

DIVERSION CENTER PROJECT UPDATE

4.29.2024

EARL STODDARD, PHD, MPH, CEM ASSISTANT CHIEF ADMINISTRATIVE OFFICER 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: 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	 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	 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 	 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.

- 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)

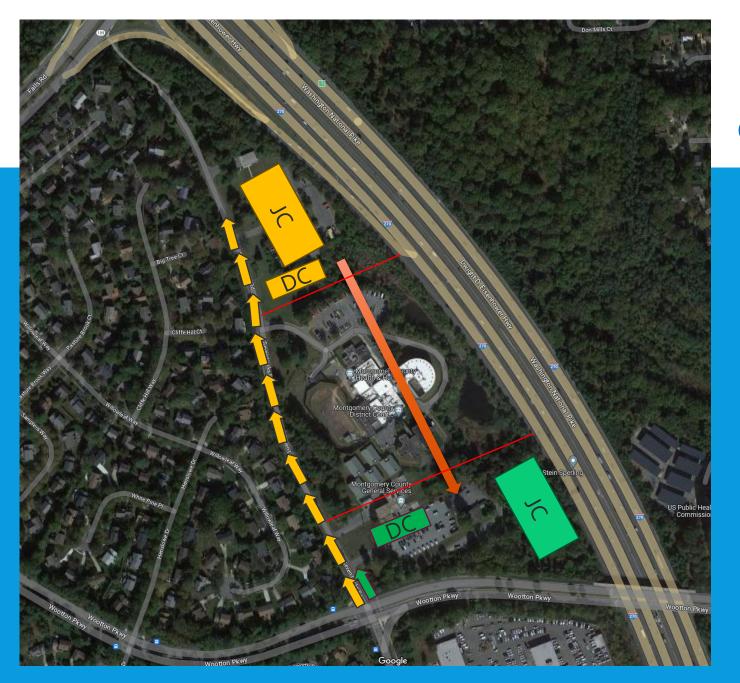
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- 8. Referrals from the Crisis Center or Mobile Crisis Outreach Teams (MCOTs)
- Glient flow through the site from arrival based on different points of origination (pre-arrest, arrest, ED, etc)

- 1. Facility Placement on Site Discussed 1/11, 2/8
- 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

- 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.

- 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 72hours), 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.

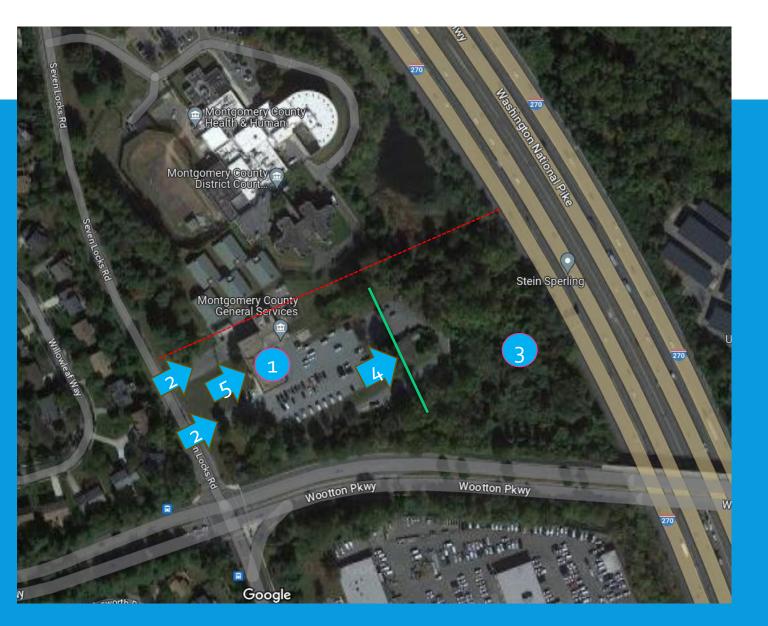
- Referrals from the Crisis Center or Mobile Crisis Outreach Teams (MCOTs) Discussed 11/9
 - Permissible. HHS will need to develop a direct transport capability to effectuate.
- Client flow through the site from arrival based on different points of origination (pre-arrest, arrest, ED, etc) Discussed 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.

