Responses to Questions Received at the October 6, 2022, Community Forum on Diversion Center

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List of Acronyms

Assertive Community Treatment (ACT)
Central Processing Unit (CPU)
Crisis Intervention Team (CIT)
Department of Health and Human Services (DHHS),
Department of Corrections and Rehabilitation (DOCR)
Emergency Department (ED)
Emergency Evaluation Petition (EEP)
Licensed Clinical Professional Counselor (LCPC)
Licensed Clinical Social Worker-Counselor (LCSW-C)
Licensed Marriage and Family Therapist (LMFT)
Montgomery County Detention Center (MCDC)
Montgomery County Fire and Rescue Services (MCFRS)
Residential Crisis Service (RCS)
Residential Rehabilitation Program (RRP)
Substance Use Disorder (SUD)

DETENTION CENTER[1]

- **Is the detention center being enlarged? How many residents do they have now? If enlarging, how many will it hold?**
  The existing Montgomery County Detention Center (MCDC) is approximately 176,000 square feet total. Following the active demolition project, the MCDC will be reduced to approximately 95,000 square feet. When constructed, the new MCDC facility planned at Seven Locks will total approximately 77,000 square feet.

- **Is the detention center being expanded? If so, how much, and why Rockville?**
  No, the MCDC is not being expanded. The existing MCDC is equipped with 125 beds. When constructed, the new MCDC facility will be equipped with only 73 beds. While equipped with beds, MCDC does not have 'residents,' as the length of stay is about 1-2 days. The reason the new MCDC is being proposed in Rockville is that it is centrally located in Montgomery County.

- **Will the correctional center (central processing) there now, remain?**
  The MCDC and the Central Processing Unit (CPU) will remain at its current location on Seven Locks Road.

DIVERSION CENTER: GENERAL QUESTIONS

- **How many of these diversion/detention centers are there in the county?**
  There are no Diversion Centers like the Diversion Center described here in Montgomery County. With state funding through Maryland's Health Services Cost Review Commission (HSCRC), other counties, including Prince George's County, are planning to build similar stabilization facilities in alignment with the Crisis Now model.

- **Does Montgomery County have, or will the county be establishing, additional diversion sites, distributed throughout the county, or is this the only/primary site for the county?**
  The County does not plan to establish additional crisis stabilization facilities like the Diversion Center.

- **What is [the] funding beyond the $17 Million raised thus far?**
  State Aid of $12,000,000 has been provided for FY23; pre-authorized State Aid of $5,000,000 will be provided in FY24. The approved project description form (PDF) can be reviewed here: https://www.montgomerycountymd.gov/OMB/Resources/Files/omb/pdfs/fy23/cip_pdf/P602301.pdf.

[1] Note: Montgomery County's Diversion Center was previously referred to as the Restoration Center.

In addition, DHHS staff applied for bond funds from the State for FY24.

- **Has the County polled affected communities regarding proposed projects, to access residents' views?**
  The County has organized and facilitated several public community forums to solicit input and feedback from the community. Since 2020, it has participated in several workgroups with community partners, including the county's four hospital systems, community-based providers including Vesta, Cornerstone, and Sheppard Pratt, and the Primary Care Coalition. The County is committed to ongoing community engagement throughout the process to develop and build the Diversion Center.

- **Will contracts, administrative performance plans, and performance results of contractors be available for public inspection?**
  Yes. The contract and performance measures are available for review upon request.

- **The silent issue is discretion vs. discrimination. If the Diversion Center is to help people of color as stated in the slide, the judicial system uses people of color for the pipeline to prison purposes so it's difficult to see McCarthy support this initiative regardless of location. How do you get that support in writing?**
  John McCarthy, State Attorney for Montgomery County, is supportive of the Diversion Center.

DIVERSION CENTER SERVICES

- **What is the difference, if any, between a "crisis center" and a "Diversion Center?"**
  The goal of the Diversion Center is to provide a continuum of interconnected crisis services that support the diversion of people experiencing a behavioral health crisis from hospital emergency departments (EDs) and criminal justice facilities to the least restrictive and most clinically appropriate community-based settings. The Diversion Center will significantly expand the county's capacity to provide behavioral health crisis stabilization, referral, and follow-up in alignment with the Crisis Now Model (www.crisisnow.org).

  The key similarities and differences between the Crisis Center and Diversion Center are outlined below (Table 1).

Table 1. Crisis Center and Diversion Center Services, Staffing and Target Populations

	Crisis Center 1301 Piccard Drive, Rockville	**Diversion Center**
Operating Hours	24/7/365	24/7/365

Population Served	• County residents of all ages • Voluntary only • Walk-ins and referrals	• County residents ages 18+ • Voluntary only • No walk-ins permitted • Referrals from hospitals and county agencies only
Personnel	• Manager • Clinical Supervisors • Program Manager (supervises non-licensed staff) • Community Health Nurse • Access to County psychiatrist(s) • Licensed mental health therapists [e.g., LCSW-C, LCPC, LMFT] • Behavioral Health Technicians/Behavioral Health Associated Counselor • Peer Support Specialists • Case managers/navigators	• Clinical Director • Psychiatrist • Psychiatric nurse practitioner • Registered nurses • Advanced practitioner nurses or medical assistants • Emergency Medical Technician • Access to a consultant physician, as needed • Licensed mental health staff [e.g., LCSW or LCPC] • Behavioral Health Technicians • Peer support specialists • Certified Alcohol and Drug Counselors • Clinic technician/community service aide • Case managers/navigators
Staffing Levels	• 6-11 Full-Time Equivalent (FTE) per 8-hour shift on weekdays; 4-6 FTE on weekends • 16-25 employees per day	• 8 FTE per 8-hour shift • 20-25 employees per day
Facilities and Services	• Answers all DHHS crisis/afterhours phone lines (primary number: 240-777-4000) • Mobile Crisis Outreach Teams (MCOTs) • Four residential crisis beds • Full crisis assessment and treatment referral for behavioral health emergencies • Crisis intervention for trauma services • Referrals and linkage to community resources	• Crisis intervention and stabilization • Crisis triage and evaluation / urgent behavioral health crisis care (5 recliners) • Sobering station (20 recliners) for individuals brought in on a public intoxication-related incident • Short-term (< 72-hours) stabilization (20 beds) • Medication assisted treatment for substance use withdrawal • Discharge planning • Referrals and linkage to community resources

- **Will the Diversion Center only be for people who are escorted by the County/Police? Not people who self-select to go there?**
  As illustrated in Table 1, the Diversion Center will only receive clients in crisis who are referred by hospitals, mobile crisis outreach teams (MCOTs), and county agencies. These agencies include the Montgomery County Police Department (MCPD), Montgomery County Fire and Rescue Services (MCFRS), the Department of Health and Human Services (DHHS) and the Department of Corrections and Rehabilitation (DOCR). The Diversion Center will NOT accept walk-in clients.

- **Will this Diversion Center service people only within a 1/2-mile radius of the center, or will it service ALL of Montgomery County?**
  As illustrated in Table 1, the Diversion Center will be open to all adult county residents who are referred by hospitals and county agencies, including MCPD, MCFRS, DHHS, and DOCR.

- **Why put people in pure mental health crisis in this facility when the residential crisis beds already funded in the community are underutilized?**
  The Diversion Center is a short-term facility to help persons in a mental health and/or substance use crisis stabilize over the first 24-72 hours and provide appropriate referrals to community-based resources. Longer-term residential crisis beds are available to those who meet strict clinical criteria. The clinical assessment and referral process for one of those beds requires time and observation to stabilize persons in crisis before they are admitted into a long-term residential facility. The Diversion Center will serve as the front-end part of the process for assessment and stabilization. Residential crisis beds will be a discharge option from the Diversion Center for those who need that level of longer-term care.

- **From the beginning of the Crisis Now model, have residential crisis beds ever been considered as an alternative?**
  Residential crisis beds are an important component of the county's behavioral health system. They serve a very different purpose than the Diversion Center. Specifically, 1) individuals referred for residential crisis must meet strict clinical criteria. For example, residential crisis beds do not serve individuals with substance use or non-mental health specific conditions; 2) residential crisis provides long-term stays so people recovering from mental illness can receive a wide range of services. For example, Cornerstone Montgomery's Residential Crisis program, which is staffed 24/7 by two staff members, offers:

    - One-on-one counseling with crisis staff to help identify triggers, coping skills, short term goals for recovery, and prevention of subsequent crises.
    - Help with creating a step-by-step plan to achieve recovery-related goals.

- Collaboration with internal and external providers for continuity of care.
- Medication monitoring and education.
- Groups focused on increasing socialization, symptom management, medication education.
- Activities including trips, games, movies, cooking with staff and with peers.
- Alumni drop ins for additional support and to share success.
- Phone support to alumni and community members who are in crisis.

The Diversion Center is neither a residential facility nor a program. It is intended to fill a critical gap in the county's current behavioral health system by:

1) Stabilizing individuals in acute crisis in a lower-cost, clinically appropriate environment
2) Diverting individuals from hospital EDs, and thereby freeing up resources for true medical emergencies
3) Diverting individuals in crisis from incarceration, and
4) Providing robust behavioral health system navigation and follow-up to ensure that clients receive the services and support they need post-discharge.

