

# UPDATE ON THE CRISIS CARE DIVERSION (MENTAL HEALTH DIVERSION) PILOT PROGRAM

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City of Austin Public Health Committee

June 4, 2025

# TRAVIS COUNTY DIVERSION EFFORTS

- Travis County is dedicated to developing a comprehensive diversion system for the community, building on existing resources and partnerships
- As part of this system, a diversion pilot program was developed through community and stakeholder collaboration, and with direct partnership from Travis County, City of Austin, Central Health, and Integral Care to begin addressing some of the community's deflection and diversion needs as identified in the Travis County Forensic Mental Health Project Report

# FOCUS & GOALS FOR THE PILOT

- To leverage and realign community resources to immediately start addressing needs associated with deflection and diversion
- To further develop the services, partnerships, referral pathways, and data infrastructure that will be needed to deliver effective results at scale
- To leverage learnings from this pilot, our partners, and stakeholders to build out the community's diversion system
- To improve public safety and the outcomes for individuals who intersect with the mental health and criminal legal systems, and often the homelessness response system
- To increase access to mental health services, thereby decreasing the number of individuals who are arrested and/or incarcerated due to unmet mental health needs

# BUDGET

Total Diversion Pilot Projected Costs				
	FY 24/25	FY26	FY27	Total
Therapeutic Diversion Program (TDP)	\$3,021,112	\$3,863,601	\$4,572,091	\$11,456,803
Psychiatric Emergency Services (PES)	\$4,841,206	\$4,954,560	\$5,177,515	\$14,973,281
			Grand Total	\$26,430,085

Total Diversion Pilot Funding by Source			
Funding Source	Total Funding Contractually Committed	Total Projected Funding Committed	Additional Funding Requested
Travis County	\$6,000,000		
City (County)*	\$1,000,000		
City of Austin	\$1,000,000	\$300,000 in-kind annually 15 <sup>th</sup> St. property	\$4,000,000 across Pilot Years 2-3 (FY26-27)
Central Health	\$4,500,000	\$6,000,000**	
HHSC Grant	\$5,100,000		
Integral Care		\$3,000,000	

\*from City/County funding “swap”

\*\*assuming \$3M/year FY26-27

# FUNDING PARTNERS: TRAVIS COUNTY

- Separately negotiated contract with Integral Care
- Funding utilized is ARPA/LFRF
- Funding supports both PES and TDP
- Funds must be fully expended by December 2026

# FUNDING PARTNERS: CENTRAL HEALTH

- Contract with Integral Care supporting PES:
  - 23-hour observation
  - On-site prescriber access
  - 24/7 operations
- Funding is based on level of services provided to eligible patients
- Contract is reviewed, renewed annually
- Funding exclusively supports services at PES

# CENTRAL HEALTH BRIDGE TEAM AT INTEGRAL CARE THERAPEUTIC DIVERSION CENTER

- Bridge services provided in-kind (in addition to PES investment)
- Go Live: 2/17/2025
  - Cadence: Mondays, 9am-2pm
- Goal: Provide robust medical care and care coordination
- As of 5/19/25:
  - Completed 65 total medical encounters; 35 unique patients
  - Majority did not have an established PCP (57%)
  - Primarily: male, Black/African American, and English speaking
  - Supported patients with:
    - MAP enrollment
    - Connection to food and hygiene resources
    - Vision Vouchers
    - PCP linkage



# FUNDING PARTNERS: CITY OF AUSTIN THROUGH DOWNTOWN AUSTIN COMMUNITY COURT (DACC)

- Separately negotiated contract with Integral Care
- Funding is exclusive to TDP
- \$1M of City's \$2M investment is part of a negotiated agreement between the City and County to mutually obligate and “swap” funds to support this Pilot and the Trauma Recovery Center
- DACC is seeking Council approval to extend contract term through September 30, 2025 at June 5, 2025 Council meeting
- DACC Advisory Board Recommendation 20250328-004B supports \$2M in City funding in FY 2026 and FY 2027

# PROJECT OVERVIEW

The Crisis Care Diversion Pilot Program (mental health diversion pilot) initiates a collaborative diversion program by leveraging existing programs and facilities to expand community resources to immediately address unmet community needs. The Pilot was launched in September 2024 (PES) and October 2024 (TDP).

