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A practical path forward for criminal justice diversion in Oklahoma

Areas of common ground among justice system stakeholders on how to divert people from jails and into treatment

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1 | Introduction

Oklahoma has made important progress on criminal justice reform in recent years, building systems to divert and deflect people from jails and prisons who would be better served with mental health or substance use treatment in their communities.

Voters set a significant part of this work in motion when they passed State Questions 780 and 781, ballot initiatives that promoted treatment and rehabilitation over incarceration. In passing these initiatives, Oklahomans recognized that it's far more effective and far less costly to treat people for behavioral health conditions in their communities instead of in jails and prisons.

Today, savings from these ballot initiatives have begun to reach counties and be reinvested locally. But these programs and policies have yet to reach their full potential. Meanwhile, criminal justice leaders have consistently argued that current investments are insufficient and disputed the effectiveness of past reforms.

[Healthy Minds' recent analysis](#), which quantified where Oklahoma's criminal justice diversion systems need to grow to meet demand, found that a fully scaled, robust crisis response system would save \$427 million in annual health care costs for Oklahoma — and keep many Oklahomans out of jail, too. We found that about 19,000 more Oklahomans would benefit from treatment court each year, which could in turn save \$87 million in taxpayer dollars.

Related:

[Bringing criminal justice diversion services to scale in Oklahoma](#)

To move past the disagreements that are often part of policy discussions about diversion in Oklahoma, Healthy Minds looked for areas of common ground among stakeholders around diverting people with mental health and substance use needs away from the criminal justice system.

Table 1: Oklahoma taxpayers could see large potential savings by expanding adult treatment courts

Court type	Number eligible but not diverted	Cost of specialty court for those eligible but not diverted	Taxpayer savings from reduced crime	Net Oklahoma taxpayer savings
Substance use	14,748	\$22,483,420	\$84,742,008	\$62,258,588
Serious mental illness	311	-\$4,859,482	\$1,831,479	\$6,690,961
Co-occurring conditions	4,319	\$6,584,343	\$24,816,974	\$18,232,631
Total	19,378	\$24,208,281	\$111,390,461	\$87,182,180

Note: In the second row of this table, the negative value for the cost of specialty court for serious mental illness reflects that these court programs cost less to operate compared to the costs of jail and traditional prosecution. Other types of courts cost more to operate but generate savings from reductions in crime and recidivism.

With advice and partnership from state legislative leaders, we interviewed or surveyed 76 people involved in the justice system in Oklahoma, including district attorneys and their staff, county sheriffs, judges, jail administrators, advocates, and people who work in diversion services.

We found significant commonalities: interviewees described a criminal justice system strained by inconsistent access to treatment and crisis services, and fragmented processes that make it difficult to respond effectively to individuals with behavioral health needs.

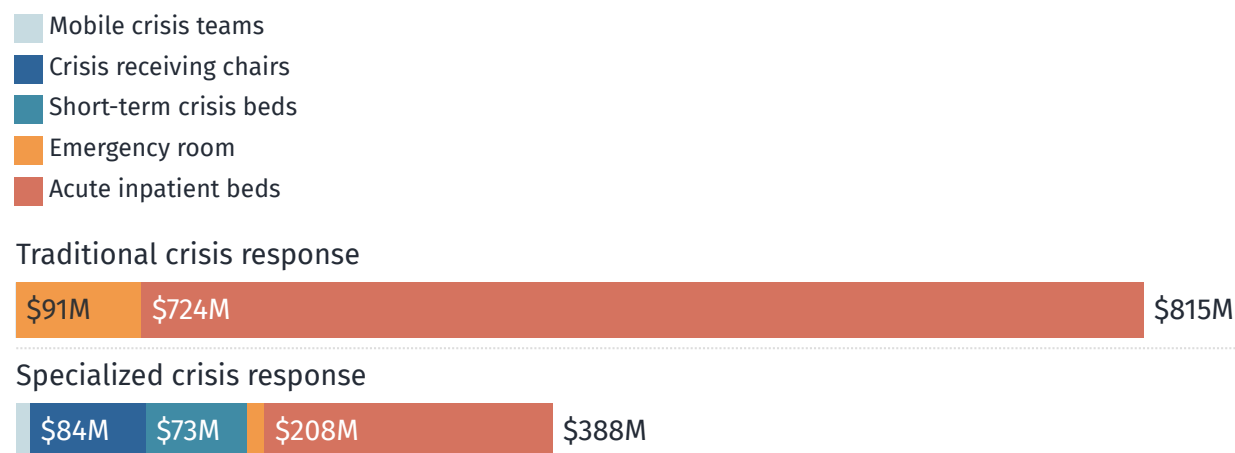
Their perspectives and input shaped seven recommendations, each with broad support among criminal justice leaders, that focus on strengthening diversion opportunities at multiple points of a person's involvement with crisis response systems, law enforcement, and the criminal justice system:

- Early intervention and timely access to behavioral health services to avoid justice system involvement.
- Expanding diversion options once individuals enter the justice system.
- Improving coordination and infrastructure for those who are incarcerated and preparing to return to their communities.

Collectively, the recommendations outline a realistic path forward for diversion in Oklahoma, rooted in areas of agreement among stakeholders — and will benefit the many Oklahomans who interact with the justice system.

Figure 1: In Oklahoma, specialized crisis response would cut health care costs by more than half

[Healthy Minds' 2025 diversion analysis](#) showed how Oklahoma could save over \$400 million in health care costs annually through a fully scaled crisis response system. While Oklahoma is already realizing a portion of this impact, our analysis showed there is still room for progress.



Note: "Traditional crisis response" refers to the health care costs of responding to behavioral health crises through emergency room visits and inpatient hospitalizations. "Specialized crisis response" makes use of mobile crisis teams, crisis stabilization units, and short-term beds to reduce the need for ER visits and inpatient beds.

Chart: Healthy Minds Policy Initiative | Source: Crisis Resource Need Calculator (using Oklahoma population data)

2 | Oklahoma justice reform milestones: State Questions 780 and 781

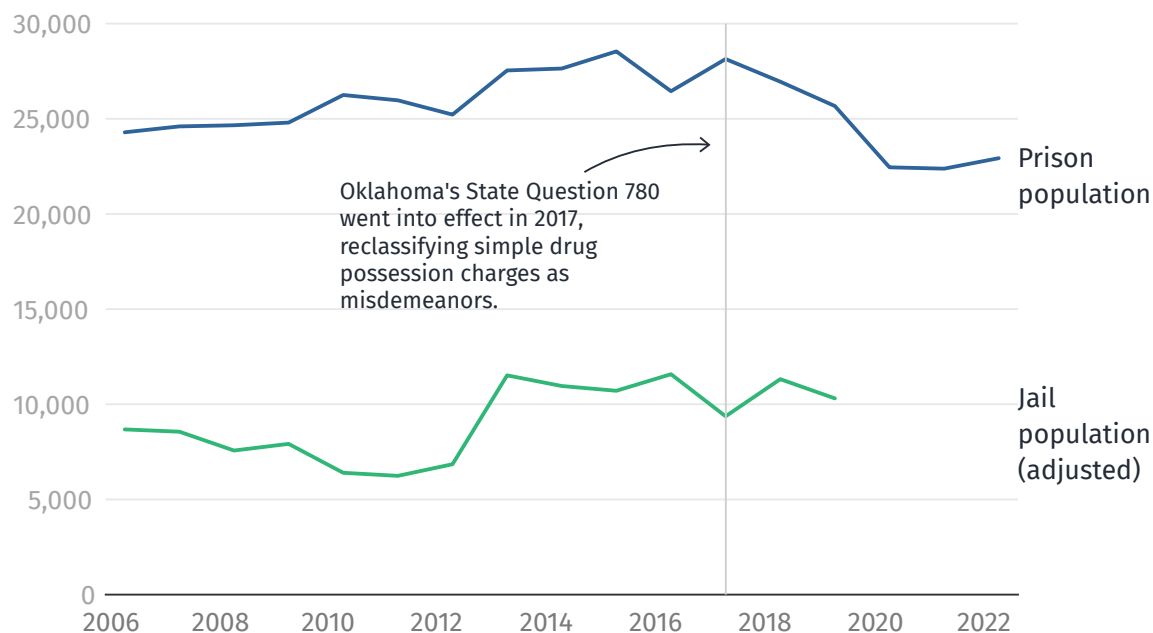
In 2016, Oklahoma voters approved a pair of ballot initiatives, State Questions 780 and 781, aimed at reducing the state's prison population by promoting rehabilitation instead of incarceration for low-level crimes.

