

## Creating Diversion Pathways to Strengthen Behavioral Health Support in Rural Jurisdictions: *Lessons from Gregg County, Texas*

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*This policy brief offers lessons to agencies considering new approaches to diversion, connecting individuals in crisis with behavioral health treatment instead of taking them to jail or hospital emergency rooms. It includes considerations for establishing a diversion pathway, providing treatment, and coordinating longer-term support. The insights draw on interviews with stakeholders in Gregg County, Texas, which recently rolled out a diversion pathway to connect high-utilizers of emergency services with behavioral healthcare.*

### Introduction

Across the country, rural communities are struggling to support residents with complex needs who frequently interact with multiple emergency systems. Relative to urban jurisdictions, rural communities experience higher rates of substance abuse, poorer physical and mental health outcomes, and increased rates of incarceration.<sup>1</sup> Oftentimes, rural residents seek primary and stabilizing mental and behavioral healthcare from emergency responders, resulting in strained emergency medical services (EMS), hospital emergency room departments, and local jails. To address these challenges, jurisdictions have been piloting diversion programs. These programs identify individuals in need of mental or behavioral health support, and “divert” them from jail or hospital emergency rooms to an appropriate healthcare center. However, in setting up diversion pathways, rural communities face a unique set of challenges: fewer mental and behavioral health providers, fewer funding resources, and a target population with poorer health outcomes spread out over a wider geographical area.

Despite these challenges, Gregg County, a rural jurisdiction in East Texas with approximately 125,000 residents, has created a diversion pathway to connect clients in need of behavioral or mental health support with community-based care. In the County, demand for mental and behavioral health services had been increasing at a rate far outpacing the national average. The rate of patients seeking psychiatric medical care in Gregg County (6.4 per 1,000 residents) exceeds both state (4.5 per 1,000) and national averages (4.8 per 1,000).<sup>2</sup> This has meant that the County’s jail and local hospital emergency rooms often double as crisis stabilization units, putting a strain on these emergency services while at the same time not providing individuals in crisis with the most effective types of support. Over a three-month period in 2019, there were approximately 17 trips to emergency rooms, resulting in roughly 300 hours of officer time spent in transport or waiting with clients in distress<sup>3</sup>. To address this, Gregg County partners launched a community-based assessment center in 2019 to identify persons with high rates of multi-system involvement and provide them with immediate and holistic behavioral and mental health support. In doing so, the County created a diversion pathway to prevent inappropriate use of the emergency department, unnecessary hospital visits, and unwarranted jail admissions.

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<sup>1</sup> Jacob Kang-Brown and Ram Subramanian, “Out of Sight: The Growth of Jails in Rural America,” Vera Institute of Justice, June 2017.

<sup>2</sup> Jimmy Isaac, “Mental Health Lacking in East Texas, 23-County Study Finds”, National Alliance on Mental Illness-Tyler, September 2017.

<sup>3</sup> Jimmy Isaac, “Gregg County Collaborative designed to funnel mentally ill from hospital ERs”, Longview News-Journal, September 2019.

### Three critical sets of practices for diversion in rural jurisdictions

The Harvard Kennedy School Government Performance Lab (GPL) collaborated with Gregg County's local mental health authority, [Community Healthcore](#), to document their diversion model. In their efforts to overcome the unique challenges facing rural jurisdictions – lack of funding, shortage of mental health professionals, and wide geographic spread – Gregg County focused on pooling and repurposing existing resources, as well as leveraging relationships across emergency services, to roll out their diversion model. Three critical sets of practices, which may be useful for other rural jurisdictions, emerged from this process:

1. **Creating new pathways to diversion:** Bring together emergency service stakeholders to identify clients appropriate for diversion and facilitate hand-offs to community care.
2. **Providing immediate onsite triage and treatment:** Repurpose existing resources to establish an assessment center with cross-trained staff that can address multiple client needs.
3. **Connecting clients with longer-term support:** Leverage close community ties to provide post-diversion case management that can support clients beyond the moment of crisis.

