



DIVERSION CENTER PROJECT UPDATE

4.29.2024

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OFFICE OF THE COUNTY EXECUTIVE

	Restoration Center	Diversion Center
Hours of Operation	24 hours per day, 7 days per week, 365 days per year	24 hours per day, 7 days per week, 365 days per year
Purpose	Provide integrated care for adults and children with mental health conditions and/or addiction.	Decompression & diversion via short-term crisis stabilization services, then referral to community-based resources
Target Population(s)	County residents experiencing a mental health and/or substance use crisis	County residents ages 18+ experiencing mental health and/or substance use crisis who have been: <ul style="list-style-type: none"> • Transferred after release from Montgomery County Detention Center (MCDC) • Transported by public safety responders • Transferred and transported from a hospital via ambulance
Accessibility	Open to the general public, “no wrong door” policy	Open to county residents transported by MCPD, MCFRS, DOCR, DHHS, or hospitals

	Restoration Center	Diversion Center
Exclusion Criteria	None	<ul style="list-style-type: none"> • Walk-ins • Referrals from community-based behavioral health organizations • Non-county residents • Children/adolescents
Location	Geographic areas with greatest unmet need; highest number of crisis events (e.g., “hot spots”)	Centralized in the County with proximity to the MCDC/Central Processing Unit (CPU) to effectively divert prior to entry into the criminal justice system
Services	<ul style="list-style-type: none"> • Short-term behavioral health crisis stabilization • May include supported housing, residential and employment programs for walk-in clients • Discharge planning and referrals to community-based resources 	<ul style="list-style-type: none"> • Short-term behavioral health crisis stabilization for eligible clients • Discharge planning, referrals, & transportation to community-based resources

DIVERSION CENTER PROJECT UPDATE

- Held first stakeholder workgroup on 9/28/2023 and meetings have continued monthly since.
- Stakeholder group did a site visit over to the Seven Locks property in October 2023.
- Program of Requirements remains updated to reflect current scope.
- County project website remains updated to reflect current scope.
- County has onboarded an architect to begin design work based on the decisions and feedback provided by the both the external stakeholder group and an internal operator workgroup (DHHS, consultants)

STAKEHOLDER ENGAGEMENT TEAM

- Current Composition:
 - 3 members of neighboring community (Seven Locks Alliance)
 - 2 members of the recovery community (NAMI & STEER)
 - 1 member from the Department of Health & Human Services
 - 1 member from the Department of General Services
 - 1 member from the Department of Corrections & Rehabilitation
 - ACAO Stoddard
- Ad hoc participants have included Montgomery County Police Department, Fire Rescue Service, & Office of the State's Attorney.

STAKEHOLDER ENGAGEMENT TEAM ISSUES

1. Facility Placement on Site
2. Fencing, Sidewalks, Lighting, Traffic, Buffers, Landscaping, Sound attenuation
3. Signage at the facility
4. Post-Release Transport options for both diversion center and central processing
5. What happens when there isn't a referral and a client is approaching 72hrs
6. Legal processes if a client fails to complete diversion programming
7. What happens if there is a walk-in
8. Referrals from the Crisis Center or Mobile Crisis Outreach Teams (MCOTs)
9. Client flow through the site from arrival based on different points of origination (pre-arrest, arrest, ED, etc)

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STAKEHOLDER ENGAGEMENT TEAM ISSUES

1. Facility Placement on Site – Discussed 1/11, 2/8
2. Fencing, Sidewalks, Lighting, Traffic, Buffers, Landscaping, Sound attenuation – Discussed 10/28, 1/11, & 2/8
3. Signage at the facility - Discussed 10/28, 1/11, & 2/8
4. Post-Release Transport options for both diversion center and central processing – Discussed 10/28
5. What happens when there isn't a referral and a client is approaching 72hrs – Discussed 3/14
6. Legal processes if a client fails to complete diversion programming – Discussed 12/12
7. What happens if there is a walk-in – Discussed 11/9
8. Referrals from the Crisis Center or Mobile Crisis Outreach Teams (MCOTs) – Discussed 11/9
9. Client flow through the site from arrival based on different points of origination (pre-arrest, arrest, ED, etc) – Discussed 2/8
10. Visitor Policy – Discussed 3/14

