

DIVERSION IDEAS FOR EVERY BUDGET

FOR INDIVIDUALS WITH MENTAL ILLNESS, SUBSTANCE USE DISORDERS, OR INTELLECTUAL AND DEVELOPMENTAL DISABILITIES





Diversion Ideas for Every Budget

Formal Diversion Programs

Informal Diversion Programs

Intercept
Public
Health

Community-Led Interventions
Pre -Charge

Public Outreach and campaigns to enhance mental health awareness enable citizens, loved ones, and professionals to identify and correctly respond to the need for mental health interventions before a crisis occurs.

Guardianships are another mechanism for enabling appropriate responses to mental and behavioral health needs. Either general or limited, guardianships give approved individuals responsibility over a range of personal care decisions. Guardianships facilitate treatment and can mitigate ancillary consequences that can result from untreated mental illness. Guardianships require annual reporting and are subject to court oversight.

Statewide/Community Repositories of Psychiatric Advanced Directive provide a secure, centralized location where advanced directives are kept and made available to mental health providers and other authorized individuals to set out the patient's directives when needed.

Individual Awareness is the first step to effective responses. Individuals can seek medical assistance and treatment if they are able to assess and recognize that it is necessary to seek help and comply with prescribed medications and/or treatment without stigma. Comprehensive treatment plans that are proactive and focus on developing protective factors against mental illness provide long-term effects.

Family Support Organizations like [National Alliance on Mental Health](#) (NAMI), and the [Treatment Advocacy Center](#) (TAC) provide guidelines for how to respond to a mental health crisis, including how to navigate HIPAA, knowing how to find available resources within the community, and how to navigate the justice system (both civil and criminal).

Advanced Directives are legal tools that allow people with mental illness to state their preferences for treatment in advance of a crisis. Options for leveraging legal powers include powers of attorney (POA), advance directives ([PAD](#)), "springing" powers of attorney, and appointment of guardianship for incapacity determinations. [SAMHSA Guide to PADs](#).



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Informal Diversion Programs

Intercept

0

Community-Led Interventions
Post - Charge

Community Resources can provide a lifeline to mental health involved individuals. Strong human and social services agencies often provide meaningful internal programs, coordinate with other service providers, and provide referrals to external resources for individual supports. They also might serve as a “first stop” if individuals do not meet qualifying requirements for other resource agencies.

Civil Interventions include initiation of civil commitment orders and court-ordered treatment, including assisted outpatient treatment courts ([AOT](#)). Judges should consider hybrid solutions for civil commitment and/or competency restoration orders. Inpatient and outpatient services can be delivered sequentially, or alternatively, beginning with outpatient options, and utilizing inpatient settings as needed.

Case Review Teams keep cases from languishing in the justice system. Strong continuance policies and meaningful hearing/trial dates help maintain case momentum. Courts can also leverage case management reports to monitor case progress. In the criminal context, case management should also factor in important concerns like speedy trial or other statutorily imposed timelines.

Faith-Based, Non-Profit, or Philanthropic organizations might also provide valuable outreach and resources.

Local Collaborative Teams help provide a holistic response to mental and behavioral health needs. Informal meetings of various stakeholders can ensure that traditional information silos are broken down and that resources are shared to best serve individuals and position them for success.

Information Sharing can improve continuity of care. Texas law requires that agencies share information for purposes of continuity of care and services for “special needs offenders,” which includes individuals for whom criminal charges are pending; or who, after conviction or adjudication, are in custody or under any form of criminal justice supervision. [Tex. Health & Safety Code § 614.017\(a\), \(c\)\(2\)](#).

Judges with Probate Jurisdiction can use civil interventions to connect individuals to treatment before they enter the criminal justice system.

[Mental Health First Aid](#) is a skills-based training course that teaches participants how to identify, understand, and respond in a mental health for substance use crisis.

Non-traditional mental health professionals such as peer supporters, emerging mental health professionals, trusted members of the community can help fill workforce gaps.



Diversion Ideas for Every Budget

Formal Diversion Programs

Informal Diversion Programs

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1

Police-Led Interventions Post -Charge

Crisis Intervention Teams (CITs) receive training on identifying signs of mental illness, de-escalating situations, and connecting a person to treatment. All law enforcement officers should receive crisis intervention training and regular updates on related best practices.

Co-Responder Models pair law enforcement and behavioral health specialists to intervene and respond to behavioral health-related calls for police service. These teams utilize the combined expertise to de-escalate situations and help link individuals with behavioral health issues to appropriate services.

