

# HOLISTIC HOPE DIVERSION PROGRAM

## DISTRICT TWO MENTAL HEALTH DIVERSION PROGRAM GUIDELINES.

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### GOALS:

1. To create a pathway for non-violent offenders with diagnosed mental illnesses and disorders to be diverted from the recurring cycle of having a lack of consistent treatment, access to affordable medication, and absence of services leading to the commission of a criminal offense and incarceration with an eventual release for the cycle to begin again.
2. To partner the criminal justice system with a local behavioral health and substance abuse treatment provider to fill in the gap for certain non-violent offenders to try to break this recurring cycle through a "person-centered" approach.
3. To take recognition that the criminal justice system has not done enough to support and assist as opposed to incarcerate non-violent offenders with diagnosed mental illnesses and disorders and take the steps needed to do more to break the cycle and create a pathway to treatment to help these individuals successfully live within our community without re-offending.
4. To educate and assist non-violent offenders with diagnosed mental illnesses and disorders with access to the various services available in the State of North Carolina to improve their general welfare and not just their mental health.

MISSION STATEMENT: The mission of the District Two Holistic Hope Diversion Program is to reduce recidivism for individuals who have contact with the criminal justice system as a result of mental health symptoms by combining effective treatment and supervision in a therapeutic setting which uses accountability, support, and individualized treatment plans to support individuals in pursuit of an enhanced quality of life (*modeled after the Kendall County, IL Mental Health Court mission statement*).

### ELIGIBILITY:

1. Must be 18 years of age or older.
2. Must be a resident of Beaufort, Martin, Washington, Hyde, or Tyrrell Counties or have the willingness to reside in District Two for the duration of the diversion program.
3. Must have a pending misdemeanor or qualifying Class H or I felony charge in District Two (*See ineligibility*).
4. Must have counsel whether appointed by the Court, appointed stand-by counsel, or retained.
5. There is a clear nexus between mental health diagnosis and criminal offense.
6. The individual is considered to be legally competent (includes those found to be incapable of proceeding by a licensed professional but capable of rehabilitation when properly taking prescribed medication or with supervision).
7. The District Attorney's Office has consented to the diversion after a review of the charges and contact with a victim in a CRVA offense.
8. Must be willing to participate voluntarily and to comply with recommended individualized treatment plan.
9. Must be an individual with a documented diagnosis of mental illness, mental disability, or is dually diagnosed with a mental illness in conjunction with substance abuse but the primary diagnosis is mental illness.

## INELIGIBILITY:

1. The following Class H and I Felonies are ineligible for diversion:
  - a. An offense that includes assault as an essential element of the offense.
  - b. An offense requiring registration pursuant to Article 27A of Chapter 14 of the General Statutes.
  - c. Any felony offense alleged to be sex-related, stalking, or peeping in nature.
  - d. Any felony offense involving the dissemination of private images.
  - e. Any felony sale of a controlled substance.
2. The pending charge is a Class A-G felony.
3. The pending charge is for an impaired driving related offense.
4. The individual has as a pending charge in another jurisdiction that would have rendered the individual ineligible for diversion if committed within the jurisdiction.
5. The individual is a registered sex-offender.

## TEAM FOR ADMISSION, VIOLATION, AND COMPLETION (The HHDP Team)

1. Public Defender's Office Designee (PD Designee)
2. District Attorney's Office Designee (DA Designee)
3. Agape Health Services Designee (AHS Designee)
4. Judge Parker or Designee

## PROCEDURE FOR ADMISSION TO DIVERSION:

1. Referral form is submitted to the PD Designee by the following:
  - a. Law Enforcement Officer or Magistrate after arrest or citation.
  - b. Detention Facility or provider associated with treatment at Detention Facility
  - c. District Attorney's Office
  - d. Assigned Public Defender or Defense Attorney
  - e. Judge
  - f. Treatment Provider
2. Referral form is reviewed by the PD Designee for diversion eligibility based on eligibility criteria 1-6.
  - a. If ineligible for diversion based on status of counsel, designee will seek to remedy with the Court, with notice to the DA designee.
  - b. PD Designee will investigate through speaking with client, friends or family members, counsel, law enforcement, or other relevant parties to determine if there is a reasonable basis to believe in the existence of eligibility criteria 5 and 6.
  - c. If ineligible for diversion, approved form is signed by designee, copied to the DA Designee, and tasked to the clerk's office to be filed.
3. Once the initial review of eligibility has been completed and deemed sufficient, the PD Designee will send the referral with explanation of reasonable basis to believe in the existence of eligibility criteria 5 and 6 to the DA Designee.
4. DA Designee will review the charges and, if necessary pursuant to the CRVA, contact victim(s).
  - a. If the District Attorney's Office does not consent to the offer of diversion, the approved form is signed by the DA Designee, copied to the PD Designee with explanation, and tasked to the clerk's office to be filed.

