
CMHA Diversion Program Participant Handbook



Welcome

Welcome to the Carroll County Mental Health Advocates (CMHA) Diversion Program.

You are here because someone — a court, a law enforcement officer, or a community partner — believed you deserved **support instead of punishment**.

This program is not about labeling you, fixing you, or judging you.

It is about helping you build **stability, safety, and a path forward** with the support of people who understand.

Here, you are not a “case” or a “number.”

You are a **Peer** — a person worthy of respect, dignity, and recovery.

What Is Diversion?

Diversion is a **voluntary, recovery-oriented program** for people with mental health and/or substance misuse needs who have become involved in the justice system.

CMHA offers four pathways:

Mental Health Pretrial Diversion (MHPD) / Substance Misuse Pretrial Diversion (SMPD)

Peers who qualify may have their charges **dismissed** after successful completion of the program.

Mental Health Accountability Track (MHAT) / Substance Misuse Accountability Track (SMAT)

Peers who are not legally eligible for dismissal may still receive **structured mental health and substance misuse recovery support, peer services, and accountability** through the same four-phase recovery model.

Both pathways use the **same recovery-focused, trauma-informed approach** — the difference is only in the legal outcome.



What Is Peer Support?

Peer support means working with people who have **lived experience** with mental health and/or substance misuse challenges, recovery, and the justice system.

Your Certified Peer Specialist will:

- Walk beside you
- Help you build goals
- Connect you to resources
- Support you through challenges
- Help you stay engaged with the program

They are not here to punish you.

They are here to help you succeed.

What You Can Expect From Us

As a program participant, you can expect:

- Respect and dignity
- Confidentiality and privacy
- Support instead of shame
- Clear expectations
- Trauma-informed care
- Honest communication
- A voice in your recovery plan

We believe **connection is the opposite of isolation** — and no one heals alone.

What We Expect From You

When you join this program, you agree to:

1. Stay Connected



- Attend scheduled peer meetings
- Keep weekly contact with CMHA staff
- Let us know if you are struggling

2. Participate in Your Recovery

- Work on your recovery and wellness goals
- Attend required groups and activities
- Complete program assignments

3. Engage in Mental Health and/or Substance Misuse Care

To remain in good standing in the Diversion Program, you must stay actively connected to mental health/substance misuse treatment throughout your time in the program.

This means you must provide proof that you are **at minimum**:

- Seeing a psychiatrist at least once **every 3 months** if you are prescribed psychiatric medication **OR**
- Attending therapy with a licensed clinician at least **once every 6 weeks** if medication management is not required

If your behavioral health assessment (BHA) or treatment plan established by your mental health clinician suggests more than the minimum requirements, you will be expected to follow through with their recommendations.

You may be asked to provide documentation such as appointment confirmations, provider verification forms, or attendance notes.

If you are having difficulty scheduling or attending appointments, talk to us. We will help you problem-solve and connect to resources.

Staying engaged in treatment is not about punishment — it is about stability, safety, and long-term success.

4. Follow Legal & Program Requirements

- Follow court orders and bond conditions
- Follow CMHA program guidelines



If you struggle, we will work with you — not against you.

This program is **support-based, not punishment-based.**

The Four-Phase Recovery Program

Phase 1 — Foundations of Recovery

Focus: Building connection, trust, and structure

Duration: Approximately 8 weeks (flexible based on progress)

Program Participants Will:

- Attend **2 Recovery Support Groups per week**
- Have **1 Peer Support contact per week** (one-on-one or check-in)
- Begin identifying recovery goals with a **Certified Peer Specialist at CMHA/RSWG**
- Complete program orientation and **Participant Consent Form**
- Practice basic recovery and life skills (communication, coping, motivation)

Goal:

To build **consistency, accountability, and trust** in oneself and in the peer support team.

Phase 2 — Growth & Accountability

Focus: Core recovery curriculum and continued support

Duration: Approximately 12 weeks

Program Participants Will:

- Attend **1 weekly WHAM core group and complete assignments in workbook / SMPD/SMAT: Attend 1 weekly MRT group and complete all assignments in workbook**
- Attend **1 additional Recovery Support Group or Meeting**
- Have **1 Peer Support contact per week** (check-in, coaching, or goal review)
- Continue working on recovery goals and self-reflection
- Demonstrate reliability through consistent attendance and engagement



Goal:

To develop **healthier thinking patterns, accountability, and positive decision-making.**

Phase 3 — Wellness & Empowerment

Focus: Long-term recovery and life stability through WRAP

Duration: Approximately 12 weeks

Program Participants Will:

- Attend **1 WRAP group per week**
- Attend **1 additional Recovery Support Group**
- Have **1 Peer Support contact per week**
- Complete a **personalized Wellness Recovery Action Plan (WRAP)**
- Identify long-term goals such as employment, education, housing, or volunteering

Goal:

To create a **personal wellness plan** and strengthen independence and recovery stability.