## Two Components:

Expanding Integral Care's Psychiatric Emergency Services to 24/7

Establishing the Therapeutic Diversion Program, a specialty shelter providing therapeutic wraparound services



# PILOT LEARNINGS & PERFORMANCE

The County has a robust set of contract performance measures for PES and TDP.

- The County and City have the same contract deliverables for TDP.
- Performance is reported quarterly by Integral Care.

Integral Care hosts quarterly stakeholder meetings to report out on their performance and engage the community to answer questions and gather feedback.

Pilot task groups address barriers and challenges and implement pilot enhancements:

- Task groups: Management, Diversion, Deflection, Data and Measurables, and Clinical Interventions and Community Resources
- Membership: community members and stakeholders

The County has contracted with Dell Medical School to conduct an evaluation of this Pilot.



Integral Care supports adults and children living with:

- **mental illness**
- **substance use disorder**
- **intellectual and developmental disabilities**

We help people build health and well-being, so everyone has the foundation to reach their full potential.



# Program Goals

Stabilize	Reduce	Assist	Enhance
Stabilize behavioral health conditions and promote long-term community integration through evidence-based mental health and co-occurring treatment interventions.	Reduce recidivism by minimizing arrests and incarceration, emphasizing diversion strategies and community-based treatment.	Assist individuals with complex behavioral health needs by removing barriers to treatment and services.	Enhance community partnerships among providers, law enforcement, jails, and court systems, utilizing the Sequential Intercept Model to improve collaboration and facilitate effective diversion strategies.

# Psychiatric Emergency Services (PES)



**Program Serves:** Individuals experiencing a mental health crisis who are deflected or diverted from the criminal legal system crisis referred by first responders, the Sobering Center, emergency departments and Travis County personnel (jail counseling staff, attorneys, judges).

**Brief Description:** A psychiatric urgent walk-in clinic focused on providing alternatives to jail bookings and emergency department admissions and providing therapeutic interventions. Enhanced services include 24/7 availability, medication evaluations, peer support services and 23-hour observation services.

**Program Launch: September 2024**



# PES Performance Data



324 unduplicated individuals served

191 referred from first responders

44 unduplicated individuals received 23-hour observation services

## Outcomes:

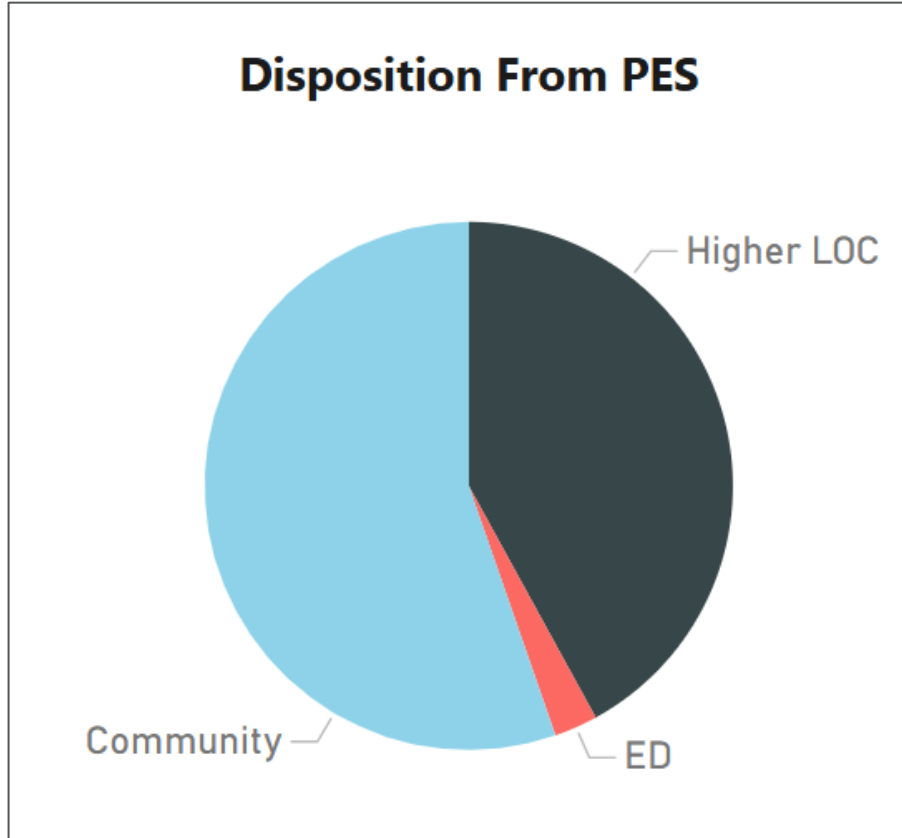
- 94% were not re-arrested
- 81% did not have another emergency department admission
- 72% did not have another crisis episode within Integral Care system 30 days post-discharge