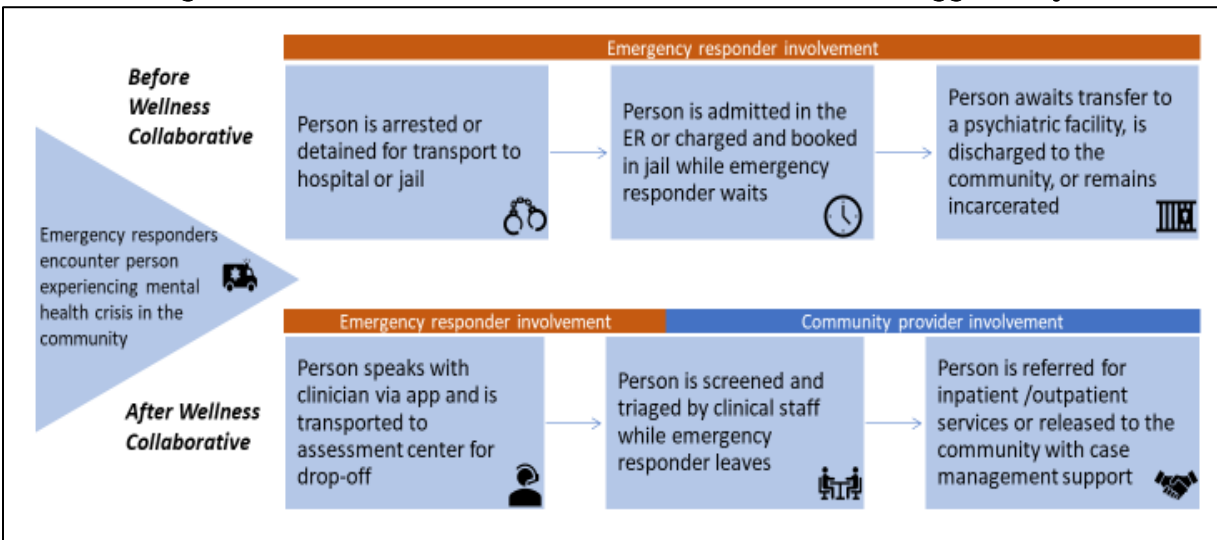
#### How diversion works in Gregg County

In Gregg County, the diversion model is initiated by trained first responders (law enforcement officers and Longview Fire and EMS) who suspect that a client may need mental or behavioral health support. In this case, officers use a mobile-based application (called Pulsara) to directly connect the client with a mental health clinician (e.g., medical doctor, physician's assistant, and/or trained nurse practitioner) for a virtual triage. The mental health clinician is then able to make an expert decision on whether the individual is appropriate for diversion services. After clinician approval, law enforcement officers transport the client to the assessment center. Upon drop-off, law enforcement officers are able to leave immediately and return to the field. Previously, officers assisting persons in crisis could spend as many as 21 hours in local emergency departments waiting for an individual to receive care. Now, they are able to return to their shift and, as one officer commented, "get back to stopping the real bad guys, not some poor fellow who is in crisis."

At the assessment center, clients are met by a triage nurse who conducts a crisis screening, provides mental health first aid, and evaluates their physical condition. Clients in need of intensive short-term mental health care, who may be experiencing an acute psychiatric crisis (i.e. psychosis, suicidal ideation, overdose, etc.), do not have to go to the hospital (and potentially wait several hours to see a clinician) before being cleared for community-based treatment. Instead, the triage nurse can immediately set them on a treatment trajectory appropriate for their level of need. This enables clients to enroll in inpatient or outpatient services, or return to their home with optional support from a case manager. Once provided treatment, clients are offered options for ongoing case management services and connected with longer-term community supports (such as substance abuse counseling, cognitive behavioral therapy, or supportive housing services).

