

Planning for Diversion: A Texas Diversion Center Workbook



**Texas Behavioral Health and Justice
Technical Assistance Center**

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Acknowledgments

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About the Workbook

Communities across Texas are expanding diversion options for people struggling with mental illness and substance use disorders. Diversion centers present an opportunity to divert people from the criminal justice system and connect them to treatment by providing on-demand services to individuals brought in by law enforcement or other entities, 24 hours a day, seven days a week.

The purpose of this workbook is to support planning for jail diversion centers that serve justice-involved individuals. Diversion centers in Texas are as diverse as the 254 counties across the state. While there is no one model that will work for every community, there are strategic questions and lessons that can be learned from those in operation. The following exercises, practice considerations, and worksheets are designed to guide communities through the planning process for the development of a diversion center.

The following examples are embedded throughout the workbook to offer ideas from operating diversion centers:

Diversion Center	County, State	Population
Behavioral Health Urgent Care Center	Knox County, TN	470,313
Bell County Diversion Center*	Bell County, TX	379,617
Crisis Care Campus	Pennington County, SD	113,375
Crisis Receiving Center	Pima County, AZ	1,407,000
Crisis Receiving Jail Diversion Center	Howard County, TX	34,529
Judge Ed Emmett Mental Health Diversion Center	Harris County, TX	4,713,000
Tarrant County Mental Health Jail Diversion Center	Tarrant County, TX	2,126,000
Williamson County Diversion Center	Williamson County, TX	643,026

*Center still in development.

Using This Workbook

Planning workgroups are encouraged to work through the exercises and discussion questions first, followed by the worksheets. The exercises are designed to demonstrate the value of a diversion center. The worksheets will assist in identifying priorities, challenges, opportunities, potential partners, and essential elements that are vital to planning for a diversion center.

Exercise One: Establishing a Planning Workgroup and Assessing Local Needs

Overview

Each stakeholder involved in community crisis response and diversion, including law enforcement, crisis and community-based providers, emergency medical providers, hospitals, courts, and municipal and county officials, has a specific role within the response system. The diversion center should leverage the roles and strengths of each stakeholder and integrate them into the local crisis continuum. The purpose of this exercise is to support the development of a Diversion Center Planning Workgroup and to support the assessment of local needs. The workgroup will be the key body that drives planning and implementation. A needs assessment will help clarify what problem the diversion center can solve and how it will fit into the local crisis continuum.

Planning and Implementation Considerations

Behavioral Health Leadership Teams (BHLTs), Behavioral Advisory Teams (BAT), and [Sequential Intercept Model \(SIM\) mapping workshops](#) are resources that can support diversion center planning in counties across Texas. BHLTs and BATs consist of local behavioral health and justice system leaders who meet regularly to identify opportunities to improve collaboration and coordination across systems, advocate for funding, and support sharing of data and information to help make a case for local needs.

Many BHLTs and BATs in Texas have facilitated SIM mapping workshops to support needs assessments and the planning of diversion centers. The SIM is a proven method to create a community wide response for people with behavioral health conditions who are navigating the criminal justice system or are at-risk of entering the criminal justice system. Using the SIM, communities consider local resources and identify strengths and gaps across their local systems. It is important that diversion centers integrate into the local crisis continuum.

Discussion Questions

1. What systems and stakeholders have a role in pre-arrest diversion? Which of these stakeholders need to be represented in the Diversion Center Planning Workgroup?
2. Does a current coordinating body exist that could be leveraged for a Diversion Center Planning Workgroup?

Collaboration in Williamson and Bell County

In **Williamson County**, the diversion center is a multi-agency collaboration with a 10-bed acute program for people in crisis. Community collaboration is key to the programs' success. Program partners include:

- Bluebonnet Trails Community Services
- Williamson County
- Local emergency departments
- Psychiatric hospitals
- Williamson County Sheriff's Office
- Local police departments
- Williamson County District Attorney's Office

Partners meet regularly to discuss diversion programs and review data through monthly Williamson County Crisis Response meetings.

