Year

If the approved inpatient or residential treatment program has a duration of one (1) year or longer, successful completion of that program may satisfy the requirements for successful completion of the Diversion Program, contingent upon:

- Verification of completion from the treatment provider
- Continued compliance with any court-ordered conditions
- Final review and approval by the Diversion Team and the Court

4. Programs Less Than One Year

If the approved treatment program is less than one (1) year in duration, the participant shall, upon completion of the program, be reassessed by the Diversion Team. Placement into an appropriate phase of the Diversion Program will be determined based on:

- Recommendations from the treatment provider

- Court input and requirements
- Participant progress, needs, and risk level

5. Release of Information & Coordination of Care

Participants must sign and maintain valid Releases of Information (ROI) to support coordination of care and compliance monitoring. This includes:

- Listing CMHA as an approved party on the treatment provider's ROI, and
- Listing the treatment provider as an approved party on CMHA's ROI

These releases must allow for ongoing communication regarding attendance, participation, progress, and discharge status. Failure to maintain active and valid releases may impact the participant's ability to remain in compliance with the Diversion Program.

6. Ongoing Communication & Documentation

The Diversion Team will maintain regular communication with the treatment provider to monitor progress and ensure alignment with program expectations. Documentation of updates and compliance shall be maintained in the participant's file.

7. Early Discharge or Program Interruption

In the event a participant does not successfully complete the approved treatment program, the case will be reviewed by the Diversion Team and referred back to the Court for further direction. The participant may be required to resume standard Diversion Program requirements, be reassigned phases, or follow other court-directed next steps.

1.5 Review of Participation & Non-Engagement

If a Diversion Program participant experiences difficulty engaging in program expectations, CMHA staff will first respond with supportive interventions, problem-solving, and adjustments to the recovery plan when appropriate.

Ongoing non-engagement or failure to participate despite support efforts may result in:

- A review of program eligibility
- Modification of program requirements
- Removal from the Diversion Program

If a participant is removed or dismissed from the program, the Court will be notified, and the case may proceed in accordance with standard court processes.

2. ELIGIBILITY

2.1 Target Population

The Carroll County Mental Health Advocates Diversion Program serves adults with identified mental health needs whose involvement with the criminal justice system is influenced by mental health challenges and related barriers to stability.

The program provides a behavioral health–focused alternative to traditional criminal justice responses and is designed to:

- Reduce recidivism
- Increase engagement in mental health treatment and recovery supports
- Promote long-term stability, accountability, and community connection

Participants may enter the program through pretrial diversion or post-adjudication accountability, depending on legal eligibility and court referral.

Mental Health Evaluation Requirement

Prior to enrollment, individuals must complete a Behavioral Health Assessment (BHA) conducted by a licensed provider.

The assessment must support participation in the Diversion Program and inform the development of an individualized recovery and service plan. Clinical details are not required to be shared beyond verification of appropriateness for diversion.

Program Track Determination

Following completion and review of the Behavioral Health Assessment (BHA), the Program Director will determine the most appropriate program track for each participant based on identified clinical needs and primary presenting concerns. Participants will be assigned to either the Mental Health (MH) track or the Substance Misuse (SM) track.

Both tracks follow the same four-phase program structure. However, for participants assigned to the Substance Misuse (SM) track, Phase 2 will include completion of Moral Reconciliation Therapy (MRT) in place of Whole Health Action Management (WHAM) groups.

Clinical Appropriateness

The Diversion Program serves individuals whose primary needs are related to a qualifying mental health and/or substance use disorder and who are appropriate for peer-based recovery support services.

Individuals whose primary diagnosis is a neurocognitive disorder (e.g., dementia), significant cognitive impairment, or medical condition requiring clinical or neurological management may not be appropriate for this program if:

- The individual is unable to meaningfully participate in peer support services
- The condition requires primary medical or neurological intervention
- The individual lacks capacity to engage in diversion planning and accountability expectations

Cases involving co-occurring mental health diagnoses will be reviewed on an individual basis to determine appropriateness for participation. CMHA reserves the right to decline admission or discontinue participation in the Diversion Program if clinical needs exceed the scope of a peer-based program, or if a participant's condition emerges or worsens during enrollment in a way that impacts their ability to safely and meaningfully engage in program expectations.

2.2 Exclusion Criteria

While the Diversion Program is designed to serve a broad range of individuals, certain exclusions apply to ensure legal compliance, participant safety, and program integrity.