STAKEHOLDER ENGAGEMENT TEAM ISSUES

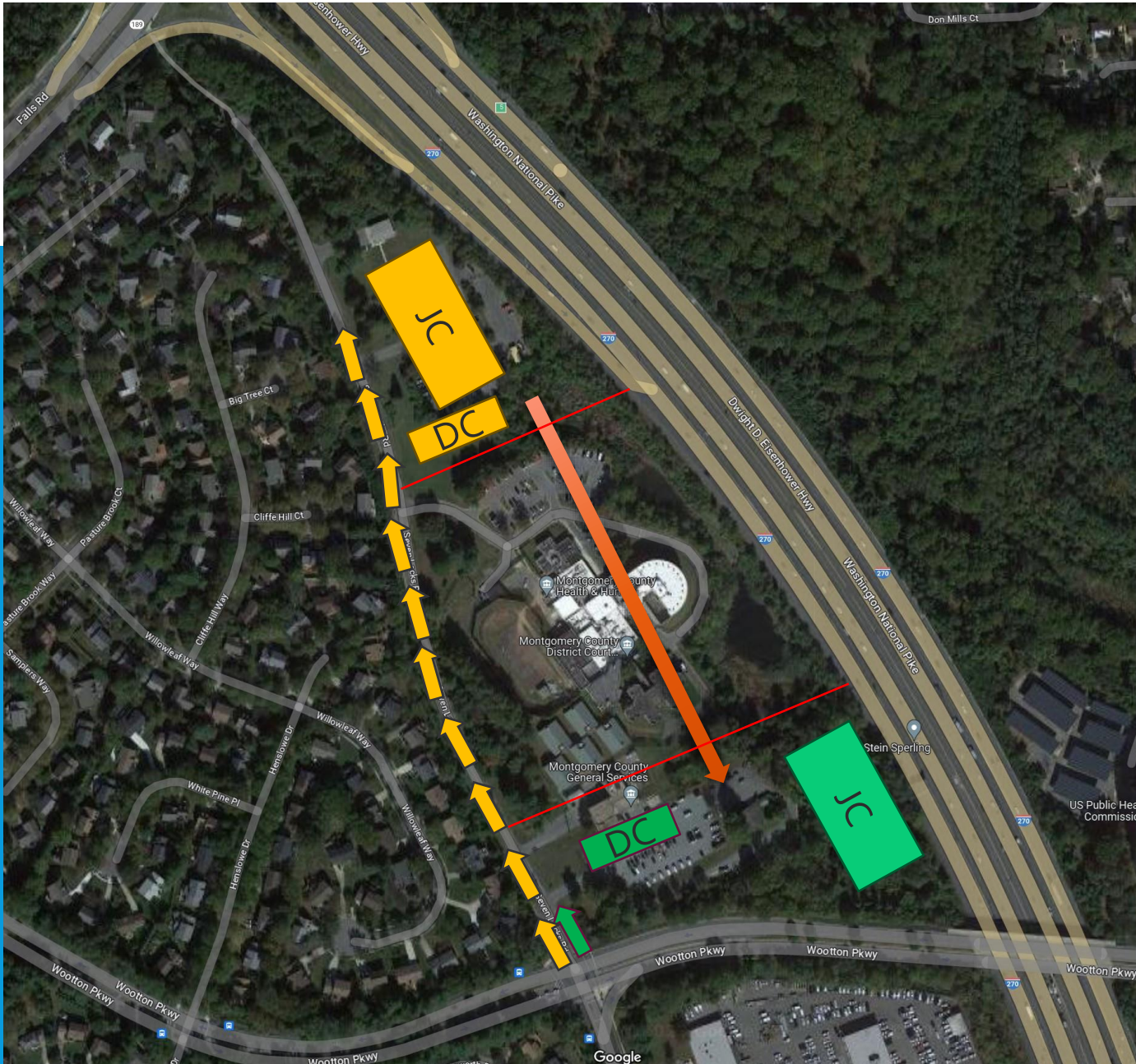
- Post-Release Transport options for both diversion center and central processing – Discussed 10/28
 - Reviewed bus needs, shuttle from court to MCDC post bond release (Mondays particularly).
 - Need for HHS to expand Uber, Lyft, and taxi contracts.
- What happens when there isn't a referral and a client is approaching 72hrs – Discussed 3/14
 - Discharge planning will begin at intake.
 - Metrics will be tracked for average length of stay.
 - The County will not release someone actively in crisis back into the community just because an arbitrary time period has been met.