In **Bell County**, local stakeholders participated in a SIM mapping workshop to assess community resources and plan for a diversion center. This collaborative effort, led by Central Counties Services, Bell County judges, local hospitals, and the Temple Police Department, led to the development of committees and [formal plans](#) to implement a diversion center. (Texas Health and Human Services Commission, 2022)

3. A diversion center meets different needs for different stakeholder groups. What problem is being solved by a diversion center for each stakeholder group? How do stakeholder goals vary and how do they align? How might this impact the planning process? What problem is being solved for the community?
4. What resources currently support crisis response and diversion in your community? Are they fully utilized?
5. What gaps exist? How can a diversion center potentially fill those gaps and integrate into existing crisis and diversion resources? Are there other diversion programs or models that should be considered as alternatives?

Decision Points

1. Is a diversion center the right model to meet the needs and goals of the community?
2. Is there a shared goal across stakeholders that will drive planning and implementation?
3. Do county leadership support the establishment of a diversion center?
4. Is there enough shared buy-in across stakeholders to fiscally support the development of a diversion center?

Worksheets

See **Appendix B** for exercise one worksheets.

Exercise Two: Making the Case Using Cost Calculations and Data

Overview

Using data to clearly define the need for a diversion center, identify the target population, and estimate potential costs, cost savings, and or cost avoidances is an important first step in planning. The purpose of this exercise is to guide stakeholders in using data to assess local trends in jail bookings, law enforcement encounters, and crisis services utilization; identify potential target populations; and demonstrate costs associated with arrest, incarceration, and emergency health services utilization. Understanding costs and aggregate data can support the case for a diversion center. Working through local case studies can help stakeholders better understand potential target populations, impact, and utilization.

Planning and Implementation Considerations

Analyzing existing data can help build the case for the development of a diversion center. Where data does not exist, stakeholders can discuss plans to collect and track additional measures. National initiatives such as the [Stepping Up Initiative](#) and the [Familiar Faces Initiative](#) provide resources and tools to support data collection and information sharing.

Discussion Questions

1. What local data must be examined to establish the need for a diversion center?
2. Which stakeholders have access to these data? Are data points needed that aren't currently collected?
3. How can the data be used to both build a case for the diversion center and understand potential costs, cost savings, and or cost avoidances?
4. What data can be used to predict potential diversion center utilization?

After completing Exercise Two worksheets, consider the following:

1. Based on the case study and key data points, which partners would benefit from a diversion center? If potential savings or cost avoidance could be realized for those partners, would they be willing to invest in the diversion center?
2. What offenses are most highly associated with mental health 9-1-1 calls for service? How will this inform considerations for target population and eligibility criteria?
3. What trends can be observed in the data?

Assessing Need in Harris and Howard Counties

In **Howard County**, a robust Jail Diversion Committee led by West Texas Centers analyzed data to understand local needs. For Howard County and surrounding areas, the number of people booked into Howard County jail with serious mental illness totaled approximately 20 people per month. Of those 20 people, 75 percent were booked on non-violent public nuisance charges. Misdemeanor charges in Howard County take approximately 45 to 60 days for a court date. Because most of these people lacked the financial resources to post bond, they waited for court in the county jail, costing the county tens of thousands of dollars per month. (Tarrant County, 2022)

A similar committee in **Harris County** found that 53 percent of people arrested for trespassing in 2016 had a history of a mental health issue. Local cost data related to housing someone in jail (\$57 per day), housing someone in jail who is receiving psychotropic medication (\$67 per day), and cost to house someone in the jail's specialized units (\$232 per day), helped the county make the case to explore opportunities to serve people in less restrictive and less costly settings. (Justice System Partners, 2020)

4. How can the data that have been collected be used to build the case for a diversion center?

Decision Points

1. Do the data demonstrate a need for the diversion center?
2. Based on the cost calculations, does a fiscal benefit exist for the diversion center?

Worksheets

See **Appendix C** for exercise two worksheets.

Exercise Three: Determining Access and Eligibility

Overview

Identifying who is eligible for diversion and how they will be transported to the diversion center are critical steps in diversion center planning. The purpose of this exercise is to discuss diversion center operations; including eligibility criteria, diversion processes, and how partners will connect and transport individuals to the diversion center.

Planning and Implementation Considerations

Many communities start with narrowly defined eligibility criteria and expand it as operations ramp up. Regardless of who is eligible, “no wrong door” policies can help ensure people brought to the center receive services. These policies can also help increase utilization of the center, particularly by law enforcement.

