

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

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JUSTICE SYSTEM PARTNERS



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PREAMBLE

HOW DO WE DETERMINE IF OUR COMMUNITY WOULD BENEFIT FROM AN ALTERNATIVE TO INCARCERATION FOR INDIVIDUALS WITH MENTAL HEALTH NEEDS WHO HAVE COMMITTED LOW LEVEL OFFENSES?

If you're reading this, you're probably aware that your system needs improvements. Before you move forward with the steps outlined in this guide, convene an informal, exploratory workgroup to determine if your community would benefit from a deflection or diversion program for people with mental health needs who have committed low level offenses. An informal workgroup can share anecdotal evidence and begin to examine preliminary data, if available. Engage a small number of key individuals from your criminal justice and mental health care systems, and invite them to come together to have a dialogue about your community's needs. Choose individuals who have a systems perspective, openness to new ideas, and decision-making authority. A few exploratory points can help the workgroup determine if your community might benefit from an alternative to jail for people with mental illness. Compare observations around the following points, and be sure to document the group's feedback on identified challenges, concerns, and system improvements needed:

- Do you have familiar faces cycling through your jail?
- Is law enforcement spending significant time booking people for low-level misdemeanors?
- Is your criminal justice system overcrowded?
- Do you feel there may be people in your jail who also have a mental illness?
- Is there interest in exploring alternatives to incarceration for people with mental illness?

If your informal workgroup answered "yes" to any of these exploratory questions, read on.

NAVIGATING THIS GUIDE

This guide was developed to serve as a road map for change leaders and decision makers looking to create diversion opportunities for people with low-level misdemeanors and mental illness. It outlines a four-phase process for implementing and monitoring an evidence-based program, and provides useful tools for organizing and planning an initiative. The guide draws from implementation science and lessons learned from Harris County, Texas, where many of these concepts were tested on the ground. Additional perspectives from the stakeholders involved in implementing Harris County's Diversion Center provide practical insight on the process outlined.

“Harris County stakeholders have been where you are. Gain perspective from insights shared by members of the Judge Ed Emmett Mental Health Diversion Center implementation oversight committee throughout this guide.”



LEARNING FROM HARRIS COUNTY

Throughout the manual, you will find details about Harris County's Judge Ed Emmett Mental Health Diversion Center in boxes formatted like this. Look to Harris County as an example of an implementation effort on the ground. Lessons gleaned from the successes of key collaborators in Harris County, as well as the challenges, will provide your jurisdiction with practical insight as you begin to think about implementing a mental health diversion center in your community.

KEY TERMS

Deflection	Operational adaptations
Diversion	Feasibility
Implementation	Process obstacles
Stakeholders	Process measures
Buy-in	Outcome measures
System mapping	Early adopter
Contact point	Learning styles
Target population	Organizational culture
Clinical intervention	Humanizing language
Wrap around service	Bidirectional communication
Iterative planning	Viability
Pilot program	Cost-benefit analysis
Formal evaluation	Political will
Sustainability	Continuous quality improvement

NOTE: The term deflection has historically been used in reference to programs at the front-end of the criminal justice system in which law enforcement officers have the discretion to offer an alternative to a formal charge. The term diversion generally refers to programs that offer post-arrest interventions as alternatives to conviction, typically initiated by a judge or prosecutor after arrest but before adjudication. Diversion programs mitigate the collateral consequences of a conviction, but still result in an official arrest report. While there are clear distinctions between these types of programs, both deflection and diversion have merit as alternative pathways for individuals who come into contact with the criminal justice system. The term "diversion" is used throughout this guide, but the steps outlined can be used to implement either type of program depending on the needs of your community.

ACKNOWLEDGEMENTS

This guide was developed in collaboration between Justice System Partners and the oversight committee for Harris County's Judge Ed Emmett Mental Health Diversion Center with funding provided by The Harris Center for Mental Health and IDD. Thank you to the following individuals for their direct contributions:

Denise Oncken

Michele Oncken

Wayne Young

Wendy Baimbridge

Mike Lee

R.H. Lomelo

Dr. Floyd Jennings

Dr. Scott Hickey

EXPLORING THE NEED

As you begin to explore your community's need to deflect or divert people who have mental health issues from jail for low level misdemeanors, it is important to start gathering some information. Gathering preliminary data will help you ground your team's initial observations of need and confirm whether or not your jurisdiction (and the people you serve) could benefit from an alternative pathway for this population. Assembling local data around the following points will help you determine the need for, and potential impact of, a deflection or diversion program in your community.

Data points to consider:

- Daily jail population
- Proportion of people in jail who have a serious mental health issue
- Proportion of people in jail with low-level misdemeanors
- Proportion of people in jail with low-level misdemeanors who have a serious mental health issue
- Number of jail bookings for a specific time period (12 months)
- Number of jail bookings for low-level misdemeanors during same time period
- Number of jail bookings for people with serious mental health issues during same time period
- Average length of stay for this population
- Average cost to house people with mental health issues in jail
- Mapping data to see the geographic catchment area

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"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, Division Chief,
Mental Health and Child Fatality
Division, Harris County District
Attorney's Office

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Once you have gathered the information, discuss your findings with your workgroup. Do the findings suggest that your community may benefit from an alternative to incarceration for individuals with mental health needs who have committed low level offenses? Dialogue around this question will prepare your workgroup to confidently move forward with garnering additional support, developing a program, implementing the program, and monitoring its impact. Lean on your workgroup members to gain momentum around creating diversion opportunities in your community throughout this process.

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"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 really 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

”



PHASE 1: INFORMATION GATHERING

Now that the exploratory workgroup has determined that there is a need for alternatives to incarceration for individuals with mental health needs in your community, it is time to start considering pulling together a team of key stakeholders. You have made observations and gathered some initial data to support that a different approach would lead to benefits for this population and the system. The next step is to formalize your exploratory workgroup and invite the participation of additional stakeholders in an oversight committee to begin making operational decisions collaboratively around the development of a diversion program.



STEP 1: CONVENE AN OVERSIGHT COMMITTEE

The creation of a diversion program will require collaboration across systems and will involve multiple agencies. An oversight committee helps to ensure that a variety of perspectives are considered throughout the planning process, and fosters a shared sense of ownership over the program. As you build your oversight committee, consider including representatives from

agencies and departments that are both directly and indirectly involved in the current process for addressing mental health needs in your local justice system. Ideally, oversight committee members will be familiar with the challenge at hand, have a vested interest in improving the system, and possess the decision-making authority to influence change.

Consider including members from all different levels within organizations as you select your oversight committee members. While it is important to include those in executive roles with decision making authority, it is also a good idea to include the perspectives of line staff and mid-level managers who can help anticipate and address challenges that may arise in oper-

ationalizing a diversion program. It is equally as important to invite the participation of community members with lived experience who can share the perspective of having navigated the criminal justice system with mental health needs. Work with agency representatives to identify community members that may be comfortable contributing in this way.

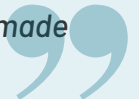


LEARNING FROM HARRIS COUNTY

Engaging Cross-system Perspectives



"The mental health subcommittee of the Criminal Justice Coordinating Council had been working for a couple of years on the desire to have a diversion center for law enforcement drop offs... then came the resources and political leadership to make it happen. 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."



As described by the Harris Center’s CEO, Wayne Young, in Harris County, implementation oversight for the Judge Ed Emmett Mental Health Diversion Center was provided by individuals with a long history of working together in different collaborative groups. Many oversight committee members served together on Harris County’s Criminal Justice Coordinating Council Mental Health Subcommittee, building relationships and trust prior to beginning discussions around developing a diversion program. Having broad representation at the table helped to garner further support for alternatives to incarceration in Harris County, and ensured that a wide range of needs were considered in assessing the field of available solutions and possible resources.

OVERSIGHT COMMITTEE ROSTER

- District/County Criminal Court Judges
- Police Department
- Sheriff's Office
- Local Mental Health Authority
- District Attorney's Office
- Public Defender's Office
- Community Supervision & Corrections Department
- Specialty Court Representatives
- City/County Budget Management Department
- Community members with lived experience navigating the criminal justice system with mental health needs

"You have to figure out how to have a conversation that shows where everybody's interests are aligned. Law enforcement may not say 'we want a diversion center' but they'll tell you they don't want to continue arresting more people with mental illness... If [stakeholders] don't recognize the alignment of their perspectives, try to create that conversation to say this is a viable solution despite the fact that we've got different reasons for wanting it."

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

STEP 2: EXPAND ON INITIAL OBSERVATIONS AND DATA FINDINGS

At this point, your informal workgroup has shared anecdotal evidence and observations to suggest there are high numbers of individuals with low-level offenses and prevalence of mental health needs in your jail. Using local data to contextualize the issue will be important to garnering support from the community and system stakeholders. You may have collected initial data around number of bookings and frequency of diagnosed mental illness in the

jail population. Expand on your initial data findings, taking a deeper dive to confirm initial observations and ground the project in evidence. Breakdown jail bookings and convictions by charge, and overlay information on diagnoses of mental illness, whenever possible. Further examining charge data according to demographics may lead to further considerations in the program design.

Deploy a data collection working group to

gather and summarize the available data for discussion with your oversight committee. Accessing this data may be challenging, and availability will depend on the systems for housing and managing data in your jurisdiction, the policies surrounding its use, and staff availability to extract it. Working through these challenges in your early conversations around data will pay off throughout the implementation process. Do not worry if you don't have all of the data suggested here, you can still move forward— you will just want to consider adding these data elements in the future.

ASK THESE QUESTIONS:

- Which low-level charges are most prevalent in our community?
- What does the data say about low-level charges and mental health needs?
- Does the data align with our observations?
- What questions do we have about the story the data tells?

