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Health and Human
Services

Best Practices in Planning and Implementing Diversion Centers

Behavioral Health and Justice Webinar Series
Texas Behavioral Health and Justice Technical Assistance Center

October 26, 2023

Agenda

- Welcome and Introductions
- Texas Behavioral Health, Justice and Diversion Trends
- Lessons in Diversion Center Planning
- Operational Best Practices
- Texas Diversion Center Presentations
 - Howard County, Texas
 - Tarrant County, Texas
 - Williamson County, Texas
- Questions and Answers



Office of Forensic Coordination

Improve forensic service coordination and prevent and reduce justice involvement for people with MI and SUD through statewide and cross-agency initiatives that improve coordination and collaboration among state and local leaders.



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State and Local Planning



Policy and Staffing for the Joint Committee
on Access to Forensic Services



Training and Technical Assistance



Research and Data Analysis

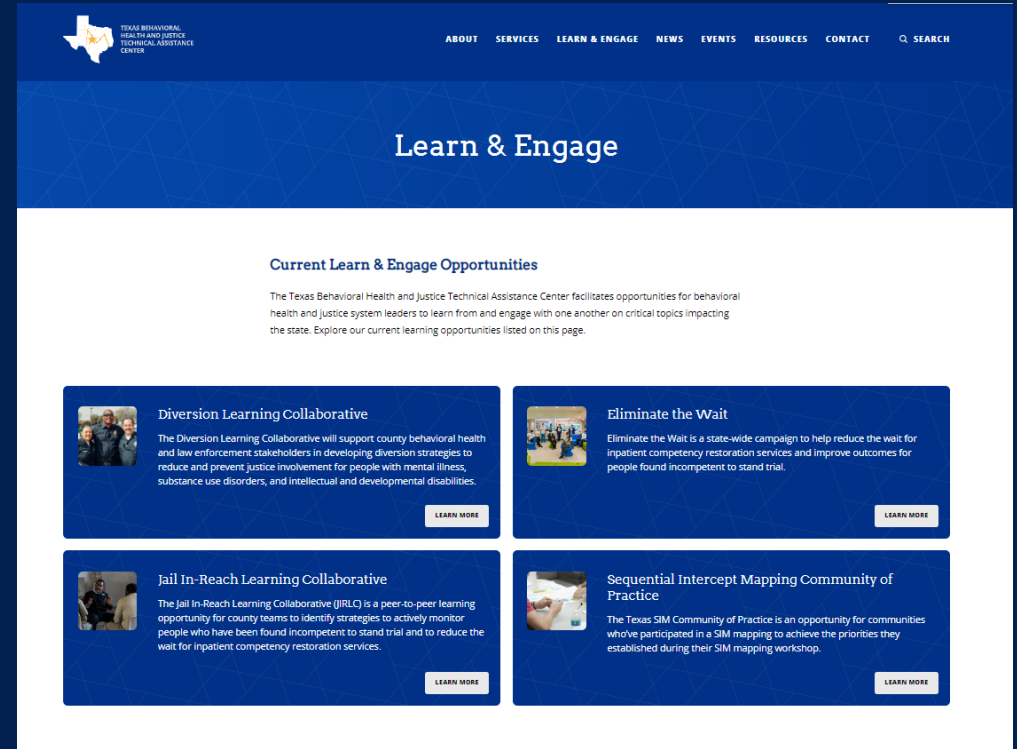


Engagement, Education, and Coordination

Texas Behavioral Health and Justice Technical Assistance Center



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www.TXBHJustice.org



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Examining Behavioral Health, Justice and Diversion Trends in Texas

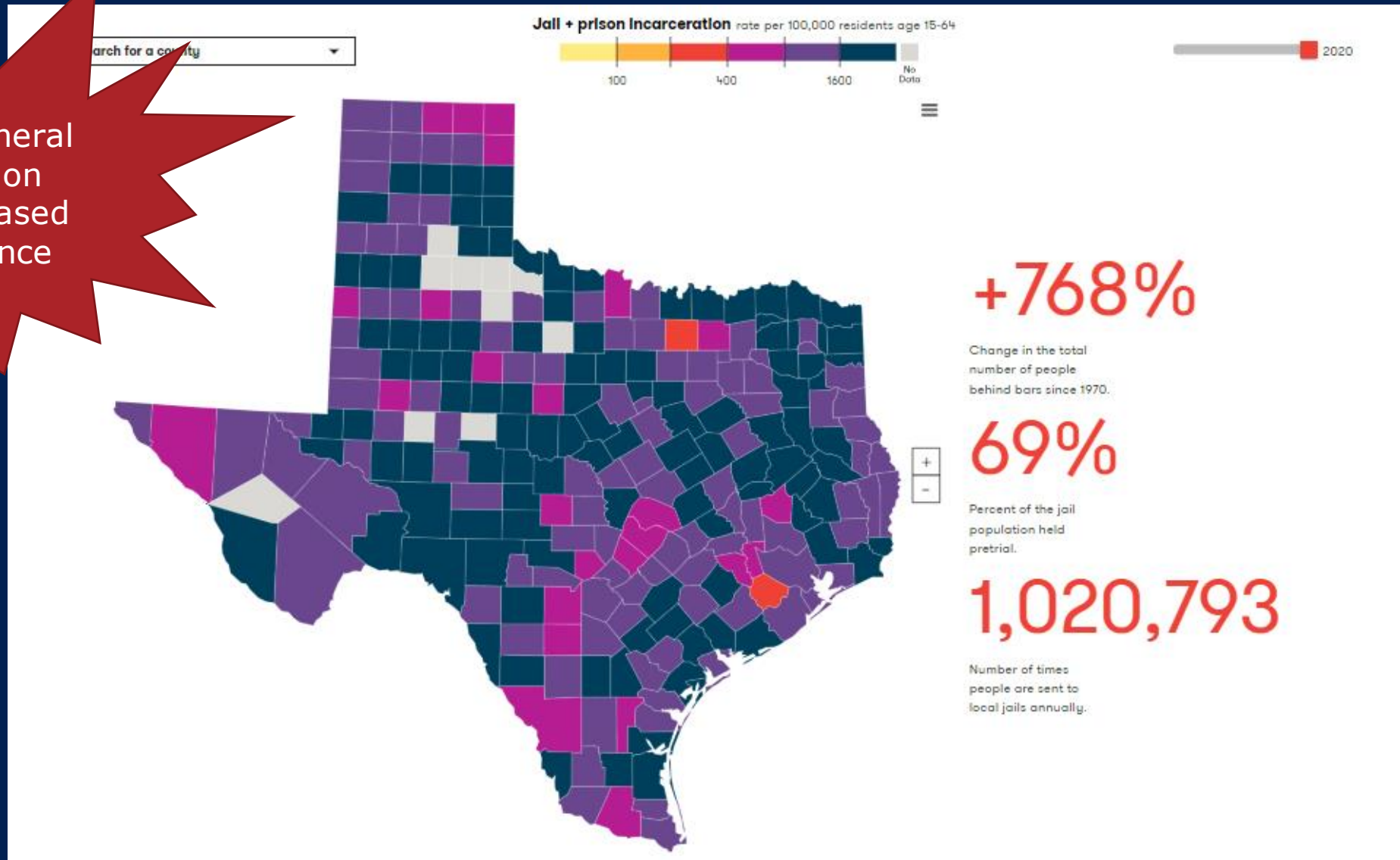
Paul Texas Boston, LCSW, Technical Assistance Coordinator, Office of Forensic Coordination, Behavioral Health Services, Texas Health and Human Services Commission

Texas: Jail + Prison Incarceration Trends



Health & Services

Texas' general population has increased 162% since 1970



Mental Illness and Substance Use in Jails



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Key Stats

5 Percent of the **Texas population** has a Serious Mental Illness (SMI).

39 Percent of **people booked into Texas county jails** who have been in contact with the public mental health system in the last three years.