Discussion Questions

1. How will people access the diversion center (e.g., law enforcement drop-off, EMS drop-off, walk-in, other)?
2. What will be the hours of operation? Ideally, diversion centers should be operational 24/7. If 24/7 is not achievable, based on data related to patrol shifts and volume of mental health calls for services in Exercise Two, what hours would best meet the demand for diversion center services?
3. Which partners must be consulted in determining eligibility criteria? Consider the role of the local mental health authority, prosecutor, and law enforcement in decision making.
4. Will the diversion center require medical clearance? What staff on site could help assess for medical needs?
5. What offense types are eligible for diversion? Consider your target population, identified in Exercise Two.
6. What impact does eligibility have on the diversion center’s ability to serve the target population?
7. How will an individual be transported to the diversion center? How will an individual be transported to other locations if a higher level of care is needed?
8. How will individuals be transported to other locations from the diversion center if a higher level of care is needed? How will continuity of care be ensured between settings?

Expanding Eligibility in Harris and Tarrant Counties

In **Harris County**, participation in services at the Judge Ed Emmett Mental Health Diversion Center is voluntary. When the center opened, the initial eligibility criteria was for: people who have committed low-level, non-violent crimes, appear to have a mental illness or have a documented history of mental illness, have a mental health need contributing to their offending conduct, do not pose a public safety threat, are 18+, do not appear to be in a mental health crisis, and do not meet criteria for an emergency detention order. Eligibility has expanded over time. (Justice System Partners, 2020)

In **Tarrant County**, initial eligibility focused on one charge, criminal misdemeanor trespass. In March 2023, the County Criminal District Attorney, Tarrant County Sheriff and the Mental Health Jail Advisory Committee recommended a new plan to expand eligible offenses to increase use of the diversion center. Under this plan offenses that will be eligible include misdemeanor theft, possession of marijuana, disorderly conduct, false report, and terroristic threat (if there is no violence). (Texas Behavioral Health and Justice Technical Assistance Center, 2023)

9. Will participation in diversion center services be voluntary? Will the center offer court-mandated services through pre-trial diversion programs?
10. What screening and assessment tools are needed to help determine eligibility?
11. What alternative arrangements will be made for individuals who are transported by law enforcement but screened out of center services?
12. Will a memorandum of understanding (MOU) be needed to facilitate access to the diversion center?
13. What other policy or procedural questions should be considered during diversion center planning?
14. Does the diversion center require a facility licensure based on the services it's providing?
15. Do certain laws and rules apply based on who is operating or funding the diversion center? (e.g. some HHSC rules apply only to LMHAs, LBHAs, or their subcontractors).
16. If the diversion center is going to be funded by a grant, are there certain requirements that must be met under the terms and conditions of the grant?

Decision Points

1. What are the eligibility criteria for the diversion center?
2. Which partners can use the diversion center and how can they access it? What is the appropriate referral process?
3. Are MOUs needed between partners?

Worksheets

See **Appendix D** for exercise four worksheets.

Using Data to Increase Law Enforcement Utilization of the Diversion Center in Knox County

The **Knox County** Behavioral Health Urgent Care Center (BHUCC) identified nine misdemeanor charges for which law enforcement could automatically divert individuals who appear to have a behavioral health issue—unless deemed violent, or for other exclusions as deemed necessary. Data reviews and ongoing education about the BHUCC were key to promoting law enforcement utilization of the center. During initial months of operation, the Knoxville Police Department Chief and her management team conducted a weekly review of each person's charges and details and disposition of each case. This process helped assure the BHUCC's appropriate use by officers and provided an opportunity for corrective input when the center's utilization decreased. (Manaugh, 2020)

Exercise Four: Tailoring Diversion Center Services to the Goal and Target Population

Overview

The diversion center will need to offer a variety of clinical and non-clinical support services. The purpose of this exercise is to plan for what types of services the diversion center will offer, who will offer them, and what will be available on site or via referral to other partners in the community.

Planning and Implementation Considerations

Diversion centers work in conjunction with the local crisis continuum, including crisis lines, walk-in services, co-responder models, mobile crisis teams, and ongoing treatment services. At a minimum, many centers offer mental health and substance use disorder screening and crisis assessment, safety monitoring, medication management, and continuity of care planning services. Holistic services, such as linkages to housing, primary care, longer-term substance use disorder recovery, and psychosocial rehabilitation can help reduce the risk of justice-involvement and reduce recidivism.