STAKEHOLDER ENGAGEMENT TEAM ISSUES

- Legal processes if a client fails to complete diversion programming – Discussed 12/12
 - State’s Attorney McCarthy provided a list of crimes for which he would not support on 4/10. Subject to review and follow-up with the stakeholders.
 - If a client fails to complete the initial treatment course (as medically indicated; up to 72 hours), police will return to complete to transport to central processing and charging.
 - Will need state legislative action to allow Emergency Evaluation Petition at the Diversion Center (instead of just a hospital ED).
 - Need more work for developmental disability allowance at facility.
 - Further conversations requested with Public Defender’s Office for pre-arrest vs. post-arrest diversion.
- What happens if there is a walk-in – Discussed 11/9
 - Walk-ins will be discouraged by messaging.
 - Walk-ins will be diverted for assessment to the Crisis Center and only transported back (by official transport by government agency) if deemed appropriate after triage.

STAKEHOLDER ENGAGEMENT TEAM ISSUES

- Referrals from the Crisis Center or Mobile Crisis Outreach Teams (MCOTs) – Discussed 11/9
 - Permissible. HHS will need to develop a direct transport capability to effectuate.
- Client flow through the site from arrival based on different points of origination (pre-arrest, arrest, ED, etc) – Discussed 2/8
 - Proposed internal layout of facility discussed on 3/14, but an internal operator workgroup with consultation from experts that operate facilities in other states is ongoing.
- Visitor Policy – Discussed 3/14
 - Original position was no visitors. However, after discussions with stakeholders, an alternate strategy was devised.
 - Consensus around allowing visitors ONLY under the following criteria:
 - Client and clinician agreement around the specific visitors.
 - Visitor hours will be limited (for example, 8am to 8pm).
 - Visiting both in-person, but also remote visitation capability.
 - Visitors may support discharge planning efforts.