The Diversion Center will provide the necessary clinical assessment and referral to residential crisis facilities. Residential crisis beds will be a common discharge option from the Diversion Center for those who need that level of longer-term care.

- **Doesn't the data show there needs to be more longer-term treatment and more effective substance misuse programs?**
  Recovery from mental illness and/or substance use disorder does, indeed, take time. Current longer-term treatment options and effective County programs to treat substance use disorder (SUD) need to be expanded. A key component of Diversion Center services will be discharge planning, navigation to appropriate community-based resources, including SUD treatment, and robust follow-up to ensure that each client connects with the longer-term services and support they need. The County's Crisis Center, hospitals and justice system do not currently have the capacity to provide this level of navigation and follow-up, which will be crucial to help prevent individuals from experiencing crises once they have been discharged.

- **What will be done for people experiencing substance withdrawal?**
  Management of Medically Assisted Treatment (MAT) in the Stabilization Unit will prevent unnecessary hospitalization for those experiencing symptoms of withdrawal. Individuals whose withdrawal requires emergency medical services will be transported to the emergency department.

- **How does a facility like this help fragile people de-escalate.**
  Like all professionals who are engaged in crisis response, Diversion Center staff, including peer support specialists, will be trained and fully equipped to de-escalate individuals in crisis as needed.

- **Why should [clients] sleep in a recliner when they can have a bed and a homelike environment?**
  Clients who require a stay of longer than 24 hours will be offered one of the crisis stabilization beds, which will be in a therapeutic, homelike environment. The sobering center, which will include 20 recliners, will intentionally not offer a homelike environment so as not to provide an incentive to use this resource on a regular basis. The purpose of the sobering center recliners is to divert individuals from hospital EDs and ensure they receive the observation and treatment they need in a safe, clinically appropriate environment.

- **Why an arbitrary timeline [for client stays]?**
  The proposed timelines for care follow federal guidance for behavioral health crisis services. Per SAMHSA guidelines, temporary (<24-hour) crisis stabilization services provide an alternative to hospital ED utilization and inpatient psychiatric admission by providing respite and observation in a therapeutic, community-based setting (SAMHSA, 2014). Evaluation of this model "showed effectiveness in deflecting individuals from psychiatric hospitalization, reduction in health care costs and improved treatment" (Saxon, Mukherjee, & Thomas, 2018).

- **If a patient commits suicide, shouldn't they be closer to the hospital?**
  A crisis stabilization facility like the Diversion Center is an appropriate place to treat someone at risk of suicide. The Diversion Center staff will be trained to conduct suicide risk assessments and will be fully equipped to treat and stabilize individuals who experience suicidal ideation. The Diversion Center therefore offers an effective alternative to a hospital ED, where individuals at risk of suicide are triaged alongside medical emergencies and do not have access to the level of behavioral health system navigation and follow-up that the Diversion Center will provide.

- **What services will you provide to people who need more services beyond 23 hours?**
  The Diversion Center will include 20 beds for stays up to 72 hours for those who need a longer period for stabilization. It will also provide appropriate referrals and "warm hand-offs" to the next level of care (e.g., residential crisis, outpatient therapy, SUD treatment, among others in the continuum of care in the community).

DIVERSION CENTER CAPACITY

- **How big will the Diversion Center be? How much space/land will it take up? Beds?**
  - The total gross square footage will be 11,570 square feet.
  - The total net square footage of the Diversion Center will be 6,491 square feet.
  - As illustrated in Table 1, the Diversion Center will include a total of 25 recliners (<24-hour stays) and 20 beds (<72-hour stays).

- **Will the combined projected maximum population of the modified Detention Center and proposed Diversion Center be greater than the historical maximum population of the Detention Center, and, if so, by how many residents?**
  The existing MCDC is equipped with 125 beds. When constructed, the new MCDC facility will be equipped with only 73 beds. The Diversion Center will have 25 recliners for <24-hour stays, and 20 beds for <72-hour stays. The total capacity of the new MCDC + Diversion Center will therefore be 118 beds.

- **How likely is it that the proposed facility size would serve the community adequately if it opened today, and in 2025. Exactly what data and over what time period were collected to determine the facility size? Can we review that data?**
  In March 2020, Nexus Montgomery, the consortium comprised of the county's six hospitals, commissioned consultants from RI International to produce a report on the county's behavioral health crisis needs. The purpose of this report was to inform Nexus Montgomery's application for an HSCRC "catalyst grant" to implement the Crisis Now model. (This 5-year grant was not awarded to Montgomery County, but applicants in Prince George's County and the Baltimore region won funding to implement components of the Crisis Now model through 2025).

  Based on RI International's experience implementing the Crisis Now model in the U.S. and abroad, the consultants made several recommendations to address the County's unmet and anticipated future need for crisis services, including crisis hotline, mobile crisis outreach and facility-based stabilization. These recommendations included creating two crisis stabilization facilities with a total of 44, 23-hour recliners and 39 short-term beds (see Appendix). The proposed Diversion Center meets about half of the estimated capacity for behavioral health stabilization services needed in Montgomery County according to RI International's estimates.

- **What happens when an appropriate facility for transfer is not available when discharge is required at 23, 48 or 72 hours? How much overflow might there be? What resources will be available for overflow or when other appropriate next facility is full?**

As a voluntary facility, clients may leave the Diversion Center at any time. Discharge will be conducted when clinically appropriate; it will not be required within a certain timeframe. (For example, if someone requires stabilization services for longer than 24 hours, they may be transferred to one of the stabilization beds).

The County is currently developing workflows and communication systems to ensure that MCPD, MCFRS and other authorities who may drop off clients are up to date on recliner and bed availability. If no recliners or beds are available, clients will be transported to the nearest hospital ED.

- **If there are any over 10,000 patients per year that truly need mental health evaluations/assistance, how could you know that the intake time at the Diversion Center would only be 5-10 min? I would think that once people know about the facility, the numbers would only increase to be over the 10,000 patients.**
  To clarify, the County anticipates that drop-off by first responders and intake will take 5-10 minutes. Each client's evaluation will take more time. A critical component of the Crisis Now model is enabling first responders like MCPD and MCFRS to transfer clients in crisis as quickly and efficiently as possible so they can get back to work. Once a client is received, clinical staff will conduct their evaluation.

  While many members of the community may hear about the facility by word-of-mouth, walk-in clients will **not** be permitted at the Diversion Center—only clients referred and transported by hospitals, DHHS, MCPD, MCFRS, and DOCR will be admitted. This will limit the number of individuals seeking services at the Diversion Center. Walk-in clients in need of crisis stabilization services may seek these services at the Crisis Center, and if needed, may be referred to a hospital ED.

DIVERSION CENTER STAFFING

- **Will all professional staff (e.g., including psychiatrists, peer recovery specialists, social workers, etc.) be full-time on-site, at all times (24/7/365) or will they be 'on-call' (such that contacting them and having them interact with clients may be delayed)?**
  As illustrated in Table 1, the facility will be fully staffed 24/7/365 and meet minimum staffing requirements required for the facility's license and accreditation. Each 8-hour shift will have 8 FTEs, including medical and licensed mental health staff. An additional physician will be on-call and contacted as needed.

- **How will you staff this facility, given the current shortage of these kinds of critically needed personnel?**
  Recruitment and retention of behavioral health staff is a challenge across the country, including in Montgomery County. DHHS intends to contract the Diversion Center's day-

to-day operations to a vendor through a competitive bidding process. The vendor will be responsible for staff recruitment and retention. In selecting the vendor, DHHS will consider its proposed strategy to recruit and retain staff.

- **Case managers may be understaffed or overworked leading them to release persons to the neighborhood.**
  Like the Crisis Center, the Diversion Center will only serve voluntary clients. Staff will only discharge clients if clinically appropriate. If Diversion Center clinical staff determine that a client is a danger to themselves or others, they can authorize an emergency evaluation petition (EEP) and transfer the client to the nearest hospital.

DIVERSION CENTER DISCHARGE PROCESS

- **Are people admitted to the crisis center able to leave at any time-regardless of their condition?**
  Persons admitted at the Diversion Center will have been assessed, stabilized, and discharged with a plan that includes treatment, recovery, case management, transportation, and safety plan services. These involve many community-based providers.

- **People with behavioral health and intoxication concerns may check themselves out-are their options firm?**
  Options will be part of their discharge plans. Admission to the Diversion Center is voluntary. Clients do not have to accept services and will not be held involuntarily. Individual discharge plans will include clinical, transportation, and safety considerations.

- **Will the Diversion Center clients be able to self-discharge against the recommendation of mental health professionals?**
  In the State of Maryland, individuals with behavioral health conditions have the right to accept or reject services they are offered, or that are recommended to them. If they are at risk of self-harm or harming others, an EEP will be performed on the individual and they will be involuntarily transported to the nearest hospital ED.

- **Will patients be released from the Diversion Center on their own when Metro is not running?**
  Other transportation options will be offered, such as Lyft/Uber/taxi service, or a peer-escorted ride to the client's next destination.

- **Do you release people 24 hours a day? After 10pm?**
  Individuals eligible for Diversion Center services include inmates who are being released from the Montgomery County Correctional Facility and from CPU on a 24/7/365 basis.