Discussion Questions

1. Has a physical location been identified? If not, can an existing government building be used? Is new construction necessary?
2. Based on the shared goal identified in Exercise One and findings from Exercise Two, who is the target population that the diversion center will serve?
3. Based on the goal and target population, what clinical services will the diversion center offer on site and upon an individuals' reentry into the community?
4. Based on the goal and target population, what non-clinical support services will the diversion center offer?
5. What is the ideal array of services for the diversion center? Which services are the highest priority, and which could be added as a phased approach?

Tailoring Services in Harris, Howard, and Williamson Counties

Counties vary in their approach to identifying diversion center services and facility locations that will best meet the needs of their communities. In **Williamson County**, on-site services include crisis intervention, safety planning, medication management, IDD Crisis Intervention Services, peer support, substance use services, transportation, and continuity of care support. The facility can admit clients (voluntary or under emergency detention order) who are pending placement at an inpatient Psychiatric Care Unit.

Howard County built a new facility to house their diversion center that offers mental health and substance use disorder screening, crisis assessment, safety monitoring, medication management, and peer support services. They contract for substance use services with an inpatient facility.

One of the most robust centers in Texas is the **Harris County** Judge Ed Emmett Mental Health Diversion Center. On-site services include assessment, treatment and long-term care planning, medication management, on-site primary medical care, psychiatry and therapy, connection to inpatient programs, housing and long-term treatment placement, ongoing case management, peer support, extensive discharge planning, transportation to treatment facilities, and housing placement or shelter as necessary. (Justice System Partners, 2020)

6. Will the diversion center make use of existing clinical services and staff, or will new services and staff be needed? Are there existing community providers that could deliver services through the diversion center?
7. Will services provided require any additional licensing of the facility?
8. What staffing will be required to provide clinical and non-clinical support services?
9. Will staffing be a challenge for clinical staff? Non-clinical staff? Which positions might be hardest to fill?
10. What steps will be taken by diversion center staff to address the underlying cause of the crisis and prevent future crisis? What services are offered to mitigate a person needing to be transferred to a higher level of care?
11. How will the diversion center reduce barriers to accessing ongoing treatment and support a robust continuum of care and services?

Decision Points

1. Where will the diversion center be located?
2. Will a phasing of services be necessary?
3. Will staffing be a prohibitive barrier to opening the diversion center?

Worksheets

See **Appendix E** for exercise three worksheets.

Exercise Five: Measuring Success

Overview

Developing a plan to measure and evaluate performance is key to the development of any program. A performance and evaluation plan should be developed to collect data from the beginning. If course correction or program refinement is needed, the plan will help identify what strategies might be used to ensure success. The purpose of this exercise is to identify how you will measure success based on outcomes.

Planning and Implementation Considerations

Key data points related to diversion center utilization can provide insight to local stakeholders into how people with mental illness and substance use disorders are accessing the diversion center, what systems (jail or emergency health) they are being diverted from, what services they receive while engaged, and outcomes upon release into the community. Thinking about this in three phases can be helpful. Several resources exist to support data sharing, guide data collection, and inform the development of evaluation strategies to assess impact and cost benefit for a community.

Discussion Questions

1. How does each partner define success for the diversion center? How do these definitions align or differ?
2. As a community, what would success look like for the diversion center?
3. Based on what success looks like for each partner and the community, what data will capture whether the diversion center is meeting its intended outcomes?
4. How will these data be collected, analyzed and shared across stakeholders?
5. How will community and stakeholder feedback be solicited and incorporated into ongoing performance measurement?

Using Data to Evaluate Success in Harris and Pennington Counties

Communities in Texas and other states have made a concerted effort to track diversion center outcomes. Justice System Partners conducted an evaluation of the Judge Ed Emmett Mental Health Diversion Center in **Harris County** in 2020. The study sought to answer the following questions: (1) How does the implementation of the diversion center impact Harris County's footprint for people with mental health issues who have engaged in low level misdemeanor behavior? (2) Does the diversion center improve the lives of those individuals who have been diverted from jail? (3) Has the Harris Center Mental Health Diversion Program reduced the number and frequency of law enforcement contacts for people that have been diverted to the program? Overall, persons who went to the diversion center had fewer jail bookings than the comparison group. In addition to improved outcomes, the diversion center proved to be a valuable investment in that, for every \$1 spent on the program, the program avoided spending \$5.54 on future jail bookings. The diversion center continues to track individual outcomes (e.g., recidivism) and cost outcomes related to center participation. (Lovins, 2020)