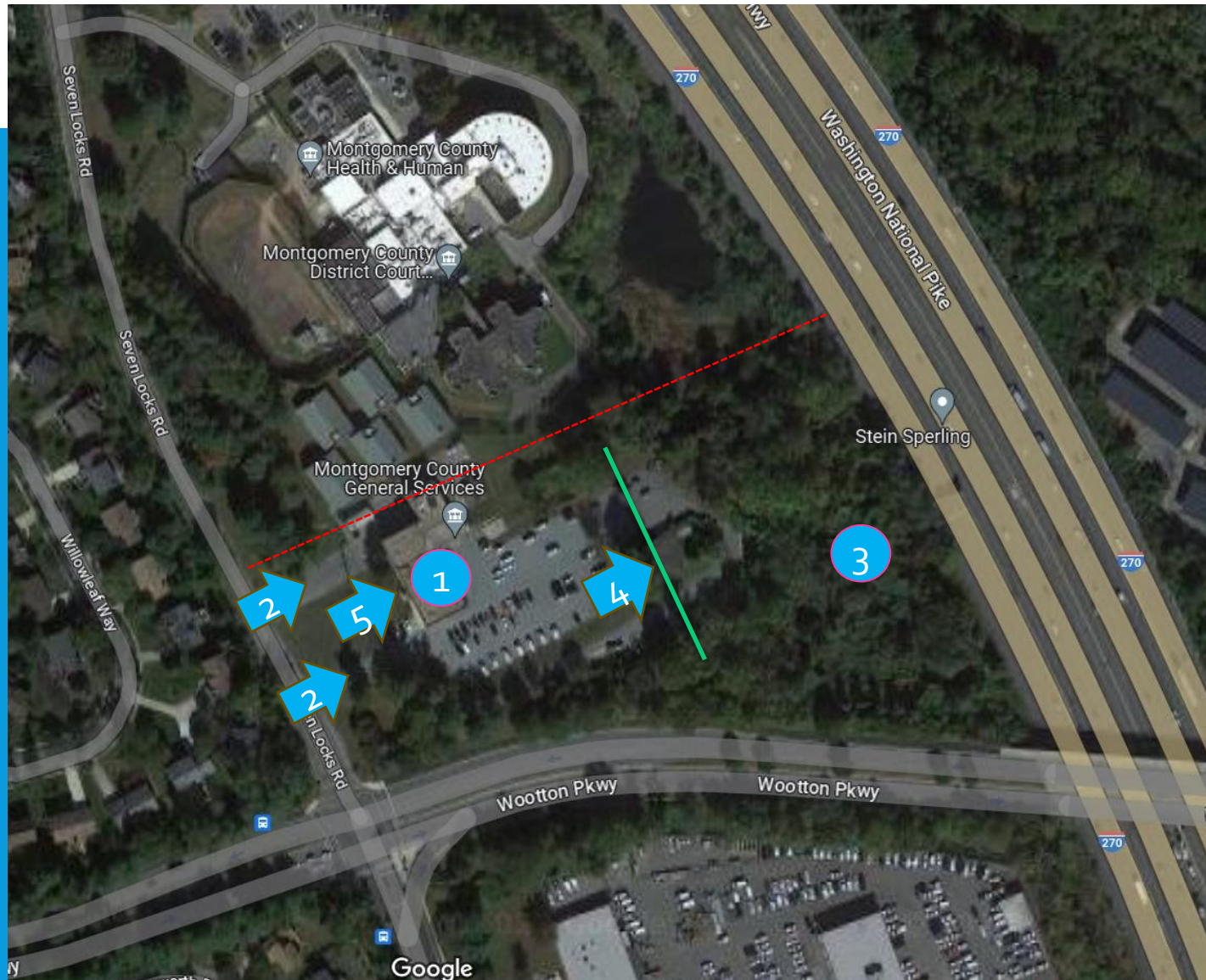


Location of the building on the site

Factors for the decision:

- 1- Larger area
- 2- Avoid traffic into 7 Locks
- 3- Better access to bus stop
- 4- Better visual barrier from the community
- 5- Storm Water Management constraints on the north side.