Crisis Facilities offer stabilization services with the goal of community reintegration. Pre-Arrest Drop Off Centers allow law enforcement to divert people with mental illness who have been picked up for low-level, non-violent offenses.

Pre-Booking Programs screen individuals before being booked to (i) identify people who are charged with low-level misdemeanors and have serious MH, IDD, SUD, or appear to be in need of psycho-social services, and (ii) redirect them to a diversion center or another appropriate treatment program.

Mental Health Officers (MHOs) receive specialized training to work collaboratively with the community and the crisis response teams of the LMHAs, including the use of emergency detention without a warrant under [Tex. Health & Safety Code § 573.001](#).

Policies, knowledge, and adherence to [Tex. Code of Crim. Proc. art. 16.23](#) encourage appropriate diversion by requiring officers to make a good-faith effort to divert a person in crisis due to mental illness or substance use disorders to a proper treatment center in the agency’s jurisdiction.

[Mobile Crisis Outreach Teams \(MCOT\)](#) provide face-to-face help to people who are at risk of harm to themselves or others. The MCOT provides counseling services to people at their home, school, or other location. The serves are available 24 hours a day, seven days a week. MCOTs provided a combination of crisis services including emergency care, urgent care, and crisis follow-up and relapse prevention to the child, youth, or adult in the community.



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Formal Diversion Programs

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Intercept

2

Prosecutor-Led Interventions
Post -Charge

Prescription Continuity is critical to keeping individuals from deteriorating. Intake officials should screen individuals and coordinate with the LMHA to identify and coordinate existing prescriptions upon entry. Medication continuity should be a priority along with suspended rather than discontinued enrollment in benefits.

Diversion Polices at the Jail include requirements that jailers evaluate incoming arrestees based on jail screening forms, charge, and CCQ information, as well as working collaboratively toward diversion. HHSC offers a free, annual Jail In-Reach Program that supports county forensic teams in identifying strategies to actively monitor people in county jails who have been found incompetent to stand trial.

Post-Booking Programs at Magistration are used to produce a disposition outside the jail instead of prosecution or as a condition of a reduction in charges. The program links people to an individualized array of community-based services.

Release on Personal Bond with Appropriate Bond Conditions by requiring treatment or services a bond condition. This can assist in stabilizing the individual, preventing the individual from becoming incompetent, making diversion feasible. [Tex. Code of Crim. Proc. arts. 17.03, 17.032.](#)

Pre-Indictment/Pre-Formal Charge Dockets are held in some counties. Cases are given cause numbers before the formal charge is filed to allow discussion on cases, monitoring of bond conditions, and the potential to divert appropriate cases.

Pre-Charge/Pre-Indictment Actions can be taken by **Diverting the case or Not Filing the Formal Charge** for an appropriate case when defense attorneys bring forth information and urge prosecutors to use their prosecutorial discretion to dismiss cases before the case is formally filed.

Pre-Trial Services Program monitors bond conditions of individuals in the same way that probation monitors individuals after a plea. These programs can also connect individual with services.

Bond Monitoring with a MH Officer or Social Worker connects individuals with local services. Sometimes these cases are also staffed with a prosecutor and appointed defense attorney.



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Prosecutor- Led Interventions Post -Charge 3 Intercept	<p>Dismiss and Transfer to Civil Court for court-ordered outpatient MH services and a dismissal of the criminal cases. Tex. Code of Crim. Proc. art. 16.22(c)(5).</p>	<p>Dismiss and Transfer by Agreement is an option for general jurisdiction judges to work with prosecutor to dismiss and transfer to the judge’s civil docket for court-ordered outpatient MH services. Tex. Code of Crim. Proc. art. 16.22(c)(5),</p>
	<p>No Dismissal and Transfer to Civil Court for court-ordered outpatient MH services where the criminal case is not dismissed until after the completion of the civil outpatient court-ordered services. Tex. Code of Crim. Proc. art. 16.22(c)(5).</p>	<p>Transfer Case with Future Dismissal by Agreement is an option for general jurisdiction judges to work with prosecutors to transfer the case to the judge’s civil docket for court-ordered outpatient MH services with the agreement for a dismissal of the case after successful completion of outpatient services. Tex. Code of Crim. Proc. art. 16.22(c)(5).</p>
	<p>Pre-Trial Intervention Programs are used by District Attorney and/or County Attorney offices where individuals charged with low-level or non-violent offenses can enter a formal agreement with the State to complete certain tasks or agreement terms over a certain period of time. If they successfully complete the program requirements, the case is dismissed before the individual enters a plea. The agreement typically specifies whether an unsuccessful completion of the criteria would result in a pre-agreed plea, the resumption of the case, or something else.</p>	<p>Deferred Prosecution or a “Top Drawer Agreements” are formed by prosecutors and defense attorneys where the state, in essence, pauses the criminal case, or puts the case in their “top drawer,” until the individual has completed certain tasks or participated in certain classes. If successful, the case is dismissed (or never filed). If unsuccessful, the case continues as if there were no pause. Typically, these agreements require a waiver of speedy trials.</p>