# PES Performance: Wait Times

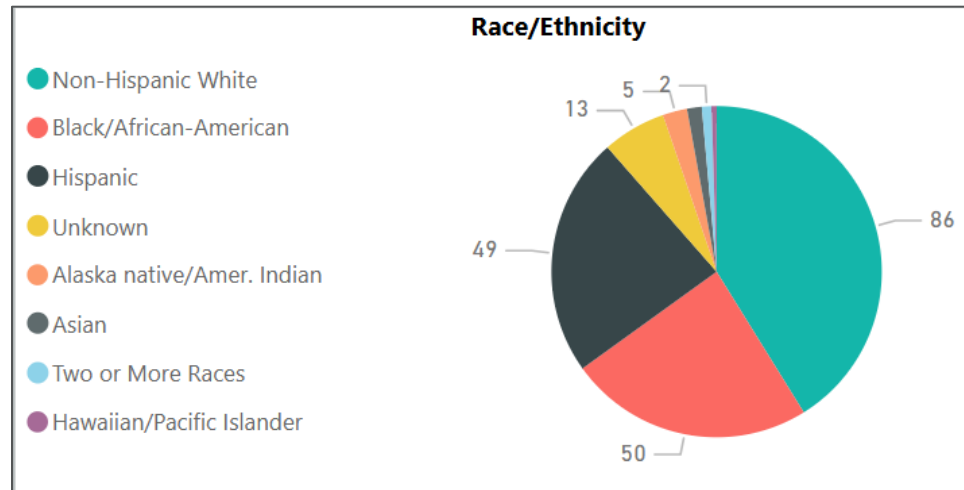
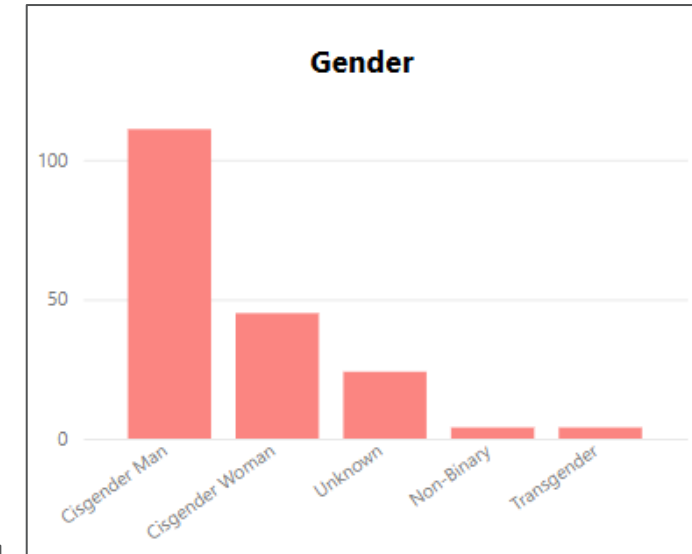
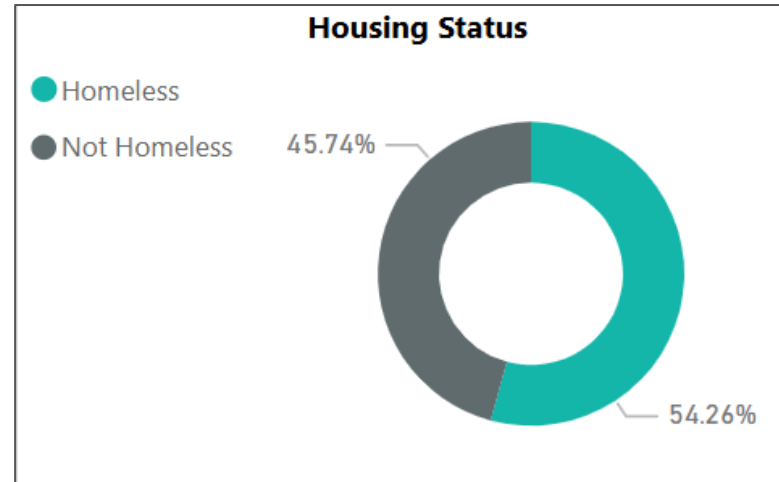
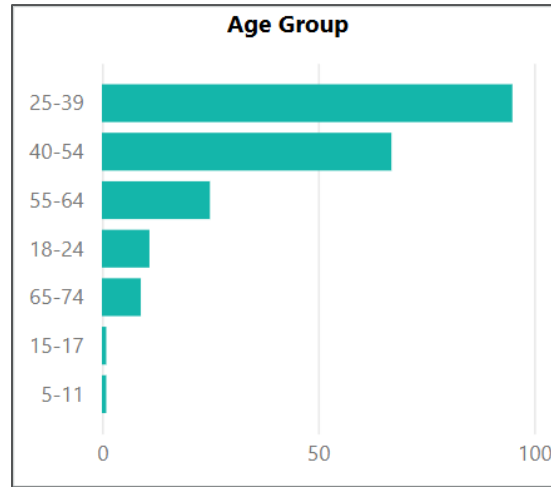
- Average Wait - Screen to Assessment: **32 minutes**
- Average Wait – Assessment to Prescriber: **97 minutes**
- Clients Left Without Being Seen: **9**
- First Responder Drop-off Time: **5 minutes**