The Seven Locks Road community will benefit from the Diversion Center, which will be available to serve the thousands of individuals who are released from CPU/MCDC in need of stabilization. At this time, there is no such facility on Seven Locks Road to benefit the neighborhood.

- **What is the transportation plan for the Diversion Center? People need transport.**
  Upon discharge, all clients will be provided with a variety of transportation options to their next destination. These options include:
    - Transport service from Court to Seven Locks to Metro Station
    - Access to Uber, Lyft or Taxi to transport clients to their next destination outside of the Seven Locks neighborhood (paid for by the County)
    - Transport by peer specialists or other staff in facility-owned vehicle to another treatment facility.
    - Transport by MCPD to the local hospital EDs for those who require an EEP.
    - Transport by client-owned vehicle or by family or friends-owned vehicles to client's next destination outside of the Seven Locks neighborhood.
    - Transport by MCFRS for those with medical needs who require transport to the hospital ED.

  As stated during the October 6th community forum, if public transport is not available when a client leaves the facility, Diversion Center staff will facilitate and pay for appropriate transport to the client's next destination (e.g., home, shelter, residential crisis facility, among others).

- **Originally it was said there was a 23-hour hold, then released. The nearby bus stop, 300 yards and within view of our son's school bus stop, doesn't operate overnight. Neither does the metro. If they lack the funds to afford uber/taxi (you provide "access" but not payment for, notably) and decline transport to another facility or have friends to assist, will they be released next to our neighborhoods? Potentially in the middle of the night?**
  No. Per the County's transportation plan outlined during the October 6th community forum, the operators of the Diversion Center will facilitate and pay for appropriate transport to the client's next destination (e.g., home, shelter, residential crisis facility, among others). To clarify, no Diversion Center clients will be put on "hold." The Diversion Center will not accept involuntary clients.

- **I believe the slide stated that Uber/Lyft/taxi/metro access will be available for discharge. Will the staff be designating the discharge option that is to be used by each client or does the client decide? Will staff decisions be enforced?**

The only enforcement decision allowable will be to administer an EEP for someone who is deemed danger to self or others and contact the police department for transport to an emergency room.

- **Can they refuse ride out if the area upon release?**
  While clients do not have to accept services or staff recommendations, Diversion Center staff, including peer support workers and navigators, will be highly trained in therapeutic modalities (e.g., motivational interviewing, shared decision-making) to plan each client's discharge, facilitate next steps--including transportation to their next destination--and ensure that they receive the follow-up services and support that they need.

- **Will patients walk out, or will they be transported each time?**
  It depends. If a client wishes, they may walk out of the facility anytime. This is why the Diversion Center's peer support workers and navigators are a critical part of the facility's multidisciplinary team—as stated above, these staff will be highly trained in therapeutic modalities (e.g., motivational interviewing, shared decision-making) to plan each client's discharge, facilitate next steps--including transportation to their next destination--and ensure that they receive the follow-up services and support that they need, including an involuntary EEP if needed.

- **Where will people go when released if they are homeless?**
  Diversion Center navigators can assist individuals experiencing homelessness with referrals and transport to appropriate shelter through DHHS's Services to End and Prevent Homelessness.

MENTAL HEALTH AND SUBSTANCE USE STIGMA

- **Can we facilitate community discussion between residents and those in recovery, to remove stigma?**
  The Alcohol and Other Drug Abuse Advisory Council (AODAAC) includes members who are residents and those in recovery. DHHS has received, and continues to receive, input from AODAAC members. In addition, two individuals with lived experience attended the community forum on October 6th to share their stories, in part to address behavioral health-related stigma. The County will make every effort to include the voices of residents in recovery and with lived experience in future community forums and conversations in the hope of reducing the stigma against this population.

- **Mental illness is not any more than an offense than diabetes or a heart attack are. Mental illness does not violate any law. Why do individuals who have not broken any laws need to go to a carceral campus?**

Locating the Diversion Center near the jail and the CPU is the most humane and easily accessible hub of behavioral health services for the thousands of people released from CPU, the Detention Center, and the Courts every year. The Diversion Center's multidisciplinary staff, including peer support workers, will approach behavioral health challenges as the health conditions that they are, and treat all clients with professionalism and respect in a safe, therapeutic environment.

DIVERSION CENTER SECURITY

- **Does the plan include any full-time security staff at the center?**
  Yes. The staffing plan includes hiring security guards. DHHS will contract with an external vendor through a competitive bidding process to provide on-site security services.

- **What precautions and plans will be taken and made to limit escapes and contain them when they occur?**
  As illustrated in Table 1, all Diversion Center clients will be voluntary. Therefore, "escape" is not a concern. Clients will be free to leave the facility at any time, including against medical advice. However, if Diversion Center clinical staff determine that a client is a danger to themselves or others, they can authorize an involuntary EEP and transport the client to the nearest hospital.

- **What additional security will be provided in the community?**
  Physical security concerns associated with the Diversion Center facility will be addressed during the design process. The design process would address security within the buildings as well as site security outside the buildings. MCPD is a participant in the design process and would make recommendations for any 'off-site' security concerns.

- **The Diversion Center is laudable. Conditions of people will be at their worst mental state. Discharge was desired in terms of options, not a mandate. Why is this a good enough guaranty [sic] for our safety? Have there been any studies conducted to see if a crisis center in a residential area is safe?**
  No known studies have been conducted to examine how a crisis stabilization center's presence in a residential area affects safety. There are limited reliable data on crisis stabilization facilities like the Diversion Center and neighborhood safety because they are often constructed in areas with high crime already (Jamie Sellar, personal communication, October 7, 2022).

  However, numerous studies show "no increase in crime related to social housing, and there is often a decrease in police calls." Based on the findings of 31 studies conducted in California, seven social housing projects had a positive effect on surrounding property

values, 19 showed no effect, and only one showed a decrease in property values (Peterson, 2019).

Coupled with the significant body of data that show that individuals with behavioral health disorders are much more likely to be victims of crime than perpetrators of crime, there is no evidence to support the concern that the Seven Locks Road community will be less safe once the Diversion Center is constructed. On the contrary, it likely be safer given the services provided to individuals for whom the Diversion Center is intended.

- **Can you please show an incident map of the county and for the state - What percentage of incidents are occurring in this location relative to the total incident count in the county and also the state?**
  The data presented by MCPD Chief Jones at the October 6th community forum demonstrated that the Seven Locks Road neighborhood has one of the lowest rates of crime incidents in the county. The Diversion Center will serve individuals **after** they have completed their interaction with the police, CPU, or jail stay, either as a diversion measure or post-adjudication / release.

DIVERSION CENTER LOCATION

Co-Location with Jail / Fidelity to Crisis Now Model

- **The diversion model places an emphasis on keeping people experiencing distress out of the criminal justice/jail system. Why is it not believed that placing it adjacent to a prison not only defeats this messaging, but makes the environment itself almost a threat?**
  According to federal guidelines, crisis stabilization facilities should "provid[e] short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment" (SAMHSA, 2014). The Diversion Center is designed to meet these guidelines. SAMHSA does not have any guidance stipulating that crisis stabilization should *not* be located near correction facilities.

  The County selected the location next to CPU intentionally in order to: 1) facilitate appropriate diversion of individuals in crisis from jail; 2) ensure that officers of the MCPD may immediately bring individuals in crisis to CPU if they decline the Diversion Center as an alternative; 3) ensure that individuals who are released from CPU, MCDC, or the Courts may easily seek Diversion Center services if needed. Otherwise, these individuals will likely remain unserved, thus perpetuating a significant gap in services to the forensic population.

- **Does the speaker from Arizona [Jamie Sellar, RI International] know where Diversion Centers are generally located and why?**

Jamie Sellar, Chief Strategy Officer for RI International, reports that "Crisis Centers often get built in high crime neighborhoods due to lower costs of building purchases and higher rates of need" (Personal Communication, October 7, 2022).

- **Why not co-locate [the Diversion Center] with longer term mental health care services or a hospital? People may be reluctant to access services near a detention center.**
    - Locating the Diversion Center on a medical campus would undermine the purpose of enabling easy access to behavioral health care for those released from CPU, MCDC, and the Courts. Most of these clients' needs can be met on site and immediately after their release.
    - Subject matter expert Jamie Sellar of RI International explicitly advised the County NOT to locate the Diversion Center on a hospital campus. First responders are already accustomed to going to hospital EDs with individuals in crisis and co-locating the Diversion Center at a hospital would undermine the goal of ED diversion.
    - The possibility that individuals may not wish to receive stabilization services near the jail is less of a concern since walk-in clients will not be permitted; only clients referred and transported by hospitals, DHHS, MCFRS, MCPD and DOCR will be admitted.

- **One of the speakers said it was a "small subset" of those with mental health issues that also had legal issues-so why the obsession with locating this center near the detention center?**

  This question may be referring to a comment about individuals with mental illness being much more likely to be the *victims* of violent crime than perpetrators (Watson, et al., 2001). Although it is commonly believed that individuals with mental illness are more likely to engage in violence and aggressive behavior, a significant body of evidence suggests otherwise. Individuals with mental illness and SUD actually have much higher rates of victimization than the general population (Ghiasi, Azhar & Singh, 2022).