SQ 780 reclassified simple drug possession and low-level property crimes from felonies to misdemeanors, and SQ 781 directed the state to reinvest savings from the resulting decreased incarcerations to counties for mental health treatment and diversion programs.

This report and recommendations aim to push policy discussions forward after years of differing perspectives on the two initiatives. Discussions have often stalled around disagreements about how to balance accountability, public safety, and access to treatment through diversion efforts.

Proponents of the initiatives cite the reduced prison population, along with the use of reinvestment funding to shore up programs and expand diversion, as evidence that these policies are working. Others raise concerns that when misdemeanor-level offenses carry fewer consequences, people have less incentive to participate in treatment, which leads to repeated arrests for the same offenses and demands additional local resources from law enforcement, courts, and jails.

Figure 2: Oklahoma's prison population has declined since the passage of State Question 780



Note: "Jail population (adjusted)" refers to the number of people incarcerated for local authorities in local jails (excluding people held in jails for state or federal authorities) in that state. | Source: Prison Policy Initiative

Further, despite SQ 780 taking effect in 2017, savings through SQ 781 were not distributed until 2023. This means the policy changes under SQ 780 were implemented for several years without the corresponding resources needed to expand treatment capacity and support diversion efforts.

However, new polling commissioned by CPAC, conducted in January 2026, found that public support for the two ballot initiatives is still strong almost a decade since the election: 73% and 76% of voters surveyed, respectively, supported State Questions 780 and 781. Support for investment in treatment and diversion practices is even higher at 81%.

Today, counties access this funding through the County Community Safety Investment Fund, which was established to pass cost savings from SQ 780 to local communities to fund programs and strategies that divert people from the criminal justice system, reduce recidivism, and address behavioral health challenges often intertwined with these issues.

The Oklahoma Department of Mental Health and Substance Abuse Services, which administers the funding, has recently simplified and clarified processes to help counties access County Community Safety Investment Fund resources.

Guidance for use of County Community Safety Investment Funds

Healthy Minds' [recent guidance](#) offers a framework for counties to use when planning and applying for County Community Safety Investment Fund awards.

3 | Recommendations to advance criminal justice diversion

Our aim with this project was to develop strategies that address the needs of all stakeholders impacted by SQ 780 and 781, including district attorneys, public defenders, sheriffs, judges, service providers, and people with substance use and mental health disorders who have been charged with misdemeanors.

Using input from these stakeholders about their top concerns along with established best practices, we developed recommendations that can address the current strain on the criminal justice and behavioral health systems, improve coordination, and ensure people receive care in the least costly, least restrictive settings.

In interviews, district attorneys, judges, sheriffs, jail administrators, and defense counsel described limited diversion options, inconsistent access to treatment and crisis services, and fragmented processes that make it difficult to respond effectively to individuals with behavioral health needs.

Many noted that, in the absence of reliable alternatives, they are forced to manage behavioral health challenges in settings that are not designed to provide care. For example, jail staff may be required to administer medication or manage individuals experiencing acute mental health crises, responsibilities that extend beyond the intended scope of a correctional setting. This mismatch between settings and individuals' needs contributes to operational pressures, resource constraints, and frustration across roles.

All seven recommendations received at least moderate support from stakeholders we surveyed. Based on survey responses, we present these recommendations in order based on the highest ratings for priority, helpfulness, and feasibility.

1. Secure a Medicaid reentry waiver to support people leaving jails and prisons

Many Oklahomans are not diverted away from the justice system and instead end up in prisons, jails, or youth correctional facilities. Though many incarcerated people qualify for Medicaid, the federal government is generally barred from paying for health care provided to people in jails and prisons. This means state and local governments are responsible for the physical and behavioral health care needs of incarcerated people. To that end, jails and prisons either hire staff directly or contract with outside providers to provide health care services.

Behavioral health needs are disproportionately high among people in carceral settings,^{1,2} and these conditions are expensive to treat. Incarcerated people with behavioral health disorders tend to stay incarcerated longer than others and may be at risk for suicide, which can require additional staff to ensure safety.