# PES Performance



- Higher Level of Care: **42%**
- Peace Officer Emergency Detentions: **0%**
- Emergency Department: **3%**
- Direct Transfer to TDP: **0%**

# PES Demographics



FPIL Group	Clients Served
<50% of FPIL	162
50% to 100%	14
Unknown	7
101% to 151%	2
151% to 200%	2
>200%	1
<b>Total</b>	<b>188</b>

# PES Lessons Learned & Challenges

- 24/7 availability as a drop-off site for first responders
- Drop-off by first responders must be a quick and easy process
- Impact of 23-hour observation beds
- Importance of peers onsite for engagement and retention of individuals
- Complexity of implementing deflection and diversion referral pathways across multiple community systems/organizations
  - Barriers are being identified, discussed, and addressed by the Pilot Task Groups

# Therapeutic Diversion Program (TDP)

**Program Serves:** Adults aged 18 or older, experiencing a mental health crisis who are deflected or diverted from the criminal legal system.

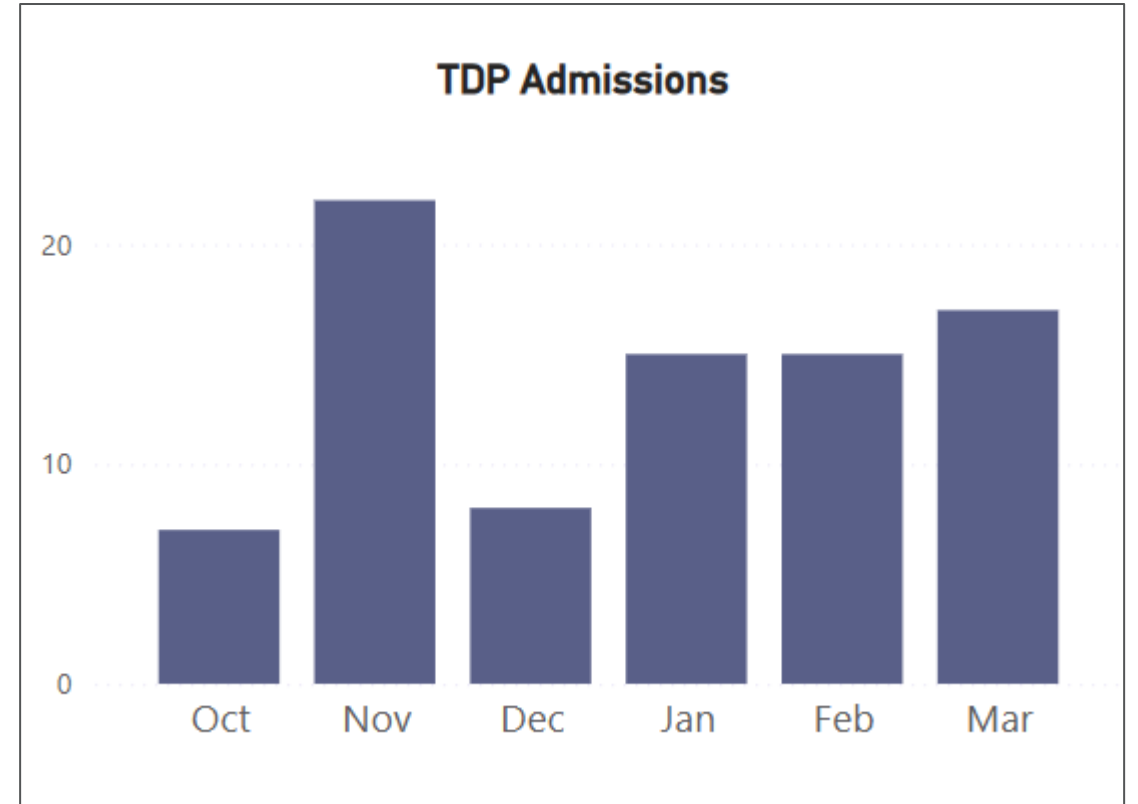
**Brief Description:** A 25-bed specialty shelter focused on providing alternatives to jail bookings and emergency department admissions and providing therapeutic interventions to stabilize a psychiatric crisis and link individuals to appropriate services. Adults may stay at the facility for up to 90 days.

**Program Launch: October 2024**



# TDP Performance: Admissions

- Unduplicated Enrollment: **83**
- Direct Admission From Jail: **83**
- Direct Admission From PES or a Crisis Residential Unit: **0**