In **Pennington County** services at the Care Campus are documented in the same electronic record that is used for the Rapid City Police Department, Pennington County Sheriff's Office, Pennington County Jail and Juvenile Detention Center, and the neighboring county's criminal justice system. This creates a coordinated view of people served in the Care Campus and allows for the ability to analyze and report on a shift in costs from jail to services provided at the Care Campus. To help secure ongoing funding, the Pennington County Sheriff's Office conducted cost-avoidance studies. The resulting estimated cost savings to the hospital's emergency department doctors and law enforcement officers referring individuals to the Crisis Care Center was almost \$9 million dollars. (Manaugh, 2020)

Decision Points

1. What data points will be collected to understand diversion center utilization and identify trends?
2. What are the key process measures that will indicate if mid-course correction is needed?
3. What are the key output and outcome measures that will be the basis of the performance plan?

Worksheets

See **Appendix F** for exercise five worksheets.

Using Data to Support Quality Improvement Efforts in Pima County

In **Pima County** the Crisis Receiving Center (CRC) provided crisis stabilization services to 12,840 people, averaging 917 people per month during its first year of operations. There were 4,863 law enforcement transports to the CRC; all of whom would otherwise have gone to the jail or emergency department. The CRC also analyzed data on costs and concluded that diverting 2,529 people from jail saved the county \$2,934,162 in jail costs. Additionally, 529 adults were transferred from emergency departments, saving \$219,159 in emergency department costs. (Bren Manaugh, 2020)

Exercise Six: Budget, Funding, and Sustainability

Overview

Funding is likely the clearest determinate of sustainability. This is an opportunity to begin investigating options for procuring additional grant funding and transferring costs to more sustainable funding sources, such as municipal or county budgets to cover both startup costs and ongoing service provision. Strategies for securing sustainable funding for the diversion center can include:

- Diversifying resources across grants, local allocations, partnerships, and in-kind donations.
- Seeking additional opportunities for funding through federal, state, and private foundation grant opportunities.
- Using output and outcome data from the diversion center to appeal to local officials for partial inclusion in county and municipal budgets.
- Considering proposals for cost sharing among all participating jurisdictions and partners.

Discussion Questions

- Do all stakeholders see value in the diversion center? If not, what is needed to demonstrate value?
- Does the support exist among decision makers to sustain diversion center services? If not, might these conditions change in the future?
- Is long-term funding available to support the diversion center?
- If cost avoidance is realized for criminal justice and hospital budgets, would investment of these funds in the diversion center be considered?
- What opportunities exist to acquire more stable sources of funding?
- What trade-offs must be made if additional funding is not secured?
- Are there in-kind contributions (e.g., clinical services from a local hospital or security from local law enforcement) that can be made by any partners?
- Which partner(s) would incur costs for the diversion center?

Exploring Federal, State and Philanthropic Funding Opportunities

[Grants.gov](https://www.grants.gov) is a source for tracking federal funding opportunities. Key federal agencies that provide funding and or technical assistance for mental health and criminal justice programs include:

- Substance Abuse and Mental Health Services Administration (SAMSHA)
- Bureau of Justice Assistance (BJA)
- National Institute of Corrections

Both SAMSHA and BJA have email newsletters and release regular updates. The Office of Justice Programs offers resources on grant writing.

At the state level, the [Texas Department of State Health Services Grant Development Center](#) provides information on state grants. Users can sign up for funding alerts and explore grant writing resources.

The [Hogg Foundation for Mental Health](#) has a newsletter that regularly shares information on federal, state, and philanthropic funding opportunities.

Worksheets

See **Appendix G** for exercise six worksheets.

Council of State Governments Justice Center Funding Tools

[Supporting Justice, Behavioral Health and Housing Collaborations through Federal Funding](#)

- This brief presents a range of available federal funding opportunities that focus on criminal justice, behavioral health, and housing.

[Financing the Future of Local Initiatives](#)

- Tools to maximize federal funding and sustain criminal justice-behavioral health efforts, including a guide for centering equity in financial sustainability planning and a federal funding opportunity database.