72 Percent of people with SMI in jail who have a **co-occurring substance use disorder** (national estimates)

92 **Prevalence of trauma** (experience of assault or sexual abuse) among people with Serious Mental Illness in Jail (national estimates)

Texas Statewide Behavioral Health Strategic Plan
Texas Law Enforcement Telecommunications System Continuity of Care Query, 2021
Steadman, Osher, Robbins, Case, & Samuels, 2009; Teplin, 1990
Teplin, Abram, & McClelland, 1996; Abram, Teplin, & McClelland, 2003

Pre-Arrest Diversion Survey

Goals

- Gain insights and perspectives on current diversion resources and practices
- Identify the status of diversion programs across the state and the challenges experienced by law enforcement
- Develop a plan for training assistance and learning opportunities

Of the 557 responders from 153 Texas counties,

58%



are from rural counties

42%



are from urban counties

80%



are police chiefs or in leadership roles

68%



are Male, White, between the ages of 51-60



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Texas Institute
for Excellence in
Mental Health



Identified Barriers and Opportunities



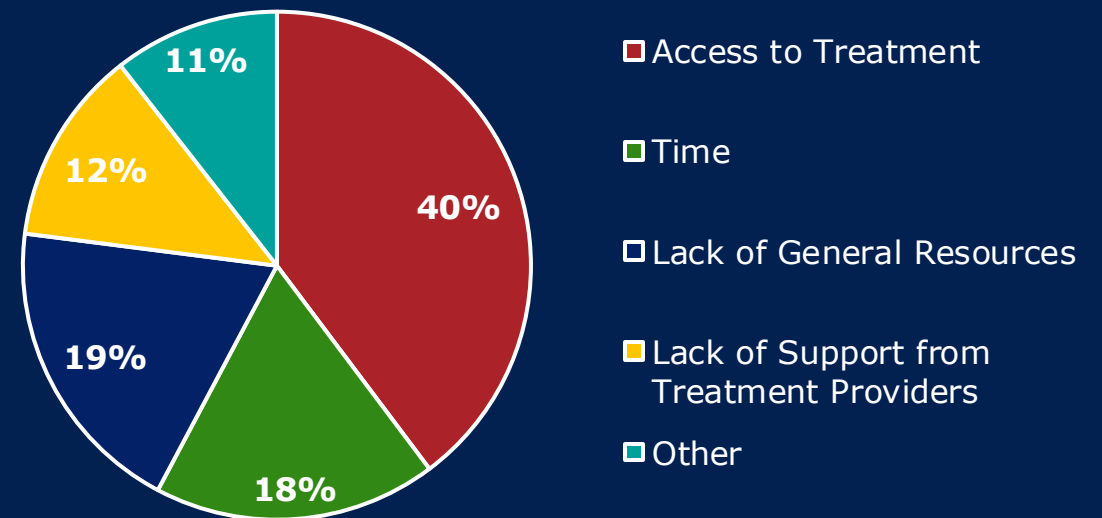
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Despite diversion being a priority for more than 60% of Law Enforcement survey respondents, major barriers exist such as access to diversion resources (**a place to go**) and time lost to diversion vs. booking.

Diversion Centers are intended to address Law Enforcement barriers to diversion.

Barriers to Diversion





Implementing a Mental Health Diversion Program: A Guide for Policy Makers and Practitioners

Resources to Support Diversion Center Planning and Implementation
Texas Behavioral Health and Justice Technical Assistance Center

Presented by:
Brian Lovins, Ph.D.
Sarah Jensen, M.S., J.D.
Justice System Partners

We in the criminal justice system have become the treatment entity of last resort. And that's unfortunate in some ways, because we're not equipped for that task. And besides, there are other entities that have that duty ... The poorest and the most mentally ill of our society end up in the criminal justice system because the beds aren't available elsewhere

Dr. Floyd Jennings
Chief, Misdemeanor Mental Health Division
Harris County Public Defender's Office

It became really obvious that there was an issue with the mentally ill cycling in and out of the criminal justice system on these low-level nonviolent cases, specifically criminal trespass, and frequently along with that mental illness goes homelessness and substance abuse from self-medication...the idea was to get to the root of what was causing the crime and to decriminalize it and get those people mental health services.

Michele Oncken
Mental Health and Child Fatality Division
Harris County District Attorney's Office



INFORMATION GATHERING



People asking why and what if?



Dig in the data

Being able to put data up on the screen played a very pivotal role in our early meetings...when you start putting up individuals up on a screen showing how many of them there are, the numbers are shocking...and you just keep driving that home and asking, what are we doing here? It doesn't make sense.

Mike Lee
Major
Harris County Sheriff's Office



Need a few people and a champion

The oversight committee was convened to make operational decisions collaboratively, trying to ensure a shared sense of ownership of the program: the facility, operations, eligibility requirements, and program goals. All of those decisions were made collaboratively with multiple stakeholder groups.

Wayne Young
Harris Center CEO



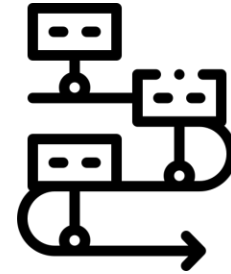
INFORMATION GATHERING



People asking why and what if?



Dig in the data



Map it!



Need a few people and a champion

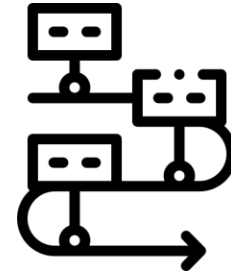


Explore

INFORMATION GATHERING

I was able to identify that we had this gap where officers were engaging with someone who had a mental health history, but they were not in crisis; they didn't meet the criteria of posing danger to self or others. But does that mean they need to go to jail? No—there's got to be an in between stop where we can take people who aren't in crisis or at the threshold of going into crisis, and who don't belong behind bars either. And that's basically what led to the development of the Diversion Center...the most innovative aspect has been identifying and trying to address that gap.

Mike Lee
Major
Harris County Sheriff's Office



Map it!



Need a few
people and a
champion



Explore



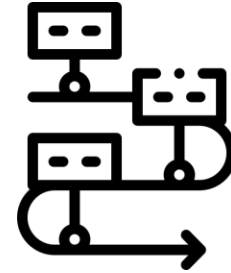
INFORMATION GATHERING



People asking why and what if?



Dig in the data



Map it!



Need a few people and a champion

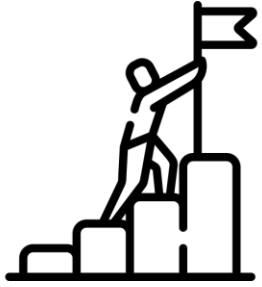


Explore

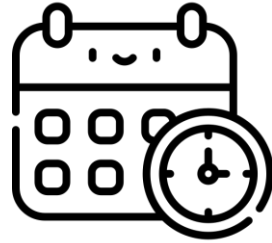
*Phase 1, Step 3:
Discuss
Diversion
Alternatives*

PROGRAM TITLE/LOCATION	EXAMPLE PROGRAM 1	EXAMPLE PROGRAM 2	EXAMPLE PROGRAM 3
Contact point(s) for diversion			
Target population(s)/ target offense(s)			
Eligibility requirements			
Program components			
Services provided			
Completion requirements (if applicable)			
Resources required (personnel, facilities, transportation, etc.)			
Cost			
Funding source			
Impacts observed			
Additional notes			

PLANNING



Where do you want to go?