Related:

[Supporting Oklahomans after incarceration through Medicaid](#)

When incarcerated people or staff are injured, local jails risk losing insurance or having to pay a high premium to stay insured, which further drains funding from the county in which they operate.

But using a certain Medicaid strategy, a Section 1115 reentry waiver through the Centers for Medicaid and Medicare Services (CMS), eligible people being held in jails or prisons can receive Medicaid benefits for up to 90 days ahead of their release from incarceration as a way to facilitate a successful reentry to the community. The Medicaid benefit package includes robust case management and other health care services designed to meet pre- and post-release needs.

We recommend Oklahoma secure a reentry waiver to advance the state's development of diversion services and facilitate successful transitions from incarceration that lead to reduced recidivism, which in turn could reduce the high costs and demands on jails and prisons to provide behavioral health care.

To take full advantage of the benefits of a reentry waiver, we recommend the following:

- Charge ODMHSAS and the Oklahoma Health Care Authority with securing a reentry waiver from CMS to support incarcerated individuals' health care access and ensure a successful transition back to the community.
- In designing the reentry waiver, include:
 - other state agencies, including the Department of Corrections and the Office of Juvenile Affairs, as well as community partners such as local jails, youth detention centers, local providers, and people who have lived experience of behavioral health disorders, incarceration, and successful reentry.
 - coordination with criminal justice partners, including district attorneys and the judiciary, to support a shared understanding of eligibility, timing, and continuity of care at release.
 - training on reentry and diversion for all personnel involved.
 - a plan to develop information technology solutions to facilitate program operations such as Medicaid eligibility tracking and data sharing for increasing continuity of care and monitoring program performance.

2. Pilot comprehensive diversion services tailored for rural counties

Rural communities in Oklahoma face unique challenges with behavioral health diversion. Many counties have limited access to specialty court dockets, community supervision staff trained to work with individuals with behavioral health needs, and treatment providers, which can keep people from getting connected with appropriate levels of behavioral health care.

Without easy access to care or meaningful incentives to participate in treatment, people with behavioral health needs can get caught in cycles of arrest and incarceration.

Compounding these challenges, rural communities often lack resources to implement best practices and policies, most of which were developed in urban centers and reflect urban capacities and needs. Rural communities also need technical assistance and support. Without it, these communities will find it increasingly difficult to provide effective, accountable treatment alternatives that give judges and district attorneys the confidence to safely divert people with behavioral health needs away from the criminal justice system.

We recommend the state fund pilot programs in at least two judicial districts composed primarily of rural counties to build and test diversion models tailored to communities across rural Oklahoma. Piloting comprehensive diversion programs in rural districts would allow the state and counties to collaborate on strategies tailored to communities with fewer resources than urban and suburban areas.

By providing dedicated program staff, technical assistance, and standardized reporting, the pilot program would give rural counties the resources and guidance they need to establish sustainable, effective diversion models. The pilot programs would also include specialty dockets, behavioral health supports, and community supervision strategies to meet local needs.

Over time, these pilots would provide examples that other rural counties can follow and adapt. The recommended statewide coordinating council could be charged with developing a strategy and timeline for disseminating lessons learned and helping counties adopt best practices drawn from the pilot program.

We recommend that for counties to be eligible for a pilot diversion program, they demonstrate commitment from the district court, county sheriffs, public defenders, service providers, and individuals and families with lived experience in mental health or substance use recovery.

Specialty courts are court programs that offer alternatives to incarceration, especially for people at high risk of rearrest and who need mental health or substance use treatment

Given shortages of providers in many rural areas, pilot design should be flexible and scalable based on existing local resources. A statewide coordinating council (see Recommendation 7 on **page 19**) could oversee the pilot program, with ODMHSAS or another administrative agency overseeing finances.