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Judge-Led Interventions Pre or Post Adjudication

Specialty Courts usually feature one primary judge, a courtroom team approach, a separate court calendar, court supervision, and interaction with the MH treatment system. [Tex. Code of Crim. Proc. art. 16.22 \(c\)\(4\)](#).

These courts can be set up as:

- Pre-Trial Intervention/Pre-Adjudication (with the prosecutor agreement, the individual continues to report to the court or to a specialty court);
- Deferred Adjudication Probation (defendant pleads guilty, but not found guilty, and placed on probation) and required to attend MH court as part of probation;
- Straight Probation (plead guilty, was found guilty, and placed on probation) and is required to show up to specialty court as part of probation terms.

Special Court Settings or Dockets for specific type of cases. This can be used where a judge sets a specific docket or setting for cases involving MH/IDD.

This docket can monitor individuals with:

- Conditional release (bond) monitoring
- Deferred Prosecution monitoring
- Deferred Adjudication Probation monitoring
- Probation / Post-Adjudication Monitoring

This option does not require dedicated court resources and can apply to a broader group of offenders with mental illness, including those with extensive criminal histories or violence.

Specialty Dockets can also be used to monitor special types of cases, ex: competency cases or individuals sent to State Supported Living Center (incompetent and non-restorable due to IDD).



Diversion Ideas for Every Budget

Formal Diversion Programs

Informal Diversion Programs

Intercept
4

Reentry-Led Interventions

Benefits Enrollment: Benefits enrollment programs sustain an individual's access to medications and treatment that are critical to successful re-entry in the community. Enrollment can be facilitated by enrollment officers and case managers.

Transitional Planning Staff in the Jail or Prison: Transitional plans offer guidance for community re-entry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence, including prescription continuity.

Supported Housing is a middle ground option that features independent living with the potential for support and intervention as needed.

Co-Located Community-Based Services can be accessed in the same physical space and include the broad spectrum of services and treatment an individual with mental and behavioral health needs may access.

Educational/Employment Support might include resume guidance and interview guidance, coordination of skill classes, or coordinating transportation services to job sites.

Transitional Plans offer guidance for community re-entry. A comprehensive plan identifies expectations, resources, and services to guide individuals towards independence. Individuals should play an active role in creating their transition plan.

Reimbursements for Post-Discharge Medications for up to 90 days post release help with medication continuity and are available from through the LMHAs.

Warm Hand-Offs Between Providers introduce patients to health care staff and ensure they feel comfortable.

Telehealth Models allow people with disabilities who cannot leave their homes or people without transportation to access health care via smartphones. With improving access to broadband throughout Texas, telehealth could be a useful resource.



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Probation/Parole-Led Interventions

Risk/Needs Assessment Tools in sentencing and parole/probation is a nationally accepted evidence-based practice. Tools are generally administered by parole/probation officers in advance of sentencing. Even if a tool is not used for sentencing, it can be used to inform monitoring.

Risk-Based Monitoring tailors the monitoring intensity and frequency aligned with one's criminogenic risk. Professional administration of a validated risk assessment tool should determine individual risk.

Screening for mental and behavioral health disorders should be a priority throughout justice-system involvement to ensure appropriate system responses.

Assertive Community Treatment (ACT) is a treatment model that focuses solely on mental health responses and integrates a shared caseload approach to provide treatment within a community. This model does not refer individuals to other providers and, instead, provides treatment.

Remote Services with behavioral health specialists or clinically trained individuals can help individuals and families facilitate or navigate the justice system in jurisdictions without probation officers.

Specialized Caseloads provide supervision tailored to the individual's mental health or substance use disorder needs.

Pro-Social Activities can mitigate negative effects of stress. Parole/probation can offer an opportunity to develop pro-social activities in a community setting prior to releasing from supervision.

Team-Based Programming models work well with local collaborative teams.

Peer Support provides individualistic support to those re-entering a community. Sharing unique experiences and challenges is helpful in navigating attendant challenges. Moreover, peer support groups provide insight to identify potential triggers and relapses.

Sources:

[National Center for State Courts](#)

[Rural Health Information Hub](#)

[Texas Health and Human Services](#)