New Location Elements

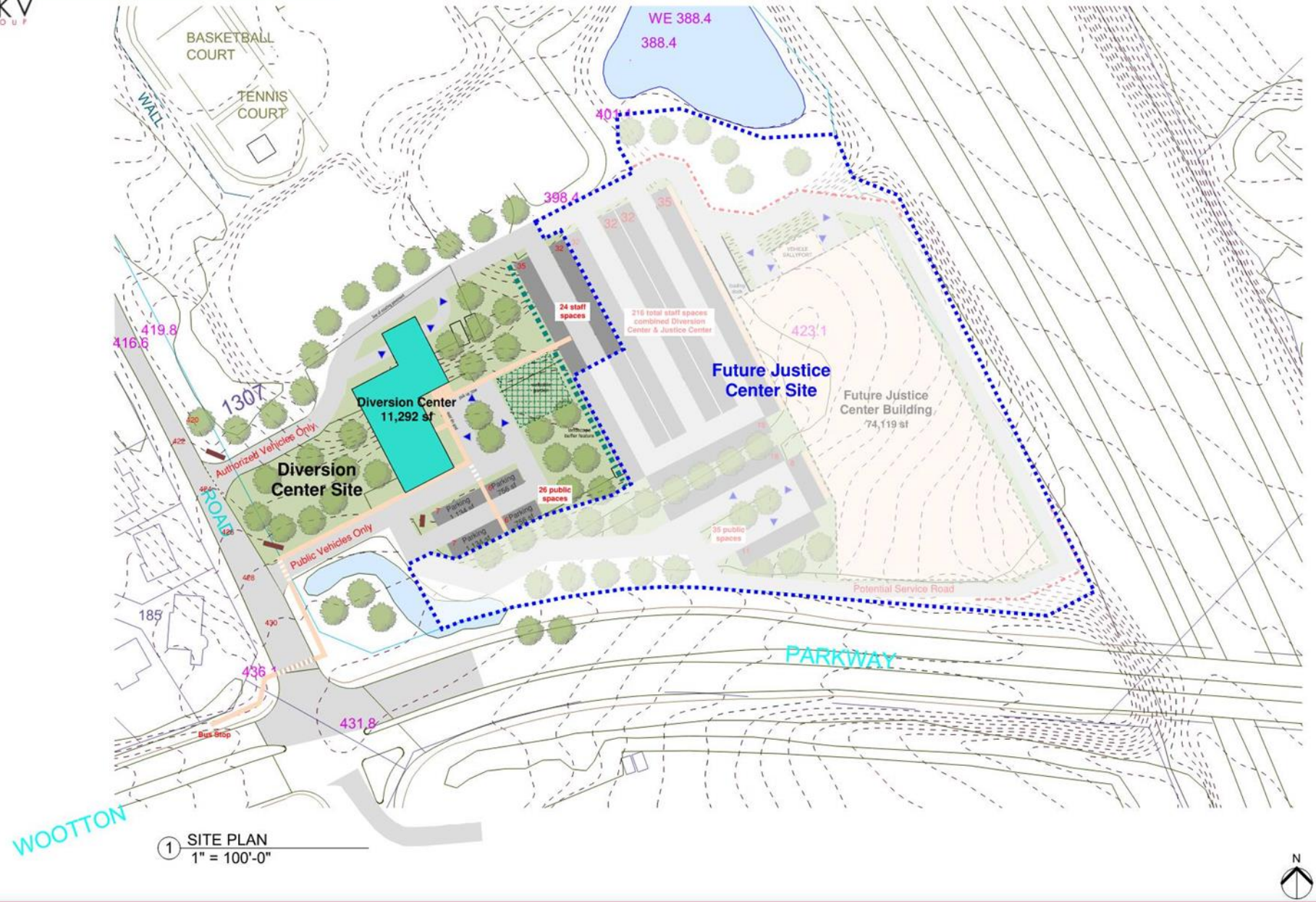


- 1- Building the new Diversion Center at the location of the existing DGCS Facility.
- 2- Maintain 2 existing entrance driveways
- 3- Locate future Judicial Center in the back/East
- 4- Provide a visual barrier between DC and JC
- 5- provide more residential façade for the new Diversion Center.

Site Plan

BKV GROUP

CONCEPT
C
REVISED: 3/12/2024



① SITE PLAN
1" = 100'-0"