We recommend pilot sites include the following elements:

- Financial support from state resources to staff a program manager.
- Technical assistance from Oklahoma experts with experience implementing such programs to develop policies, templates, and training for staff.
- Specialty dockets and diversion pathways suited to rural settings, which may include misdemeanor drug possession dockets, mental health and drug courts, robust behavioral health treatment and supports, specialized community supervision, and outpatient commitment orders. Services included in the pilot should align with available provider capacity and access to care.
- Data collection and reporting on key performance metrics by agencies involved in the pilot, funded by state and local agencies.
- Establishment of a diversion advisory council by the county administrator, made up of a district court judge, the county sheriff, the public defender, service providers, and families and people with lived experience of recovery from mental health and/or substance use disorders and. This council would establish standards for accountability for participating counties and systems involved in the pilot, including expectations related to diversion practices, service coordination, and implementation fidelity.

While state funding would be essential to launch and sustain rural diversion pilots, stakeholders indicated that some communities may require additional funding sources during early implementation. In these cases, philanthropic or private funding could supplement, but not replace, state and local investments to support start-up costs and service expansion.

3. Bring crisis services to scale

An effective crisis system is the first and best line of defense for diverting people from the criminal justice system. When crisis systems work well, they can immediately connect people in crisis with behavioral health professionals trained to de-escalate crises and provide the right type of care at times of urgent need.

Though Oklahoma has made significant progress in growing and improving coordination around crisis response, the system has not been brought to scale across the state. One major barrier: federal funding for 988, the suicide and crisis call line, is set to expire in 2026.

Figure 3: Elements of the ideal crisis system



Someone to call

988 or local crisis lines
(such as COPES in Tulsa)



Someone to respond

Mobile crisis teams or
alternative response teams



A safe place to go

Urgent recovery centers
or crisis centers

With a strong and coordinated crisis system, Oklahoma can minimize unnecessary interactions with police and keep people from becoming involved with the justice system. Better coordination between 911, 988, and local crisis lines would help route calls to the most appropriate response. Expanding mobile crisis teams, urgent recovery centers, and crisis stabilization units would increase access to professional support, allowing timely intervention when it is needed most.

To improve early pre-arrest intervention and reduce criminal justice system involvement, **we recommend efforts to expand and strengthen Oklahoma's behavioral health crisis system.** Recognizing the challenges associated with scaling the crisis system, including workforce capacity, funding sustainability, and coordination across systems, we recommend that efforts to expand the system should:

- Promote and sustain collaboration between 911, 988, and other local crisis lines to develop and implement screening and assessment protocols for identifying and assessing risk for suicide and other harm. When calls cannot be resolved over the phone, include procedures for deploying the crisis response teams that are best suited to manage each behavioral health call.
- Clearly define roles and responsibilities across 911, 988, crisis providers, and community-based crisis resources, and support education and training of community members, law enforcement, and other stakeholders to help them understand how and when to engage each part of the crisis system.

- Develop strategies to sustain and expand 988, including resources to support further collaboration between 911 and 988, and identify federal, state, and local resources to account for the scheduled end of current federal funding for 988 by October 2026.
- Enable and encourage communities to expand and further develop behavioral health and co-response mobile crisis teams to best fit their needs and resources. The state could offer technical assistance and development grants to support this work; it could also require that Certified Community Behavioral Health Clinics' community needs assessments include an analysis of the need for these teams. Assessments could be required to include an analysis of and recommendations for collaborative opportunities with local law enforcement, emergency medical services, and hospital emergency rooms.
- Develop additional capacity in urgent recovery centers and crisis centers to meet community needs and allow for streamlined, quick drop-offs by law enforcement. As capacity expands, intentional coordination among crisis centers and community-based resources will be needed to ensure services are used as intended.

4. Standardize jail intake screenings, assessments, and data collection

Many people in jails and prisons have behavioral health challenges, and it's important for jail staff, courts, and attorneys, to have a clear picture of these challenges to do their work effectively. Understanding a detainee's mental health and substance use-related needs offers opportunities to increase a person's chances of successful community reentry and reduce risk of rearrest.

Similarly, for decision-makers to effectively develop and deploy diversion resources, they need to have an accurate understanding of the behavioral health needs of the population.

Currently, Oklahoma's jails assess behavioral health needs and risk for recidivism inconsistently, using a variety of screening and assessment tools and varying data sharing practices. The data collected are not uniform and not always readily available or accurately reported to people who make decisions concerning diversion and placement. Even when screening and assessment data are gathered, there is no consistent system for storing, sharing, or accessing it. Consequently, diversion practices are applied unevenly across the state, and, apart from a few grant-funded initiatives, their outcomes are not well documented.