  The comment may also have referred to those individuals who are dropped off by police officers, but this is just one of several target subpopulations that will benefit from the Diversion Center. The thousands of individuals who are released from CPU, jail, or court programs are likely the largest populations that will benefit from the Diversion Center. It is critical to make the Diversion Center accessible to these underserved individuals who are currently being released from the criminal justice system directly into the Seven Locks Road community without sufficient support.

- **More services are needed within jails/the detention center so that people are not revolving back into the system? Why not focus on that and put the outpatient diversion services near hospital and longer-term mental health services?**
  The County already has a robust system in place for incarcerated individuals who need behavioral health treatment while serving their sentences. This is critical for individuals who cannot be diverted from jail (e.g., due to the severity of the crime committed), but who still need mental health or substance use treatment.

  However, the county is **not** currently capable of meeting the behavioral health needs of those held in the co-located jail and CPU and are being released directly into the Seven Locks Road community. This population includes: 1) Detention center releases, which are unpredictable (compared to prison releases), the majority of which occur within 24 hours of incarceration; 2) individuals released from the Montgomery County Correctional Facility (i.e., jail) at Clarksburg after serving their sentences and are released through the MCDC at Seven Locks Road; 3) individuals released from court who come back to MCDC to retrieve their belongings and then walk out; 4) individuals released from CPU after processing and within hours of arrest, who do not receive any services or referrals while being processed.

  The Diversion Center will fill this critical gap in services by providing an easily accessible, welcoming, and therapeutic entry point into the county's behavioral health and social services system for those clients who are already on the "campus," are being released from incarceration, but are not connected to services.

  As stated above, subject matter expert Jamie Sellar of RI International explicitly advised the County NOT to locate the Diversion Center on a hospital campus. First responders are already accustomed to going to hospital EDs with individuals in crisis and co-locating the Diversion Center at a hospital would undermine the goal of ED diversion.

Location in Residential Area / Alternative Sites

- **Were there any other locations considered for the Diversion Center, and, if so, why were they determined to be less suitable than this heavily residential area?** The following criteria were used to select the ideal Diversion Center site:
  - **Alternative processing for police and MCFRS clients at the site.** Police can drop-off at the Diversion Center clients in a behavioral health crisis who have committed minor offenses, as an alternative to taking them to CPU for criminal processing. Those who are not agreeable to receiving treatment services can be taken to CPU for charging. MCFRS staff can also drop off individuals who need detoxification and stabilization services rather than dropping them off at overcrowded hospital EDs.

- **Resources available for clients being released from CPU.** Offenders released from CPU are frequently experiencing crises such as actively detoxing, not having access to medications, not able to return to their homes, needing behavioral health services that might have led to criminal behavior, lacking resources to travel to safe destinations. They would receive services.
- **Enhanced community outreach for inmates released from Montgomery County Correctional Facility.** Staff available for behavioral health interventions, discharge and transportation plans for inmates released from the Montgomery County Correctional Facility in Clarksburg through the Detention Center at Seven Locks Road.
- **Access to services for court-released clients.** Offenders released from Court return unescorted to retrieve their property from the Detention Center at Seven Locks Road. Upon retrieval of their property, they can self-admit for behavioral health services and referral to appropriate resources.
- **Resources readily available to Detention Center staff for inmates being released.** This would include current DHHS and DOCR clinical staff or case managers providing transition services to inmates who are being released, are re-entering the community, and need continuity of behavioral health services in the community.
- **Easy centralized transportation access to community providers, family members and first responders.** The site is right off I-270, with ample parking.

- **Is it customary to site them immediately adjacent to large residential areas?**
  Yes. It is common for behavioral health crisis stabilization facilities to be built in residential neighborhoods. One such example in our region is the Wellness Circle Stabilization Unit located at 4410 Shirley Gate Road, Fairfax, VA 22030. This facility offers short-term crisis stabilization services for adults with severe and persistent mental illness and for individuals with substance use disorders. Woodley House, a residential program for individuals with mental health disorders, is located next to apartment buildings in DC's Woodley Park neighborhood on Connecticut Avenue NW.

  As a residential neighborhood, Seven Locks will benefit from the Diversion Center because it will be able to serve justice-involved individuals immediately upon their release from CPU/MCDC and court programs (Table 2).

  For example, from July 1 – September 30, 2022, almost 60% of individuals admitted to CPU were released from the facility on Seven Locks Road. These 869 individuals—an average of 9 per day—were released directly into the Seven Locks community. In the same time period, 878 were released from MCDC and 140 were released from court and

would have had to go back to Seven Locks to retrieve their belongings. This reflects a total of 1,887 individuals who left CPU/MCDC and went immediately into the Seven Locks community. By locating a Diversion Center next to CPU, individuals leaving the justice system will be able to easily access the support and services they need.

Table 2. Offender Intake and Release Report (FY17 – September 30, 2022)				
Fiscal Year	**# CPU Admissions**	**# CPU Releases (not committed to MCDC)**	**# MCDC Releases**	**# Inmates Released at Court**
17	11,124	6,123	6,071	624
18	11,072	5,439	5,367	659
19	10,669	5,746	5,746	769
20	8,235	4,568	4,609	566
21	5,033	2,749	2,747	119
22	5,641	3,137	3,154	362
23	1,461	869	878	140

Further, County staff strongly believe that building the Diversion Center in a non-residential neighborhood would undermine the facility's therapeutic purpose and exacerbate existing stigma against county residents in crisis. The presence of the Diversion Center would significantly reduce the need for any of the released or discharged persons on campus to walk through the neighborhood. If a client needs transportation to their next destination upon discharge and public transport is not available, the Diversion Center will offer transportation options including Lyft/Uber/taxi service.

- **What non-residential sites have been considered for the project? What other locations were considered for the Diversion Center and why has this site been selected over the others?**
  The preferred location at Seven Locks Road has been explained in accompanying responses. Other locations explored include Piccard Drive, Shady Grove, and Rockville Core, none of which qualify using the location criteria stated previously.

- **Why were two other neighborhoods successful in having the proposed Diversion Center removed from their area?**
  County staff are not familiar with this assertion or activity.

- **I support the creation of a diversion program, but think it is a mistake to locate it near a residential neighborhood, as well as to centralize it. A decentralized model would be much more effective and minimize impact on any one community.**

The behavioral health crisis system in Montgomery County is already "decentralized" and is projected to remain decentralized even after the Diversion Center is constructed. Right now, individuals in crisis are either taken to the Crisis Center, the detention center (MCDC) or to one of six hospital EDs across the county. As stated earlier in this document, when the renovations are complete at MCDC and the Diversion Center is built, both facilities combined will have fewer beds than the current MCDC has now (118 v. 125). Even after the Diversion Center is built, individuals in crisis will continue to use the Crisis Center and hospital EDs, which accept walk-in clients in addition to first responder drop-offs.

- **Many violent crimes are committed by persons with mental health issues and or have substance issues. I do not see this center as safe for residents as persons are now able to become familiar with the neighborhood and or wander in the neighborhood.**
  To clarify, individuals with mental illness being much more likely to be the *victims* of violent crime than perpetrators (Watson, et al., 2001). Individuals with mental illness and SUD have much higher rates of victimization than the general population (Ghiasi, Azhar & Singh, 2022).

  Individuals who are involved with the justice system are already released into the Seven Locks community. Establishing the Diversion Center next to CPU will reduce the likelihood of individuals wandering in the neighborhood. With the Diversion Center in place, they will be able to access the services and support they need upon release.

- **The correctional facility was built in 1961. Was the community not built next to the facility with the full knowledge that it was there? Does the county have home buyers sign an affidavit at settlement that they are purchasing in close proximity to the facility and acknowledge that they are a detention center that operates 24/7 and that they cannot later complain/file suit over their operations?**
  The County is not aware of any notice provisions provided to homebuyers in the abutting neighborhood.

- **How has the approved senior housing complex on seven locks (not yet built), been factored into adverse impacts (Traffic, pollution, safety etc.), that will be further increased if the crisis center is built?**
  Traffic studies will be required as part of the design phase and will be available to the public.

Proximity to "Hot Spots"

- **Why was geographic proximity not one of the site selection criteria? Meaning, what communities are you expecting the greatest volume of patients to come from? It**

would make most sense to have this Diversion Center be developed in a location that is closest to those with this need, so that there aren't excessively long transportation needs (which increase costs for patients and the county).
While behavioral health crisis can happen to anyone, anywhere, the County is currently planning to build only one Diversion Center and has determined that Seven Locks Road is the optimal and most centralized site (see Site Selection Criteria, pages 13-14). This location will enable the Diversion Center to serve the thousands of individuals who are currently released from CPU, MCDC, and the courts directly into the Seven Locks community every year (see Table 2).

Other crisis services have been decentralized. For example, the County has identified specific geographic areas that receive the highest number of calls for mobile crisis response. As part of a county and federally funded expansion of its MCOTs in 2021, DHHS decentralized its teams at three locations to better serve the community and reduce response times. MCOTs are now based at: 1) the original location at the Crisis Center in Rockville; 2) Silver Spring; and, 3) Germantown. Once the Diversion Center is built, these MCOTs will be able to refer clients to the Diversion Center for stabilization services.