Phase 4 — Connection & Independence

Focus: Maintaining recovery, community connection, and accountability

Duration: Approximately 8 weeks

Program Participants Will:

- Attend **2 Recovery Support Groups per week**
- Have **1 Peer Support contact per month**
- Remain connected to The Recovery Spot recovery community
- Continue using and updating their **WRAP plan**
- Prepare for program completion and next-step supports

Goal:

To sustain **long-term recovery through connection, accountability, and peer support.**

Important Notes

- Meetings must be in-person and meeting log must be signed
- Missed meetings should be communicated to CMHA staff as soon as possible



- This program is **support-based, not punishment-based** — it is about **progress, not perfection**
-

Confidentiality & Your Rights

Your information is private and protected by law.

We only share information:

- With your permission
- When required by the court (such as attendance and compliance)
- Or when safety is at risk

You have the right to:

- Be treated with respect
 - Ask questions
 - Receive clear explanations
 - File a grievance if you feel mistreated
-

If You Have a Problem or Concern

If something doesn't feel right, you have the right to speak up.

You may:

- Talk to your Peer Specialist
- Talk to the Program Director
- Submit a written grievance

No one will be punished for raising concerns.

Graduation & Continuing Connection

When all four phases are completed, program participants will:

- Receive a **Certificate of Completion**



- Have **successful completion verified with the Court**
- Be **celebrated by CMHA/RSWG community**
- Be encouraged to stay connected through **alumni groups, volunteering, or peer mentorship**

Recovery doesn't end when the program does.

Final Words

You are not broken.

You are not beyond help.

You are not alone.

This program exists because **you matter** — and your life is worth investing in.

Welcome to the CMHA Diversion Program.

We're glad you're here!



Carroll County Mental Health Advocates Diversion Program Participant Conduct Policy

The CMHA Diversion Program is a recovery-oriented, peer-centered program designed to provide a safe and respectful environment for everyone involved.

All program participants are expected to:

- Treat staff, peers, and community members with respect
- Communicate in a non-threatening and non-violent manner
- Refrain from harassment, intimidation, or disruptive behavior
- Follow group guidelines and peer support expectations
- Respect program property and shared spaces

Behavior that threatens the safety, dignity, or well-being of others may result in a review of program participation.

CMHA responds to conduct concerns using a **support-first, problem-solving approach** whenever possible. Serious or ongoing conduct concerns may lead to removal from the program and notification of the Court.

Grievance Policy

Carroll County Mental Health Advocates believes that program participants have the right to be heard and treated fairly.

If a peer has a concern, complaint, or feels they have been treated unfairly, they may file a grievance without fear of retaliation.

Grievance Process

1. Peers are encouraged to first speak with their Certified Peer Specialist, if comfortable
2. If unresolved, the peer may submit a written grievance form to the Program Director
3. Grievances will be reviewed promptly and respectfully
4. A response will be provided within a reasonable timeframe

Filing a grievance will **not** negatively impact program participation or court status and will be reviewed within 1 business day by the Program Director or Executive Director.



Carroll County Mental Health Advocates Diversion Program – Grievance Form

CMHA believes that program participants have the right to be treated with dignity, respect, and fairness.

This form gives you a way to share concerns without fear of punishment or retaliation.

You are **not required** to file a grievance to remain in the program, and filing a grievance will **not negatively affect your court status or participation**.

Peer Information

(You may choose to complete anonymously)

- Name (optional): _____
- Phone or Email (optional): _____
- Date Submitted: _____

I would like to remain anonymous

What is your concern about?

(Check all that apply)

- Treatment by staff
- Treatment by another participant
- Program rules or expectations
- Confidentiality or privacy
- Safety concern
- Discrimination or unfair treatment
- Other: _____

Please describe your concern

Use as much or as little detail as you feel comfortable sharing.



When did this occur?

Date(s): _____

Who was involved? (If known — names are optional)

Have you already talked to anyone about this?

- Yes
- No

If yes, who? _____

What would you like to see happen? (Optional — helps us respond appropriately)

Important Information

- Filing a grievance will **not result in punishment or retaliation**
- Your concern will be reviewed respectfully and promptly
- Only people necessary to review the concern will see this information
- You may be contacted if additional information is needed (unless anonymous)

Signature (Optional)

Peer Signature: _____

Date: _____

For CMHA Use Only

Date Received: _____ Reviewed By: _____

Action Taken / Resolution:

Date Resolved: _____



Confidentiality Policy

CMHA is committed to protecting the privacy and confidentiality of program participants.

Information shared with staff is protected under applicable confidentiality laws, including HIPAA and state and federal regulations.