Despite the challenges stemming from the COVID-19 pandemic, in its first year of operation the assessment center served more than 50 unique clients. Figure 1 below demonstrates the client experience before and after implementation of the assessment center (referred to as the Gregg County Collaborative Wellness Center).

Figure 1. The Wellness Collaborative diversion model in Gregg County



**1. Creating new pathways to diversion: Bring together emergency service stakeholders to identify clients appropriate for diversion and facilitate hand-offs to community care**

**Identifying clients appropriate for diversion**

With behavioral health provider shortages, limited preventative services, and little to no public transportation options, rural residents in need of mental health support are often not connected to treatment until a moment of crisis. Typically, these residents end up in emergency rooms or jails, for lack of a better alternative, putting a strain on hospitals (which are frequently near capacity) and other emergency services. In these rural settings, however, the same emergency service personnel frequently interact with residents at-risk, and are uniquely positioned to identify people in need of mental health support prior to moments of crises. In places like Gregg County, where resources are limited and staff often fulfill multiple roles across the system, collaboration across emergency service agencies is necessary to identify clients appropriate for diversion. Gregg County’s diversion program draws on a coordinated effort between the local mental health authority, law enforcement, EMS, and other community stakeholders to provide connections to community-based treatment and reduce unnecessary jail and emergency room admissions.

**Leveraging trusted relationships**

One of the greatest strengths of Gregg County’s diversion model, according to stakeholder interviews, is the close working relationships between agencies familiar with the service population, which enables them to target high-utilizers of emergency services spread across a 276 square mile area. For example, one stakeholder describes that when supporting complex populations, they often “*don’t have all the answers ... but being part of a collaborative, we are able to call on our relationships with people who are trusted*” to determine the best course of action for a client. The mental health authority has been able to cultivate local provider and law-enforcement buy-in to help pinpoint members of the target population who can be served while remaining in the community, instead of in jails or hospital emergency rooms.

The first step along the diversion pathway is identifying individuals who are in need of mental or behavioral health support. During the development stage of the diversion program in Gregg County, law enforcement officers identified the most common types of mental health calls that would be appropriate for diversion services. Mental healthcare staff also provided training to law

enforcement officers about the types of services offered at the assessment center. These efforts allowed mental healthcare staff to construct typical client profiles and create a set of eligibility criteria to help officers in the field correctly identify clients that might be best served by diversion and most likely to consent to a treatment at the assessment center.

Even equipped with knowledge on typical client profiles and services offered at the assessment center, law enforcement officers are not behavioral health experts and may find it difficult to assess whether a client is appropriate for diversion. To address this in Gregg County, law enforcement officers utilize a mobile app that connects potential clients directly with the local mental health authority to screen clients for the diversion program. The local mental health authority staff, with experience providing a range of community-based behavioral health crisis, outpatient, case management, and residential services, are specially trained nurse practitioners who are able to assess whether a client is appropriate for diversion. This screening process helps to maximize alignment between client needs and assessment center services, reducing time lost on repeat trips and potential non-compliant clients.

### **Facilitating smooth hand-offs to community care**

Once clients appropriate for diversion are identified, law enforcement officers and other professionals need an easy way to hand-off these individuals to community support. Rural law enforcement officers, of which there are often only a few, can typically spend long periods of time in transit and accompanying residents in the emergency room, which takes away limited resources from higher-order calls. For example, in Gregg County, law enforcement, fire department, and EMS staff spent more than 104 total days a year transporting persons experiencing mental health crises -- time that detracted from their ability to respond to other types of crises across the County. As a result, a primary concern when developing the assessment center was the use of limited emergency responder resources to transport persons in crisis to the hospital.

Gregg County wanted to create a diversion model that enabled smooth, fast hand-offs to community services and conserved emergency responder resources. The County's assessment center, selected to be the diversion drop-off location, is strategically placed within 15 miles of two County hospitals and co-located within a primary care clinic with an onsite pharmacy. This program site expands diversion client access to existing resources while reducing added transportation time for emergency responders traveling across the county.