- **Why not put the Diversion Center closer to county area with higher incident rate?**
  There is no other area in the county with more unserved and underserved individuals in crisis than the MCDC campus at Seven Locks Road. The Diversion Center's location at Seven Locks Road will enable the thousands of individuals who are currently released 24/7/365 from CPU, MCDC and the courts to easily access stabilization services instead of being released directly into the community without any support.

- **How does the rate of calls for service in 7 Locks area compare to Silver Springs or other areas?**
  Police data shown at the community forum on October 6 demonstrated low levels of crime compared to other communities in the County.

Traffic / Impact on Pedestrians and Bikers

There is **no bus depot** planned for the Seven Locks site. Traffic studies will be required as part of the design phase for the Diversion Center and surrounding impacts will be studied as part of the required traffic studies.

- **How are you going to handle the increased traffic of police and fire department vehicles down this area of Seven Locks Road 24/7?**
  CPU drop offs have occurred in the Seven Local community for many years. No increase in police traffic is expected—MCPD will continue drop offs at CPU but divert eligible

individuals to the Diversion Center for stabilization and treatment as appropriate. There will be an increase in traffic from MCFRS ambulances dropping off eligible clients who are diverted from hospital Eds. Estimates suggest that MCFRS may drop off 2-4 patients a day, depending on Diversion Center capacity.

- **Police and Ambulance will come through many times per day. How could this be mitigated?**
  Montgomery County agencies are planning on converting its various fleets to electrical, which tend to be noiseless. Community input will be welcomed on this transition toward electric vehicles (EVs).

- **When talking about the red dots of police involvement, on the map, there were many at the intersection of 7 Locks and Wootton Pkwy. The probability is that these were accidents. Is that intersection (entrance to the proposed Diversion Center site) being looked at for solutions to reduce the possibility of increased accidents with the increased traffic, in and out of the facility?** As part of the design process, the County would conduct traffic studies and develop recommendations for roadways and intersections that are, in turn, reviewed by the City of Rockville during the regulatory process.

- **What would be the impact on Millennium Trail and pedestrian/biking areas on Wootton Parkway if County projects go forward?**
  There is no known impact at this time. The extension of Seven Locks Road where the Detention Center and Diversion Center will be built is not a thoroughfare. It has no outlet.

- **Traffic on Seven Locks Road has gotten exceptionally bad since The Park Potomac Development was built. Add to that, the Ivymount School, The Geneva School, and the St. James School and there is a significant amount of traffic especially during school opening and dismissal. Getting in and out of the neighborhood is now exceptionally difficult. How have you mitigated this problem?**
  The traffic in this area of Seven Locks Road is not expected to impact traffic on the segment of Seven Locks Road where the Diversion Center will be built. As indicated above, the segment of Seven Locks Road where the Detention Center and the Diversion Center will be located has no outlet.

- **Please explain what studies have been done to assess adverse impact on residential neighborhoods near a proposed bus depot and crisis center. What data has been compiled.**

No data have been compiled given that the bus depot will not be built along the segment of Seven Locks Road where the Diversion Center will be built. The increase in traffic due to the Diversion Center is expected to be minimal. Traffic studies will be conducted during the design phase once the location is determined.

- **Since the demolition leaves very few real estate assets, why not ask whether these functions at all, belong in the midst of a residential area? Land can be bought and sold.** Geographical advantages of locating the Diversion Center by the Detention Center on Seven Locks Road far outweigh other locations as indicated in previous responses.

- **Does the current zoning of the property allow for location the Diversion Center and bus depot in this location?**
  Rockville City provides the zoning permits for the Diversion Center and Detention Center. The Crisis Center is not located in this area. A bus depot will not be built in this area.

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Questions from Rockville City Councilmember Beryl Feinberg

Q1. Numerous community concerns focus on the location of the expanded services and programs and the adverse impact that this could have on this residential neighborhood. The County's Crisis Center at 1301 Piccard Drive is surrounded by office parks and forested non-residential neighborhoods. The closest residential facility is The Flats at Shady Grove, a half mile away from the facility. The closest King Farm neighborhood is .8 miles away. Clearly, County leaders carefully selected this current site, away from residential communities. Why not replicate that same wisdom and scenario?

The most clinically appropriate location for providing Diversion Center stabilization services remains at the Seven Locks Road facility by MCDC. The rationale is based on the target population which includes (1) persons being released from the MCDC on a 24/7/365 basis, and from court programs (e.g., Drug Court, Mental Health Court), (2) persons being released from CPU with behavioral health needs, (3) persons dropped off by police with stabilization needs and are at risk of being charged for a minor offense, (4) persons dropped off by MCFRS who need stabilization services. No other location will address this target population effectively.

According to federal guidelines, crisis stabilization facilities should "provid[e] short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment" (SAMHSA, 2014). The Diversion Center is designed to meet these guidelines. SAMHSA does not have any guidance stipulating that crisis stabilization should *not* be located near corrections facilities.

Also, to clarify, there is a residential neighborhood within 400 meters of 1301 Piccard Drive.

Q2. As indicated at the information session, Rich Madaleno and Earl Stoddard promised to provide a list of all other sites considered and the rationale put forth for these considerations. Please clarify if the State Aid ($12M in FY23, $5M pre-authorized in FY24) is contingent first, on the Seven Locks site, and second, on the construction, as opposed to leasing, for the Diversion Center. What process must be followed to modify the site location or construction versus leasing? Please provide a copy of the State Aid agreement with the County.

- Leasing a facility to house the Diversion Center will not necessarily lead to cost savings. The construction of a facility that is solely dedicated to hospital ED diversion and crisis stabilization is a long-term investment in the health and safety of our community and ensures stability of services.
- The understanding with the State is that allocated funds will be for a facility constructed at Seven Locks Road.
- As previously stated, the County considered other possible sites, including Piccard Drive, Shady Grove, and Rockville Core. None of these locations meet the necessary criteria. These criteria include:
    - **Alternative processing for police and MCFRS clients at the site.** Police can drop-off at the Diversion Center clients in a behavioral health crisis who have committed minor offenses, as an alternative to taking them to CPU for criminal processing. Those who are not agreeable to receiving treatment services can be

taken to CPU for charging. MCFRS staff can also drop off individuals who need detoxification and stabilization services rather than dropping them off at overcrowded hospital EDs.

- **Resources available for clients being released from CPU.** Offenders released from CPU are frequently experiencing crises such as actively detoxing, not having access to medications, not able to return to their homes, needing behavioral health services that might have led to criminal behavior, lacking resources to travel to safe destinations. They would receive services.
- **Enhanced community outreach for inmates released from Montgomery County Correctional Facility.** Staff available for behavioral health interventions, discharge and transportation plans for inmates released from the Montgomery County Correctional Facility in Clarksburg through the Detention Center at Seven Locks Road.
- **Access to services for court-released clients.** Offenders released from Court return unescorted to retrieve their property from the Detention Center at Seven Locks Road. Upon retrieval of their property, they can self-admit for behavioral health services and referral to appropriate resources.
- **Resources readily available to Detention Center staff for inmates being released.** This would include current DHHS and DOCR clinical staff or case managers providing transition services to inmates who are being released, are re-entering the community, and need continuity of behavioral health services in the community.
- **Easy centralized transportation access to community providers, family members and first responders.** The site is right off I-270, with ample parking.

- No other location options have been explored with the State since the decision must first be made at the local level. Staff are currently in conversation with State staff on procedures for the disbursement of funds and any documentation required.

Q3. At the conclusion of the October 6 meeting, I spoke with Rich Madaleno and Earl Stoddard about the wisdom and transparency of DGS initiating the design process for the Diversion Center at the Seven Locks site when community promises were made to share other locations considered and deemed unfavorable. Both promised to speak with David Dise to assess if the design task order or RFP could be delayed until other sites were considered. Please provide an update on the FY23 design status.

As stated above, the County explored locations on Piccard Drive, in Shady Grove, and in Rockville Core. None of them meet the requirements for location of the Diversion Center. Seven Locks Road location is the optimal one. DGS staff have been in conversation with Rockville City

staff on next steps including land permits. After the County budget has been submitted toward the beginning of 2023, it is expected that the community will be invited to provide feedback on design and construction plans. A request for proposals (RFP) for a vendor to operate the facility has been drafted, but not released yet.

Q4. Given the availability of vacant commercial space with incentives for favorable leasing terms, why not consider a long-term lease in a more suitable location?

There are no other more suitable locations than the Seven Locks Road location. Thousands of individuals are currently released, 24/7/365, every year through the CPU, MCDC at Seven Locks Road and through Court programs (see Table 1 below). The County selected the campus where the CPU and the MCDC are located to build the Diversion Center in order to: (1) facilitate appropriate diversion of individuals in crisis from jail; (2) ensure that the MCPD may immediately bring individuals in crisis to CPU if they decline the Diversion Center as an alternative; (3) ensure that individuals who are released from CPU, the MCDC, and Court programs, may easily seek Diversion Center services if needed. Otherwise, these individuals will likely remain unserved, thus perpetuating a gap in services for this forensic population. The Diversion Center's proximity to CPU will reduce the need for persons released from the Diversion Center to walk through the Seven Locks neighborhood since they will have discharge and transportation plans in place.