Try it out

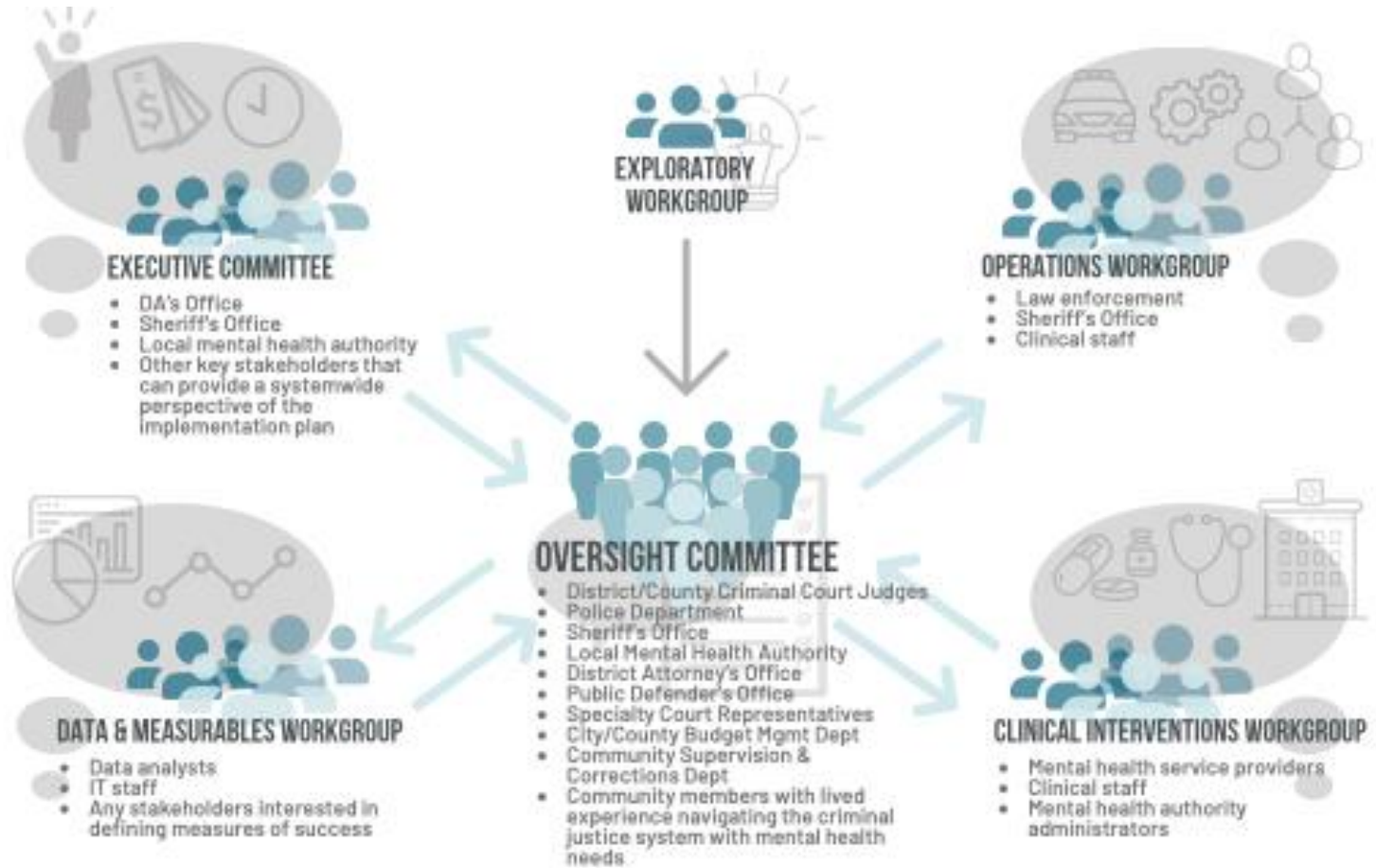
A positive outcome is different depending on where you sit in the system. You've got to convene a group to define success and the outcomes that you're working towards. We created a data subcommittee early on that included everyone who was a part of the system who wanted to be part of defining what our outcomes were going to be and what we were going to monitor. So the outcome evaluation is driven by multiple stakeholder lenses with different kinds of criteria.”

Wayne Young,
Chief Executive Officer,
The Harris Center for Mental Health & IDD



Need a plan,
and a few more
people

*Phase 2, Step 2:
Develop Program
Specifics*



PILOT PROGRAM EVALUATION PLAN

PHASE 2: PLANNING
STEP 3: ESTABLISH AN IMPLEMENTATION PLAN FOR
PIOLTING THE PROGRAM

PROGRAM GOAL	PROCESS MEASURE	OUTCOME MEASURE	DATA SOURCE	REPORTING FREQUENCY	REPORTING STRATEGY



*Phase 2, Step 3:
Establish an
Implementation Plan
for Piloting the
Program*

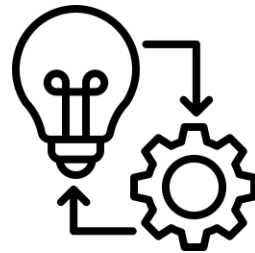
IMPLEMENTATION & MONITORING



Bring people
along



Talk about it



Get it running



How are we doing?



EXAMPLE OVERSIGHT COMMITTEE AGENDA:

- Outcome data review:
 - Diversion referrals
 - Placements
 - Connections to services
- Patterns observed
- Challenges- current and anticipated
- Budget review and sustainability

*Phase 3, Step 2: Implement the
Pilot Diversion Program*

Phase 3, Step 3: Assess Outcomes



ASK THESE QUESTIONS:

- Is the program resulting in fewer people with mental illness cycling through the jail?
- What is working well?
- Can success be scaled?
- What factors throughout the process may be limiting the program's success?
- What challenges have come up, and how did we/can we address them?
- What challenges do we anticipate on the horizon, and how can we plan ahead for these?
- How might the current methods for capturing outcome data affect the results we're seeing?
- Are adjustments to data collection methods needed?



POTENTIAL RECOMMENDATIONS MIGHT INCLUDE:

- Exploring methods for increasing program utilization, such as expanding referrals to additional law enforcement agencies or criminal justice contact points
- Developing strategies to engage participants in diversion services for a longer duration of time
- Targeting particular demographics through engagement efforts to increase impact- for example, individuals with specific diagnoses, a particular racial or ethnic group, or individuals with co-occurring housing instability
- Reallocating resources to more expedient transitional services for certain populations, such as individuals appropriate for inpatient care, or those in need of housing services

*Phase 4, Step 1:
Evaluate the Pilot*

PUTTING IT ALL TOGETHER



- Significantly reduced the number of future jail bookings for new offenses
- An effective alternative to jail for individuals with mental health issues who are picked up for a low-level misdemeanor
- Exposure to jail for people with mental health issues charged with low-level misdemeanors has significant harms and should be avoided under most circumstances
- People with mental health issues booked into jail had between .98 and 3.1 times more likelihood to be booked back into jail for a new offense
- A cost-effective alternative to jail for individuals with mental health issues; for every \$1 spent, the county avoided spending \$5.54



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Operational Best Practices

Catherine Bialick, MPAff, Director of Behavioral Health and Justice Initiatives,
Office of Forensic Coordination, Behavioral Health Services, Texas Health and
Human Services Commission

Continue to Leverage Existing Resources



Source: [Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response](#), Health Management Associates, 2020

How can you continuously enhance existing resources and relationships in your community?