We recommend statewide standardization of intake screenings, assessments, and data collection — not only to ensure people in jails receive appropriate care and improve officials' decision-making around opportunities for diversion, but also to identify gaps and outcomes at a systemic level.

The adoption of a statewide jail database could improve continuity of care by identifying detainees who have recently received behavioral health services and allowing the local state-certified clinic to provide outreach and reconnect them to services.

A centralized jail database could support planning, resource allocation, and program coordination across the judicial and jail systems by providing standardized, aggregate data on behavioral health needs and diversion outcomes. That data would also support providers' ability to understand system-level needs, evaluate outcomes, and inform service planning. Implementing this set of recommendations would ensure that law enforcement, district attorneys, judges, and jail administrators have access to accurate information. Such implementation would lead to a more consistent use of diversion pathways and processes, ultimately saving both time and resources.

To improve consistency and strengthen decision-making on diversion opportunities for people with behavioral health disorders, and to ensure the availability of comprehensive, accurate data on the behavioral health needs and risk factors for recidivism among the jail population, we recommend the following actions:

- Charge the State Department of Health's Detention Program^a to create standards for behavioral health screening and assessment, alongside validated criminogenic risk screening, to support uniform jail intake processes.
- Charge ODMHSAS and the State Department of Health to develop and provide jails with a menu of best practices and recommended mental health, substance use, and criminogenic risk screening and assessment tools.
- Require that the entity responsible for conducting behavioral health screenings or assessments make relevant results readily available to prosecutors, defense attorneys, and courts, consistent with statutory authority and privacy protections, to guide diversion decisions.
- Charge ODMHSAS to create a statewide data dashboard that tracks diversion participation, completions, and recidivism across counties.
- Provide legislative authority and funding for the State Department of Health, Department of Public Safety, and ODMHSAS to develop a statewide jail database that includes data on aggregate behavioral health needs.

In interviews and surveys, stakeholders raised concerns about privacy, statutory authority, and trust related to data sharing. To be effective, standardized screening, assessment, and data systems should be supported by clear statutory authority, state-funded information technology infrastructure, and safeguards to protect personal health information. These protections are critical to ensure data are used to support diversion and service coordination, rather than to disadvantage individuals in court proceedings. Data protections would also provide sheriffs, local officials, providers, and other system partners with confidence that data sharing will be appropriate, limited, and lawful.

a: If Recommendation 7 (see **page 19**) is adopted to create a statewide coordinating council, many of the functions bulleted here could fall under the responsibilities of that new, multi-agency entity.

5. Expand and standardize use of court-ordered outpatient commitment as a diversion strategy

Oklahoma courts and district attorneys often do not have the tools, guidance, or resources to ensure that people with behavioral health disorders get the treatment they need to break cycles of arrest and incarceration.

Although many people willingly participate in mental health or substance use treatment when it is accessible, some people in need of treatment do not (or cannot) recognize that need or are otherwise unwilling to engage in treatment. And some people need more structure to obtain the help they need to remain safely in the community.

In these cases, it can be helpful for a judge to require these individuals to receive outpatient mental health or substance use treatment by court order. Across Oklahoma, however, there is uneven use of this practice. Stakeholders reported a limited understanding across justice and court settings of how mental health and substance use disorders contribute to behaviors that can result in a person putting themselves or others in danger, along with a lack of knowledge of best practices related to court-ordered commitment.

We recommend Oklahoma standardize processes and practices around use of court-ordered outpatient commitment as a diversion strategy.

To that end, developing a bench book and providing structured training would give courts and attorneys clear, standardized guidance on how to implement court-ordered commitments effectively. By clarifying statutes, forms, and procedures, the bench book would reduce confusion and support consistent application of court-ordered commitment strategies across counties.