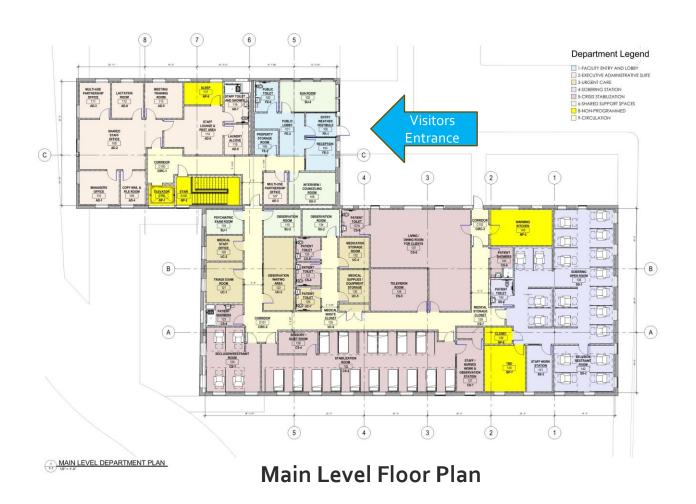




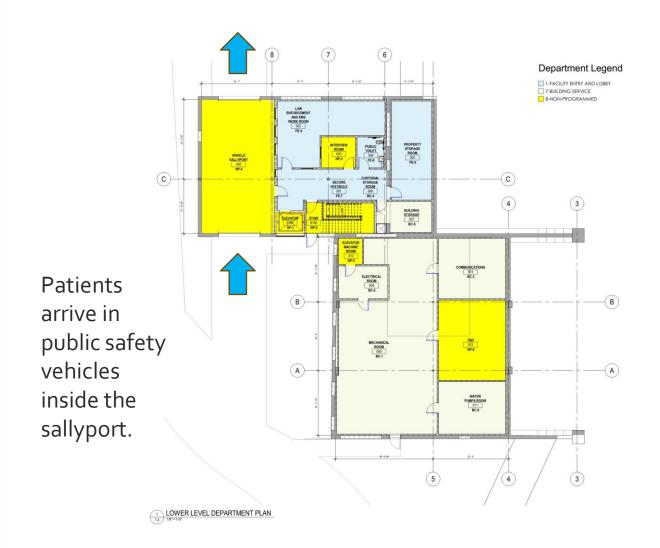
Enlarged Proposed Concept Plan for the Diversion Center Site