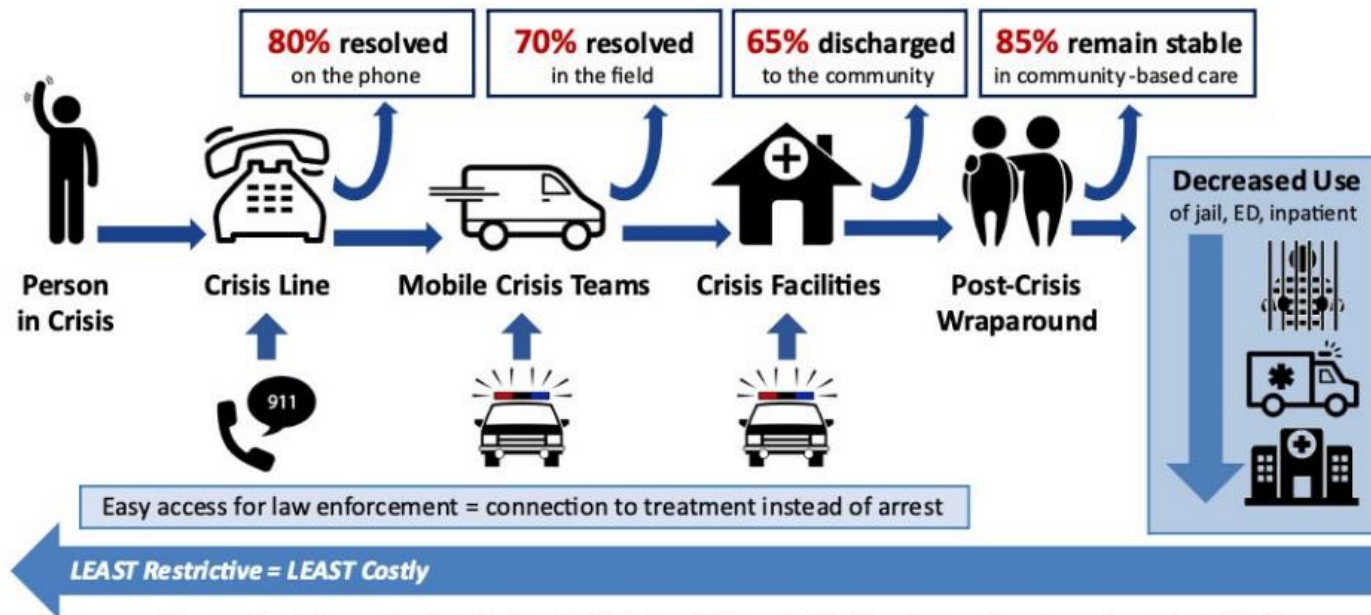


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Integrate into the Local Crisis Continuum

Illustration of an Effective Continuum

Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Winsky J, & Goldman ML (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors. <https://www.nasmhpd.org/sites/default/files/2020paper11.pdf>

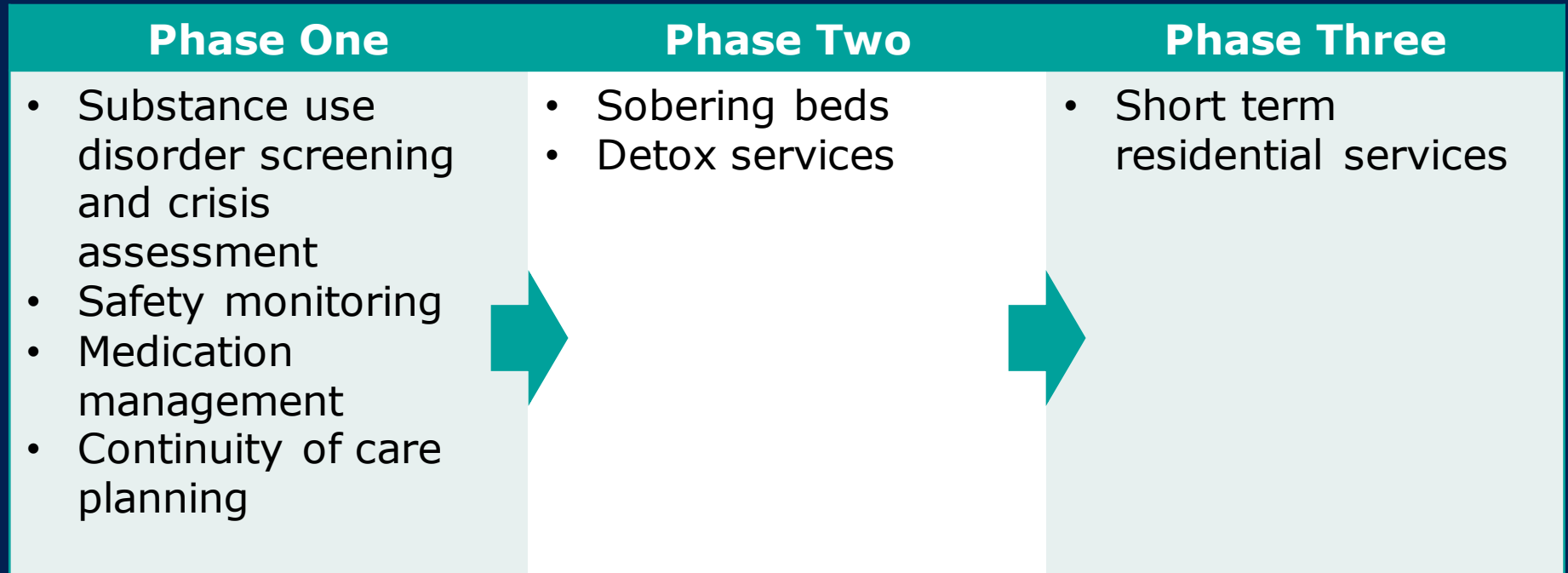
(Balfour, 2020)

What current community resources help divert people with mental illness away from the criminal justice system? What supports people in recovery? How will a diversion center help to maximize the effectiveness of other diversion and recovery services?



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Scale Up Strategically*



* Phases are simply meant to provide an example of how communities might scale up diversion center services.

Based on target population and community goals for the diversion center, what services need to exist day one? How can you increase impact by expanding services over time?



Ensure Person Centered Care

People in crisis are likely to be experiencing profound psychological and even physical pain.

How can a diversion center

- Promote safety
- Provide empathy
- Facilitate stress reduction
- Encourage health-seeking behavior



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Are there additional strategies your diversion center can consider to enhance person-centered care?

Integrate Peers Across Diversion and Crisis Services



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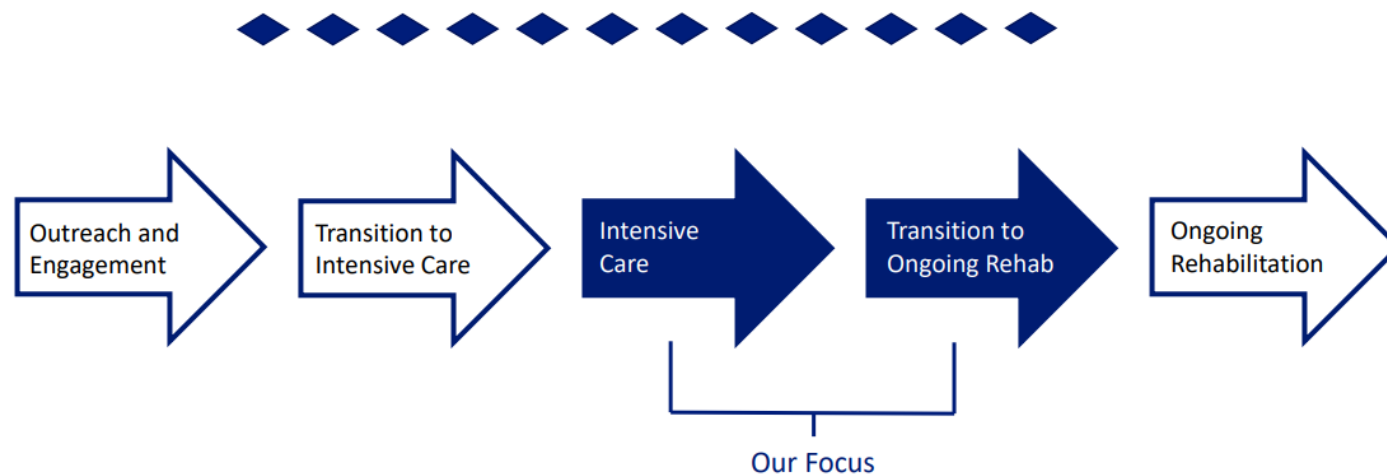
	Pre-Crisis	Sub-Acute	Acute	Stabilization	Post Crisis Care
Purpose	Services intended to avert a crisis	Services provided to those in crisis but not requiring acute care	Services to de-escalate a crisis or when acute care is necessary	Services to promote stabilization after a crisis	Services provided after the crisis to prevent relapse
Setting	<ul style="list-style-type: none"> Community 	<ul style="list-style-type: none"> Stabilization units Outpatient care 	<ul style="list-style-type: none"> Diversion Centers Emergency depts Crisis teams 	<ul style="list-style-type: none"> Diversion Centers Crisis respite “Living Rooms” Hospital units 	<ul style="list-style-type: none"> ACT teams Community
Service	<ul style="list-style-type: none"> Outreach Warm lines 	<ul style="list-style-type: none"> Short term crisis support Resource linkage 	<ul style="list-style-type: none"> Crisis intervention Intensive support 	<ul style="list-style-type: none"> Residential stabilization Step down services 	<ul style="list-style-type: none"> Recovery supports Social inclusion

Source: [Peer Support Services in Crisis Care](#), SAMHSA ADVISORY, June 2022

Are there additional opportunities to leverage peers and peer support to enhance crisis and diversion services?