USE LOCAL DATA TO:

- Foster motivation among oversight committee members to work towards change
- Equip oversight committee members to introduce the issue to staff, personnel
- Justify re-allocation of existing resources to fund diversion
- Garner additional funding for diversion opportunities
- Communicate the potential impact of diversion to community stakeholders
- Establish a baseline from which you can measure the success of your program

"Being able to put data up on the screen played a very pivotal role in our early meetings. People in our business— law enforcement, district attorneys, public defenders, all of us— hear that there are mentally ill people cycling in and out of jail, but when you start putting the individuals up on a screen and 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, Patrol Bureau & Special Projects, Harris County Sheriff's Office



LEARNING FROM HARRIS COUNTY GROUNDING THE APPROACH IN LOCAL DATA

Harris County’s data showed that criminal trespassing was the most frequently filed non-violent misdemeanor offense committed by individuals with mental health needs, leading stakeholders to target this offense for diversion. More than half of criminal trespass offenses in 2016 were committed by someone with diagnosed mental illness. There was also a correlation with mental illness, drug addiction and homelessness and this offense. Denise Oncken, Mental Health Bureau Chief at the Harris County District Attorney’s Office, describes how an approach grounded in local data garnered political will and the financial support to start a pilot program:

“We studied it quite a bit. We looked at all our criminal trespass cases we had over a year, and instances where they had a mental health history. We looked at how much time they were serving. Within a few weeks, a month, two months, they were back in jail for the same kind of charge - sometimes in the same place, the same retail establishment, the same little food mart. We had about 4,500 trespassers a year at that point in time and about half of them had mental health history. We studied the trespassing charges over a year and realized these people are just cycling through the system. The Criminal Justice System needs to be better than that. I met with DA Kim Ogg when she was elected and took office in 2017. Kim Ogg had in her guiding principles and goals - recognize mental illness as a public health concern. We met with the County Judge, which was Ed Emmett at the time. We sat down and subsequently explained to him that post-jail diversion wasn’t working very well, and that we wanted to do pre-charge diversion with no charges filed, and that was actually something that he had wanted to see four or five years earlier under the prior DA’s Administration... So at that point, the program was born. He was in agreement. The County Judge, the DA, the sheriff, and the CEO of the Harris Center for Mental Health and IDD - all met and decided that 5 million dollars that was coming into the County Judge’s office at the time would be parlayed over to our local mental health authority for a pre-charge mental health diversion center.”

HARRIS COUNTY BY THE NUMBERS



Cost per day to house someone in jail



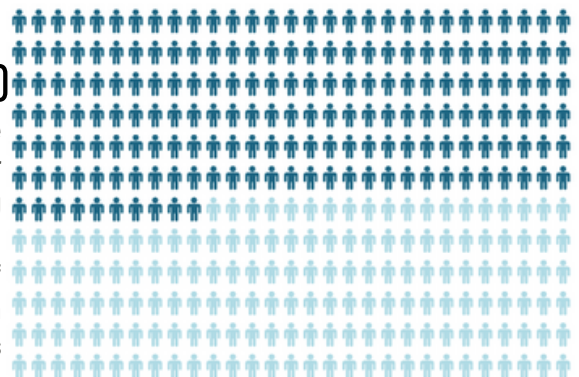
Cost per day to house someone in jail receiving psychotropic medication



Cost per day to house someone in the jail’s Mental Health Unit

53%

of people arrested for trespassing in 2016 had a history of mental health issues



STEP 3: DISCUSS DIVERSION ALTERNATIVES

There is no one-size-fits all diversion program, and what works in one community may not be possible in another. Resources, infrastructure, interagency relationships, and the political will of decision makers within a community all impact the viability of a potential program. However, taking a look at examples that have been effective elsewhere will provide a launching point for discussion with your oversight committee. It can be hard for those who have worked within a system for some time to imagine new and different ways of doing things- even if they are

generally open to new ideas. Some aspects of the researched programs may be incorporated in the program you will create.

Charge a small workgroup with researching diversion programs. Individuals may be aware of a few already; if not, start by searching for news articles and program evaluation studies. Schedule a call with the program director or project lead, if possible, and ask to interview them about their program. The following framework can be used to compare diversion programs across key consideration points.

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			

The next step involves mapping mental health resources in your community and discussing gaps and opportunities with your oversight committee. Having the examples you researched in mind will prime stakeholders to stretch their thinking and imagine new possibilities in the context of your system.

STEP 4: CREATE A SYSTEM MAP TO ASSESS RESOURCES, GAPS, AND OPPORTUNITIES

Reviewing the local data with your oversight committee has likely reinforced that there is room for improvement in the provision of services to address mental health needs in your criminal justice system. Mapping the existing pathways in which individuals with mental illness come into contact with the criminal justice system is an invaluable next step. This will provide a framework for thoroughly assessing resources and identifying gaps. As you discuss alternatives to incarceration, your system map will help tailor the program you create to the specific needs and attributes of your community and ensure that the intervention will provide a viable solution. Since your oversight committee is comprised of both mental health and criminal justice stakeholders who will have varying degrees of familiarity with the intricacies of each other's processes, a map is also a useful tool for reference

throughout the next phase of planning a diversion program.

The Sequential Intercept Model* (SIM) is one example of a framework available to communities seeking to develop responses for individuals with mental illness in the criminal justice system. Your community may have created a SIM map, system map, or similar tool in the past. While this past work can serve as a launching point, it is important to update it and add additional information as needed to inform the current planning process. The following chart is based on SIM intercepts, and provides prompts for completing a mapping exercise with your jurisdiction. It is recommended that you recreate this chart on a whiteboard or other large surface for ease of facilitating the mapping exercise with a group. You may find it helpful to complete the mapping exercise with a smaller workgroup that can report back to the oversight committee with a draft for input and discussion.

"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, Patrol Bureau & Special Projects, Harris County Sheriff's Office

*For more information on the Sequential Intercept Model, or to organize a facilitated SIM mapping workshop in your community, visit <https://www.prainc.com/sim>

SYSTEM MAPPING INSTRUCTIONS

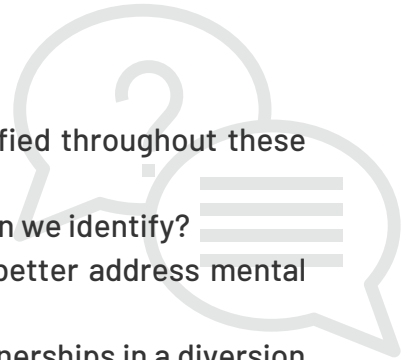
1. Start by plotting criminal justice contact points at each intercept in the space provided. Add arrows to illustrate possible pathways between contact points.
2. In the next row, list the criminal justice agencies and/or facilities involved at each intercept. For each contact point, note who has decision making authority regarding an individual’s movement through the system.
3. Next, list the existing programs and services addressing mental health needs at all contact points within each intercept. Include interventions by criminal justice personnel serving those with mental health needs, services provided by community mental health care agencies, and any other collaborative partnerships with the mental health care system. Note the providers.
4. List any policies relevant to the treatment of people with mental illness at the contact points within each intercept.
5. Indicate whether data related to MH needs are collected at the contact points within each intercept. Note the collection method and who has access to the data collected.

	COMMUNITY SERVICES (CRISIS RESPONSE)	LAW ENFORCEMENT	INITIAL DETENTION/ COURT HEARING	JAILS/COURTS	REENTRY	COMMUNITY CORRECTIONS
Use this space to plot CJ contact points at each stage.						
CJ Agencies & Facilities						
MH Services & Programs						
CJ Policies Related to MH Needs						
Data Collected Related to MH Needs?						
Notes						

Now that you’ve mapped the flow of individuals with mental illness throughout your local criminal justice system and provided descriptive information, you can use the system map to help your oversight committee identify gaps in services and potential opportunities for deflection and diversion. Your system map will be useful in the next phase of project planning as you discuss parts of the system that could be impacted by a new diversion opportunity; develop strategies for sharing mental health and/or criminal justice data across systems; and identify the agencies and individuals whose support or input will be needed.

ASK THESE QUESTIONS:

- How is our local data reflected in the system map?
- Where are individuals with mental health needs currently identified throughout these contact points?
- What gaps in services for individuals with mental health needs can we identify?
- Share initial thoughts regarding areas that could be altered to better address mental health needs.
- What opportunities are there to build on existing services or partnerships in a diversion program?



LEARNING FROM HARRIS COUNTY

RECOGNIZING OPPORTUNITIES

In Harris County, all charges taken by law enforcement must be approved by the DA’s Office prior to making an arrest. Thus, stakeholders recognized a unique opportunity to identify and intercept people with mental health needs and divert them to services prior to charges being filed. Denise Oncken, Mental Health Bureau Chief at the Harris County District Attorney’s Office, describes the DA intake process:

“Officers who are on the street and want to arrest somebody for a crime like criminal trespass or criminal mischief must call the DA’s Office Intake Division which is open 24/7. We have a bevy of lawyers who review those cases for probable cause with the officer while they’re on the street and indicate whether or not they will take charges. It’s in that moment that the prosecutor discusses with the officer whether the individual has some mental health history, or is exhibiting mental health issues but is not in severe crisis. Then we collaborate and divert to the Diversion Center, keeping in the forefront public safety concerns.”

When it came to identifying existing resources, the Harris Center for Mental Health and IDD’s long-established relationship with the community and the criminal justice system facilitated a collaborative partnership built on trust. Services provided through the Diversion Center include assessments, long-term care plans, treatment, medication management, on-site primary medical care, psychiatry, case management, peer support, and transportation to treatment facilities, housing placement, or shelters.



PHASE 2: PLANNING

In Phase 1, you laid important groundwork for implementing an alternative to incarceration for individuals with mental health needs who have committed low level offenses. By gathering observations and expanding on local data, you have explored the need for, and potential benefits of, a deflection/diversion program in your community. Through relationship building and engaging cross-system participation in an oversight committee, you have planted the seeds for a collaborative process based on communication and trust. Your oversight committee's discussion of example programs has readied stakeholders to imagine a new solution, and the mapping of resources in your system has sparked discussion around potential opportunities. You're on the right track to developing a program that will offer a more just option for people with mental illness in your community.