Age and Capacity to Consent

Participants must:

- Be 18 years of age or older, and
- Have the legal capacity to provide informed consent

Individuals who are unable to understand program expectations or provide informed consent are not eligible.

Minors

Individuals under the age of 18 are not eligible to participate in the Diversion Program. Certified Peer Specialists assigned to the program are credentialed to provide peer support services to adults and are not authorized under their certification to provide peer services to minors.

This exclusion applies regardless of court status unless otherwise permitted by applicable law and certification standards.

Intellectual and Developmental Disabilities (I/DD)

Individuals whose primary needs are related to an intellectual or developmental disability (I/DD) are not eligible to participate in the Diversion Program.

The Diversion Program is delivered by Certified Peer Specialists whose certification and scope of practice are based on lived experience with mental health recovery and do not include specialized training or authorization to provide peer support services for individuals with I/DD.

Additionally, the structure and requirements of the Diversion Program—including recovery planning, group participation, curriculum engagement (WHAM and WRAP), and accountability expectations—require a level of cognitive functioning that may not be appropriate for individuals with certain I/DD diagnoses.

This exclusion is based on program capacity and certification limitations, not stigma or diagnosis, and is intended to ensure that individuals are referred to services that are better equipped to meet their needs.

Disqualifying Offenses

Individuals charged with or convicted of the following offenses are excluded from participation:

- Sex offenses as defined under 34 U.S.C. § 20911
- Offenses involving the sexual exploitation of children
- Violent felony offenses
- Murder
- Assault or battery with intent to commit murder
- Charges requiring a mandatory sentence that legally prevents diversion, in accordance with O.C.G.A. § 15-18-80

Conflicting Treatment Placements

Individuals currently enrolled in intensive inpatient or residential behavioral health treatment programs that cannot be reasonably coordinated with Diversion Program participation may be temporarily excluded until such conflicts are resolved.

This determination ensures participants can meaningfully engage in Diversion Program requirements without compromising existing treatment.

Incarceration Status

Individuals who are incarcerated at the time of referral are not automatically excluded.

- Referrals may be initiated while an individual is in custody if release is anticipated within a timeframe that allows meaningful engagement.
- Participants who become incarcerated during Diversion Program enrollment will not be automatically terminated.

If incarceration lasts less than 90 days, the program timeline may be adjusted to accommodate the interruption.

If incarceration exceeds 90 consecutive days and prevents participation, continued eligibility will be reviewed by the Diversion Program team in coordination with the court.

Program Discretion for Safety or Integrity

The Diversion Program reserves the right to deny or discontinue participation when involvement would:

- Present a safety concern for staff, participants, or the community
- Create a conflict of interest
- Compromise the integrity or functioning of the program

Such decisions are made case by case, documented clearly, and based on objective, articulable concerns, not personal bias. When appropriate, determinations may involve consultation with the referring court and relevant stakeholders.

3. ROLES AND RESPONSIBILITIES

3.1 Executive Director – Roles and Responsibilities

The Executive Director provides strategic leadership and high-level oversight of the Diversion Program to ensure it aligns with legal requirements, grant objectives, and the mission of Carroll County Mental Health Advocates (CMHA). This role ensures the program operates with integrity, sustainability, and effectiveness in coordination with internal staff and external stakeholders.

Key responsibilities include:

- Provide overall leadership and administrative oversight for the Diversion Program, ensuring alignment with CMHA's mission, applicable laws, and all funding requirements.
- Ensure full compliance with all grant-related obligations, including performance metrics, financial reporting, audits, and contract requirements.

- Support program sustainability and growth by identifying funding opportunities, writing grants, and cultivating partnerships that promote long-term program stability.
- Represent the Diversion Program at stakeholder meetings, advisory board sessions, and public events to build community support and promote interagency collaboration.
- Oversee and support staff development, ensuring that all team members receive required training, continuing education, and professional development opportunities.
- Guide strategic planning efforts for the Diversion Program, including long-term goals, performance targets, and infrastructure improvements.
- Serve as a liaison to the CMHA Board of Directors and provide regular updates on program performance, challenges, and emerging opportunities.
- Promote interagency collaboration and maintain high-level relationships with courts, law enforcement, behavioral health providers, and community partners.
- Monitor organizational risk and ensure appropriate policies, procedures, and safeguards are in place to protect participant rights, staff, and program integrity.