Prioritize Transition Planning and Care Coordination

Respite, Rehabilitation, and Re-entry Center



SAMHSA
Substance Abuse and Mental Health
Services Administration

What ongoing behavioral health supports will be provided to individuals reentering the community from a diversion center?



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Implement Law Enforcement Friendly Policies

The more limitations and challenges diversion centers present, the less likely police will drop off people in behavioral health crises.

Law Enforcement Friendly Policies and Practices

Clear eligibility criteria

No-refusal policies

Quick drop off (15 min or less)

Dedicated entrance and workstations

Snacks and beverages

Regular open lines of communication

“a threat to collaboration is inviting law enforcement officers to be part of the design process, but not integrating their recommendations ... the facility did an entire redesign.

It took three years before police regularly starting bringing drop-offs.” - Nick

Margiotta, President of Crisis System Solutions, Retired Phoenix police officer

Source: [National Guidelines for Behavioral Health Crisis Care, Best Practice Toolkit](#), SAMHSA, 2020

What opportunities exist to increase law enforcement utilization of the diversion center?



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Reexamine Eligibility

Behavioral Health, Physical Health or Service Needs

How might eligibility based on behavioral health, physical health or service health needs change over time?

Divertible Offenses*

Phase One	Phase Two	Phase Three
<ul style="list-style-type: none">• Trespass	<ul style="list-style-type: none">• Misdemeanor theft• Possession of marijuana• Disorderly conduct• False report• Non-violent terroristic threat	<ul style="list-style-type: none">• All low-level (misdemeanor), non-violent crimes• No threat to public safety

How might eligibility expand over time? What additional services or supports might be needed to facilitate that expansion? What exclusionary criteria is your community considering?

* Divertible offenses and phases are meant to be illustrative of how communities might expand eligibility overtime.



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Support Ongoing Stakeholder Communication

Behavioral Health Leadership Teams have explored a variety of strategies for engaging stakeholders in ongoing coordination, planning and evaluation, including:

- Regular meetings
- Email newsletters
- Publicizing strategic planning documents and progress

Table 1 - Continuum to Evaluate Crisis Systems and Collaboration

← CRISIS SYSTEM COMMUNITY COORDINATION & COLLABORATION CONTINUUM →				
Level 1	Level 2	Level 3	Level 4	Level 5
MINIMAL	BASIC	BASIC	CLOSE	CLOSE
<i>Agency Relationships</i>	<i>Shared MOU Protocols</i>	<i>Formal Partnerships</i>	<i>Data Sharing (Not 24/7 or Real-Time)</i>	<i>"ATC Connectivity"</i>

Source: [Crisis Services Meeting Needs, Saving Lives](#), NASMHPD, 2020

What opportunities exist in your community to convene leadership across behavioral health and justice agencies and organization to support systems planning and improvement? What tools support coordination and collaboration across your behavioral health and justice continuums?



Evaluating Success Across the Crisis System

A diversion center is a front door to services and a physical manifestation of a community's crisis care system.

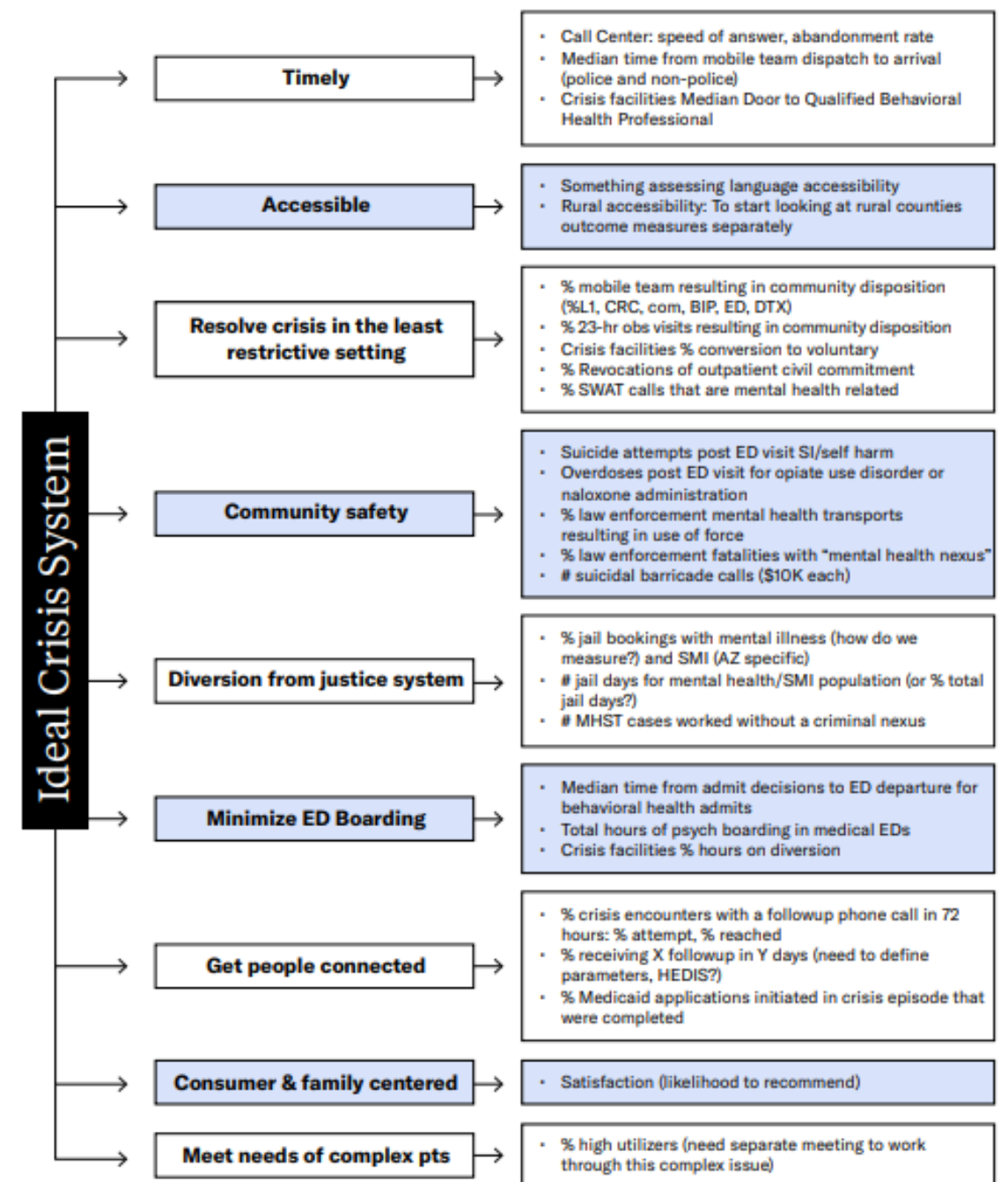
It is important to evaluate not just the function of a diversion center, but the crisis care system as a whole.

What data is currently collected about the utilization and impact of crisis services? How is this information shared to assess impact of the system and identify areas for improvement? How is this information utilized to make a case for expansion of sustainability of crisis services?