Information may only be shared:

- With written consent from the peer
- With the Court when required
- To coordinate care and services
- When there is concern about immediate safety
- When required by law

Only the **minimum necessary information** will be shared.

Peers have the right to ask questions about how their information is protected at any time.

Safety & Crisis Protocol

The safety of program participants, staff, and the community is a priority.

If a peer experiences a mental health and/or substance misuse related crisis, emotional distress, or safety concern:

- Staff will respond calmly and supportively
- De-escalation and peer support strategies will be used first
- Emergency services may be contacted if there is immediate risk
- Crisis response will be focused on safety, not punishment

CMHA works to ensure crises are handled with **dignity, respect, and trauma-informed care**.

Setback Response Plan *(Mental Health, Substance Misuse, & Co-Occurring Needs)*

The CMHA Diversion Program recognizes that setbacks, including symptom escalation or substance use, can occur during recovery.

Setbacks or symptom recurrence is addressed through:



- Honest conversation
- Increased support
- Review of recovery and wellness plans
- Referral to additional services if needed

Setbacks alone do **not automatically result in removal** from the program. Each situation is reviewed individually with a focus on safety, accountability, and support.

Ongoing disengagement or refusal to participate in support efforts may result in a program review.

Discharge Policy

A peer may be discharged from the CMHA Diversion Program under the following circumstances:

Successful Completion

- Completion of all four phases
- Fulfillment of program requirements
- Court notification of successful completion

Administrative or Non-Compliance Discharge

- Ongoing non-participation despite support efforts
- Serious safety concerns
- Violation of court or program requirements

New Legal Charges While in the Program

If you are arrested, charged with, or convicted of a new offense while enrolled in the CMHA Diversion Program, your participation will be reviewed.

Here's what that means:

- CMHA will notify the Court that referred you of the new legal involvement.
- Program staff will review your eligibility in coordination with the Court.
- Continued participation may be allowed depending on the nature of the new charge and court approval.
- In some cases, especially if the new charge involves violence or is legally disqualifying, you may be removed from the program.



Every situation is reviewed individually. Our goal is safety, accountability, and fairness — not automatic punishment.

We encourage honesty. If something happens, tell your Peer Specialist as soon as possible so we can support you appropriately.

If a peer is discharged:

- The Court will be notified
- The peer will be informed of the reason for discharge
- When appropriate, referrals to community resources will be provided

Discharge decisions are made carefully and only after **supportive interventions have been attempted** whenever possible.

**CMHA Diversion Program
Phase Progression Criteria**

Progression through the CMHA Diversion Program is **based on engagement, effort, and growth**, not perfection or compliance alone.

Peers move forward when they demonstrate **consistent participation** and a **good-faith effort** to engage in their recovery and program requirements.

General Progression Requirements (All Phases)

To be considered for progression, a program participant must:

- Maintain regular contact with CMHA staff and assigned Peer Specialist
- Attend required peer support meetings, groups, and activities
- Engage in recovery planning and goal-setting
- Participate in required mental health and/or substance misuse treatment services
- Communicate openly about challenges or barriers to participation
- Make reasonable efforts to follow court and program requirements

Progression decisions are made collaboratively by CMHA staff and are **support-focused**, considering each peer's individual circumstances.

Phase-Specific Progression Criteria

Progression from Phase 1 → Phase 2

A peer may advance when they have:

- Completed program orientation and all required consent forms
- Established consistent attendance and communication
- Identified initial recovery goals with a Peer Specialist
- Demonstrated willingness to engage in peer support and group activities

Progression from Phase 2 → Phase 3

A peer may advance when they have:

- Participated consistently in **WHAM/MRT core groups**
- Completed required WHAM/MRT assignments and activities
- Demonstrated increased insight, accountability, and goal awareness within the WHAM/MRT groups
- Continued engagement in peer support and recovery planning

Progression from Phase 3 → Phase 4

A peer may advance when they have:

- Participated consistently in **WRAP groups**
- Completed a personalized **Wellness Recovery Action Plan (WRAP)**
- Identified long-term goals and community supports
- Demonstrated increased independence and self-advocacy

Progression within Phase 4

During Phase 4, peers focus on maintaining progress and preparing for completion through continued peer support, community connection, and accountability.

Support-Focused Response to Challenges

If a peer struggles to meet progression criteria:

- CMHA staff will work with the peer to identify barriers
- Additional support, coaching, or resources may be offered



- Phase timelines may be extended to allow for stabilization

This program is **support-based, not punishment-based**.
Progress is measured by **effort and engagement**, not perfection.