		PROGRAM ANALYSIS RE	AR	EA.	DEL
NO	PORID	ROOM NAME	Actual	Program	DEL %
1-FAC1	FE-1	Y AND LOBBY ENTRY WEATHER VESTIBULE	71.5F	100 SF	
101	FE-2	SHIRL MEVINER ASSIBILE	146 SF	160 SF	
104	FE-3	PUBLIC LOBBY RECEPTION	98 SF	100 SF	25
002	FE-4	LAW ENFORCEMENT AND EMS WORK ROOM	435 SF	256 SF	10
005	FE-S	PROPERTY STORAGE ROOM	339.56	O.SF	_
105	FE-5	PROPERTY STORAGE ROOM	58 SF	112 SF	100
004	FE-6	PUBLIC TOILET PUBLIC TOILET	71 SF	O SF	
103	FE-6	PUBLIC TOILET	69 SF	64 SF	- 1
001	FE-7	SECURE VESTIBULE Y AND LOBBY: 9	310 SF	80 SF 872 SF	tito
I-FALI	DIT BAIK	AND LOBBY: 9	1597 38	0723F	
2-EXEC	UTIVE AD	MINISTRATIVE SLITE		-	
110	AD-1 AD-2	MANAGERS OFFICE SHARED STAFF OFFICE	131 SF 374 SF	100 SF 304 SF	
108	AD-3	MULTI-USE PARTNERSHIP OFFICE	376 SF	304 SF	
111	AD-3	MULTI-USE PARTNERSHIP OFFICE	108 SF	100 SF	
109	AD-4	COPY MAIL & FILE ROOM	85 SF	80.5F	
114	AD-6	STAFF LOUNGE & REST AREA	243 SF	300 SF	
116	AD-7	STAFF TOILET AND SHOWER	BA SE	9A.5E	
112	AD-8	LACTATION ROOM	112.58	64 SF	
115	AD-9	LAUNDRY ALCOVE	74 SF	96 SF	
2-EXEC		MINISTRATIVE SUITE: 9	1290 SF	1240 SF	
	ENT CARE				
122	UC-3	OBSERVATION WAITING AREA	219 SF	200 SF	W12
132	UC-4	MEDICATION STORAGE ROOM	93 SF	80 SF	
130	UC-5	MEDICAL SUPPLIES / EQUIPMENT	99 SF	100 SF	15
		STORAGE			
135	UC-6	MEDICAL WASTE CLOSET	21.SF	20 SF	31
129	UC-7	PATIENT TOLET	58 SF 490 SF	56 SF 456 SF	35
3-URG	ENT CARE	5	490 SF	456 SF	
	RING STA				
138	55-1	SOBERING OPEN ROOM	1176 SF	805 SF	544
142	55-2	SELUSION RESTRAINT ROOM	278 SF	200.SF	
141	\$5-3	STAFF WORK STATION	117 SF	80 SF	341
143	SS-4 IRING STA	PATIENT TOILET	61 SF	56 SF	
45080	IRING STA	IION: 4	1632 SF	114135	
5-CRIS	IS STABILIZ	MODE			
127	CS-1	STAFF / NURSES WORK &	136 SF	128 SF	
		OBSERVATION STATION			
125	CS-2	STABILIZATION ROOM	1024 SF	805 SF	
124	CS-3	SECLUSION/RESTRAINT ROOM	318 SF		
126	CS-4	SENSORY / QUIET ROOM	87 SF	80 SF	
136	CS-5	TELEVISION ROOM	239 SF	216 SF	
128	CS-7	MEDICAL STORAGE CLOSET	30 SF	25 SF	118
131	CS-8	PATIENT TOILET	58 SF	56 SF	- 31
133	CS-8	PATIENT TOILET	58 SF 73 SF	56 SF	35
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		ATION: 10	2091 SF	1478 SF	_
			20110		
	ADD STREET	ORT SPACES			
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118	5U-1 5U-2	PSYCHIATRIC EXAM ROOM OBSERVATION ROOM	98 SF	100 SF	21
118 119 134	5U-1 5U-2 5U-2	PSYCHIATRIC EXAM ROOM OBSERVATION ROOM OBSERVATION ROOM	98 SF 98 SF	100 SF 100 SF	21
118 119 134 106	5U-1 5U-2 5U-2 5U-3	PSYCHIATRIC EXAM ROOM OBSERVATION ROOM OBSERVATION ROOM INTERVIEW / COUNCELING ROOM	98 SF 98 SF 151 SF	100 SF 100 SF 80 SF	21
118 119 134 106 102	SU-1 SU-2 SU-2 SU-3 SU-4	PSYCHIATRIC EXAM ROOM OBSERVATION ROOM OBSERVATION ROOM INTERVIEW / COUNCELING ROOM SUN ROOM	98 SF 98 SF 151 SF 168 SF	100 SF 100 SF 80 SF 192 SF	21
118 119 134 106 102	SU-1 SU-2 SU-2 SU-3 SU-4	PSYCHIATRIC EXAM ROOM OBSERVATION ROOM OBSERVATION ROOM INTERVIEW / COUNCELING ROOM	98 SF 98 SF 151 SF	100 SF 100 SF 80 SF	21 21 (V
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118 119 134 106 102 6-SHAF 7-BUILD 008 009	SU-1 SU-2 SU-2 SU-3 SU-4 RED SUPPI DING SER* BC-1 BC-2	PRYCHARIC EXAM ROOM OBSERVATION ROOM OBSERVATION ROOM INTERVIEW / COUNCELING ROOM SUN ROOM ORT SPACES: S FICE INECHANICAL ROOM LECTRICAL ROOM	98 SF 98 SF 151 SF 168 SF 604 SF 1440 SF 137 SF	100 SF 100 SF 80 SF 192 SF 572 SF 160 SF 64 SF	21 21 68 13
118 119 134 106 102 6-SHAF 7-BUILD 008 009 013	SU-1 SU-2 SU-2 SU-3 SU-4 RED SUPPI DING SER* BC-1 BC-2 BC-3	PSYCHARIC ERAM BOOM OSSERVATION ROOM OSSERVATION ROOM INTERVIEW / COUNCEING ROOM SUN ROOM ERT SPACES: 5 WICCHANICAL ROOM ELCCRICAL ROOM COMMUNICATIONS	98 SF 98 SF 151 SF 168 SF 604 SF 1440 SF 137 SF 345 SF	100 SF 100 SF 80 SF 192 SF 572 SF 160 SF 64 SF	20 (8) 13 13 110 44
118 119 134 106 102 6-SHAF 7-BUILD 008 009 013	SU-1 SU-2 SU-2 SU-3 SU-4 RED SUPPI DING SER* BC-1 BC-2 BC-3	PSYCHARIC EXAM BOOM OSSERVATION ROOM OSSERVATION ROOM INTERVEW / COUNCEING ROOM SUN ROOM SUN ROOM SUN ROOM OFFI SPACES: S WICE MECHANICAL ROOM ELECTRICAL ROOM (COMMINICALIDONS (CUSTODIAL) STORAGE ROOM	98 SF 98 SF 151 SF 168 SF 604 SF 1440 SF 137 SF 345 SF 29 SF	100 SF 100 SF 80 SF 192 SF 572 SF 160 SF 64 SF 64 SF 35 SF	20 (8) 13 13 110 44
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118 119 119 119 1104 106 102 6-SHAF 108 008 009 1013 0006 0007 7-BUILE 100 001 1145 117 8-NON 1145 117 8-NON 1160 117 8-NON 11	50-1 SU-2 SU-3 SU-2 SU-3 SC-1 SC-2 SC-3 SC-4 SC-5 SC-6 SC-6 SC-6 SC-6 SC-6 SC-9	FECHNIC CAN ROOM OSSENATION FOOD OSSENATION OSSENATIO	98.5F 98.5F 151.5F 158.5F 168.5F 604.5F 137.5F 29.5F 110.5F 29.5F 110.5F 90.5F 830.5F	100 SF 100 SF 80 SF 192 SF 572 SF 160 SF 64 SF 64 SF 64 SF 64 SF 0 SF 0 SF 0 SF 0 SF 0 SF 0 SF	20 (8) 13 13 110 44





Concept Façade Design



PROJECT SCHEDULE

Start Design	2/2024
• File for Permit	12/2024
• Bid	2/2025
Start Construction	5/2025
• Construction Completed	7/2026
• Facility Open	9/2026

Note: Dates are tentative