Source: [Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response](#), Health management Associates, 2020



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Texas Diversion Centers

Crisis Receiving / Jail Diversion Center, Howard County
Tarrant County Mental Health Jail Diversion Center
Williamson County Diversion Center



Crisis Receiving/Jail Diversion Center

SHERIFF STAN PARKER

PATRICIA WATLINGTON

WEST TEXAS CENTERS
PROMOTING BEHAVIORAL AND DEVELOPMENTAL HEALTH



Agenda



Our collaboration

Goals



Process

Programming



Eligibility



Areas of focus

Our team



Closing

Community Collaboration



- Our Story
- History
- Challenges
- Solutions

Unique Collaboration

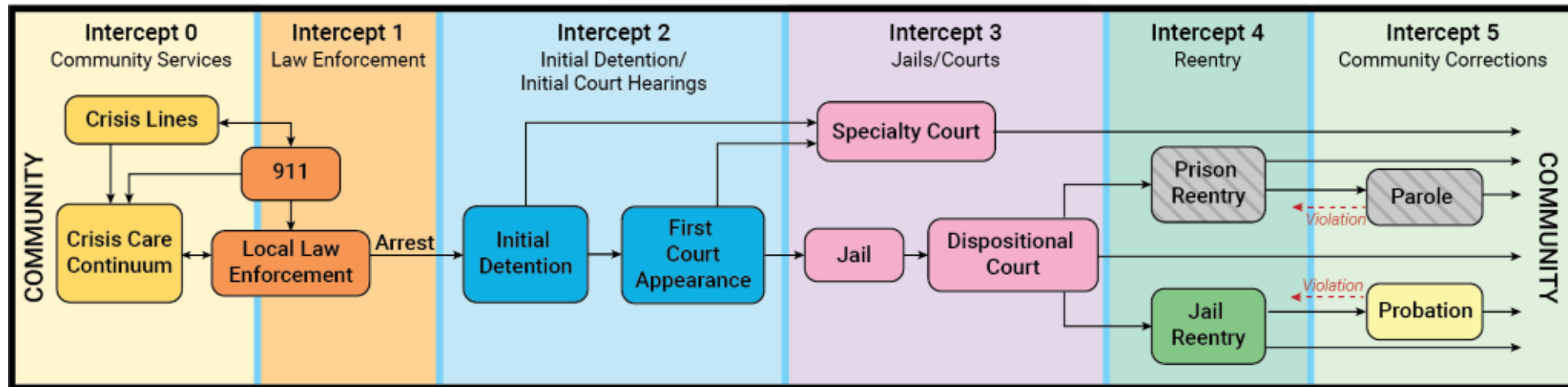
HOWARD COUNTY JAIL DIVERSION COMMITTEE

- Was formed in direct response to the over-utilization of jail for people with behavioral and substance use disorders
- Quarterly meetings
 - Discuss current programs and projects
 - Gaps and barriers
 - Special presentations from resources

COMMUNITY PARTNERS

- Stakeholders include
 - Howard County Sheriffs office
 - West Texas Centers leadership and direct care
 - SUD resources
 - City of Big Spring Police Department
 - Veterans Affairs
 - Big Spring State Hospital
 - Local Hospital
 - Community supervision (Probation and Parole)
 - Prosecutors

Sequential Intercept Model



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We have been a part of the IMPACT network for the past two years and had the opportunity to participate in a SIM mapping to identify strengths and gaps.



Areas of growth

- Gaps and Barriers identified as a result from our SIM mapping
 - Lack of resources for Law Enforcement to divert to
 - Lack of treatment options
 - Lack of housing
 - Lack of Data collection mechanisms

DIVERSION AT EVERY INTERCEPT



0 Community
1 Law Enforcement



2 Initial Detention
3 Jails/Courts



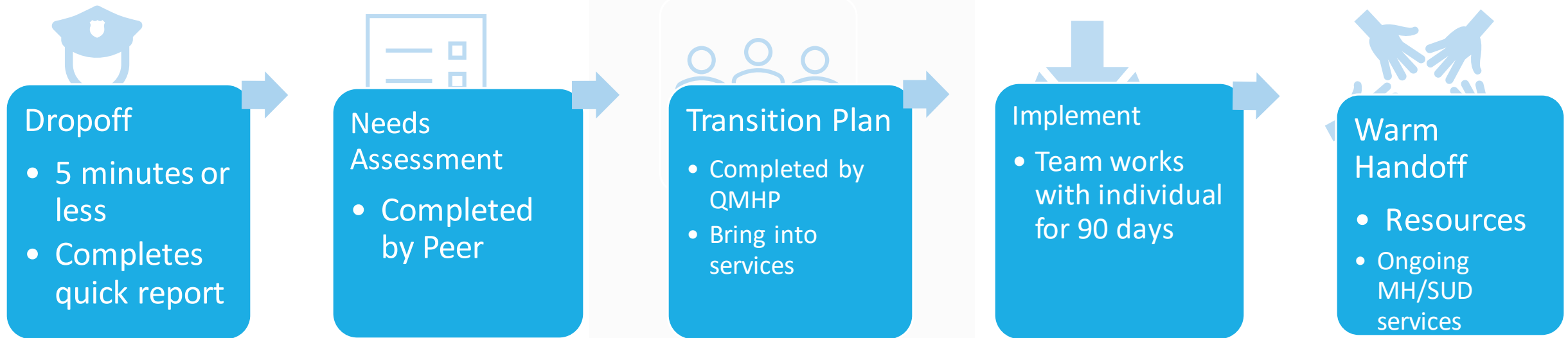
4 Reentry
5 Community Corrections

Goals of the CR/JD

- Decrease recidivism from jails and crisis
- Build upon community relationships
- Increase education opportunities to clients with Serious Mental Illness (SMI) and Substance Use Disorder (SUD)
- Increase engagement for clients who are “stuck” in the ongoing cycle of crisis and justice system involvement.



Process



Eligibility Criteria

Our target population is anyone that has a suspected MH, SUD or Social Need.

Charges that are diverted include low level misdemeanor charges that have no complaining victim

Individuals that have history of cycling between the justice system and crisis OR could be first offenses



Programming

6 bed facility that is open 24/7

Sub-contracted with The Wood Group

Voluntary

Transition planning

Law Enforcement Drop off only

All community partners in each intercept can refer

Wraparound Team Approach

Services – Discharge – and Referrals

- The CR/JD Center is available for up to 23 hours after drop off
- Everyone diverted is assigned a Peer Specialist and a Case Manager
- Transition plans are completed to help understand the underlying needs of the individual
- Implementation is person centered based on their transition plan
- Supported Employment focuses on helping reach their goals for work or school
- Supported Housing is also available for those who qualify
- Referrals and follow up are provided based on the need of the person
- After 90 days or if the individual requests earlier, discharge from the program is completed
- The goal is to continue MH or SUD services at West Texas Centers

Area of Focus

- Closing the loop
- Creating a transition plan that meets the individualized needs
- Link to MH/SUD services
- Link to community resources
- Provide intensive services for up to 90 days after admittance into the program
- Resources for law enforcement
- Quick and effective drop off
- A resource for law enforcement
- Law enforcement and Behavioral health staff relationship building with trust and respect

**Stop the Cycle of crisis hospitalizations
and justice involvement!!!**

Why we do what we do

- Individuals that are involved in a cycle of jail, crisis, inpatient psychiatric hospitalization, and lack of engagement in outpatient services are more likely to have more co-occurring disorders. This includes MH, SUD and physical health challenges.
- We find that those individuals are also represented in the lower socioeconomic class.
- We also find that there is an increased risk of relapse
- There's also some long-term effects for the community too
 - Cost savings over time
 - Unemployment rate decreased
 - Less overall Overdoses
 - More engagement
 - Improved partnerships

Funding sources and Sustainability

BJA	All Texas Access	Private Funders	Data/Evaluation
3 Year Grant: 1 year planning and 2-year implementation	4 Year Grant Collaboration TA Opportunity	Continue to seek private funders for special projects	Use data to share with community stakeholders the need for continued services once grants are completed

Thank you

QUESTIONS?