3.2 Program Director – Roles and Responsibilities

The Program Director provides strategic leadership and administrative oversight of the Carroll County Mental Health Advocates Diversion Program. This position is responsible for ensuring program fidelity, compliance with all legal and grant-related requirements, and effective coordination with internal staff, the court system, and community partners.

Key responsibilities include:

- Supervise program personnel, including the Case Manager, Certified Peer Specialist, and any interns or volunteers, to ensure quality service delivery and adherence to program protocols.
- Serve as the primary liaison between the Diversion Program and the judicial system. Lead and facilitate monthly Diversion Team meetings to review participant progress. Oversee all administrative aspects of the program.
- Complete and submit all required grant reporting.
- Conduct background checks on all program applicants.
- Document all collateral contacts, participant communications, and demographic information in the designated case management database.

- Coordinate the collection and organization of participant records from behavioral health providers, law enforcement agencies, and other partner organizations to support case planning and supervision.
- Engage in community outreach and education efforts to increase awareness of the Diversion Program and promote its benefits to the broader community.
- Monitor program outcomes and performance metrics, including participant success rates, recidivism data, and stakeholder feedback, to support continuous quality improvement.
- Develop and maintain formal agreements (e.g., MOUs) to ensure effective interagency collaboration.

3.3 Case Manager – Roles and Responsibilities

The Case Manager is responsible for coordinating individualized services, supporting peer progress, and maintaining active communication with both peers and service providers. This role ensures that participants in the Diversion Program receive appropriate support to meet behavioral health needs and comply with program requirements.

Key responsibilities include:

- Conduct initial and ongoing case management services, including intake assessments, goal setting, and development of individualized Case Plans in collaboration with each peer.
- Maintain regular, structured contact with peers to monitor progress, reassess needs, and support compliance with program expectations.
- Collaborate closely with the Certified Peer Specialist to connect clients with appropriate services, community resources, and other supports.
- Document all peer interactions, collateral communications, and progress notes in the case management database.
- Coordinate with external agencies that provide services to mutual peers, ensuring continuity of care and removing barriers to engagement.
- Participate in monthly Diversion Team meetings.
- Assist peers in navigating court-related obligations, such as upcoming hearings, probation conditions, and compliance with legal mandates.

- Maintain up-to-date knowledge of available community resources, eligibility criteria, and referral procedures to best serve peers with complex needs.

3.4 Certified Peer Specialist – Roles and Responsibilities

The Certified Peer Specialist is a trained individual with lived experience of recovery who provides mentorship, advocacy, and guidance to peers participating in the Diversion Program. This role is essential in fostering engagement, building trust, and supporting peers as they navigate behavioral health services and justice system requirements.

Key responsibilities include:

- Provide connection and orientation to the Diversion Program and peer support services at the peer's initial engagement, helping set expectations and promote trust.
- Offer peer mentorship and education, including how to navigate community and agency resources, share lived experience when appropriate, and model positive recovery behaviors.
- Maintain regular contact with peers to provide emotional support, monitor progress, and encourage continued engagement in services.
- Document all peer interactions, peer support activities, and collateral contacts in the case management system.
- Collaborate with the Case Manager and Program Director to support service coordination and help connect peers with referred treatment and support services.
- Track and document group attendance for program participants.
- Plan and facilitate peer-based activities that reinforce recovery skills, build community, and promote peer empowerment.
- Promote peer self-determination and independence, while reinforcing personal responsibility and accountability within the program.
- Support peers in developing individualized recovery goals that align with their case plan and long-term success.
- Maintain appropriate boundaries and ethical standards in accordance with Certified Peer Specialist certification guidelines and organizational policies.
- Participate in Diversion Team meetings.

- Document all peer interactions, collateral communications, and progress notes in the case management database.

3.5 Treatment Provider – Roles and Responsibilities

Treatment providers are essential partners in the Diversion Program and are responsible for delivering clinical behavioral health services that address the needs of program participants. Providers support the program by conducting assessments, developing treatment plans, and coordinating care in collaboration with CMHA staff, while adhering to all applicable confidentiality, licensing, and ethical standards.