Enlarged Proposed Concept Plan for the Diversion Center Site



1 ARCHITECTURAL SITE PLAN
1" = 40'-0"

Montgomery County Diversion Center

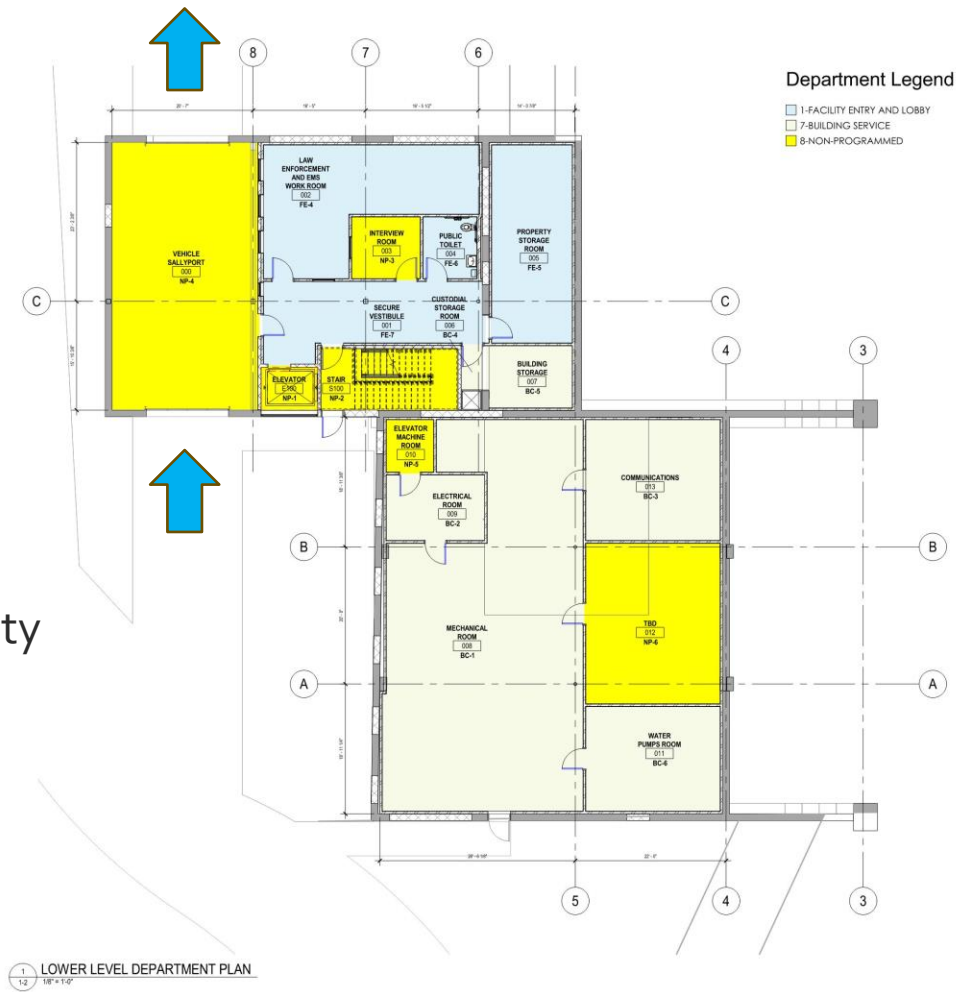


BKV
GROUP



Main Level Floor Plan

Patients arrive in public safety vehicles inside the sallyport.