# TDP Performance



Coordinated Assessment: **46%**

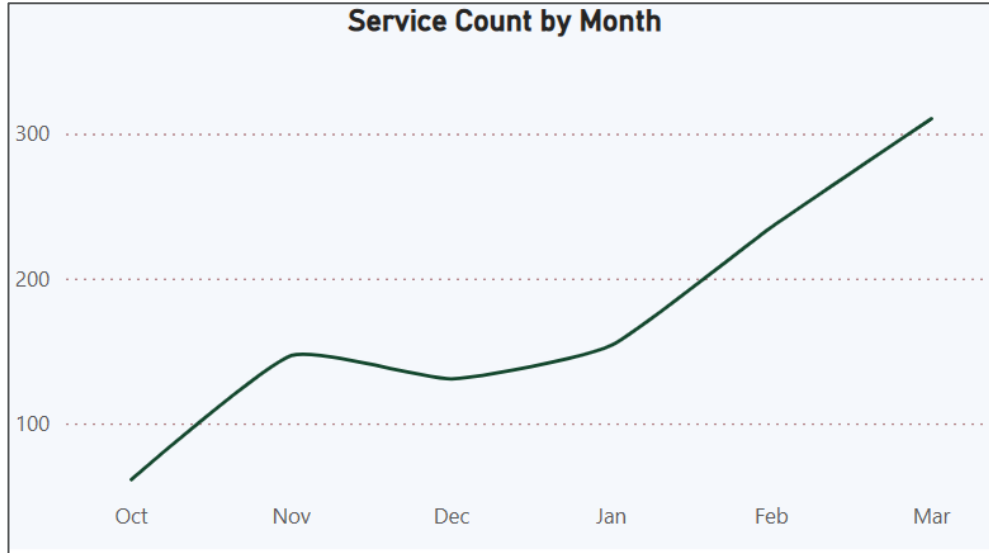


MAP or PAP Health Benefits: **54%**



SOAR Services: **3%**