- b. If the District Attorney's Office consents to the offer of diversion, the approved form is signed and sent to the PD Designee.
5. PD Designee will send the referral with District Attorney's Office consent attached to the AHS Designee.
6. AHS Designee will arrange for an initial assessment of the individual to determine eligibility criteria 8 and 9 if individual is willing to attend the assessment.
  - a. If ineligible for diversion based on eligibility criteria 8 or 9 or if individual fails to attend the assessment, approved form is signed by designee, copied to the PD Designee and DA Designee, and the PD Designee will task the form to the clerk's office to be filed.
7. AHS Designee will give notice to the PD Designee after determining eligibility criteria 8 and 9 are met.
8. PD Designee will give notice to the HHDP Team and counsel for the individual that eligibility has been met. PD Designee will task the approved form to the clerk's office with instruction to task the form to Judicial Support Staff for judicial signature.
9. Judge Parker or Designee will sign and date the approved form and give notice to the HHDP Team and counsel for the individual that the Diversion has been approved by the Court.
  - a. Judge Parker or Designee's dated signature signifies the effective date for the individual's entry to the diversion program.
10. Judge Parker or Designee will task the signed form to the clerk's office for filing.

**PROCEDURE FOR PROGRESS REPORTS, VIOLATION, AND COMPLETION:**

➤ **PROGRESS REPORTS:**

- The AHS Designee is to prepare a monthly progress report of the participants of the program to include the following information for each participant:
  - Participant's Name
  - Participant is in compliance and anticipated completion date.
  - Participant is not in compliance. (*See section on violations*)
  - Recommendation for extension or completion, if needed
  - Other notes on progress designee deems relevant, if needed AND in compliance with HIPAA.
- The HHDP Team will meet virtually every ninety (90) days to discuss the progress reports.
- If warranted and available, incentives shall be approved for participants of the program for positive progress at the monthly meetings.
- Participant's counsel may request copies of the progress reports of the participant at any time to assist with counsel's representation of the participant.
- Participant's counsel shall be notified of any modifications to the participant's status in the program by the PD Designee.

➤ **VIOLATIONS:**

- Non-compliance violations with the individualized treatment plan, recommended by Agape, are to be initiated by the AHS Designee and forwarded in an email to the HHDP Team and participant's counsel. The violation should include a recommended course of action to include the following:
  - Modification of Treatment Plan by AHS Designee
  - Extension of Diversion

- Request for participant to appear in court with counsel before Judge Parker or Designee for termination of Diversion
- For termination requests, request for meeting of the HHDP Team if the next progress report meeting is more than two weeks from the initiation of the violation, if immediacy warrants. Judge Parker or Designee shall schedule the requested meeting.
- If a Modification of Treatment Plan or Extension of Diversion has been recommended by the AHS Designee, these recommendations are to be adopted without vote.
- If termination has been recommended by the AHS Designee:
  - Participant's counsel shall be entitled to participate in the discussion and vote on behalf of their client.
  - After discussion on the recommendation of the AHS Designee for termination, the HHDP team shall vote to accept the recommendation or adopt another proposed recommendation of the HHDP team.
  - Voting Members shall include: Judge Parker or Designee, AHS Designee, DA Designee, and Participant's Counsel. PD Designee is not a voting member unless he/she is the assigned counsel for the participant.
  - Majority vote wins.
  - Voting may be made by proxy for absent team members via email to the HHDP team.
  - If a tie is the result of the vote, Judge Parker or Designee's vote is the decision.
- If the result of the vote is for termination, the DA Designee shall contact the clerk to request a court setting and give notice to counsel of the scheduled date.
- No delay in response to non-compliance violations by the HHDP Team shall hinder Agape Health Services from providing necessary medical treatment of an individual in accordance with their duties as medical providers or fulfilling their duties as mandatory reporters in accordance with the law.
  - Example: The individual is deemed a danger to himself/herself, or others and they are medically required to initiate an IVC.
- New Pending Charge Violations:
  - New pending charge violations are to be initiated by the DA Designee and forwarded in an email to the HHDP team and participant's counsel. The violation should include a recommended course of action to include the following:
    - Approval of the new pending charges to be added to the existing diversion and request for extension, if needed.
    - Request that the new pending charges not be added to the existing diversion but existing diversion to proceed.
    - Request for participant to appear in court with counsel before Judge Parker or Designee for termination of Diversion.
  - A new pending charge that is ineligible for diversion does not result in an automatic termination of the Diversion, unless requested by the DA Designee.
  - Because eligibility in the Holistic Hope Diversion Program is with the consent of the District Attorney, the recommended course of action for a new pending charge violation by the District Attorney's Office is the adopted course of action.