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Appendix A: Key Resources

- [Implementing a Mental Health Diversion Program: A Guide for Policy Makers and Practitioners](#) was created by Justice System Partners and uses Harris County’s Judge Ed Emmett as a case study for designing and implementing a mental health diversion program.
- [A Community Guide for Development of a Crisis Diversion Facility](#) is a product of Health Management Associates and Arnold Ventures. It provides guidance on developing a crisis diversion facility and uses case studies from out-of-state programs.
- The [Police-Mental Health Collaboration Toolkit](#) was developed by the Bureau of Justice Assistance to encourage law enforcement and the mental healthcare system to collaborate to “respond effectively and to improve access to services and supports for people with mental illness and IDD.”

Appendix B: Exercise One Worksheets

After reviewing the workgroup overview and discussion questions, complete the Diversion Center Planning Workgroup worksheet. The goal of this exercise is to have a clear idea of who each of the diversion center stakeholders are, their goals for the diversion center, anticipated roles and responsibilities, and steps that must be taken by each stakeholder group to support diversion center planning. By the end of this exercise, the planning workgroup should identify a shared community goal for the diversion center.

Worksheet One: Diversion Center Planning Workgroup

Topic	Recommendations	
Workgroup Members Does a coordinating body already exist that can be leveraged for the planning workgroup, or does a new workgroup need to be created?		
Key Agencies or Organizations If a coordinating body exists, are all relevant agencies and organizations represented? If a workgroup must be created, which agencies should be involved?		
Anticipated Responsibilities for the Diversion Center Planning Workgroup What are the responsibilities the workgroup will have in the planning process?		
Meeting Frequency		
Actions Needed to Develop a Diversion Center Planning Workgroup	Who (?)	When (?)

Worksheet Two: Stakeholder Roles and Responsibilities

Stakeholder Roles and Responsibilities	
Stakeholder Group	<i>BEHAVIORAL HEALTH PROVIDERS</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities	
Stakeholder Group	<i>LAW ENFORCEMENT</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities

Stakeholder Group	<i>EMERGENCY MEDICAL SERVICES</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities

Stakeholder Group	<i>JAIL ADMINISTRATION</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities

Stakeholder Group	<i>JAIL MEDICAL</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities

Stakeholder Group	<i>COURTS</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities

Stakeholder Group	<i>PEER SUPPORT SERVICES</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	
Summary of Anticipated Roles and Responsibilities	

Stakeholder Roles and Responsibilities

Stakeholder Group	<i>ELECTED OFFICIALS</i>
Key Agencies or Organizations	
Important Contacts	
Goals for the Diversion Center	

Stakeholder Roles and Responsibilities

Summary of Anticipated Roles and Responsibilities

Stakeholder Roles and Responsibilities

Stakeholder Group

HOMELESS SERVICES/HOUSING STABILITY SERVICES

Key Agencies or Organizations

Important Contacts

Goals for the Diversion Center

Summary of Anticipated Roles and Responsibilities

Appendix C: Exercise Two Worksheets

Worksheet One: Arrest, Incarceration, and Emergency Department Use: By the Numbers

To keep things simple, work with the law enforcement representatives on your planning group to select an individual with whom they regularly come into contact. In most cases, law enforcement will have several names that come to mind when asked who they encounter most frequently.

1. Have the law enforcement, jail, and court representatives on the planning workgroup pull records for the individual identified for this case study from within their respective agencies. **The records should be over the course of 12 months.**
 - These records should not be shared with the group. You will only use numbers pulled from the records to create this case study.
 - Behavioral health and medical services are not included in this cost calculation exercise.
2. Complete the worksheet using the information that was pulled by each service system. One person should serve as a point of contact for gathering the numbers associated with the case study.
3. Multiply the total cost from the worksheet with the number of people in the jail with low-level misdemeanor charges who have been identified to have mental health needs.
4. Ask hospital partners to provide the number of emergency department visits that are mental health related over a course of 12 months and the average cost for one visit. Admissions do not need to be included in the calculation. Calculate the total costs by multiplying the number of emergency department visits by average cost.