To achieve this while protecting individuals' rights and improving consistency across jurisdictions, we recommend the following:

- Have the Oklahoma Supreme Court develop a bench book as a reference guide to provide information on the best practices in court-ordered community outpatient commitment, including relevant statutes and forms and protections of rights.
- Involve the Administrative Office of the Courts, as well as judges, attorneys, service providers, and those with lived experience in receiving services due to court-order commitment, in the development of the bench book content to ensure the guidance aligns with existing court processes and service delivery practices.
- Update the bench book every two years, with updates serving as opportunities for judges and court staff to receive additional training and information about best practices.
- Provide training and technical assistance to judges and court staff, district attorney staff, and indigent defense attorneys on the use of court-ordered commitments and broader behavioral health best practices, with ODMHSAS and the courts coordinating on content and delivery where appropriate.

Bench books are practical reference materials for judges and attorneys that provide an overview of certain legal procedures and best practices.

- Provide continuing education hours and opportunities for exploration of individual programs and cases.
- Coordinate the adoption of the bench book at either the district attorney or judicial district level to ensure continuity and more consistent implementation.

Ultimately, implementing this suite of recommendations would improve outcomes for individuals with serious behavioral health disorders, including reducing repeated criminal justice involvement.

6. Provide judicial district-level resources to support misdemeanor diversion courts

Misdemeanor diversion courts offer an alternative to traditional prosecution by connecting participants with mental health and substance use treatment along with case management and connection to social services. Ultimately, they are meant to help people avoid rearrest through rehabilitation. Across Oklahoma, there is limited use of these types of alternative courts.

We recommend Oklahoma strengthen guidance and funding opportunities through the County Community Safety Investment Fund to support the development and expansion of misdemeanor diversion courts.

Oklahoma lacks the district-wide infrastructure for diversion, including inter-county collaboration for diversion practices, enough staff and training, and a strong network of clinical providers and social supports (including housing and transportation). This means courts do not have reliable diversion options, and judges and prosecutors have limited options for holding people accountable. As a result, the system does not maximize opportunities to reduce recidivism and improve public safety.

We recommend Oklahoma improve guidance around use of the County Community Safety Investment Fund to provide counties within each judicial district with tailored funding and direction to build effective misdemeanor diversion dockets and diversion services that include clear expectations for participation and compliance.

To aid counties that lack the time and expertise to apply for funds, the state could provide targeted technical assistance to help such counties adjust resources or build capacity to receive funds. This assistance could also help counties that apply for or receive funds to assess their diversion needs and plan for implementation of diversion dockets and services.

In the request for proposals to award these funds, the state should clarify that grants could be used to:

- Hire staff to direct the planning and development of diversion infrastructure and the network of providers needed within the district.
- Create specialty misdemeanor dockets to expand diversion opportunities, in collaboration with the district attorney's office and using emerging misdemeanor court best practices that have proved to be successful.
- Incentivize Community Supervision offices to dedicate staff with specific training to effectively monitor compliance and support diversion of those with behavioral health needs.
- Create incentives and remove barriers to people participating in and completing diversion programs (e.g., reduce or eliminate fees when a participant demonstrates progress in a diversion program).

- Create model diversion eligibility standards and selection procedures for use by district attorney staff that offer guidance and preserve decision-making authority, while increasing consistency and clarity for program participants and defense attorneys.
- Strongly encourage counties that are receiving funds to have a diversion advisory council and standardized reporting of outcomes across programs.

As more counties and districts use the grant funding to build and test different models, they and a statewide coordinating council (see Recommendation 7 on **page 19**) can share what is working and help others get started. The statewide council would ensure that detailed knowledge of best practices in rural and urban settings is incorporated into new RFPs that are issued through the County Community Safety Investment Fund. Over time, this would lead to more consistent access to diversion opportunities across the state, stronger collaboration between justice and behavioral health partners, and better outcomes for individuals and communities.

7. Create a state coordinating council to support and align diversion efforts

Several Oklahoma state agencies play a role in shaping criminal justice diversion policy and supporting local implementation, but there is no formal, coordinated approach to how these groups work together. As a result, their efforts are not consistently aligned or guided by any shared structure for decision-making, policy director, or resource allocation.

In the absence of a coordinated structure, district attorneys, county commissioners, behavioral health providers, jail administrators, law enforcement officers, and judges face challenges in knowing who to contact for information on best practices and securing the funding needed to support diversion initiatives. Stakeholders said in interviews and surveys that this fragmentation leads to inefficiencies, inconsistent guidance, and added workload for local stakeholders who must navigate multiple agencies.