Tarrant County Mental Health Jail Diversion Center



Tipphany Devine

Senior Director of Adult Criminal Justice Services

Mark Tittle

Director of Tarrant County MHJDC

Our goal...

To provide an alternative for law enforcement who encounter people engaging in illegal behavior that is the result of or related to a mental health crisis.



Who are we looking for?

- In custody (police or jail)
- Non-violent misdemeanor offense
 - Criminal trespass
 - Theft
 - Possession of marijuana
 - Disorderly conduct
 - False report
 - Terroristic threat (with no violence)
- Mental/behavioral health needs
- Voluntary



Exclusionary Criteria

- No aggressive or violent patients
- No patients experiencing medical emergencies
- No patients experiencing mental health crises **that require emergency care**



Referrals from Tarrant County Jail

Booking Desk Referrals

- Identified and assessed by MHMR
- Approved by Tarrant County Sheriff's Office
- Approved by arresting agency

District Attorney Dismissals

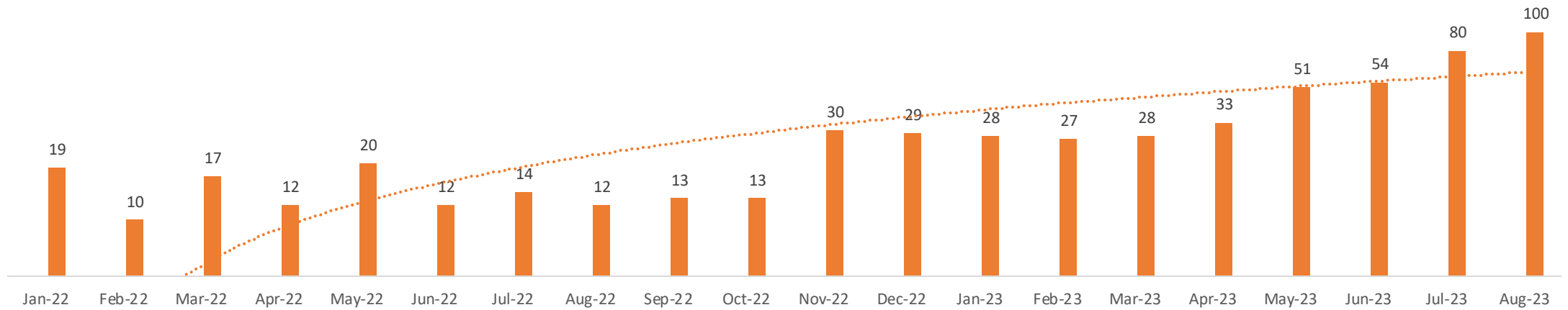
- Identified by MHMR and District Attorney's Office
- Case is dismissed upon arrival to Diversion Center

How does it work?



- An officer encounters a person who meets the criteria.
- The officer chooses to take the person to the Diversion Center instead of jail.
- No charges are filed, and the person's stay is voluntary.
- It takes less than five minutes for an officer to drop off a guest, and no law enforcement referral is ever rejected.
- The patient will receive treatment for immediate behavioral health and medical needs.
- The targeted average stay is 72 hours.
- Diversion Center staff will connect the patient with resources and aftercare in the community.
- Diversion Center staff will provide case management in the community for up to a year after departure.

Persons Diverted By Month



MHJDC Bed Availability

Capacity

- 40 Beds Available
- Target Capacity 33 Per Day

August 2023

- Highest Daily Census 18
- Lowest Daily Census was 4
- Average Census 10 Per Day

Tarrant County Mental Health Jail Diversion Center



Questions?



For more information on any of our services, visit:



www.MHMRtarrant.org

[Facebook.com/MHMRtarrant](https://www.facebook.com/MHMRtarrant)



ICARE Call Center
call or text

local (817)335-3022
toll free (800)866-2465
tty (817)569-4488



Ask about our CARF Accredited Programs and Services!



Diversion Center Model: Law Enforcement and LMHA Partnership

Panelists



Amanda Coleman, LPC

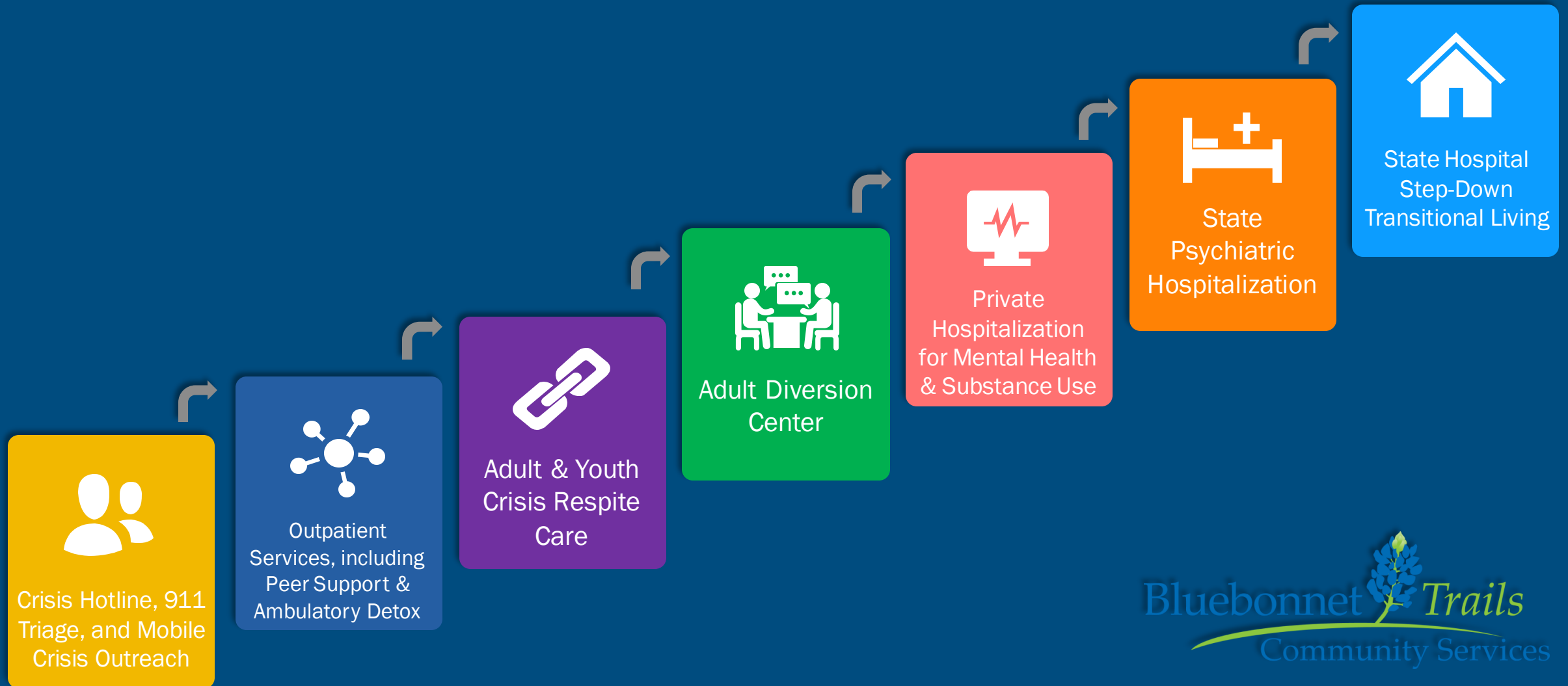
Director of Crisis Systems
Bluebonnet Trails Community Services



Lt. Jorian Guinn

Crisis Intervention Team
Williamson County Sheriff's Office

Bluebonnet Trails Community Services **Crisis Continuum of Care**



Community Collaboration

Williamson County Crisis Response Meeting



County Commissioners



Local Mental Health Authority



Local Law Enforcement



Private Psychiatric Hospitals



Medical Hospitals/
Emergency Departments



Emergency Medical Services



Emergency Communications



District Attorney's Office



County Jail

Partnership

Diversion Center is a multi-agency collaboration, establishing a 10-bed acute program for persons in behavioral health, substance use and/or intellectual developmental disability related crisis. The Diversion Center program is a 23-Hour Extended Observation Unit that offers immediate psychiatric care, crisis intervention and treatment planning, and linkage to the next clinically appropriate step.