Note: There should be no personally identifiable information included in this workbook or any other materials related to these exercises. For further guidance, please consult this guide provided by the Office of Civil Rights at the U.S. Department of Health and Human Services:

www.hhs.gov/hipaa/for-professionals/privacy/special-topics/de-identification/index.html#standard

Case Study			
Law Enforcement			
Agency	Law Enforcement Encounters	Cost/Unit and Transportation*	Total Cost
Police Department Arrests			
Sheriff's Office Arrests			
Law Enforcement Crisis Encounters			
Total:			
Jail			
Jail	Number of Days Incarcerated	Cost/Day	Total Cost
Care and Custody (Includes psychotropic medications)			
Total:			
Courts			
Court	Number of Cases	Cost/Case	Total Cost
Court Fees (cost per court case)			
Competency Evaluations (cost per evaluation)			
Lawyer's Fees (cost per court case)			
Total:			

Hospital	Number of Mental Health-Related ED Visits over 12 months	Cost per visit	Total Cost
Total			

Total Cost	
	Cost
Law Enforcement Arrests and Crisis Response	
Incarceration	
Courts	
Hospital ED Visits	
Grand Total:	

*Cost per arrest: This can be calculated based on the average number of hours spent on mental health calls per week divided by weekly pay for a patrol officer or deputy.

Worksheet Two: Key Data Points to Establish Need

Jail	
Daily Jail Population	
Proportion of people in jail with mental health needs	
Proportion of people in jail with low-level misdemeanors	
Proportion of people in jail with low-level misdemeanors who have a mental health need	
Number of jail bookings over 12-month period	
Number of jail bookings for low-level misdemeanors over the same 12-month period	
Number of jail bookings for people with a mental health issue over the same 12-month period	
Average length of stay for people with mental health issues	
Average cost to house people with mental health issues in jail	
Law Enforcement	
Number of calls for service that are mental health related over a 12 month-period	
Number of mental health unit responses over the same 12-month period, if applicable	
Offense types associated with mental health calls for service over the same 12-month period (List top five to 10)	
Number of calls for service that are mental health related in the same time 12-month period, by shift	
Number of staff hours spent on mental health related calls for service	

Appendix D: Exercise Three Worksheets

Worksheet One: Access and Eligibility

Access Point	Eligibility Requirements (e.g. offense types, clinical acuity)	Necessary Documentation, Screenings, or Assessments	Communication or Approval Process	Stakeholder Training Considerations
Walk-in				
Law Enforcement Drop-Off				
EMS Drop-Off				
Other				

Worksheet Two: Policies and Procedures

Policy or Procedure	Key Questions / Considerations

Policy or Procedure	Key Questions / Considerations

Create the Diversion Center Drop-Off and Referral Process

Using the Access and Eligibility Chart, visually create the drop-off and referral process.

Appendix E: Exercise Four Worksheets

Worksheet One: Diversion Services

Service Description	Justification (e.g., What gap does this fill? Does the service already exist in the community? If so, is it available “after hours”?)	Service Provider(s)	On-site or Referral	Priority (High / Medium / Low)	Other Questions or Considerations

Appendix F: Exercise Five Worksheets

Worksheet One: Performance Plan

Program Goal	Process Measure	Outcome Measure	Data Source
Law enforcement utilize the diversion center in lieu of arrest			
Diversion center clients are connected to services			
Reduction in incarceration of people with mental health needs with low-level misdemeanors			
Voluntary enrollments in ongoing mental health services such as medication management or psychotherapy.			

Appendix G: Exercise Six Worksheets

Funding Worksheets

Category	Estimated Cost	Existing Funding Sources	Other Considerations
Staffing			
Operations			

Funding Sources	Programs or Services Covered	Funding Requirements	Next Steps Assessing Opportunities	Who?	When?
Federal Funding <ul style="list-style-type: none"> • • • • • 					
Federal Grants <ul style="list-style-type: none"> • • • • • 					
State Funding <ul style="list-style-type: none"> • • • • • 					

Funding Sources	Programs or Services Covered	Funding Requirements	Next Steps Assessing Opportunities	Who?	When?
County Grants <ul style="list-style-type: none"> • • • • • 					
Municipal Funds <ul style="list-style-type: none"> • • • • • 					
Philanthropy <ul style="list-style-type: none"> • • • • • 					

Funding Sources	Programs or Services Covered	Funding Requirements	Next Steps Assessing Opportunities	Who?	When?
Private Funds <ul style="list-style-type: none"> • • • • • 					
In-Kind Support (i.e., staff) <ul style="list-style-type: none"> • • • • • 					
Other <ul style="list-style-type: none"> • • • • • 					