## **2. Providing immediate onsite triage and treatment: Repurpose existing resources to establish an assessment center with cross-trained staff that can address multiple client needs.**

For rural jurisdictions, having a physical location to drop clients off for diversion, with trained staff that can assess mental, behavioral, and physical needs, expands access to services that were typically available only in hospital emergency rooms. With smaller healthcare workforces and limited facilities, rural jurisdictions have fewer options for where they can take individuals experiencing mental health crises. In Gregg County, prior to the implementation of the assessment center, clients in crisis would be transported to one of two hospital emergency rooms, where wait times could last several hours (for both the client and the first responder). Gregg County had an existing clinic in the community that they were using for medical purposes, and was equidistant between the two hospitals, which they used to make room for the assessment center. Having this resource allows clients who are appropriate for diversion to be assessed and treated immediately onsite. It also takes the burden off of first responders, who can drop clients off at the assessment center and then immediately get back to the field.

Gregg County’s assessment center accepts walk-ins, referrals from other providers, and drop-offs from law enforcement or emergency personnel, and thus accepts a wide range of clients with acute and/or chronic needs ranging from medication management to ambulatory detox. Given the range of client profiles, Gregg County has equipped assessment center staff to perform multiple roles in order to triage clients immediately upon their arrival at the center. As soon as a client is dropped off at the assessment center, they are met by a triage nurse at the front desk who is trained to conduct a crisis screening, provide mental health first aid, and evaluate their physical condition. Because these on-site triage nurses are trained in crisis screening, clients do not have to go to the hospital (and potentially wait several hours to see a clinician) before being cleared for community-based treatment. Instead, the triage nurse can quickly assess clients and set them on the treatment trajectory most appropriate for their level of need. In addition, because the assessment center has multiple entry points (including walk-ins), clients can return to access additional services on their own, without relying on another law enforcement contact to receive stabilizing supports.

According to stakeholder interviews, hiring assessment center staff with both psychiatric and mental health first aid training was integral to meeting the wide-ranging needs of the target population at one site. Gregg County’s diversion model relies on these cross-trained assessment center staff to expedite connections to stabilizing services and reduce overreliance on EMS.

#### **Funding the assessment center in Gregg County**

Gregg County stakeholders actively sought out funder organizations with priorities aligned to the needs and characteristics of individuals served by the diversion program. For example, project stakeholders leveraged their intimate knowledge of the service population to engage Episcopal Health Foundation, an entity that prioritized funding for communities seeking to address unmet mental and behavioral health needs, improve economic and social outcomes, and pursue justice in the community. Gregg County drew on shared interest in outcomes at the client, organization, health system, and community level, touching each interaction point along the client experience continuum. In this context, both Episcopal Health Foundation and Gregg County converged on their understanding that even marginal gains with high need populations could be translated into reduced system strain (e.g., hospital admissions, jail bookings, emergency medical transports, etc.).

Notably, Gregg County stakeholders emphasized the significance of diverse funding streams for the sustainability of the assessment center. In fact, grant funding represented roughly 30% of the assessment center’s budget since its launch in 2019. A mix of initial grant funds, in-kind contributions, Medicaid, and other state and local dollars served as the initial funding source for the assessment center. To offset ongoing operational costs, the assessment center relies on funds generated from the health authority’s primary care services (through private payer insurance and sliding scale payment for services). The viability of the assessment center would not be possible without this supplemental income stream. Additionally, Gregg County stakeholders are exploring the use of a collaborative funding model, an approach that would allow partners to pool resources and share costs to offset strain to any individual partner.