STEP 1: DEFINE THE PROGRAM GOAL

It is important to ensure that there is a unified vision as you operationalize decisions collaboratively in the planning phase. At the same time, acknowledging the differences in individual motivations around the table will be crucial to garnering the political will of the decision makers involved. At this point, your discussions have broadly explored the vision to reduce the number of

people with mental health needs charged with low level offenses cycling through your jail; this is the fundamental goal of your diversion program. There are likely as many approaches to accomplishing this goal as there are stakeholders involved, and you can be sure that there are just as many reasons and motivations for working towards it. For example, law enforcement

may be motivated by the prospect of reduced calls for service, whereas your local mental health authority may have the goal in mind to increase engagement in services. The program you design must keep focus on the primary goal to reduce the penetration of mentally ill individuals in your jail; however, the secondary goals and motivations of each stakeholder agency (for example: reduced calls for service, improved daily functioning, stability in housing) will help you identify the most efficient strategies for accomplishing this goal with the buy-in from leaders in your

community. These secondary goals can be met through the process outcomes you achieve and demonstrated in the measurables your team will develop collaboratively.

KEY DECISIONS: **CONTACT POINT AND TARGET POPULATION**

Two factors play a seminal role in shaping what diversion looks like: contact point and target population. Establish consensus around these guidepost decision points to create the shared vision that will guide subsequent plans.



LEARNING FROM HARRIS COUNTY

ESTABLISHING A SHARED VISION

A clearly defined approach in Harris County in terms of contact point and target population helped to create a shared vision for a pre-charge diversion program targeting low-level offenses. The District Attorney's Office felt strongly about offering a diversion alternative prior to charges being filed; the Sheriff's Office representatives saw that time spent in booking and processing was time during which individuals in need could be connected to other services; and there was political support and grant funding available specifically for a pre-charge diversion alternative. When it came to narrowing the target population, Harris County chose to focus on criminal trespassing initially, as data indicated that more than half of criminal trespassing offenses involved individuals with diagnosed mental illness. As confidence in the program grew in the first six months, diversion eligibility was expanded to include most misdemeanor offenses.



CONTACT POINT

At what stage of contact with the justice system will an individual be identified as having mental health needs and offered an alternative to jail? Preadjudication alternatives can involve diversion at the law enforcement call to service, at booking/processing, or at the point of prosecution. The stage at which an individual is intercepted will impact:

- resources associated with addressing the mental health needs of the individual while in custody;
- potential efficiencies created by the reduced penetration of individuals with mental illness at each subsequent stage in case processing; and
- the wellbeing of the individual whose mental illness may be exacerbated at each contact point prior to the diversion decision.

ASK THESE QUESTIONS:

- At which contact point will diversion be most impactful in addressing gaps our community?
- How do these contact points align with the opportunities we've identified, in terms of resources and political will?

"Our county had chosen that we wanted to divert before even filing and having that person in the system... the choice was made that we didn't want to have them jailed at all. Once someone goes from one part of the booking process into another holding area, it's harder to go and locate that person, take custody of them again, and then physically move them somewhere else. It gets a bit complicated... Think about the transportation and physical logistics when creating a program and deciding at what contact point you want to make that diversion choice."

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

"Go with the statistics. The target population we went after was low level, primarily trespassing charges in the beginning. We wanted to start with a test group before we expanded out to any other type of charge. And so that was the charge we zeroed in on—chronic trespassers."

–Mike Lee, Major, Patrol Bureau & Special Projects, Harris County Sheriff's Office

TARGET POPULATION

Depending on resources and opportunities available in your community and the political will of those in your system, you may need to narrow the field by focusing on a particular demographic or offense type. In narrowing your target population, consult the data. Remember that the initial target population can be expanded as support for diversion options increases and new resources are identified.

ASK THESE QUESTIONS:

- Which offenses and/or demographics are connected to high instances of mental health needs in our community?

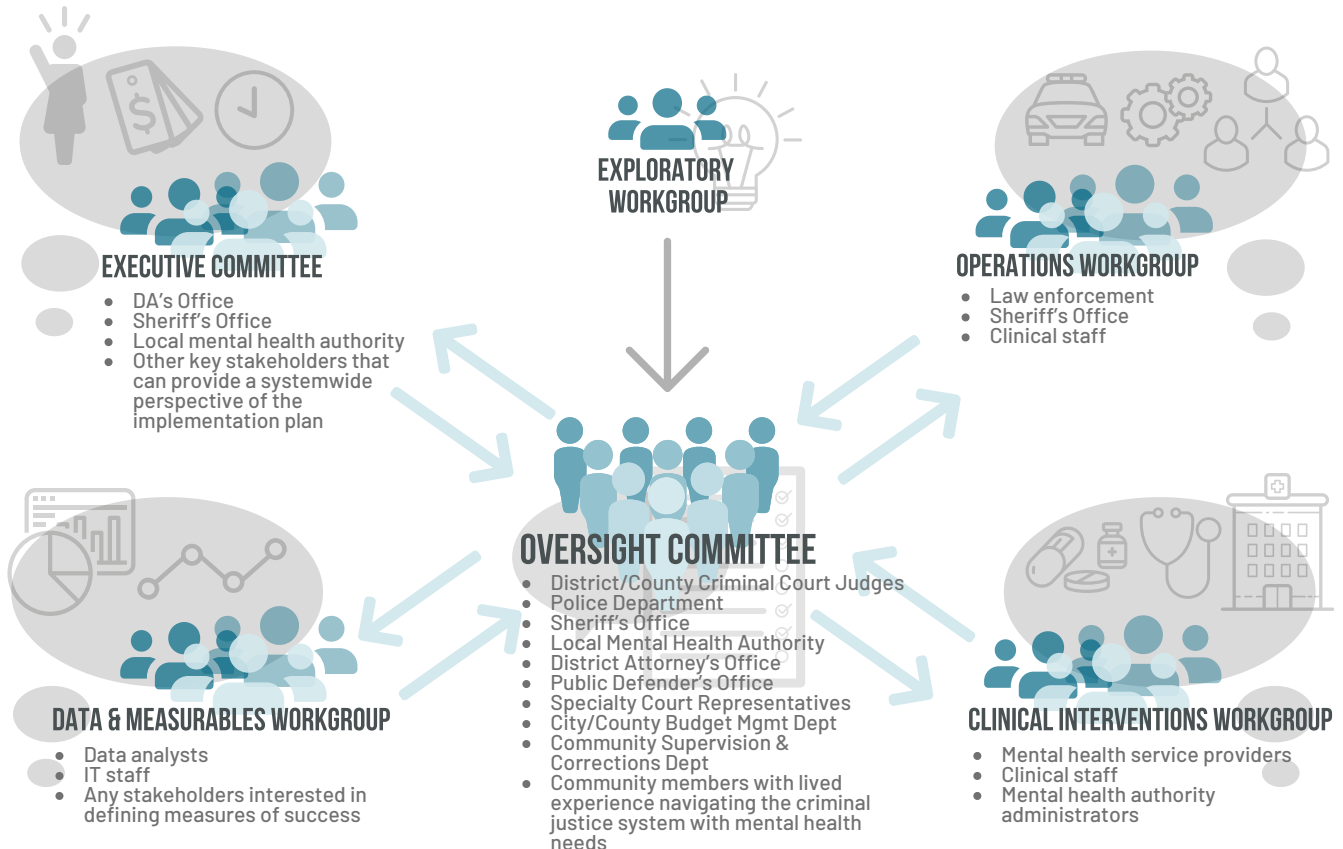
STEP 2: DEVELOP PROGRAM SPECIFICS

This section covers the different program-specific decisions your team will need to make in designing a program to meet your community’s unique needs, taking into consideration jurisdictional characteristics.

INVITE PARTICIPATION IN PLANNING WORKGROUPS & SUBCOMMITTEES

To sustain the engagement of your oversight committee while avoiding meeting fatigue and burnout, establish subcommittees or workgroups to tackle specific planning areas. Each workgroup should have representation on the main oversight committee, with additional participation from individuals with specialized

knowledge and understanding pertaining to the topic. Subcommittees will discuss and debate details that are crucial to the program’s success, with decisions reported back to the oversight committee. In this way, your oversight committee can remain informed of important programmatic decisions, offering feedback or redirecting when necessary. Some workgroups and subcommittees will meet in an ad hoc manner during the planning phase, while others will continue meeting throughout the program’s implementation and operation. The following planning workgroups are suggested, along with key participants and topics for consideration.



EXECUTIVE COMMITTEE

This should be a small number of individuals with the broadest understanding of processes and challenges across systems. In addition to addressing the planning considerations below, this small group of key individuals will meet throughout the program's implementation and operation to assess process issues and adaptations needed. In the implementation phase, this committee will continue meeting to problem-solve challenges that may involve sensitive subjects, such as budget constraints, personnel issues, or political influences.

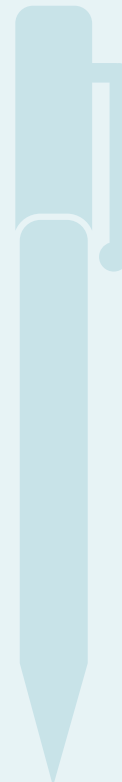
INCLUDE PARTICIPATION OF:

- DA's Office
- Sheriff's Office
- Local mental health authority
- Other key stakeholders that can provide a systemwide perspective of the implementation plan



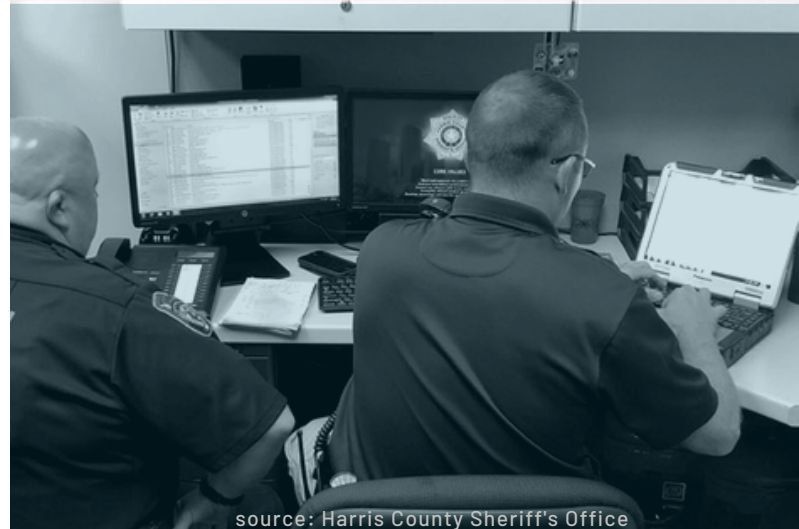
EXECUTIVE COMMITTEE TASKS:

- Prepare program budget, assess and acquire funding, apply for supplemental funding
- Shepard approvals from executive leadership around process changes needed to facilitate the new program
- Develop the plan for piloting the program, including timeline, evaluation measures, and communication strategies with input from workgroups and oversight committee members
- Assess process issues and adaptations as needed



DATA & MEASURABLES WORKGROUP

This group will address the data management and data sharing adaptations needed to operationalize a new diversion program, and it will also create the plan for collecting performance measures. This group should include individuals with specialized knowledge of data management processes in the criminal justice and mental health systems. Also invite the participation of anyone else from your oversight committee who wants to participate in defining the metrics for program success.