Key Responsibilities Include:

- Meet with referred program participants to conduct a comprehensive clinical assessment and determine appropriateness for mental health diversion.
- Develop and recommend an individualized treatment plan based on the assessment findings.
- Deliver appropriate mental health and/or co-occurring treatment services in accordance with the program participant’s treatment plan.
- Obtain a signed Release of Information (ROI) prior to communicating with CMHA or sharing any program participant–related information.
- Upon receipt of a valid ROI, share relevant and necessary clinical information with CMHA staff, which may include verification of diagnosis, treatment engagement, attendance, and general progress updates.
- Collaborate with the Diversion Team as needed by participating in case review discussions and providing clinical input related to program participant engagement, stability, and treatment participation.
- Notify CMHA staff of significant clinical developments that may impact program participation, including treatment disengagement, crisis events, or the need for a higher level of care.

3.6 Diversion Team – Roles and Responsibilities

The Diversion Team is a multidisciplinary group of stakeholders that supports the operation, integrity, and accountability of the Diversion Program. The team plays a critical role in identifying eligible program participants, reviewing participation and progress, and promoting coordinated, cross-agency support.

Key Responsibilities Include:

- Identify and refer eligible individuals who may benefit from the Diversion Program due to mental health and/or substance misuse recovery needs and current or potential involvement in the criminal justice system.
- Participate in regular case review meetings to discuss program participant engagement, progress, barriers, and overall participation.
- Offer professional input and recommendations regarding participant needs, service coordination, or program adjustments within each member's scope of expertise.
- Promote cross-agency collaboration to ensure services provided to program participants are coordinated and comprehensive.
- Support appropriate and timely information sharing between partner agencies in accordance with confidentiality laws and signed Releases of Information.
- Provide feedback and recommendations related to policies, procedures, and program improvements to ensure alignment with best practices and evolving community needs.
- Meet monthly to conduct case reviews and team discussions, unless the group agrees in advance to modify or cancel a meeting due to holidays, low caseload volume, or other operational considerations.

3.7 Court Personnel – Roles and Responsibilities

Court personnel are essential partners in the successful implementation of the Diversion Program. Their collaboration ensures appropriate case identification, legal coordination, judicial oversight, and outcome determination for program participants.

While specific responsibilities vary by court level (Municipal, State, and Superior), all court stakeholders contribute to referral, monitoring, and resolution of diversion cases.

District Attorney / Solicitor / Prosecutor

- Exercise prosecutorial discretion to refer appropriate cases to the Diversion Program in compliance with applicable statutes (including O.C.G.A. § 15-18-80).
- File required waivers, diversion agreements, and supporting documentation with the Clerk of Court.
- Update case management systems and legal files to reflect diversion status.

- Monitor program participant progress and determine appropriate legal outcomes based on participation and completion status.
 - For **Pretrial Diversion (MHPD/SMPD)** participants, successful completion may result in case dismissal. If a participant is terminated from the program, prosecution may resume.
 - For **Accountability Track (MHAT/SMAT)** participants, the prosecuting attorney may participate in judicial review hearings and recommend continued participation (not to exceed 18 months total program duration), modification of conditions, or other lawful outcomes based on engagement and progress.

Defense Attorney

- Advise program participants regarding participation in MHPD, SMPD, SMAT, or MHAT, including legal rights, responsibilities, and potential outcomes.
- Maintain the case in open status until successful program completion or termination.
- Advocate for appropriate services and reasonable accommodations for program participants with behavioral health needs.
- Collaborate, when appropriate, with Diversion Program staff to support participant stability and engagement while maintaining ethical and legal representation responsibilities.

Judge

- Approve program participation in MHPD/SMPD or MHAT/SMAT when eligibility criteria and stakeholder recommendations are met.
- Preside over court proceedings related to program entry, progress reviews, and status updates, as applicable.
- Monitor program participation and determine legal outcomes based on completion, engagement, or termination.
 - For **MHPD/SMPD participants**, the judge may dismiss charges upon successful completion of all program requirements. If the participant is terminated, the case will return to the court's active calendar and prosecution may resume.

- For **MHAT/SMAT participants**, the judge may order continued participation (not to exceed 18 months total program duration), modify conditions, or impose lawful sanctions or incarceration based on compliance and progress.

Clerk of Court

- File and maintain all legal documentation related to program participation, including diversion agreements, court orders, waivers, and dismissal records.
- Coordinate with Diversion Program staff and court personnel to ensure accurate docketing, calendaring, and recordkeeping for diversion-related matters.

3.8 Law Enforcement Agencies – Roles and Responsibilities

Law enforcement agencies—including municipal police departments, county sheriff’s offices, crisis response teams, and the county jail—are essential partners in identifying eligible individuals, supporting public safety, and facilitating access to the Diversion Program.