Graduation Rules & Program Completion

A peer is considered to have **successfully completed** the Diversion Program when all four phases have been completed and the following criteria are met:

Graduation Requirements

- Completion of Phases 1–4
 - Consistent participation and engagement throughout the program
 - Completion of required recovery planning (WHAM/MRT & WRAP)
 - Compliance with court requirements (if applicable)
 - No unresolved program obligations
-

Upon Graduation, Peers Will:

- Receive a **Certificate of Completion**
 - Have successful completion **verified with the Court**
 - Be recognized and celebrated by the CMHA / Recovery Spot community
 - Be encouraged to remain connected through alumni groups, volunteering, or peer mentorship
-

Non-Completion or Program Dismissal

If a peer becomes **non-compliant** or disengages from the program despite support efforts:

- Participation may be reviewed by CMHA staff
- The peer may be removed from the program
- The Court will be notified of the dismissal
- The case may proceed according to standard court processes

Dismissal decisions are made with care and only after **supportive interventions have been attempted**.

Final Note on Progress

The Diversion Program recognizes that recovery is not linear.

Peers are supported through setbacks, encouraged to communicate openly, and reminded that **asking for help is part of progress.**

Closing Statement

These policies exist to protect:

- Program participants
- Staff and peers
- The integrity of the CMHA Diversion Program

They are applied with compassion, fairness, and a belief that **people grow best in environments rooted in connection and accountability.**



**Carroll County Mental Health Advocates
Diversion Program
Participant Consent Forms**

Program Participation Consent

I understand that participation in the Diversion Program is **voluntary** and **recovery-oriented**.

I understand that this program is designed to support my mental health and/or substance misuse recovery, stability, and personal growth while helping me meet any court or program requirements connected to my participation.

I agree to:

- Participate in peer support services, recovery support groups, and program activities as outlined
- Work with CMHA staff to create and follow a personalized recovery plan
- Communicate honestly and stay engaged with the program
- Make a good-faith effort to attend scheduled meetings, appointments, and groups
- Ask for help if I am struggling rather than disengaging from the program

I understand that this program is **support-based, not punishment-based**, and that setbacks or challenges will be addressed through problem-solving and support whenever possible.

I also understand that ongoing non-participation or failure to engage may result in a review of my eligibility for the program and, when applicable, communication with the Court.

By signing below, I acknowledge that I have had the opportunity to ask questions, that this program has been explained to me in a way I understand, and that I agree to participate in the CMHA Diversion Program as outlined.

I agree

I decline participation

Peer Signature: _____ Date: _____

Staff Signature: _____ Date: _____



Confidentiality & Privacy Acknowledgment

I understand that my personal information is protected by confidentiality laws, including the Health Insurance Portability and Accountability Act (HIPAA)/ 42 CFR Part 2 and applicable federal and state regulations.

This means that information I share with Carroll County Mental Health Advocates (CMHA) staff, including peer specialists, is kept private and is only shared when allowed or required by law.

I understand that my information may be shared **only for specific reasons**, such as:

- To coordinate my care and support services
- To communicate with the Court when required as part of my participation
- With my written permission through a Release of Information
- If there is a concern about immediate safety (my safety or the safety of others)
- When required by law

I understand that CMHA staff will only share the **minimum information necessary** and will not share details unnecessarily.

I also understand that peer support conversations are meant to be a **safe and respectful space**, but that peers and staff cannot keep secrets if someone is in danger or if the law requires information to be shared.

I acknowledge that I have been given the opportunity to ask questions about confidentiality, that this information has been explained to me in a way I understand, and that I know who to contact if I have concerns about my privacy.

By signing below, I acknowledge that I understand how my information is protected and how confidentiality works within the CMHA Diversion Program.

Peer Name: _____ **DOB:** _____

Peer Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____



Diversion Program – Participant Acknowledgment

By signing below, I acknowledge and confirm that:

- I have received and been given time to review the **CMHA Diversion Program Participant Handbook**
- The program expectations, structure, and phases have been explained to me in a way I understand
- I understand my **rights and responsibilities** as a program participant
- I understand that participation in this program is **voluntary** and **support-based**
- I know who to contact if I have questions, concerns, or need support during my participation

I understand that the CMHA Diversion Program is designed to support me in meeting my recovery and program goals. I also understand that **active participation and engagement are required**.

I understand that if I become **non-compliant** with program expectations — including ongoing failure to participate, attend required meetings, or follow court or program requirements — my participation may be **reviewed**.

I further understand that if I am **removed or dismissed** from the CMHA Diversion Program, **the Court will be notified**, and my case may proceed according to standard court processes.

I acknowledge that I have been given the opportunity to ask questions, that this information has been explained to me in a way I understand, and that I agree to participate in the CMHA Diversion Program as outlined.

Peer Name (Printed): _____

Peer Signature: _____ **Date:** _____

Staff Name (Printed): _____

Staff Signature: _____ **Date:** _____