Co-Location

- Remodeled building owned by Williamson County
- Diversion Center & Williamson County Sheriff's Office Crisis Intervention Team
- Access to psychiatric evaluations and medications all on site
- Secure, safe and staffed with security 24/7
- Law Enforcement office available for drop-offs



Staffing Model

- 1 Case Manager (QMHP) – 24/7
- 2 Nurses (RN) – 24/7
- 3 Behavioral Health Technicians – 24/7
- 2 Security Officers – 24/7
- Telehealth Psychiatry – 24/7
- 1 Licensed Counselor – 12/hr day
- 1 Program Manager- M-F 8a-5p
- 1 Evening Supervisor- M-F 4p- 12a
- Peer Support, Crisis OSAR, IDD Crisis available as needed



High Acuity

Diversion Center can serve individuals meeting criteria for Psychiatric Intensive Care Unit (PICU):

- Satori Alternatives for Managing Aggression (SAMA)
- Emergency medications available
 - **Necessary for 2% of persons**
- Staffing for Acuity decisions are made continuously
- Broset Violence Checklist completed at admission



Exclusionary Considerations

SIGNIFICANT MEDICAL NEEDS

- Suicide attempt (overdose/injury)
- Cardiac needs
- Uncontrolled diabetes/hypertension
- Trauma/Head injury
- Need for IVs, indwelling tubes
- Decubitus

INFECTION CONTROL

- COVID-19
- Communicable Diseases
- Nebulizer
- Temperature over 101 F

OTHER

- Delirium tremens
- Methadone
- Pregnancy (doc to doc)
- Unarousable
- Supplemental oxygen/CPAP

Diversion Center Referral Process



Diversion Center Intake Process

Nursing Triage

Within 5 minutes

Determine if medically appropriate for admission

Clinical & Nursing Intake

Within 1 Hour

Review history

Develop treatment plan

Provider Intake

Within 2 Hours

Televideo appt with Prescriber

Clinician or Nurse on-site

Treatment Provided



Discharge Readiness

- Crisis Intervention
- Safety Planning
- Psychoeducation
- Family Coordination
- Treatment Team Involvement
- Referral Options

Medication Management

- Medication Types
- Education
- Administration
- Monitoring

Discharge Planning

Community

Safety Plan Intervention (SPI)

Follow-up appointment within 7 Days

Care Coordination

Crisis Respite Unit

7-14 Day

Substance Use Residential Treatment

Intermediate Care Facility/ Home-Community Based Services

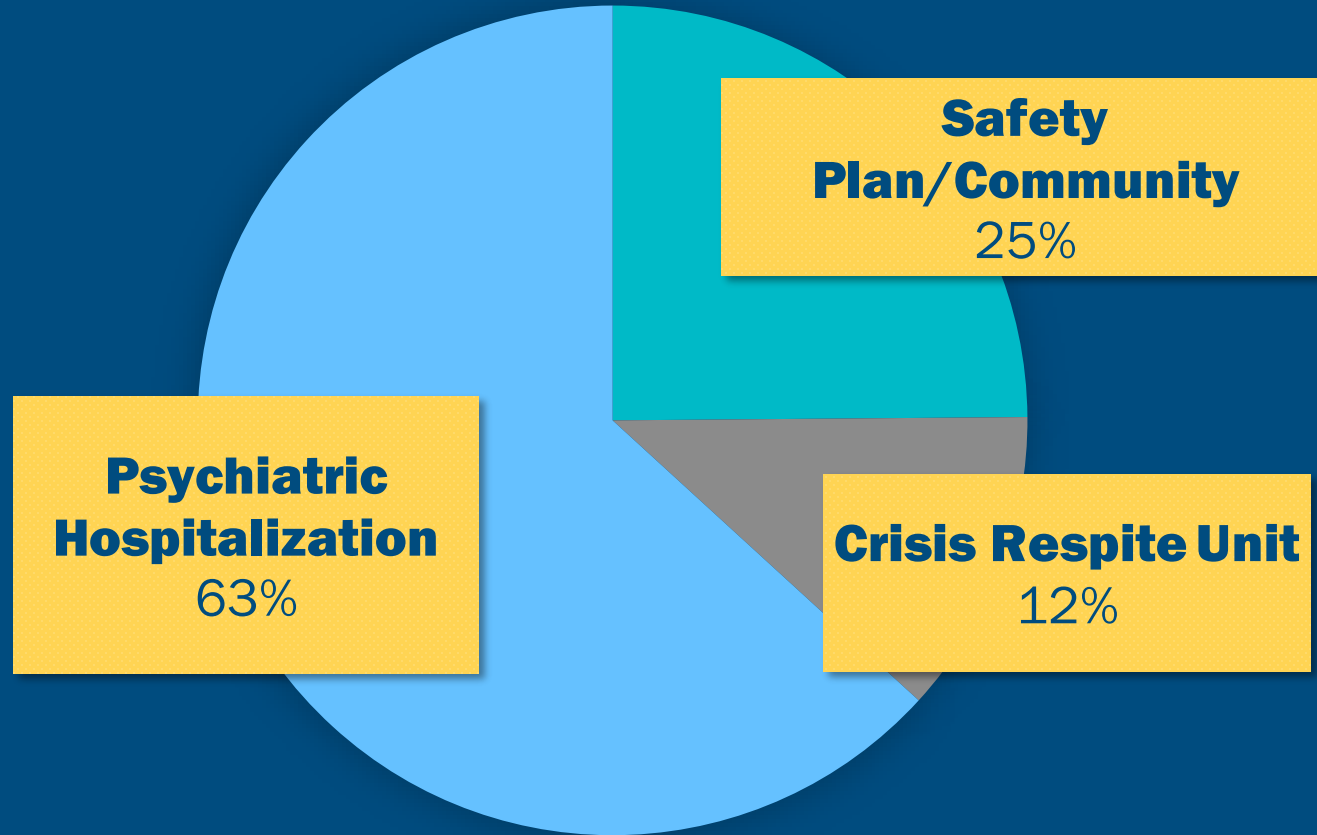
Higher Level of Care

Private hospital

Transfer on Emergency Detention or Order of Protective Custody (OPC)

Security provides transfer in secure vehicle

Dispositions



Diversion Center Outcomes



Thank you!

Diversion Center Resources



TEXAS
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Services

PREPARED BY
JUSTICE SYSTEM PARTNERS
In collaboration with the oversight committee for the
Judge Ed Emmett Mental Health Diversion Center &
The Harris Center for Mental Health and IDD

IMPLEMENTING A MENTAL HEALTH DIVERSION PROGRAM

A Guide for Policy Makers and Practitioners



Planning for Diversion: A Texas Diversion Center Workbook



Office of Forensic Coordination,
Behavioral Health Services
Texas Health and Human Services Commission

October 2023

Arnold
Ventures

HMA
Health Management Associates

A Community Guide for Development of a Crisis Diversion Facility

A Model for Effective Community Response
to Behavioral Health Crisis

Prepared for Arnold Ventures
By Bren Manuagh, Amanda Ternan, Michelle Janssen

FEBRUARY 2020



Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy

October 2019

Additional Support



TEXAS
Health and Human
Services



**Strategic Planning
Workshops**



Learning Collaboratives



**Tailored County and
Regional Trainings**



**State Campaigns and
Stakeholder Networks**





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Questions & Answers

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Please Stay in Touch!

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