- If the adopted course of action is termination, the DA Designee shall contact the clerk to request a court setting and give notice to counsel of the scheduled date.

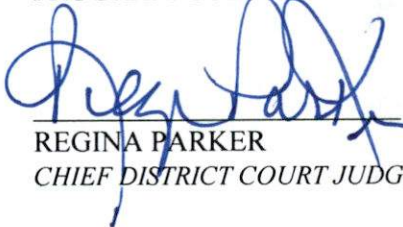
➤ **COMPLETION:**

- Once a recommendation for completion has been initiated in a progress report by the AHS Designee, the HHDP team shall vote to accept the recommendation or adopt another proposed recommendation of the team following the same voting rules as provided for violations.
- Once a completion has been voted upon and approved by the HHDP team, the DA Designee shall contact the clerk to request a court setting and give notice to counsel of the scheduled date to celebrate the completion of the participant.
- Completion of the Holistic Hope Diversion Program shall result in a dismissal of the pending charges of the participant at the time of admission or those approved to be added to diversion at progress report meetings.

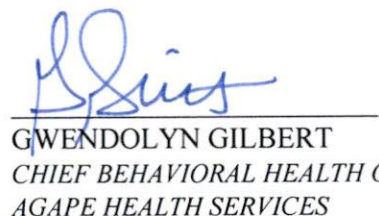
➤ **CONFLICTS:**


- Upon receiving a referral to the HHDP program, if the PD Designee determines that a conflict exists such that the PD Designee cannot participant in receiving progress reports regarding the participant or participate in any meetings regarding the participant, the PD Designee shall notify the DA Designee who will then take over the eligibility for diversion process.
- If accepted into the diversion program, the DA Designee will notify the AHS Designee that the participant is a conflict for the PD Designee and the PD Designee will not receive any progress reports related to the participant nor participate in any meeting regarding the participant.
- The progress reports of an participants labeled as conflicts will be discussed at the end of the regular meeting.

PROGRAM GUIDELINE APPROVAL:

 5/1/2024  
 REGINA PARKER DATE  
 CHIEF DISTRICT COURT JUDGE

 5/1/2024  
 SETH EDWARDS DATE  
 DISTRICT ATTORNEY

 5/1/2024  
 GWENDOLYN GILBERT DATE  
 CHIEF BEHAVIORAL HEALTH OFFICER  
 AGAPE HEALTH SERVICES

 5/1/24  
 LAURA GIBSON DATE  
 CHIEF PUBLIC DEFENDER



**HOLISTIC HOPE DIVERSION PROGRAM**

**2<sup>ND</sup> JUDICIAL DISTRICT REFERRAL FORM**

Person Making Referral: [print name]

Relationship to Defendant: *[check appropriate box]*

- Law Enforcement                       Prosecutor  
 Defense Attorney                       Judge/Magistrate  
 Detention Facility                       Treatment Provider  
 Other: \_\_\_\_\_

*[identify]*

Referral Date: \_\_\_\_\_ County: \_\_\_\_\_

Person Referred: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *(if known)*

Defendant's Location:  DETENTION CENTER \_\_\_\_\_

*[check correct box]*  HOSPITAL/FACILITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Crime(s) Charged *(if known)*: \_\_\_\_\_