INCLUDE PARTICIPATION OF:

- Data analysts
- IT staff
- any stakeholders interested in defining measures of success



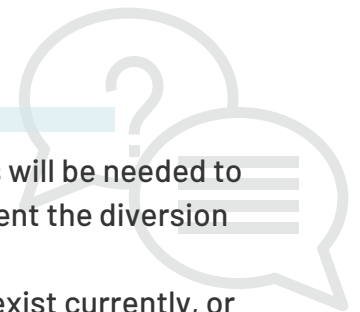
“It’s important to have a data design and collection program from the get-go, and the persons responsible need to be involved at every meeting. They are looking at the data and divining how to present that in a cogent way. They will also be inclined to recognize gaps in the data collection plan where something is missing, or needs to be addressed, or is not being measured but should be.”

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



ASK THESE QUESTIONS:

- What data processes will be needed to facilitate and document the diversion program?
- Do these processes exist currently, or are data system improvements needed?
- Will data sharing agreements or memoranda of understanding be needed to facilitate the program?
- How does each of our stakeholders define success?
- What will the measures of success look like?
- How will we collect this data? Where is it collected already? What new data collection methods will need to be created to capture this information?
- Who will be responsible for analyzing the data?
- When is the right time to conduct an outcome evaluation?



CLINICAL INTERVENTIONS WORKGROUP

Engage those with clinical expertise in a workgroup to develop the program itself. This workgroup will create the intervention and related services for individuals being diverted.

INCLUDE PARTICIPATION OF:

- Mental health service providers
- Clinical staff
- Mental health authority administrators

ASK THESE QUESTIONS:

- Will the diversion program make use of an existing clinical intervention, or will a new intervention be designed?
- Where will the clinical intervention take place? Consider transportation needs.
- Do we have an existing structure that the program can utilize?
- Will facility adaptations be needed?
- What staffing will be required to run the program?
- What additional training will be needed for program staff?
- What wrap around services will be offered? (For example, peer engagement, emergency housing, food services, etc.)
- What steps should law enforcement and/or court personnel take in order to identify that a person might have an underlying mental health need? What assessment should take place, and at what stage in the process?



LEARNING FROM HARRIS COUNTY DIVERSION CENTER SERVICES

Intake at the Judge Ed Emmett Mental Health Diversion Center begins with connection and engagement; diversion arrivals are then assessed and triaged by a nurse. 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 (both mental health and substance abuse), housing placement, and long-term treatment
- Ongoing case management
- Peer support
- Extensive discharge planning to coordinate access to housing, social services, and treatment post discharge
- Transportation to treatment facility, housing placement, or shelter

“You’ve got people at the Diversion Center that really understand mental illness, substance abuse, alcoholism, mental illness, psychosocial issues, and they have developed the ability in one location to really look at those issues holistically and understand how they are all interrelated... the ability to engage and prioritize different issues to ensure the success of the person. I think that’s where the real innovation comes— in that response and that interaction at the Diversion Center.”

—R.H. Lomelo, Sergeant, Patrol Bureau, Harris County Sheriff’s Office

OPERATIONS WORKGROUP

This group will establish the logistics of the diversion process, discussing how system actors will shepherd individuals to the diversion intervention. This group will also think through adaptations needed to document the process. In addressing the considerations below, this workgroup may reference information gathered in the pre-planning phases on other diversion programs. Additional research and information gathering will likely be required of this group to develop actionable plans around the considerations below.

INCLUDE PARTICIPATION OF:

- Law enforcement
- Sheriff’s Office
- Clinical staff

ASK THESE QUESTIONS:

- When will the mental health needs of an individual who is the subject of a call to service be identified or assessed?
- What eligibility criteria will be applied within the target population?
- At which contact point(s) will the referral to diversion take place?
- What will the communication and approval process look like between law enforcement and the DA’s Office?
- What documentation will be needed?
- What training will law enforcement and/or court personnel need in order to recognize mental health needs?
- What tools can be provided for law enforcement and/or court personnel to help them recognize a potential diversion candidate?
- How will an individual identified for diversion be transported to the program site?
- Will participation in the program and related services be voluntary?

LEARNING FROM HARRIS COUNTY

ELIGIBILITY CRITERIA: Participation in services at the Diversion Center is voluntary. Diversion is deemed appropriate for individuals 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 mental health crisis and do not meet the criteria for Emergency Detention Order (not likely to harm self or others)
- Have no open warrants or detainers

DISQUALIFIERS: Individuals with the following offenses are not eligible for diversion:

- Domestic violence offenses
- Assault
- Terroristic threat
- Weapons offenses (e.g. discharging a firearm, deadly conduct)
- Driving while intoxicated
- Burglary of a motor vehicle
- Any offense where public safety could be compromised

“Before you start a program, you need to have very clear eligibility criteria. If you have any bright line rules about what is and isn’t going to be acceptable, it needs to be clearly stated, and everyone needs to be in agreement. Everyone should have the same understanding of the criteria and how they are applied— otherwise, it’s going to cause frustration.”

–Michele Oncken, Division Chief, Mental Health and Child Fatality Division, Harris County District Attorney’s Office



LEARNING FROM HARRIS COUNTY

DEVELOPING THE DETAILS

Key collaborators in Harris County participated in a number of workgroups and planning committees to design the Judge Ed Emmet Mental Health Diversion Center. Details surrounding the program and process responded to identified needs, leveraged existing opportunities, and were driven by a shared vision for a pre-charge diversion program targeting low-level offenses. In addition to the Diversion Center drop-off site, Harris County's program infrastructure includes a 24 Hour Diversion Desk and hotline at the Joint Processing Center (located at the Harris County Jail) staffed by clinicians from The Harris Center for Mental Health & IDD.

Diversion Desk clinicians and the DA's Office intake attorneys have access to several mental health databases, and consult with law enforcement in the determination of diversion eligibility. Not all individuals who have a history of mental health treatment are diverted, though— a key consideration is the identification of a mental health nexus in the behaviors observed by law enforcement officers. Well-trained staff are critical to Harris County's process. Houston Police Department's Assistant Chief of Police, Wendy Baimbridge describes the importance of mutual respect in the diversion determination:

"There are times when officers call it into the DA's office and they're not anticipating a diversion situation— and then it turns out that there is a mental health history, in fact. So even though there's no discernible mental health issue happening on site, the officer still takes them to the Diversion Center. If the officer disagrees with the DA, they can come to us and we can discuss the case with the DA in a neutral conversation. You really have to have mutual respect for officer discretion, for prosecutorial discretion— especially in the beginning when you're setting a program up. Just because someone has a diagnosis does not necessarily mean they should be diverted."

As you develop program details for diversion in your community, you will likely encounter differing opinions about who should and should not be offered an alternative to incarceration. The importance of mutual respect among key collaborators and an openness to dialogue can not be overstated as you determine program eligibility.

HARRIS COUNTY DIVERSION PROCESS:

1. Diversion eligibility is determined prior to charges being filed when underlying mental health needs are identified at the following contact points:
 - Law Enforcement (LE) recognizes mental health needs at the call to service and calls 24 hour hotline to confirm history of mental illness with a clinician (details of diagnoses and treatment are not shared with LE)
 - LE calls the charge in to The Harris County DA's Office 24 hour intake line, and an attorney searches several databases for documented history of mental illness
 - LE brings the individual in for booking at the Joint Processing Center, and mental illness is observed or confirmed by clinicians at the 24 Hour Diversion Desk
 - An individual self-identifies as having a history of mental illness on a screener used during booking and processing at the Joint Processing Center
2. Prosecutor diverts criminal charges (charges are not filed)
3. Law enforcement transports the individual to the Diversion Center
4. Diversion Center provides immediate services including: mental health treatment, medication, connection to social services, and continued case management
 - Since no charges are filed, participation is entirely voluntary and duration of engagement in services at the center is determined by the individual.

STEP 3: ESTABLISH AN IMPLEMENTATION PLAN FOR PILOTING THE PROGRAM

Through an iterative dialogue between your oversight committee and planning workgroups, you have laid out a plan for the clinical intervention to be offered as a diversion alternative; you have identified the operational adaptations needed; and you have secured resources to make it happen. The next step is to create a plan for testing, or piloting, the program. This will allow your jurisdiction to test the feasibility of the program, expose and address any process obstacles, and demonstrate the program's worth in your community. A strong pilot program starts with a timeline, multiple avenues for communication and feedback, and clearly defined outcome metrics.

CREATE A TIMELINE FOR THE PILOT PERIOD

When choosing a start date for your pilot period, consider the time it will take to make necessary procurements and create system adaptations (such as to data management and communication systems). Factor into your timeline hiring any new staff needed, and the training needs identified in your planning workgroups. When considering the time needed to develop and deliver training, be sure to include training for law enforcement, clinical staff, and any other system stakeholders who are impacted. In addition to training staff, it is important to communicate with community members, especially those that live near the physical space in order to avoid not-in-my-backyard (NIMBY) issues.