Table 1. Offender Intake and Release Report (FY17 – September 30, 2022)

Fiscal Year	# CPU Admissions	# CPU Releases (not committed to MCDC)	# MCDC Releases	# Inmates Released at Court
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21	5,033	2,749	2,747	119
22	5,641	3,137	3,154	362
23	1,461	869	878	140

Q5. Acknowledging that prosecutorial authority rests with the State's Attorney, how do you reconcile the apparent shift to law enforcement and first responders to divert those picked

up and taken to the Diversion Center? Until now, individuals first went through the Central Processing Unit. What research has been conducted with other Diversion Centers in other jurisdictions on this issue? Please share what other Diversion Centers have been researched, whether located near a hospital, detention center or CPU. What lessons have been learned from this research and how is this reflected in the site selection and operation of a Diversion Center?

To clarify, the Diversion Center will serve individuals **after** they have completed their interaction with the police, CPU, or jail stay, either as a diversion measure or post-adjudication / release. For example, this population includes individuals who are charged and released on bail.

A delegation from Montgomery County headed by Dr. Raymond Crowel, chief of Behavioral Health and Crisis Services at the time, and Athena Morrow, Senior Manager for Forensic Services visited about seven years ago the Diversion Center located in the San Antonio, Texas. This Diversion Center is located within the Center for Health Care Services campus at 601 North Frio Street. It provides detoxification and substance use treatment as well as outpatient mental health care. The Diversion Center provides an alternative for clients experiencing a behavioral health crisis from being admitted into hospital ED or being charged and admitted into jail. The Diversion Center in Montgomery County draws from the key purposes and features of the Diversion Center in San Antonio.

The Diversion Center in Montgomery County will provide significant access to stabilization services for individuals who are at risk of being incarcerated due to untreated mental and substance use conditions, and to individuals who are being released from jails and courts with minimally treated or untreated mental and substance use conditions, or for continuation of behavioral health services that began when in jail or in a Court program.

Access to stabilization services for this forensic population was a determining factor in selecting the Seven Locks Road location adjacent to CPU and MCDC.

Q6. The community specifically requested information on the location of Diversion Centers and the pros and cons of decisions regarding location. Why haven't the State's Attorney's office and the courts been engaged in the development of this model?

The target population for the Diversion Center are persons who have been released from the criminal justice system and need a behavioral health assessment and discharge plan before re-entering the community. It also includes individuals who have not been charged and are not yet in the criminal justice system and need stabilization services. This is the population that will be diverted from the criminal justice system and from hospital (EDs).

While the State Attorney's office staff does not get involved with the target population for the Diversion Center. However, State Attorney's staff do interact with DHHS staff who help implement other behavioral health programs in correctional facilities such as Drug Court, Mental Health Court, CATS, Jail Assisted Services (JAS), and J-CAP in which individuals have been charged and are incarcerated. It is appropriate for the State Attorney's office staff to be

aware of the Diversion Center and that upon release from incarceration, a client with a mental or substance use challenge is eligible for services at the Diversion Center.

The involvement of State Attorney's office staff will be important especially when the Diversion Center opens, but conversations with the State Attorney's office staff and Court staff is also important at the outset. These conversations are being planned.

Q7. Clarify the length of stay. The Stabilization Unit with 20 beds indicates length of stay not to exceed 48 hours. The Sobering Station indicates length of stay not to exceed 23 hours.

The Diversion Center will include a total of 25 recliners (<24-hour stays) and 20 beds (<72 hour stays). The proposed timelines for care follow federal guidance for behavioral health crisis services. Per SAMHSA guidelines, temporary (<24-hour) crisis stabilization services provide an alternative to hospital ED utilization and inpatient psychiatric admission by providing respite and observation in a therapeutic, community-based setting.[1]

Q8. What does the current data show across the County programs, hospitals, nonprofits, and for-profit service providers regarding the number of persons under the influence of alcohol and other substances that need a safe place to recover from the impact of substances? Twenty-three hours is a short time before discharge and referral.

The Diversion Center will expand the county's current capacity to treat individuals under the influence of alcohol or other substances without burdening our already taxed hospital EDs. The Diversion Center's 20 sobering station recliners will divert individuals from hospital EDs and ensure they receive the observation and treatment they need in a safe, clinically appropriate environment.

American Society of Addiction Medicine (ASAM) criteria include five levels of withdrawal management with a range of intensities of service.[2]

- Level 1-WM Ambulatory Withdrawal Management without Extended On-Site Monitoring
- Level 2-WM Ambulatory Withdrawal Management with Extended On-Site Monitoring
- Level 3.2-WM Clinically Managed Residential Withdrawal Management
- Level 3.7-WM Medically Monitored Inpatient Withdrawal Management
- Level 4-WM Medically Managed Intensive Inpatient Withdrawal Management.

The Diversion Center will offer 20 sobering recliners, at **Level 2-WM** service.

For those who may require a longer period of stabilization, the Diversion Center will include 20 beds for stays up to 72 hours. It will also provide appropriate referrals and "warm hand-offs" to the next level of care (e.g., residential crisis, outpatient therapy, substance use treatment, among others). The facility will also have space for service providers to come and meet with patients prior to discharge.

Q9. What happens if a person refuses referrals but doesn't want to go to the ER?

It depends on how clients were referred to and received at the Diversion Center.

- If Diversion Center staff deem an individual a threat to themselves or others, they may send someone to the ER involuntarily under an emergency evaluation petition.
- An individual whom the police have been transported to the Diversion Center as an alternative to CPU but who ultimately declines Diversion Center's services may be taken by the police to CPU if this person also has a minor chargeable offense.

While clients do not have to accept Diversion Center services or staff referrals and recommendations, Diversion Center staff, including peer support workers and navigators, will be highly trained in therapeutic modalities (e.g., motivational interviewing, shared decision-making) to plan each client's discharge and facilitate next steps--including transportation to their next destination--and ensure that they receive the follow-up services and support that they need.

Q10. What data do you have to demonstrate that the system of public, private and nonprofit mental health service providers have the capacity to offer assistance <u>immediately</u> following discharge? As you know, it can take weeks for appointments to be made with clinicians. If such arrangements can't be assured, there will be individuals who will simply remain in the neighborhood. We may wish to believe that family members will offer immediate support but we know that that will not happen in all situations.

The Diversion Center will employ peer support workers and navigators to facilitate discharge planning, including "warm hand-offs" to community-based services. These staff will be highly trained in therapeutic modalities (e.g., motivational interviewing, shared decision-making, trauma informed care) to plan each client's discharge and facilitate next steps--including transportation to their next destination--and ensure that they receive the follow-up services and support that they need long after they depart the Diversion Center. Diversion Center navigators can also assist individuals experiencing homelessness with referrals and transport to appropriate shelter through DHHS's Homeless and Homelessness Prevention Services.

Montgomery County has a robust set of community-based services for persons with mental and substance use disorders whose level of need range from the acute to less acute levels. Services for persons with high acuity needs include emergency rooms if an individual requires an involuntary EEP, or voluntary short-term (e.g., 10-day) stabilization Residential Crisis Service (RCS) beds such as the ones offered at the Crisis Center and other local non-profit providers, or voluntary longer term Residential Rehabilitation Program (RRP) bed also offered through local providers. Non-residential community-based programs for those with high acuity needs also include Assertive Community Treatment (ACT) and intensive case management, also delivered by local providers.

At lower acuity levels, persons may be enrolled in psychiatric rehabilitation program (PRP) licensed services that provide community-based comprehensive rehabilitation and recovery services and supports and promotes successful community integration and use of community resources. For example, persons discharged at the Diversion Center may be enrolled in case

management services. They will also be eligible for other programs that address their "social determinants of health" such as rental assistance, housing vouchers, job and training programs, education programs, food assistance, and services through the Office of Eligibility and Support Services (OESS) for residents who are uninsured and have limited incomes and may be eligible for Care for Kids insurance, Maternity Partnerships program, and dental services.

These services are examples of the vast array of services that case managers, peer support specialists, and navigators at the Diversion Center will have access to during discharge planning for individuals assessed and stabilized. Some services in the discharge plan may have waiting lists and others will not. Individual's needs are unique. The role of the staff at the Diversion Center is to provide the highest level of expertise and knowledge to make a discharge plan work for every single person needing stabilization services.

Family members who can provide support to the person in crisis will be included in discharge planning and can be an important resource for the ongoing stabilization and recovery of the individual.

Q11. 2020 data show the Mobile Crisis Team responded to 40 calls per month, less than half its caseload often years ago. Meanwhile County police were sent to about 582 mental health calls monthly. How does this proposal solve the problem of needed capacity for more substance use residential and outpatient services, more mental health services, more overall system capacity-building? It sounds as if in our quest to decriminalize, there is a shift of the workload from police and hospital ERs to the Diversion Center.

Like most communities in the United States, the need for behavioral health services exceeds the capacity to serve. The Diversion Center does not aim to solve the larger, more complex problems associated with access to behavioral health treatment (e.g., the behavioral health workforce shortage, maldistribution of services, and financial barriers to care).