*[check box if ANY charged crime is a known FELONY offense]*

Basis of Belief Individual Qualifies for Referral: \_\_\_\_\_

Mental Health Diagnosis *(if known)*: \_\_\_\_\_

Other Relevant Health Information: \_\_\_\_\_

Status of Attorney:  Public Defender \_\_\_\_\_  Retained \_\_\_\_\_

Unrepresented                       Not Yet Advised                       Unknown

Signature of Referring Individual: \_\_\_\_\_

Referral taken by phone                       Referral by email or other writing *[attach copy]*

Signature of Public Defender Designee indicating receipt of referral:

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PROGRAM USE ONLY**

**Public Defender Eligibility Criteria Verification:**

- 18 Years of Age or Older
- Resident of District
- Pending Charge(s) \_\_\_\_\_  
\_\_\_\_\_
- Participant is ineligible due to the following pending charge(s): \_\_\_\_\_  
\_\_\_\_\_
  - Copy to DA Designee Date: \_\_\_\_\_  Copy to file Date: \_\_\_\_\_
- Participant has counsel:  Public Defender \_\_\_\_\_  Retained \_\_\_\_\_
- Reasonable basis to believe there is a clear nexus between mental health diagnosis and criminal offense:  
\_\_\_\_\_  
\_\_\_\_\_
- Participant is legally competent:  (check if attachment provided)
  - No Evaluation Needed  Evaluated/Capable to Proceed
  - Evaluated/Capable to Proceed with Supervision (*evaluation attached*)

**District Attorney Eligibility Criteria Verification:**

- Non-CRVA Case  CRVA Case/Victim(s) Contacted
- District Attorney's Office does not consent to diversion Signature: \_\_\_\_\_
  - Copy to PD Designee Date: \_\_\_\_\_  Copy to file Date: \_\_\_\_\_
- District Attorney's Office consents to diversion Signature: \_\_\_\_\_
  - Copy to PD Designee Date: \_\_\_\_\_

**Agape Health Services Designee Eligibility Criteria Verification:**

- Initial Assessment Completion Date: \_\_\_\_\_
- Belief that participant will voluntarily comply with recommended individualized treatment plan
- Participant has a diagnosis of mental illness, mental disability, or is dually diagnosed with a mental illness in conjunction with substance abuse but the primary diagnosis is mental illness
  - Copy to PD Designee Date: \_\_\_\_\_  Copy to file Date: \_\_\_\_\_
- Participant is ineligible for diversion based on above criteria Signature: \_\_\_\_\_
  - Copy to PD Designee Date: \_\_\_\_\_  Copy to file Date: \_\_\_\_\_
  - Copy to DA Designee Date: \_\_\_\_\_
- Participant is eligible for diversion based on above criteria Signature: \_\_\_\_\_
  - Copy to PD Designee Date: \_\_\_\_\_

**Approval of Participant for Holistic Hope Diversion Program:**

Date: \_\_\_\_\_ Judge's Signature: \_\_\_\_\_

**PROGRESS REPORT**

Participant Name: \_\_\_\_\_

- In Compliance Expected Completion Date: \_\_\_\_\_
- In Compliance – Request for Extension of Diversion: Expected Completion Date: \_\_\_\_\_
- In Compliance – Request for Completion
- Not in Compliance – Recommendation:
  - Modification of Treatment Plan
  - Extension of Diversion Expected Completion Date: \_\_\_\_\_
  - Termination of Diversion
  - Request for Meeting:
    - Next Progress Report Meeting: \_\_\_\_\_
    - Immediate Meeting – Requested Date: \_\_\_\_\_
- HIPAA Compliant Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(check if attachment provided)

**NEW PENDING CHARGES REPORT**

Participant Name: \_\_\_\_\_

New Pending Charge(s): \_\_\_\_\_

Offense Date: \_\_\_\_\_ Court Date: \_\_\_\_\_

Relevant Facts: \_\_\_\_\_

Eligibility of New Pending Charge(s) for Diversion:  YES  NO

Recommendation:

- Add new pending charges to diversion
- Add new pending charges and request for extension
  - Expected Completion Date: \_\_\_\_\_
- Decline new pending charges being added:
  - Continue Existing Diversion
  - Termination of Diversion