### **3. Connecting clients with longer-term support: Leverage close community ties to provide post-diversion case management that can support clients beyond the moment of crisis**

Clients eligible for diversion often have complex, entrenched behavioral or mental health needs which require ongoing support due to co-occurring conditions (ranging from diabetes to asthma). In rural jurisdictions, with smaller populations but worse health outcomes, often the same individuals interact with emergency services many times over. For example, in Gregg County, a

report compiled by the [Parkland Center for Clinical Innovation](#) found that in 2019, just 14 individuals accounted for 100 referrals to mental and behavioral health crisis services. Evaluators recommended that assessment center staff consider implementing a needs assessment to ensure that clients were both stabilized during their moment of crisis and connected to longer-term services that addressed underlying (and recurring) needs. Like other rural jurisdictions, Gregg County did not have a robust data management system in place to aid in case management, but does benefit from close community ties to help determine a) which individuals are in need of longer-term support, and b) where the appropriate community resources are available to help. Building on this, Gregg County has been exploring opportunities to incorporate standardized data collection to better track client outcomes and support post-diversion case management.

To help provide ongoing support for clients, Gregg County's assessment center added internal case management capabilities through a dedicated care coordination team. Leveraging close community ties, this team follows up on data from crisis screenings to ensure connection to services, including substance use counseling, dual diagnosis programs, and paid prescription assistance. As part of this, the team creates individualized treatment plans that vary in intensity according to client needs and progress. In order to effectively create these plans, the team collects, tracks, and shares client data across program partners (with the help of a dedicated staff member responsible for data standardization and analysis). For example, Gregg County stakeholders have identified opportunities for continued collaboration with the Longview Fire and EMS team in the form of community paramedicine (see the call-out box below). Currently, emergency services in Gregg County are only able to recoup costs when they transport clients to the hospital, but County staff are working together on ways to address this challenge.

#### **Leveraging emergency services to identify and support residents in need**

Due to their frequent contact with persons in need of assistance, Longview Fire and EMS staff are well positioned to identify residents in need of support, alert providers, and streamline referrals. Unlike traditional models of emergency medical services, Longview's EMS identifies individuals with unaddressed basic needs by tracking repeat calls for non-medical emergencies. EMS then conducts home visits for these individuals to check-in on their wellbeing and connect them with any needed community supports. Given their bird's eye view of the health of the community, EMS serves as a bridge connecting community, health, and social services, providing hand offs to organizations such as Habitat for Humanity, Health and Human Services, as well as nonprofits offering food, rent, and utility assistance.

For example, one stakeholder described their experience with an elderly man whose home had fallen into disrepair after the death of his wife: *"Neighbors initiated a call for service requesting a welfare check on a fellow whose home was in pretty bad shape.... Damage to the roof, grass overgrown...just real bad stuff. We went out and just listened. He told us that his wife had died and things just got away from him. We reached out to Habitat for Humanity and they were able to repair his home. Adult Protective Services helped us find him a home healthcare provider... Although our current way of doing things only lets us recoup costs when we transport to the hospital... this senior was able to stay in his home and that was a good thing."*

## Conclusion

Through their diversion program, Gregg County stakeholders have helped to address the demand for mental and behavioral health services in rural communities with limited resources. While they recognize that the assessment center is just one intervention among many that are needed to fully meet resident needs, Gregg County stakeholders have been able to implement a diversion model that adds to the community's behavioral and mental health supports.

As additional rural jurisdictions seek to address residents' needs (while reducing strain on emergency and justice systems), Gregg County's diversion model offers applicable insights that are worth considering and incorporating into program design, including the use of cross-trained medical and clinical staff, inter-agency coordination and data sharing on client outcomes, real-time technology for triage in the field, and multi-phased funding to stretch available dollars. The strategies used by Gregg County are not the only way to approach diversion, but do provide an example of a jurisdiction that pooled existing resources and leveraged community partnerships to roll-out a diversion pathway despite resource and capacity constraints. These approaches have helped Gregg County stakeholders leverage their strengths in order to provide a new pathway to community-based care for clients in need.

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