However, the Diversion Center can and will address several pressing problems and gaps in services. One of the pressing problems is preventable hospital ED use by behavioral health crisis patients who would be better served at the Diversion Center. By having an alternative destination for individuals in a behavioral health crisis, the Diversion Center will safely divert individuals from the hospital ED, reduce the burden on the ED, and free up critical resources for all county residents in need of other emergency medical care. Patients in crisis will receive the clinical care they need in a therapeutic environment and have access to robust referral and follow-up services upon discharge, which hospitals do not and cannot provide. These services, provided by trained case managers, peers and navigators, will help reduce barriers to follow-up care, encourage patient engagement with follow-up services, and decrease the likelihood of future crises.

Furthermore, the Diversion Center will address a glaring gap in stabilization services for persons in a mental health or substance use crisis who end up being charged for a minor offense and may end up incarcerated. At the Diversion Center, many of these persons will be eligible to

stabilize for their untreated conditions. In addition, about 30% of the thousands of persons who are being released from jail or the courts have a mental or substance use condition. These individuals will also have the option to be served and stabilized at the Diversion Center with a discharge and transportation plan that addresses their mental or substance use needs. The Diversion Center aims at reducing the possibility that individuals with behavioral health conditions who are being released at the Seven Locks Road will walk through the neighborhood.

Concerning Crisis Center services, in FY21, mobile crisis and outreach team (MCOT) responses totaled 796 for an average of 66 per month. In FY22, MCOT responses totaled 930 or about 77 per month. These increases were partly due to increasing County investments in MCOT expansion that provides a vigorous and effective crisis intervention as an alternative to the involvement of law enforcement or MCFRS. If these commitments toward expansion continue, law enforcement and MCFRS staff will be freed to respond to many other types of emergencies.

In addition, staff at the Crisis Center served 3,730 persons as walk-ins FY21, one of the pandemic years, for a monthly average of 311. In FY22, they served 5,869 for a monthly average of 489. These are significant numbers for persons who don't have other alternatives for dealing with their behavioral health crises. Some of the persons who are served by Crisis Center staff will be eligible for Diversion Center stabilization services rather than being involuntarily petitioned to a hospital ED, as is current practice.

Building the capacity of other parts of the continuum of care for persons with behavioral health needs is critical. The Diversion Center fills a gap for stabilization services that currently does not exist in Montgomery County. This makes the Diversion Center one of the highest priorities for building the behavioral health service capacity in the County. This top priority is also part of the strategic priority that Montgomery County has been engaged over the last three years, which is to upgrade the behavioral crisis response model that emphasizes diversion from emergency room and jails, an "air traffic" control coordinated effort among the crisis call centers (e.g., 911, 988, 311, and Crisis Center Hotline), building up the civilian mobile crisis response as an alternative to law enforcement involvement, creating new stabilization services (e.g., Diversion Center) that do not exist, and coordinated and effective follow-up with community-based services that are part of Montgomery County's continuum of care.

Q12. There is a critical shortage of nurses, social workers, and other mental health providers throughout the country. What is the County's vacancy rate for these same types of professionals who would work at the Diversion Center? The latest HHS recruitment announcement includes more than a dozen programs seeking therapists, social workers, et. al. Is HHS currently fully staffed for the MCU and CIU? How is it possible to ensure that staffing needs will be met?

The County will contract with a private provider to manage the day-to-day Diversion Center operations and provide care and treatment for Diversion Center patients. The contractor will be responsible for maintaining the required staffing mix and levels.

Concerning staffing needs other than those at the Diversion Center, Behavioral Health and Crisis Services (BHCS) division of DHHS is addressing shortage of licensed Social Workers and other licensed therapists by hiring peer support specialists, case managers, and navigators who can perform some of the crisis response functions. These professionals have the capacity to alleviate the load that licensed therapists carry. BHCS and DHHS also contracts with professional hiring agencies who have proven successful in hiring some of the professionals that are in short supply, such as nurses. In addition, in the last two years, BHCS has created an "open solicitation" contract which allows BHCS to contract directly with psychiatrists and nurse practitioners, who are also in short supply. This open solicitation also addresses increases in compensation that these individuals need. Other promising efforts underway include creating internship slots with some of the higher education institutions in the region, and facilitating educational loan repayment for new staff. Despite these efforts, hiring of therapists remains a challenge. Even after hiring for six new licensed therapists over the last two years, the Crisis Center still has four vacancies for licensed therapists to the MCOTs and will have additional vacancies that are being funded through federal grants.

Q13. Will persons experiencing homelessness who are picked up by law enforcement or first responders, or even those who self-refer, cycle through the Diversion Center as the single gateway for services? Word spreads quickly and there is the possibility that the Diversion Center will become the 23-hour place for those experiencing behavioral/medical issues. Please clarify as information states, "Construct Diversion Center to provide continuum of care for those in crisis related to mental health, substance disorders and other crises, operated by DHHS or a contractor." How will staff respond when persons self refer at the Diversion Center? Will services be refused to those in need? One wonders how many will be left to wander around neighborhoods at any time of day or night.

As stated during the October 6th community forum, the Diversion Center will not accept walk-in clients. The facility will only accept referrals from hospitals, and county agencies including MCPD, MCFRS, DHHS, and DOCR.

There are already thousands of individuals who are released into the Seven Locks Road neighborhood on a 24/7/365 basis, from CPU, the MCDC, and Court programs. The Diversion Center will help address individuals walking through the neighborhood since stabilization services will be available to individuals in need of crisis services at the point of release. This service currently does not exist, and therefore there is no effective mechanism for preventing people from walking through the neighborhood. The Diversion Center becomes not only a public health measure, but a public safety one as well that will benefit the Seven Locks Road neighborhood directly.

Q14. Will the Mobile Crisis Team or the Crisis Intervention Unit staff refer persons to the Diversion Center as a protocol? Will these programs relocate to the RC?

The goal of DHHS's MCOTs and the MCPD's Crisis Intervention Team (CIT) is to de-escalate and resolve crises onsite. As the Crisis Now model demonstrates, many cases can be resolved at this level—only a small minority require higher-level intervention. If a client requires stabilization services over and above what the MCOT or CIT can provide, the client may choose to be transported by police or ambulance to the Diversion Center. There are no plans for either the MCOT or CIT programs to "relocate" to the Diversion Center.

Q15. Transportation fails to include that discharge will sometimes occur after the service hours of Metro, Ride On, or the availability of Lyft/Uber in the middle of the night. Are you promising a shuttle service that will operate daily, through the night?

Admission to the Diversion Center is voluntary. Clients do not have to accept services and will not be held involuntarily. Clients who are served at the Diversion Center will therefore be "discharged," not "released." Individual discharge plan will include clinical, transportation, and safety considerations. Upon discharge, all clients will be provided with a variety of transportation options to their next destination.

These options include:

- Transport service from Court to Seven Locks to Metro Station
- Access to Uber, Lyft or Taxi to transport clients to their next destination outside of the Seven Locks neighborhood (paid for by the County)
- Transport by peer specialists or other staff in facility-owned vehicle to another treatment facility.
- Transport by MCPD to the local hospital ED for those who require an EEP.
- Transport by client-owned vehicle or by family or friends-owned vehicles to client's next destination outside of the Seven Locks neighborhood.
- Transport by MCFRS for those with medical needs who require transport to the hospital ED.

Since the MCPD and CPU already operate 24/7/365, the Seven Locks Road community will benefit from the Diversion Center since. Its services will be available to the thousands of individuals who are released from CPU/MCDC who are in need of stabilization. Without these services, persons who are released will likely continue to walk through the neighborhood.

As stated during the October 6th community forum, if public transport is not available when a client leaves the facility, Diversion Center staff will facilitate and pay for appropriate transport to the client's next destination which may include home, shelter, residential crisis facility, among others.

Q16. The planned Diversion Center and the Criminal Justice Complex are less than 100 yards from the backyards of a residential community. Incidents have occurred with those discharged from CPU sleeping in the Falls Orchard pocket park, walking at night into Potomac Woods Park, and lacking any transportation out of the neighborhood, day or night. Others reported that when stopped at a light on Wootton Parkway, those discharged from MCDC opened the passenger side door of stopped vehicles and tried to obtain a ride from an unknown person. Your current Program of Requirements (POR) and plans do not address these gaps and would need to be present wherever a Diversion Center is located. Please provide details to address this omission.

The number of people currently being released into the community is precisely why the County has selected the CPU and MCDC campus to build the Diversion Center. The Diversion Center will be open 24/7/365 and can offer services to individuals upon discharge from CPU, MCDC, and Court programs at any time. The DOCR already offers to pay for transportation to those being released. As indicated previously, for those who are served at the Diversion Center, transportation will be part of the discharge plan. These elements will be part of a request for proposals (RFP) for a vendor that will operate the Diversion Center.

Q17. The Program of Requirements is short on any details about security at the Diversion Center and upon discharge, to protect the clients, the staff, and communities. Given *The Washington Post* June 17, 2021 article "Counselors Wary of Being Seen As a Police Alternative," demonstrating how situations change in a matter of seconds, what are the plans contract security, MCPD, and present on all shifts?