Consider a soft opening as you roll out the program, beginning with a subset of

diversion referrals. For example, begin with referrals from one law enforcement agency in the first two or four weeks before opening diversion to all law enforcement agencies in your jurisdiction. This will allow your clinical staff and/or planning committee to identify and address any initial operational challenges that may arise before the full volume of participants is reached. Stakeholders and members of the implementation committee should develop a feedback loop and collect information as to the strengths, weaknesses, opportunities, and threats (SWOT) associated with the pilot process. A team should be in charge of continuing to use the feedback to make small improvements to the program as the pilot project continues.

Include in your timeline the oversight committee's evaluation of both short-term outcomes and longer-term program goals. It's important to establish a timeframe for evaluating whether and how the program is achieving the expected outcomes, while also creating an understanding that not every outcome anticipated will be observed as soon as the doors to your diversion center open. Choose an evaluation timeframe that is reasonable and allows enough time to demonstrate the program's impact to your community. The timeline for developing a pilot diversion program will look different from one jurisdiction to the next, depending on factors such as funding availability, resource procurement, hiring processes, training needs, scope of services and volume of individuals served, and outcome reporting requirements of funders.



LEARNING FROM HARRIS COUNTY

HARRIS COUNTY'S TIMELINE

- On-site training for program staff two weeks prior to Diversion Center opening
- September 4, 2018- Diversion Center staged opening and pilot began for Criminal Trespass offenses referred by Houston Police Department only
- Mid-September 2018- Two weeks following its opening to HPD referrals, the Center began accepting diversion referrals from all Harris County law enforcement agencies for offenses of criminal trespassing
- October 2018- Ribbon Cutting
- May 1, 2019- Diversion eligibility expanded to include nearly all misdemeanor offenses, kicked off with a press conference in connection with Mental Health Awareness Month

DEVELOP AN EVALUATION PLAN

Paramount to an effective pilot is a plan for evaluating program outcomes. Evaluation in an ongoing way, beginning immediately in the short-term will enable you to assess process issues early on and adjust course as needed, maximizing the pilot's potential to demonstrate success. In the long term, an evaluation will promote sustainability by demonstrating the effectiveness of your program, illustrating value to your community. Results of an evaluation can be used to secure additional funding and leverage the buy-in of additional supporters. If evaluation results support that the current program and processes are having a positive impact, you may be able to use this information to make the case for additional funding and resources to achieve even greater potential impacts by improving services, offering additional services, or the expanding target population or eligibility requirements to reach a greater number of individuals. On the other hand, if evaluation results do not directly support the delivery of program goals, you will have descriptive measures in place to help your team understand the barriers to success. All evaluation results help determine the next steps your jurisdiction can take to meet the needs of people with mental illness in your criminal justice system— either by

sustaining, expanding, or adjusting the program you've developed.

Your data and measurables workgroup has already established the measures that will to evaluate the primary goal of reducing the penetration of individuals with mental illness in your jail, as well as the additional measures that will illustrate whether and how the secondary goals of your stakeholders are being met. This group includes individuals who have intimate knowledge of data management processes throughout your systems, and who can make potential adjustments to data capture, storage, and sharing processes if needed. Work with this subcommittee to formalize an evaluation plan that builds on their prior discussions. Refine and reframe stakeholder input on primary and secondary goals to ensure that they are SMART- specific, measurable, achievable, relevant, and time-specific. Goals may be process or outcome oriented. For each goal, identify whether process measures, outcome measures, or both are needed. Tie measurables to your program goals based on the data available in your jurisdiction, and specify how the data will be captured to inform each metric. Remember that data can be both qualitative and quantitative, and include methods for capturing participant and stakeholder feedback throughout the pilot period.

Include a timeframe and frequency for evaluating each measure. Finally, describe the reporting strategy, noting the methods that the Data & Measurables workgroup will use to acquire the data for each measurable, any data sharing or data use agreements that will be necessary, and any other special arrangements needed to report on the outcome of each measurable. The framework below can be used for developing your evaluation plan.

“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

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

DEVELOP STRATEGIES TO COMMUNICATE RESULTS

In the information gathering phase, you not only collected jurisdictional data but used it to communicate that an alternative to incarceration for people with mental health needs would benefit your community. Plan to use your evaluation data similarly to illustrate how the alternative is reaching that goal while maintaining public safety. In addition to sharing results in an ongoing way with your oversight committee, consider additional audiences who will be interested in learning about the program outcomes. These will include both direct and indirect

stakeholders at the leadership, staff, and community levels. At the leadership level, investigate existing platforms for sharing progress updates with executives and elected officials such as board meetings of the agencies involved or standing city/county meetings, and ask for a brief update to be included as a standing agenda item. Consider whether you will present updates verbally or in a written format; if agenda time is limited, commit to providing a recurring brief or progress report to keep high-level decision makers informed.

In addition to sharing progress and results with decision makers and leaders, it is

equally as important to communicate results to the staff involved in the diversion process. Both criminal justice and mental health personnel will be adapting to a new way of doing things, and there will be varying degrees of comfort with the changes involved. Keep motivation and morale high by sharing results with staff while reminding them of the vision and reinforcing their role in achieving it. Again, take advantage of existing forums to share progress and outcomes; at the agency level, this may include staff meetings, bulletins, or newsletters. It will be important to take time to celebrate team successes and give praise to those going above and beyond. And remember, it is not just about sharing data; it is also important to share positive stories of people that went through the program.

Finally, consider how you will share

outcomes with the broader community, thinking ahead about press releases, press conferences, and public presentations. This is an opportunity to correct misinformation that may be circulating about the diversion program, and to reinforce a positive message about meeting the needs of those with mental illness in your community. You will need to discern the extent of the data to be shared with each audience. For example- you may share case-level data with agency staff to enable problem solving discussions in an ongoing way, while outcome summaries featuring aggregated data may be used in press releases, press conferences, and presentations in the community.

Use the framework and examples provided to create a plan for communicating results throughout the implementation phase.

AUDIENCE	COMMUNICATION POINTS	COMMUNICATION STRATEGIES	TIMEFRAME / FREQUENCY	DESIRED OUTCOMES
AGENCY COLLABORATORS & PROGRAM PERSONNEL				
LAW ENFORCEMENT	<ul style="list-style-type: none"> Case level data: example diversion candidates missed & justification 	Department Chief's Bulletin	Weekly	Ongoing learning for LE; increased willingness to divert
DIVERSION CENTER STAFF				
OTHER				
DECISION MAKERS & LEADERS				
MUNICIPAL LEADERSHIP	<ul style="list-style-type: none"> Estimated funds saved # referrals to date # who received transportation services 	Oral presentation at City Council meeting	Quarterly	Support of councilperson representing diversion location
COUNTY LEADERSHIP				
JUDICIARY				
COMMUNITY / GENERAL PUBLIC				
GENERAL PUBLIC	<ul style="list-style-type: none"> # referrals to date Reduction in avg daily jail population 	Press event with success story champions, business leaders, clinicians	Mental Health Awareness Month (Kick off?)	Increased public buy-in; increased trust of store owners making frequent calls to LE
OTHER				



PHASE 3: IMPLEMENTATION & MONITORING

At this point, you've put significant time and effort into the information gathering and planning phases. You've assembled the necessary information to ensure that your program responds to your jurisdiction's specific needs. You've engaged stakeholders across systems in a collaborative, iterative planning process that has likely resulted in new or strengthened relationships among agencies and individuals, buy-in for the diversion alternative, and a sense of shared ownership of the project. The hard work of your oversight committee will pay off as it all comes together as you launch your diversion program, bolstered by the support of the multi-agency, cross system coalition you've built. Take the following steps to initiate and maintain successful operation of your diversion program.

STEP 1: PROVIDE TRAINING AND EDUCATION

It will be important to deliver thorough training both on understanding mental illness and on the practical application of new practices and procedures. Training will likely be needed for all systems and stakeholders involved in the diversion process, including law enforcement, jail booking and processing staff, the DA's

office, and clinical staff and program personnel. You will likely want to develop agency-specific trainings tailored to that agency's expertise and role in the diversion process; however, delivering a consistent message and accurate information across all trainings is key.



LEARNING FROM HARRIS COUNTY

TRAINING IN HARRIS COUNTY

In Harris County, training reinforces the why, beginning with a message about the need for a new approach for individuals with mental illness and low-level offenses. Transparency means sharing an overview of how the program was developed, the agencies involved in its design, and the data behind the approach. Eligibility criteria and disqualifying circumstances are stated clearly, with examples of disqualifying circumstances provided. Appealing to agency priorities, law enforcement training includes a comparison of the time it takes to book someone into jail (4 hours) to the time it takes to check someone into the Judge Ed Emmett Diversion Center (11 minutes) to highlight benefits in terms of LE time saved. Responding to stakeholder concerns about individuals cycling through the voluntary diversion program, trainings include data on repeat admissions, sharing that around 90% of total referrals to the Diversion Center are only admitted once or twice.

In the two weeks prior to the Diversion Center’s opening, extensive training took place with Diversion Center staff. Training focused heavily on engagement, since the pre-charge program is voluntary. Since participants are free to walk out of the Center at any point, leaders of the implementation effort recognized that effective engagement would maximize the opportunity for individuals to stay in the program to receive services and support.

In addition to on-boarding and training for clinical staff providing services at the Diversion Center, Harris County’s implementation plan included training law enforcement officers and prosecutors who work together to recognize mental health needs and determine diversion eligibility. Denise Oncken, Mental Health Bureau Chief at the Harris County District Attorney’s Office describes the role of the DA’s Office in providing training:

“We spend a lot of time training not only our staff, but also training law enforcement officers. In fact, we rolled out a program to train all Houston Police Department officers— all 5,000 HPD officers— about Mental Health Diversion in their advanced CIT training. We provide training to other law enforcement agencies as well.”

Training efforts continue to generate buy-in among officers, correct misinformation about the program that may be circulating, and contribute to an organizational culture that embraces new and better solutions.



source: Harris County Sheriff's Office

TIPS FOR DELIVERING EFFECTIVE TRAINING

- Consider gaining the input of a few line staff in designing the agency-specific training. It will be helpful to have **input from early adopters** as well as staff who have been openly resistant to diversion alternatives, or to prior procedural changes; engaging them in the training development will help you find a message that resonates with them and others who may have similar feelings of concern or apprehension.