# TDP Performance: Services & Stay

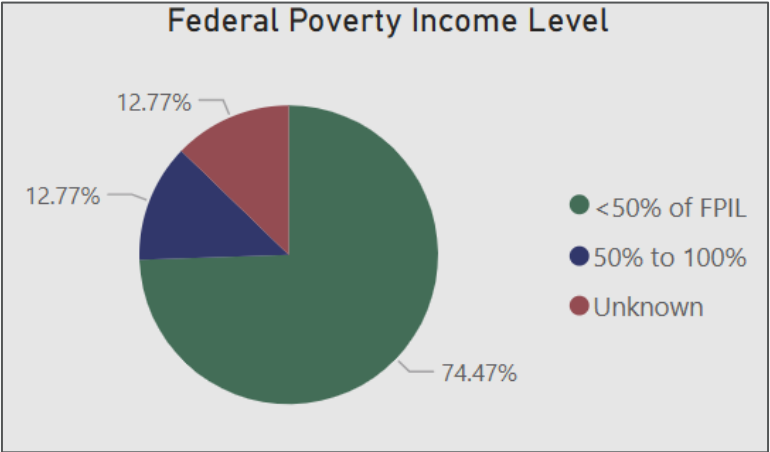
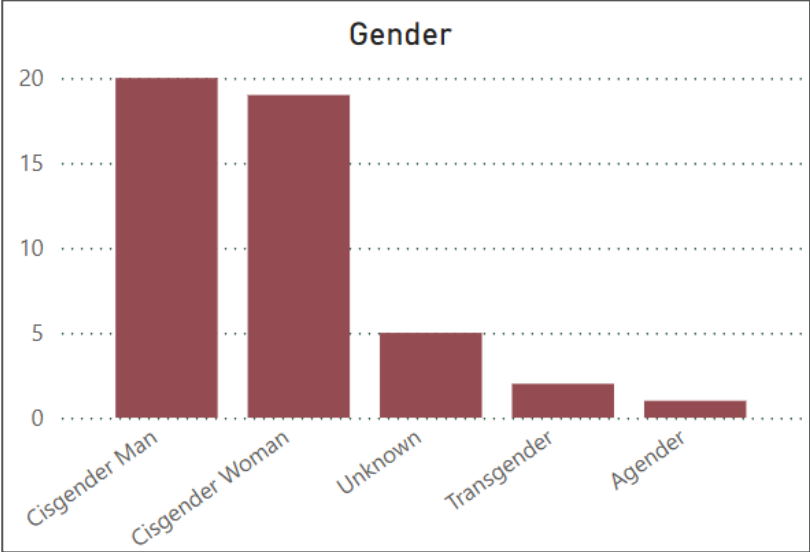
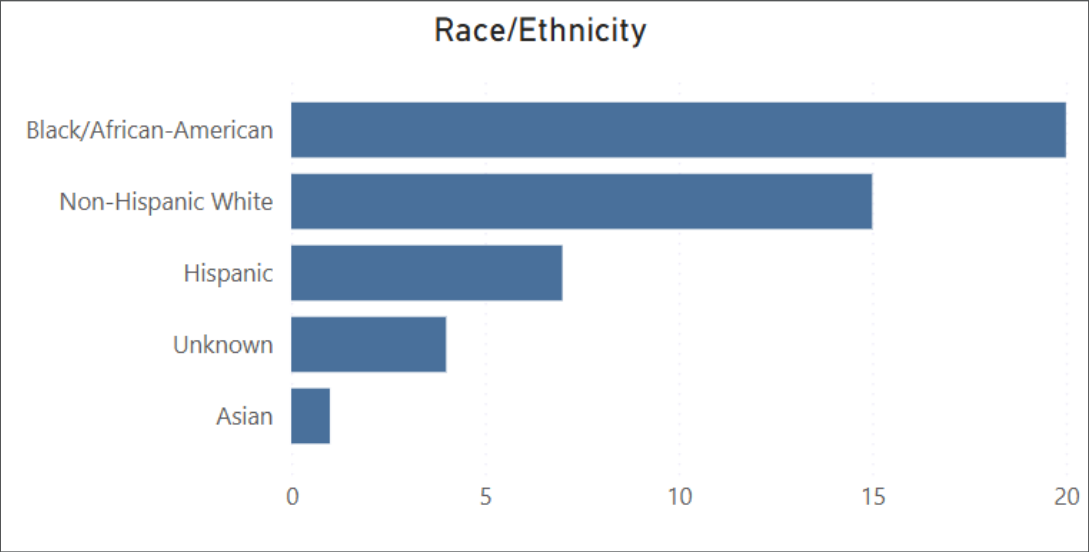