Their collaboration supports early identification, referral, and coordinated response for individuals with behavioral health needs who may benefit from diversion rather than traditional criminal justice processing.

Responsibilities Include:

- Identify and refer individuals with behavioral health needs who may be appropriate for **Pretrial Diversion (MHPD/SMPD)** or the **Accountability Track (MHAT/SMAT)**, when applicable.
- Share relevant and permissible information about referred individuals with the Diversion Team—including arrest reports, incident summaries, and behavioral observations—in accordance with applicable privacy laws and legal standards.
- Coordinate with Diversion Program staff to facilitate jail-based outreach, screening, or referral of potentially eligible individuals.
- Assist in facilitating contact between Diversion Program staff and incarcerated individuals, including scheduling visits and providing access to appropriate private spaces for confidential discussions when feasible.

- Collaborate with mental health crisis response teams to support warm hand-offs to diversion services when a mental health response is appropriate in lieu of arrest or continued incarceration.
 - This may include coordination with the **Carrollton Police Department Mobile Crisis Unit**, which may respond on-site to assess individuals experiencing a behavioral health crisis and, when clinically indicated, initiate a **1013** for involuntary transport for psychiatric evaluation.
- Support public safety during program participation by notifying Diversion Program staff of new legal involvement or significant safety concerns related to a program participant.
- Participate in Diversion Team meetings or case reviews, as appropriate, to provide insight related to community safety, prior system contact, and recommendations for coordination or support.

4. PROGRAM REFERRALS

4.1 Authorized Referral Sources

Referrals to the Carroll County Mental Health Advocates Diversion Program may be submitted by the following authorized sources:

- Law enforcement agencies (municipal police departments, county sheriff's office, crisis response teams, and county jail staff)
- Court personnel (judges, prosecutors, defense attorneys, probation officers)
- Community partners (behavioral health providers, hospitals, social service agencies)
- Internal CMHA staff
- Self-referrals by eligible individuals

4.2 Referral Timing

Referrals may be made at various points along the criminal justice continuum, including:

- Pre-arrest diversion (for individuals at risk of justice system involvement)
- Pre-charge diversion (following arrest but prior to formal charging)

- Post-charge, pretrial diversion through **Mental Health Pretrial Diversion (MHPD) / Substance Misuse Pretrial Diversion (SMPD)**
- Post-adjudication accountability through the **Mental Health Accountability Track (MHAT) / Substance Misuse Accountability Track (SMAT)**

4.3 Referral Submission Methods

Referrals must be submitted through one of the following authorized channels:

- **Primary Method:** CMHA's secure electronic data system
- **Alternative Method:** Direct contact with Diversion Program staff

All referrals are reviewed for eligibility, appropriateness, and program capacity.

5. INTAKE PROCEDURES

5.1 Initial Intake Meeting

The initial intake meeting shall occur in person within 24 hours of release from incarceration, or within 48 hours if the individual is not incarcerated, to support rapport-building, informed consent, and completion of required documentation.

5.2 Intake Documentation

During the intake meeting, Diversion Program staff will provide a program overview and review participant rights, responsibilities, and expectations. The individual will be asked to review and complete the following documents, as applicable:

- Mental Health Diversion Program Participant Handbook
- Program Participation Agreement (MHPD/SMPD or MHAT/SMAT)
- Confidentiality Acknowledgment
- Release(s) of Information (ROI)
- Behavioral Health Assessment (BHA) verification
- Court approval documentation, when applicable

Program enrollment is contingent upon **voluntary agreement by the program participant**, approval by CMHA Diversion staff, and authorization by the referring court when required.

5.3 Background Check Verification

When required, a notarized background check request form will be submitted to the Carrollton Police Department. The resulting background check will be reviewed by the Program Director to verify known and pending charges prior to final enrollment.

5.4 Ineligibility Determination

If, during intake or assessment, it is determined that an individual does not meet eligibility criteria, CMHA staff will inform the individual of the determination and provide referrals to appropriate community-based resources or programs when available.

5.5 Documentation

All intake actions and documentation will be securely stored in the program's data system and maintained as part of the program participant's official record.

6. PROGRAM WITHDRAWAL AND TERMINATION

6.1 Voluntary Withdrawal

Program participants may voluntarily withdraw from the Mental Health Diversion Program at any time. Withdrawal should be communicated in writing when possible and documented by CMHA staff. The referring court or agency will be notified as appropriate.