- Consider **the messenger**. Relationships play a role in how training information will be received. Consider whether it will be more beneficial to have the training delivered by an outside authority or by someone from within that particular agency. Use training as an opportunity for grow champions for your new diversion program by engaging early adopters in the training, either by seeking their input in the training material covered, or by seeking their partnership in the delivery.

- Account for a variety of **learning styles**. Some learn by listening or reading, others are visual learners, and many prefer hands-on experience when learning new skills. All training participants will benefit from receiving new information multiple times and in a variety of formats.

- Relate the diversion program to the individual goals and **agency priorities** whenever possible. For example, in law enforcement training, you may choose to highlight a potential time savings in diversion versus booking and processing. Within each agency, some individuals will be motivated to adopt new practices because they see the potential to better serve people with mental illness. Others will be motivated by the potential to make their work easier, or by the potential for improved efficiencies across the system. Consider all possible motivations and use them to build support for the changes being implemented.

“A police officer’s thought process can be very rigid... I think that we in our area need to think holistically beyond the violation, whatever that may be- public intoxication, possession, criminal trespass- and look at what is likely to provide the best result in the end.”

—R.H. Lomelo, Sergeant, Patrol Bureau, Harris County Sheriff’s Office



source: Harris County Sheriff's Office

- Remember that each participant will bring their own personal **experiences**, understandings, and misconceptions to the training. Include background content on mental illness and the importance of diversion as well as information on practical application of the new practices being piloted.

- The **culture** of each agency will be a factor in staff willingness and readiness to adopt changes related to the program. Changing deeply held attitudes and beliefs is difficult. In designing each agency-specific training, be mindful of the general orientation towards change.

- Be **transparent** about the process for developing this program; learning about the process for gaining cross-system input and a justification in local data will help some understand why this particular approach is being taken in your community.

- Create opportunities for **ongoing learning** and coaching, as well as channels for capturing feedback and concerns. Knowing in advance that there will be additional opportunities to learn will help to reassure some who are feeling anxious about change, and knowing where their voice can contribute to process improvements will put others at ease. Make it easy for those on the ground to provide feedback on challenges and concerns.

STEP 2: IMPLEMENT THE PILOT DIVERSION PROGRAM

In the planning phase, key collaborators in your community put together a thorough implementation plan for piloting the diversion program. Be confident in the program you're about to launch, knowing that your community has taken a deliberate, thoughtful, well-informed approach to get to this point. Even the most comprehensive implementation plan and methodical planning process, there will

arise unforeseen challenges and obstacles as you launch and sustain the program. Remember that these are opportunities to learn. A flexible and communicative team will take advantage of stumbling blocks to strengthen their program or process. Set the expectation among key collaborators that there will be course adjustments along the way, and ensure that there are strong internal communication strategies in place to keep your oversight committee informed.



LEARNING FROM HARRIS COUNTY

ADDRESSING CHALLENGES AND MAKING COURSE ADJUSTMENTS

Harris County made many adaptations to their process in the first two years following the opening of the Judge Ed Emmett Mental Health Diversion Center. The Diversion Center's oversight committee met weekly (and sometimes more frequently) to monitor implementation while piloting the diversion process to identify challenges and work through solutions. The committee now maintains a monthly meeting, and continues to discuss process obstacles and potential improvements.

Initially, the process in Harris County allowed for law enforcement to drop an individual off at the Joint Processing Center (JPC) for booking and processing, with the diversion determination to be made after the officer left. The oversight committee quickly realized that tracking down a diversion candidate within the facility for transport to the Center became increasingly difficult the further along they were in processing. A delayed decision meant that the arresting officer would have to return to processing and locate the individual after having already moved on to their next task or duty. The committee adjusted the process accordingly, requiring that the diversion determination be made prior to an officer's departure from the Joint Processing Center so that the individual is taken directly to the Diversion Center without additional delay in processing.

ENGAGE IN ONGOING PROBLEM-SOLVING DIALOGUE

Hopefully, anticipation and excitement around the pilot program’s launch date is high and your oversight committee feels proud of the product to be offered to the community. Use this momentum to set expectations around ongoing monitoring and problem solving by the oversight committee. Initial weekly meetings are suggested in the early stages of offering the diversion alternative when the likelihood of encountering process challenges and the need for quick, collaborative solutions will

be the greatest. Frequency may be reduced to biweekly and then monthly meetings as process-related problem-solving needs become fewer; but it is imperative that this monitoring and problem-solving body continues to meet regularly to discuss outcomes, address policy issues, anticipate and respond to emerging challenges, and address program sustainability. Below is a suggested agenda for standing oversight committee meetings.



“When you collaborate like this, no one agency has authority over the other... The thing we have in common is that we all serve the citizens. In order for all of us to be successful, if we really want this to work, we have to listen to one another. And I think that we do that very well. To get off on the right ground, when you grow things like this, you have to be open to other people's concerns.”

–Wendy Baimbridge,
Assistant Chief of Police,
Houston Police Department



EXAMPLE OVERSIGHT COMMITTEE AGENDA:

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

STEP 3: COMMUNICATE ABOUT THE PROGRAM AND RELATED CHANGES

In the prior planning phase, you developed a communication plan for sharing pilot outcomes with decision makers, practitioners, and the broader community. Your strategies likely include

- presentations and reports for leaders and decision makers;
- internal agency communications for law enforcement, court personnel, and program staff; and
- methods for reaching community members through print, broadcast, and social media.

Begin communicating with your audiences prior to implementing the pilot to ensure that your community is informed about changes to relevant procedures and policies, and keep communication about progress and outcomes constant throughout. As you launch your pilot program, enact the strategies in your communication plan to share important information about changes to existing policies and practices in order to maintain the support of various audiences.



LEARNING FROM HARRIS COUNTY

BUILDING RELATIONSHIPS

A common challenge faced by those attempting to open new criminal justice facilities is the resistance of community members who work, reside, or run businesses in the neighborhood in which a potential diversion center will be located. The plea of “not in my backyard” centers on the fear of bringing new crime and other adverse effects to areas that are often already struggling. In Harris County, this concern was strongly felt by neighbors, many of whom perceived that a dangerous person could walk out of the voluntary program at any point. Business owners were particularly fearful of increased loitering in the business district in the immediate vicinity of the Diversion Center.

The Harris Center’s leadership addressed this challenge through a transparent and collaborative approach to communication with neighbors. Harris Center leaders engaged the community in dialogue, listening to their concerns and discussing solutions together. Accurate and clear information about the Diversion Center’s operations and services was provided, correcting rumors and misinformation that had exacerbated the fears of local business owners. Ultimately, the Diversion Center committed to providing bus passes to all diversion candidates, and offering transportation to shelters or residences whenever possible. While community perceptions of crime still challenge implementation leaders, the bi-directional communication and collaborative problem-solving in this example achieved a compromise while also forging trust.

As you begin to relay outcomes and impact, remember to be discerning about the type and extent of information shared with these different types of stakeholders and partners, and consider the most appropriate tools and channels for communicating with each.

Use the following checklist to effectively enact the strategies in your communication plan. Instilling your presentations, briefs, memos, and media engagements with these qualities will help you build confidence around procedural changes and program outcomes, cultivating trust among stakeholders and community members.



source: The Harris Center for Mental Health and

“We've had great meetings with the community, and opportunities to interact with different governing boards that have expressed interest and concern. That has been very positive. We're definitely all upfront and more than willing to talk to folks.”

—R.H. Lomelo, Sergeant, Patrol Bureau, Harris County Sheriff's Office

QUALITIES OF EFFECTIVE COMMUNICATION:

- **Regular & Reliable**— the cadence of communication is specific to each audience, and information is delivered with consistency.
- **Accurate**— justifications shared are based on facts, and outcomes and updates paint an accurate picture of the program's impact.
- **Transparent**— communication is honest about goals and challenges faced in your community.
- **Relevant**— the type and extent of information shared aligns with the priorities of your audience.
- **Focused**— the message is clear and concise, utilizing bullet points, numbered lists, and visuals to highlight importance.
- **Professional**— tone and delivery instill confidence in the caliber of services delivered; written communication is proofread and in-person updates are practiced.
- **Humanizing**— the language recognizes the dignity and humanity of the individual; person-first terms are used.
- **Bidirectional**— all communication leads to an opportunity for reciprocal engagement by the audience, inviting responses or identifying future opportunities for feedback to be shared.



STEP 4: ASSESS OUTCOMES

The program’s oversight committee will remain engaged throughout the pilot period to evaluate progress and monitor the initial outcomes. The evaluation plan you developed in Phase 2 with stakeholder input includes both short term process and longer-term outcome measures, and some outcomes will be evaluated and reported starting on day one. However, the outcomes reported will have little meaning without further discussion among key collaborators. Remember that the purpose of collecting data in the pilot period is to determine the program’s effectiveness in reaching its goal and to provide information to be used for continuous quality improvement. Whether outcomes are good or bad, it’s important to know why they are happening. Debrief the outcome data with your oversight committee to achieve a shared understanding of the pilot results and to discuss how your team can maximize the impact of the initiative.



“When you’re starting a program like this, data is so important... If you build it with integrity, the result is going to be success; but you have to build it with integrity and watch the numbers so that you can prove your success. We all see things through the lens of what we do and the missions that we’re assigned. We all have different perspectives, and healthy discussions start with respect. Everyone needs to define success for their agency, come together and with a common nucleus, and then watch the numbers and be willing to tweak things as it goes.”

–Wendy Baimbridge, Assistant Chief of Police, Houston Police Department



POSSIBLE BARRIERS TO IMPLEMENTATION SUCCESS AND SUGGESTED SOLUTIONS

1. **Lack of staff support for the program and related changes to job responsibilities and workflow**
 - Engage staff in dialogue. Highlight where process efficiencies are created, and funnel negative feedback into constructive criticism by asking staff what can be done to make the process easier or more efficient. Use data to reinforce the “why,” pointing to the relative success rate of diversion, compared to incarceration.



source: Harris County Sheriff's Office

2. Misunderstandings and misinformation

- Use your communication plan to preempt misinformation and control the message around diversion. Identify the source of misinformation and misunderstandings as they arise, and open a dialogue with the individuals or agencies involved. Listen to the concerns at the heart of the misunderstanding, and engage in problem solving together.