- Number of Treatment Hours Provided: **1,037**
- Number of Services Provided by Peers: **192**
- Average Length of Stay: **41 days**

# TDP Performance

- Connected to Ongoing Behavioral Healthcare: **88%**
- No Crisis Episode within Integral Care System 30 Days Post-Discharge: **98%**
- No Arrest 30 Days Post-Discharge: **76%**
- No Emergency Department Admission 30 Days Post-Discharge: **84%**

# TDP Demographics



Age Group	Count
18-24	4
25-39	22
40-54	17
55-64	3
65-74	1
Total	47

# TDP's Connection to the Homelessness Response System

- Extended stay allows for stabilization and helps individuals be better prepared to move into available housing options
- A majority of individuals exiting TDP require PSH placements due to their severe and persistent mental illness
- These individuals would be best suited for placement in a non-congregate shelter setting
- Everyone with a planned discharge from TDP has a completed or an updated Coordinated Assessment and is eligible to be connected with a housing partner; however, placement in housing is impacted by capacity and housing slots

# TDP Lessons Learned & Challenges

- Importance of peers onsite for engagement and retention of individuals
- Collaboration with Central Health to provide onsite medical services
- Extended length of stay supports stabilization
- Designation in HMIS as an emergency shelter does not negatively impact their placement for housing
- Coordinated assessments, SOAR, and mental health services and life skills provided at one location
- Throughput of individuals to a suitable housing option
- Do not have established pathways to non-congregate shelter
- Outpacing capacity – current interest list, averaging 4 weeks to enter TDP from jail

# Focus of Pilot Moving Forward

- Continuous monitoring of referral pathways, capacity challenges, and outcome metrics
- Strengthening community partnerships to ensure access to medical, behavioral health, and housing services
- Evaluation of unmet needs

# CONCLUSION AND WRAP-UP

- Ensuring uninterrupted services to vulnerable community members, those with severe and persistent mental illness with criminal legal involvement, often unhoused, and cycle through our emergency services systems
- A viable resource for first responders to deflect from emergency departments and jail
- Serving to inform and enhance the broader diversion efforts
- Collaboration and funding by all three partners remains essential to the ongoing success of the Pilot, with the City's contribution being a critical component