The Diversion Center staffing plan includes hiring security guards 24/7/365. DHHS will contract with an external vendor through a competitive bidding process that will include providing security services.

As a voluntary facility, clients will be free to leave the Diversion Center at any time, including against medical advice. However, if Diversion Center clinical staff determine that a client is a danger to themselves or others, they can authorize an emergency petition and transfer the client involuntarily to the nearest hospital.

The County is prepared to discuss both physical security as an operational element as well as overall site security for the Diversion Center as part of the larger campus. The design stage would allow the County to fully integrate community suggestions into the project.

Q17. If someone walks out of the Diversion Center, refuses transportation and referral, what community notification system is envisioned? What fencing or security will be in place?

County staff will be prepared to discuss both physical security as an operational element as well as overall site security for the Diversion Center as part of the larger campus. The design stage would allow the County to fully integrate community suggestions into the project.

Q18. Given the expanded services and potential number of persons walking along the northernmost segment of Seven Locks Road, where currently no sidewalks exist, will the County widen the roadway and install sidewalks to protect pedestrians?

The County is open to discussing this issue and incorporate community suggestions during future community engagement sessions. There is no expectation of an increase in persons walking along the northernmost segment of Seven Locks Road compared to current levels.

Q19. Will law enforcement and first responders make the determination to transport persons to the Diversion Center without any stop at the CPU? Please confirm.

No. The Diversion Center will serve individuals **after** they have completed their interaction with the police, CPU, or jail stay, either as a diversion measure or post-adjudication / release.

Q20. Social work professionals inquired whether men and women occupying Stabilization and Sobering beds/recliners will be segregated?

No. The facility will be open to people of all genders ages 18 and above.

Q21. Clients being released from CPU without medications or needing behavioral health services would receive services at the Diversion Center. Thus, this too will serve as a referral/entry point for the Diversion Center. Again, from the community's perspective, another cohort referred for services. What safety protocols will be in place?

This is correct—the Diversion Center includes as its target population persons with mental and substance use needs who are referred from the CPU. Please see previous responses in regard to planned security and safety protocols, which will be finalized with community input.

[1] Substance Abuse and Mental Health Services Administration (SAMHSA) Crisis services: Effectiveness, cost-effectiveness, and funding strategies (HHS Publication No. (SMA)-14-4848). Rockville, MD: Author. 2014.

[2] Mee-Lee, D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies®; 2013

Appendix: Crisis Now Capacity Calculator[2]

The *Crisis Now* Capacity Model utilizes a predictive algorithm based on the Level of Care Utilization System (LOCUS). The LOCUS was created through the effort of the American Academy of Community Psychiatrists. This patient placement tool evaluates a person over six dimensions of concern and assigns a score that corresponds to an appropriate level of care. This is a tool that has been utilized heavily in Georgia over the course of the past decade with over one million administrations. These data points when combined with the Treatment Advocacy Center's recommendation on bed capacity needs for a community, create the basis of the calculator. This version of the capacity calculator has been vetted by both co-leads of the *Crisis Now: Transforming Services is within our Reach* white paper.

Crisis Capacity Model Data Points	
Population Census	1,059,000
ALOS of Acute Inpatient	6.6
Acute Inpatient Readmission Rate	15%
Acute Bed Occupancy Rate	83%
Avg. Cost of Acute Bed / Day	$ 1,306
Diversion Rate of Crisis Fac. (from Acute)	70%
ALOS of Crisis Subacute Bed	2.5
Crisis Facility Readmission Rate	15%
Crisis Subacute Bed Occupancy Rate	90%
Avg. Cost Per Crisis Subacute Bed Per Day	$ 1,306
Rate of Escalation to Subacute Bed	30%
ALOS of Crisis Observation Chairs	0.8
Crisis Bed Occupancy Rate	85%
Avg. Cost Per Crisis Bed/Chair Per Day	$ 1,306
Diversion Rate of Mobile (from Crisis Fac.)	60%
Cost Per Mobile Team	$ 260,000

The table above outlines the data points used for the *Crisis Now* Capacity Calculator. The Crisis Capacity Calculator utilizes multiple data points to determine community need. When appropriate and applicable, actual Montgomery County, Maryland data points were used. These points include:

- Population Census
- Average Length of Stay (ALOS) of Acute Inpatient Hospitalization
- Acute Bed Occupancy Rate
- Average Cost of Sub-Acute Bed/Day
- Diversion Rate of Mobile from Facility

Due to current services that don't match up to *Crisis Now* fidelity or services that are not currently provided, national benchmarks that are met by identified exemplars in the model were used. These benchmarks include:

- Diversion Rates of Crisis Facility (From Acute)

[2] Excerpted from RI International Report, May 2020.

- Average Length of Stay (ALOS) of Crisis Subacute Bed
- Crisis Facility Readmission Rate
- Crisis Subacute Bed Occupancy Rate
- Rate of Escalation to Sub Acute Bed
- Average Length of Stay (ALOS) Crisis Observation Chairs
- Crisis Bed Occupancy Rate
- Acute Inpatient Readmission Rate
- Cost per Mobile Team

The third source of data is an extrapolation based on actual Montgomery County numbers and national exemplars combined.

- Average Cost Per Crisis Bed/Chair Per Day
- Average Cost Per Crisis Subacute Bed Per Day

Analysis

A review of the Crisis Capacity Model yields some significant information. The Capacity Calculator is divided into three models. The first model is the column designated "No Crisis Care". This column represents how Montgomery County would provide care in the absence of all crisis services except inpatient care. In this reality, the only crisis services available would be in a traditional inpatient setting. Professionals making level of care recommendations would tend to move higher LOCUS levels (5 and 6) into an inpatient setting as an outpatient setting could not support the potential danger to self or others. Those whose LOCUS levels are lower (1-4) get put into a traditional outpatient setting because they cannot meet inpatient reimbursement criteria. We see, in this model, an absolute over reliance on inpatient beds (378). With few options, patients have very little chance of getting a clinical fit for their needs. Fortunately, we see that Montgomery County is far from utilizing this antiquated model. The present reality for Montgomery County is seen in the column designated "Current". We see 192 inpatient beds which is much better aligned to current community need but still significant. The difference between this and the first model is the inclusion of MCOTs, work done at the Crisis Center, residential beds, CIT trained officers and many of the current crisis elements in Montgomery County currently. The final column represents what the crisis system could be. In an optimized system where service levels have a 100% match with the clinical needs of the community, this is the capacity requirements needed. We can see in an optimized system that there is a shift from inpatient acute treatment to multiple levels of care with a strong emphasis on 23-hour observation recliners, short-term psychiatric (Sub-Acute) beds and MCOTs. **In the best version of this model, we would anticipate that 44 Observation chairs that support people for up to 24 hours, 39 short-term inpatient beds and 8 MCOTs would be needed to fully match up with need.** These enhancements in turn would decrease the need for inpatient beds from 192 down to 107 while ensuring that anyone, anytime, and anywhere has access to immediate services that meet their clinical need while bypassing Emergency Departments and decreasing the needs of uniformed officers to respond to crisis events in the community.

An analysis of cost savings shines a light on a few realities. The calculator in Appendix A does not include the cost of services at the Crisis Center which sees about 6,000 adults per year. The Crisis Center performs an important function in Montgomery County but it does not operate as a no wrong door facility. It is not equipped to support involuntary, aggressive, or strongly psychotic people. So, it is not a clean match for

a crisis receiving facility. However, it certainly supports many people that otherwise, would be seen in a crisis receiving facility.

When excluding the cost of services at the Crisis Center, it appears that the cost of implementation of *Crisis Now* elements would actually increase overall costs to the system. This is misleading. In actuality, we do not know and could not include in the calculator the exact amount of services supplied and cost associated for those services at the Crisis Center in support of people that would otherwise be seen in a Crisis Receiving Facility. The Crisis Center certainly does a have cost associated to it. If the costs of these services are over $1,894,285 then the Crisis Now model would provide some but very limited cost savings. This would be dependent on seeing an actual decrease in the amount of people being seen in the Crisis Center through their being served in the Crisis Receiving Facility.

While cost savings may not be significant. What is significant is the impact to the people of the community. In the current model***, without the cost and impact of the Crisis Center included***, we anticipate that approximately 9,292 people are being served currently in the crisis system as opposed to 25,416 people served in an immediate way in the *Crisis Now* model. But just like the lack of cost for the Crisis Center not being included in the cost analysis is misleading, not including the people served by the Crisis Center in the impact analysis is also misleading. While we are blind to the number of people served at the Crisis Center that would have found their way into a *Crisis Now* Receiving Center, let's assume a perfect correlation and that every one of the 6,000 adults would have a good clinical fit to need for a no wrong door facility***. If we add the 6,000 adults to the 9,292 that are estimated to be getting services in the current model, we see that as many as 15,292 people are receiving crisis services in the current model*** compared to the anticipated 25,416 people who would be served per year in the *Crisis Now* model.

So what happens to the other 10,124 people in crisis? The harsh reality is that they are not receiving care. They become incarcerated, discharged from EDs without ongoing care, or stay in the community without an appropriate level of care. The power of *Crisis Now* is that more people get help at an overall lower cost to the community per person served.