3. Agency culture— the undercurrent of norms, attitudes, and behaviors that shape the collective identity of an organization and impact staff willingness to embrace change

- Shifting an organization’s cultural undercurrent is a long-term endeavor that can be aided by strong leadership, ongoing education, the influence of colleagues and peers, and the observed success of a new way of doing things. All of these strategies can help align agency culture to embrace the goals of diversion over time.



“Trying to help combat biases or misperceptions of mental illness is important. I remind law enforcement that 90% of the people who’ve been to the Diversion Center have only been once or twice, and a third of the people who’ve come to the Diversion Center don’t have a prior history of arrest... I try to help them understand the logic behind it, the why. The other thing that I think is critical is being able to get drop offs done fast. We did a time study early on, and our average time for drop-off was about 11 minutes, as opposed to a couple of hours to book somebody into jail.”

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



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?





PHASE 4: EVALUATION & SUSTAINABILITY

Your pilot period has tested the diversion program's viability as an alternative to incarceration, giving your community practical, on-the-ground experience with the process designed. You have likely made procedural adjustments along the way in response to unanticipated challenges and new insights gained. A dedicated, multi-agency team has provided oversight and problem-solving expertise in monitoring the implementation of the pilot program, fostering ongoing engagement with the program and a sense of shared ownership of its success. Stakeholders may be wondering where the pilot period ends, and the fully-implemented program begins. This will be determined by a number of dynamics particular to the process, personalities, and outcomes in your community. There is no set timeframe for an effective pilot program, rather, it should last as long as it takes to test the program's effectiveness in reaching its goals, and until the necessary stakeholders make the determination that the program should be sustained. The last phase in implementing a diversion program is to evaluate your pilot and secure the means to sustain it.

STEP 1: EVALUATE THE PILOT

Your oversight committee has provided a plan for monitoring outcomes. Now is the time to seek out a research partner to provide more robust evaluation of the program's impact. This may be a local

university, an independent researcher, or a consulting agency that specializes in program evaluation. Luckily, your data and measurables workgroup will have already made improvements to data collection

methods to capture some of the data your research partner will need, such as number of people served, length of stay at the diversion location, and subsequent offenses. Re-engage members of this workgroup as needed to ensure that your research partner has access to additional data that may be needed. Your research partner will analyze and interpret relevant data to help your community determine whether the program should be sustained, examining the program's effects on the jail population, additional secondary effects of diversion, and inferred long-term feasibility. The evaluation will include recommendations based on the outcomes observed.

Involve your oversight committee as

much as possible in the evaluation process, keeping stakeholders engaged in the process to ensure understanding around how outcome data translates to recommendations. Ideally, your research partner will take a collaborative approach to gathering qualitative data in the form of stakeholder input, mirroring the collaborative decision-making process your stakeholders have practiced throughout each earlier phase of the project. By inviting key collaborators to discuss the pilot evaluation results and the recommendations of your research partner, your community will be one step closer to a determination about transitioning your pilot to a fully-implemented diversion program.

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



ASK THESE QUESTIONS:

- Did the program have the desired effect of having fewer people with mental illness cycling through the jail?
- What secondary effects is the program producing, intended or not? Who is impacted?
- Can the program be scaled up with the same expectation of success?
- What are the costs and benefits of this program?
- What does a fully-implemented program look like- how will services and/or target populations be expanded?
- What additional resources would be needed to fully implement the program?

“When you measure success, it really is in the eye of the beholder. What is success? Success is every time I can take a person in this facility that would have gone to jail or would have been cast away like rubbish, and we can get them into a facility where they actually start getting better, where they are treated with dignity, where they can actually start feeling like a human again. That’s my definition of success.”

–R.H. Lomelo, Sergeant, Patrol Bureau, Harris County Sheriff’s Office

STEP 2: ADDRESS SUSTAINABILITY

A formal program evaluation helps determine whether your community should continue supporting the program, based on feasibility, utilization, and cost-benefit analyses. If the evaluation shows positive outcomes, your next step is to determine how to maintain the program across budget years. If the program’s outcomes are not

favorable, it is beneficial to examine the implementation of the program to ensure there was fidelity to the stated model. Examine sustainability factors including stakeholder support, political will, and potential funding to ultimately decide whether or not to formalize the program as a fully-implemented diversion option.

STAKEHOLDER SUPPORT

Consider your community's support for the current services and willingness to continue and/or expand them. This includes the practitioners involved in providing services, the law enforcement personnel involved in the referral process, and the participants themselves. You might look to qualitative data collected in the pilot evaluation, or informal reflections shared throughout your oversight committee's monitoring of the program. Remember that stakeholder support will be influenced by a number of factors beyond the program's success in meeting its goal. Support for an enduring program will be influenced by the stakeholder's perceptions of transparency, value alignment, and voice in the process. If support is lacking, consider taking additional measures to:

- keep stakeholders informed about the diversion process and outcomes, not only sharing data but helping them to understand its importance;
- align the message about diversion with individual stakeholders' values and priorities; and
- better engage the stakeholder's voice in program oversight.

"You have to be open minded in asking law enforcement: 'at the end of the day, is anyone truly getting justice by putting this population in jail?' It can be hard for some people to grasp that, at the end of the day, it's more just to route them in a different direction. You also have to have buy-in from your local law enforcement leadership and your district attorney's office; they have to be willing to think outside the box. Be tenacious about it, and stick with it."

–Mike Lee, Major, Patrol Bureau & Special Projects, Harris County Sheriff's Office



POLITICAL WILL

There are likely a few key decision makers whose support will make or break the possibility of fully implementing your pilot program. The relationship building throughout each phase of this process has likely impacted political will in terms of continuing or expanding the program. Complex dynamics involving election cycles, budget constraints, public opinion, and current events all play a part in a decision maker's willingness to take a risk. If this is a barrier to sustaining or expanding the program, you may be able to increase buy-in as you:

- look for allies in the communities and constituents of a particular leader or decision maker who might become advocates for mental health diversion options;
- look for allies in the peers and colleagues of those whose political will is lacking, and engage their support;
- frame the program goals in a way that aligns the message around diversion with the leader's platform (fiscal responsibility, or improved efficiencies, for example); and
- trust that a shift in political tides may result in stronger support for the program in the future.

FINANCIAL STABILITY

Funding is likely the clearest determination of sustainability. Often times, new and experimental programs are funded by short-term allocations or one-time grants; this may be the case for your pilot program. Investigate options for procuring additional grant funding and transferring costs to more sustainable funding sources, such as city or county budgets, or endowed funds. You may be able to point to cost savings elsewhere to justify the allocation of funds for diversion; for example, there may be data to support that the pilot diversion program resulted in a cost savings in the county's budget by caring for fewer mentally ill people in your jail. Remember that it may take several years for local budgets to fully absorb the operating costs of a diversion program.

Your pilot program can be a lever for procuring more sustainable funds as you use the data gathered to support its effectiveness. This data will be necessary to form a justification for procuring additional funding resources, whether through applications for additional grants or appeals to local government for budgetary consideration.

Explore these strategies for securing sustainable funding for your program:

- o Diversify resources across grants, local allocations, partnerships, and in-kind donations.
- o Seek additional opportunities for state, federal, and private foundation grant opportunities.
- o Use outcome data from your diversion pilot in appealing to local officials for partial inclusion in city and county budgets.
- o If your diversion program includes referrals from multiple jurisdictions, or if implementation plans involve expanding referrals to additional jurisdictions, consider a proposal for cost sharing among all participating jurisdictions.

ASK THESE QUESTIONS:

- Do we have the support of the stakeholders needed to expand services in a fully-implemented program? If not, what opportunities exist for gaining support?
- Does the political will exist among decision makers to expand the program? If not, do we think these conditions might change in the future?
- Do we have long-term funding available to support the program? Can program costs be transitioned to institutional budgets? What opportunities exist to acquire more stable sources of funding?
- **Will we formalize and sustain the program as a fully-implemented diversion option?**



STEP 3: COMMUNICATE PLANS FOR FULL IMPLEMENTATION

The pilot evaluation and considerations outlined will help your community determine whether and how to move forward with turning your pilot program into a sustained program to be operationalized and utilized by institutions in your criminal justice system. The tone and tenor of communication at this point is key to maintaining the momentum around diversion in your community. Communication around the decision to fully implement the diversion program can be a powerful tool for combating common implementation threats, including burn out, change fatigue, and misinformation. Leverage the success of your pilot and the decision to institutionalize the diversion program in policy and practice to gain public support for your initiative.



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“We expanded divertible offenses to potentially include any charge that was not a public safety risk. Rather than trying to define the charges that were eligible, we defined the charges that weren't eligible for diversion and allowed the space for the arresting officer and DA's Office to determine the best outcome in each individual case. We invited all of the chiefs to a breakfast with the DA to roll out that change and talk to them about it, so they would be aware of why we were doing it.”

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

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Garner enthusiasm for alternatives to incarceration using these strategies:

- highlight evaluation outcomes;
- share the anticipated impact of sustaining the program;
- relate the program's success to your community's goals; and
- humanize the message by sharing the voices of people with lived experience.



LEARNING FROM HARRIS COUNTY SHARING SUCCESS

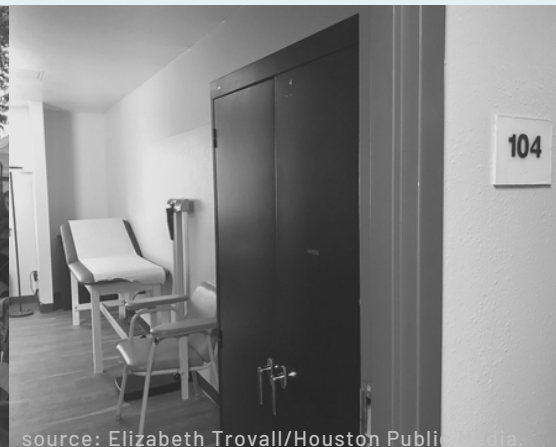
Harris County officials chose to expand the diversion eligibility to include nearly all misdemeanor offenses eight months following implementation of their pilot program. This signified an expansion of services, but more importantly, the decision represented a change in mindset about what an appropriate response to a low-level, non-violent offense looks like. They strategically announced the expansion of the program during Mental Health Awareness Month, delivering the news during a time of high public awareness related to mental health services. The announcement afforded local officials a chance to champion their cause in a timely strategy.