We recommend the Oklahoma Legislature establish an empowered state-level coordinating council to create a unified statewide approach to diversion and ensure all state agency initiatives that support diversion are guided by a shared vision and best practices. The purpose of the council would be to improve coordination, reduce fragmentation across agencies, and provide clear points of accountability for supporting diversion efforts statewide.

We recommend the council be responsible for developing:

- A statewide strategic diversion plan that guides each agency's activities to support the development of diversion services and clarifies roles, responsibilities, and expectations across agencies.
- A consolidated appropriations request that includes each agency's budget request for supporting diversion, reducing the need for counties to navigate multiple funding streams.
- An approach to distribute funds that counties can use for diversion services. This would include a consolidation of extant diversion-related funding from each agency, including the County Community Safety Investment Fund. New funding would supplement existing allocations.
- A plan for monitoring diversion services statewide, which would include methods for identifying and publicizing best practices across rural and urban counties to support shared learning and consistent implementation.

State agencies and their roles in diversion

- **State Department of Health:** Develops and monitors detention standards.
- **Department of Corrections:** Responsible for prison pre-release programs.
- **Office of Juvenile Affairs:** Responsible for juvenile detention centers and community-based services for youth.
- **ODMHSAS:** Responsible for community mental health standards of care and contracts for services that support diversion.
- **Oklahoma Indigent Defense System:** Defends indigent clients and operates a program of resource coordination.
- **Administrative Office of the Courts:** Works under the Oklahoma Supreme Court and is responsible for court policy implementation, case flow, and records.

4 | Conclusion

Oklahoma can take a number of tangible steps toward systems that keep more people out of jails and prisons, connect people with mental health and substance use treatment, and break cycles of arrest and incarceration.

Through our interviews and surveys of justice system stakeholders, we found several areas of common ground. Our recommendations show where there is alignment across stakeholders, offering a practical path forward for diversion progress in Oklahoma.

The recommendations outlined in this report are designed to build on strengths across our state and to support expanded, effective diversion practices over time. They are all important, but we do not expect them to all be put into practice at once. Each can stand alone, and any recommendation can be adopted wherever there is readiness, capacity, and stakeholder support for it.

5 | About this report

This report was generously funded by ProsperOK and the Justice Funders Network of Oklahoma. It is the product of Healthy Minds' partnership with state legislative leaders to seek input on and identify opportunities to improve policies and practices for diverting people with substance use and mental health disorders from the criminal justice system into appropriate treatment services.

Over seven months in 2025, we interviewed or surveyed 76 individuals involved in the justice system and behavioral health diversion in Oklahoma. Participants included:

- district attorneys and their staff
- sheriffs
- jail administrators
- legislators
- providers of diversion services and supports
- and community advocates

The project team also engaged in discussions with stakeholders through association meetings and other professional forums. We considered these perspectives alongside formal input when developing and refining the recommendations in this report.



**Justice Funders
Network of Oklahoma**

We developed these recommendations using an iterative, multi-step approach. To understand existing diversion practices, system capacity, barriers to diversion, and the availability and perceived availability of crisis and community-based services across both rural and urban areas, we conducted interviews with stakeholders and an initial set of surveys concurrently. In some instances, we drew our recommendations from approaches that have demonstrably improved diversion services in other states and counties. This early input was used to identify common challenges and inform an initial set of recommendations that focused on improving diversion policies and practices, strengthening community-based crisis and treatment responses, and supporting system coordination across Oklahoma.

We invited review and input from Oklahoma-based subject matter experts and national consultants with experience in behavioral health systems, crisis services, criminal justice, and local policy to refine draft recommendations. In a second round of conversations and a follow-up survey, we gathered feedback on the feasibility, usefulness, and prioritization of the recommendations, as well as barriers to implementation and changes needed to strengthen support. We used survey responses to order our recommendations, presenting those rated highest priority, most helpful, and most feasible first.

6 | References

- 1: Prison Policy Initiative. (n.d.). Mental health: Research on the prevalence and treatment of mental illness in the criminal legal system. https://www.prisonpolicy.org/research/mental_health/
- 2: Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2020, August 10). Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://bjs.ojp.gov/content/pub/pdf/dudaspi0709.pdf>



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