6.2 Review of Participation and Termination

If a program participant experiences ongoing difficulty engaging in program expectations despite supportive interventions, participation may be reviewed by the Program Director. Removal or dismissal from the program will be documented, and the referring court or agency will be notified.

6.3 Re-Offense or New Criminal Charges

If a program participant is arrested, charged with, or convicted of a new criminal offense while enrolled in the Diversion Program, the following process will apply:

- CMHA staff will notify the referring court of the new legal involvement.
- The Program Director will conduct a review of continued eligibility in consultation with court partners.
- Continued participation may be permitted if the new charge is non-violent, does not compromise program integrity or safety, and the court approves continued enrollment.

- Participation may be terminated if the new offense presents significant safety concerns, violates statutory diversion eligibility requirements, or undermines the purpose of the program.

Termination due to re-offense will be documented and communicated to the referring court.

6.4 Legal Disposition Upon Withdrawal or Termination

- **MHPD/SMPD:** The case will return to the court's active calendar and prosecution may resume.
- **MHAT/SMAT:** The court may revoke the alternative sentence and impose sanctions up to and including incarceration, consistent with judicial authority.

7. PROGRAM COMPLETION

7.1 Transition Planning

Prior to program completion, Diversion staff will meet with the program participant to review progress across all four program phases, update wellness and safety planning (including WRAP), identify post-program goals, and coordinate ongoing CMHA and community-based services.

The resulting transition plan will be documented in the program data system.

7.2 Completion Documentation

Successful completion is defined as **completion of all four phases of the Diversion Program** and fulfillment of individualized recovery and program requirements.

Upon successful completion, the program participant will receive a **Letter of Completion** identifying:

- Covered charge(s)
- Court case number
- Program track (MHPD/SMPD or MHAT/SMAT)
- Program entry date
- Completion date

A copy will be maintained in the participant's record and transmitted to the referring court.

- **MHPD/SMPD:** The Letter of Completion will be presented to the Judge for case dismissal.
- **MHAT/SMAT:** The Letter of Completion will be transmitted to update sentencing status or conditions as ordered by the court.

7.3 Graduation and Recognition

A graduation or recognition activity may be offered in accordance with the program participant's preferences. If held, details will be documented in the program data system.

7.4 Post-Completion Follow-Up

Diversion staff will conduct a follow-up contact within **30 days of program completion** to confirm ongoing service engagement and provide additional support or referrals as needed. Follow-up activities will be documented in the program record.

8. PROGRAM REPORTING REQUIREMENTS

8.1 Internal Reporting

The Program Director will provide written **Diversion Program Reports** on a monthly basis to the Executive Director for inclusion in CMHA Board meeting materials.

8.2 Grant and External Reporting

The Program Director is responsible for reporting required program data and coordinating with Carroll County officials to submit all **Bureau of Justice Assistance (BJA)** and other grant reporting requirements by established deadlines.

9. MEMORANDUMS OF UNDERSTANDING (MOUs)

9.1 Purpose of MOUs

Memorandums of Understanding (MOUs) will be executed to formalize partnerships between Carroll County Mental Health Advocates (CMHA) and key stakeholders, including courts, behavioral health providers, law enforcement agencies, and community organizations.

9.2 Required MOU Elements

Each MOU will clearly define:

- Collaborative goals and service delivery expectations
- Roles and responsibilities of each partner

- Referral procedures and documentation requirements
- Data sharing and confidentiality protocols
- Evaluation, monitoring, and reporting expectations
- Duration, amendment, renewal, and termination terms

9.3 Review of MOUs

MOUs will be reviewed at least annually by the Program Director. Recommendations for renewal, modification, or termination will be submitted to the Executive Director and Board for approval.

10. SUSTAINABILITY PLAN

The Carroll County Mental Health Advocates (CMHA) Diversion Program is designed for long-term sustainability beyond initial grant funding.

Program outcome data—including enrollment, successful completions, reduced recidivism, and increased engagement in behavioral health services—will be used to demonstrate effectiveness and secure ongoing support.

Sustainability is reinforced through strong partnerships with courts, law enforcement, behavioral health providers, and community stakeholders, formalized through MOUs and supported by in-kind contributions, staffing collaboration, and shared system integration.

CMHA will pursue diversified funding strategies, including federal and state grants, county and court support, and community partnerships, with the goal of embedding the Mental Health Diversion Program as a permanent component of Carroll County’s behavioral health and justice response system.