Michele Oncken, Division Chief of the Mental Health and Child Fatality Division at the Harris County District Attorney’s Office describes the importance of sharing success through the voices of those impacted by the Diversion Center:

“We have had some pretty great success stories on local news with the consent of the participants. And I think that’s the most powerful way to communicate the message. Participants have been willing to be interviewed and tell their story, and whether it’s to law enforcement, to neighborhood groups or business groups, that kind of communication with the public is very important for buy-in from the community.”



source: Harris County Sheriff's Office



source: Elizabeth Trovall/Houston Public Media

STEP 4: CREATE A CULTURE AROUND CONTINUOUS QUALITY IMPROVEMENT

In addition to combating implementation threats in the immediate sense, effective communication has the power to shift organizational culture in the long term. Stakeholders' willingness to try innovative solutions and adopt new practices is influenced in part by the values, attitudes, and behaviors within the institutions they represent. Recognize that negative responses to change are common—especially among agencies with long histories of doing business in a certain way. Ongoing communication, both formal and relational, has the potential to shift negative opinions about change generally, and about diversion alternatives specifically. Use your communication platforms and activate the leaders on your oversight committee to promote a culture that embraces continuous improvement in the delivery of public safety and health.

Share the message that continuous improvement informed by the data and discussed collaboratively is the expectation when it comes to diversion of low-level offenses by people with mental illness in your community. By centering the message on the intent to continuously monitor outcomes and improve services accordingly, oversight committee members and project collaborators can

model a new culture focused on learning and growth within their organizations. Sharing and resharing this message in ongoing communication and relationship building efforts will reinforce the idea that change is a positive force to be embraced.

PRACTICES FOR CREATING A CULTURE AROUND CONTINUOUS QUALITY IMPROVEMENT:

- Monitor outcomes in an ongoing forum, and share the data that supports changes to policies or practices.
- Create opportunities for feedback from leaders, program staff, and community members whenever possible, relaying the importance of their collaboration in the process of implementing change.
- Empower stakeholders to participate in promoting continuous quality improvement through formal and informal dialogues, surveys, and trainings.





CONCLUSION

The sustainability of diversion alternatives for individuals with mental illness and low-level offenses in your community will be bolstered by a shift in organizational culture in the long-term. Remember that this process began by engaging diverse perspectives in a collaborative approach, collecting data, assessing gaps, and identifying opportunities. These concepts are foundational to any implementation initiative. Now that you've successfully implemented a program focused on individuals with mental illness and low-level offenses, consider how the broad steps outlined in this guide may be applied to other implementation initiatives in your community. As you seek more just and equitable alternatives to incarceration, be emboldened by this implementation framework, be encouraged by lessons learned in Harris County, and be inspired by the unique perspectives of your community members.



APPENDIX

- Diversion Program Comparison
- System Mapping Exercise
- Implementation Workgroups Diagram
- Communications Plan
- Pilot Program Evaluation Plan

DIVERSION PROGRAM COMPARISON

PHASE 1: INFORMATION GATHERING
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			



SYSTEM MAPPING EXERCISE

	COMMUNITY SERVICES (CRISIS RESPONSE)	LAW ENFORCEMENT	INITIAL DETENTION/ COURT HEARING	JAILS/COURTS	REENTRY	COMMUNITY CORRECTIONS
Use this space to plot CJ contact points at each stage.						
CJ Agencies & Facilities						
MH Services & Programs						
CJ Policies Related to MH Needs						
Data Collected Related to MH Needs?						
Notes						

Enlarge this chart on a white board or flip chart to complete the system mapping exercise with your cross-system stakeholder group.

SYSTEM MAPPING INSTRUCTIONS

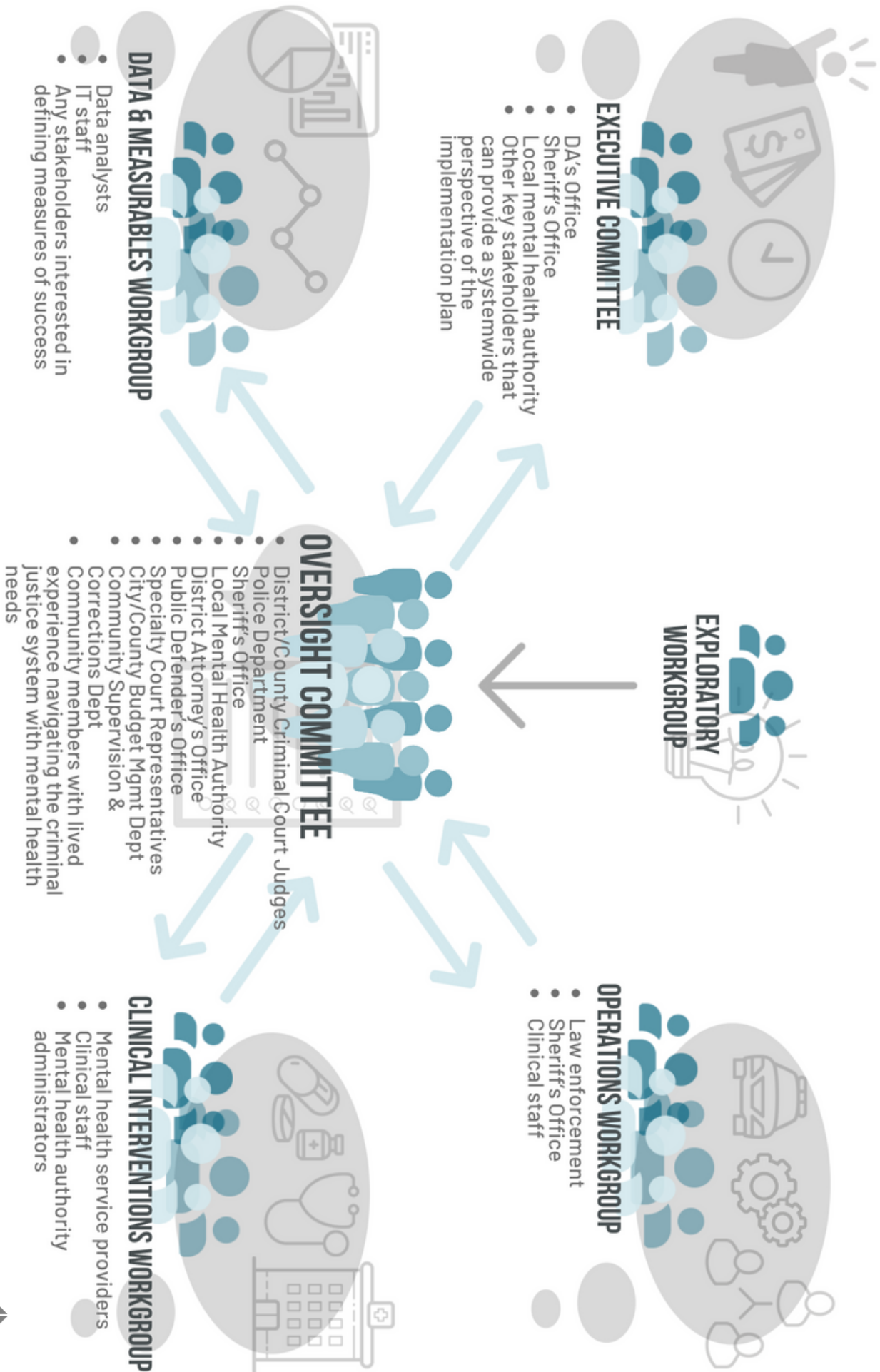
1. Start by plotting criminal justice contact points at each intercept in the space provided. Add arrows to illustrate possible pathways between contact points.
2. In the next row, list the criminal justice agencies and/or facilities involved at each intercept. For each contact point, note who has decision making authority regarding an individual's movement through the system.
3. Next, list the existing programs and services addressing mental health needs at all contact points within each intercept. Include interventions by criminal justice personnel serving those with mental health needs, services provided by community mental health care agencies, and any other collaborative partnerships with the mental health care system. Note the providers.
4. List any policies relevant to the treatment of people with mental illness at the contact points within each intercept.
5. Indicate whether data related to MH needs are collected at the contact points within each intercept. Note the collection method and who has access to the data collected.

This exercise is based loosely on the Sequential Intercept Model (SIM). For more information on the Sequential Intercept Model, or to organize a facilitated SIM mapping workshop in your community, visit <https://www.prainc.com/sim>



IMPLEMENTATION WORKGROUPS

PHASE 2: PLANNING
STEP 2: DEVELOP PROGRAM SPECIFICS



JUSTICE SYSTEM PARTNERS



COMMUNICATIONS PLAN

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

AUDIENCE	COMMUNICATION POINTS	COMMUNICATION STRATEGIES	TIMEFRAME / FREQUENCY	DESIRED OUTCOMES
AGENCY COLLABORATORS & PROGRAM PERSONNEL				
LAW ENFORCEMENT				
DIVERSION CENTER STAFF				
OTHER				
DECISION MAKERS & LEADERS				
MUNICIPAL LEADERSHIP				
COUNTY LEADERSHIP				
JUDICIARY				
COMMUNITY/GENERAL PUBLIC				
GENERAL PUBLIC				
OTHER				



PILLOT PROGRAM EVALUATION PLAN

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

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



JUSTICE SYSTEM PARTNERS



P.O. Box 970, South Easton, MA 02375-0970

774-501-2286

info@justicesystempartners.org

www.justicesystempartners.org



source: Elizabeth Trovall/Houston Public Media