PROGRAM ANALYSIS REVIEW					
NO	FOR ID	ROOM NAME	AREA		DELTA %
			Actual	Program	
1-FACILITY ENTRY AND LOBBY					
100	FE-1	ENTRY WEATHER VESTIBULE	71 SF	100 SF	143%
101	FE-2	PUBLIC LOBBY	146 SF	160 SF	110%
104	FE-3	RECEPTION	58 SF	100 SF	172%
002	FE-4	LAW ENFORCEMENT AND EMS WORK ROOM	435 SF	256 SF	169%
005	FE-5	PROPERTY STORAGE ROOM	339 SF	0 SF	0%
105	FE-5	PROPERTY STORAGE ROOM	58 SF	112 SF	192%
004	FE-6	PUBLIC TOILET	71 SF	0 SF	0%
103	FE-6	PUBLIC TOILET	49 SF	64 SF	131%
001	FE-7	SECURE VESTIBULE	310 SF	80 SF	26%
1-FACILITY ENTRY AND LOBBY: 9			1297 SF	872 SF	
2-EXECUTIVE ADMINISTRATIVE SUITE					
115	AD-1	MANAGERS OFFICE	131 SF	100 SF	131%
108	AD-2	SHARED STAFF OFFICE	374 SF	304 SF	123%
107	AD-3	MULTI-USE PARTNERSHIP OFFICE	75 SF	100 SF	133%
111	AD-3	MULTI-USE PARTNERSHIP OFFICE	108 SF	100 SF	108%
109	AD-4	COFF MAIL & FILE ROOM	85 SF	80 SF	106%
114	AD-4	STAFF LOUNGE & REST AREA	243 SF	300 SF	123%
116	AD-7	STAFF TOILET AND SHOWER	84 SF	96 SF	114%
112	AD-8	LACTATION ROOM	112 SF	64 SF	175%
115	AD-9	LABORATORY ALCOVE	74 SF	76 SF	103%
2-EXECUTIVE ADMINISTRATIVE SUITE: 9			1290 SF	1240 SF	
3-URGENT CARE					
122	UC-3	OBSERVATION WAITING AREA	219 SF	200 SF	110%
120	UC-4	MEDICATION STORAGE ROOM	93 SF	80 SF	116%
120	UC-5	MEDICAL SUPPLIES / EQUIPMENT STORAGE	99 SF	100 SF	115%
135	UC-4	MEDICAL WASTE CLOSET	71 SF	20 SF	35%
129	UC-7	PATIENT TOILET	58 SF	56 SF	104%
3-URGENT CARE: 5			490 SF	456 SF	
4-SOBERING STATION					
138	SS-1	SOBERING OPEN ROOM	1176 SF	805 SF	146%
142	SS-2	SECLUSION RESTRAINT ROOM	278 SF	200 SF	139%
141	SS-3	STAFF WORK STATION	117 SF	80 SF	147%
143	SS-4	PATIENT TOILET	41 SF	56 SF	134%
4-SOBERING STATION: 4			1412 SF	1141 SF	
5-CRISIS STABILIZATION					
127	CS-1	STAFF / NURSES WORK & OBSERVATION STATION	134 SF	128 SF	105%
125	CS-2	STABILIZATION ROOM	1024 SF	805 SF	127%
124	CS-3	SECLUSION/RESTRAINT ROOM	318 SF	200 SF	159%
126	CS-4	SENTRY / QUIET ROOM	49 SF	80 SF	121%
126	CS-5	TELEVISION ROOM	229 SF	216 SF	106%
128	CS-7	MEDICAL STORAGE CLOSET	30 SF	25 SF	120%
131	CS-8	PATIENT TOILET	38 SF	56 SF	132%
133	CS-8	PATIENT TOILET	58 SF	56 SF	104%
137A	CS-8	PATIENT TOILET	73 SF	56 SF	130%
144	CS-9	PATIENT SHOWERS	49 SF	56 SF	130%
5-CRISIS STABILIZATION: 10			2091 SF	1478 SF	
6-SHARED SUPPORT SPACES					
118	SP-1	PSYCHIATRIC EXAM ROOM	89 SF	100 SF	111%
119	SP-2	OBSERVATION ROOM	99 SF	100 SF	109%
104	SP-2	OBSERVATION ROOM	99 SF	100 SF	109%
106	SP-3	INTERVIEW / COUNSELING ROOM	151 SF	80 SF	189%
102	SP-4	SUN ROOM	168 SF	192 SF	116%
6-SHARED SUPPORT SPACES: 3			464 SF	572 SF	
7-BUILDING SERVICE					
008	BC-1	MECHANICAL ROOM	1440 SF	160 SF	9%
009	BC-2	ELECTRICAL ROOM	137 SF	64 SF	214%
013	BC-3	COMMUNICATIONS	345 SF	44 SF	782%
006	BC-4	CUSTOMAL STORAGE ROOM	29 SF	35 SF	121%
007	BC-5	BUILDING STORAGE	110 SF	64 SF	172%
011	BC-6	WATER PUMPS ROOM	297 SF	44 SF	675%
7-BUILDING SERVICE: 6			2360 SF	451 SF	
8-NON-PROGRAMMED					
E100	NP-1	ELEVATOR	32 SF	0 SF	0%
E100	NP-2	STAIR	160 SF	0 SF	0%
003	NP-3	INTERVIEW ROOM	90 SF	0 SF	0%
000	NP-4	VEHICLE SALLYPORT	800 SF	0 SF	0%
010	NP-5	ELEVATOR MACHINE ROOM	43 SF	0 SF	0%
145	NP-5	WARMING KITCHEN	222 SF	0 SF	0%
012	NP-6	TRO	489 SF	0 SF	0%
140	NP-7	TRO	188 SF	0 SF	0%
139	NP-8	CLOSET	46 SF	0 SF	0%
117	NP-9	SLEEP	85 SF	0 SF	0%
8-NON-PROGRAMMED: 10			2205 SF	0 SF	
9-CIRCULATION					
C101	CIRC-1	CORRIDOR	915 SF	0 SF	0%
C102	CIRC-2	CORRIDOR	40 SF	0 SF	0%
C100	CIRC-3	CORRIDOR	378 SF	0 SF	0%
9-CIRCULATION: 3			1333 SF	0 SF	
			13622 SF	4210 SF	

VARIED COLOR PALETTE WITH SLOPED
AND GABLE ROOF ELEMENTS



Concept Façade Design



PROJECT SCHEDULE

- Start Design2/2024
- File for Permit12/2024
- Bid2/2025
- Start Construction5/2025
- Construction Completed7/2026
- Facility Open9/2026

Note: Dates are tentative