



# Hospital Diversion Services

A Manual on Assisting in the Development of a  
Respite/Diversion Service in Your Area

**2011**





*“Although this workbook was partially funded by OptumHealth, OptumHealth does not expressly or implicitly endorse the statements contained therein.”*

This document is a manual on how to open a Peer-Operated Hospital Diversion service in your area. It is intended to assist in guiding peer-operated providers on the operational functions of the service.

All material appearing in this report may be reproduced or copied without permission.  
Citation of the source is required.

OptumHealth | Optimizing Health and Well-Being | [www.optumhealth.com/publicsector](http://www.optumhealth.com/publicsector)  
© 2011 Optum Health, Inc. All Rights Reserved.





# Table of Contents

Overview .....	6
Readiness Assessment .....	9
What a Hospital Diversion Service Is.....	10
What a Hospital Diversion Service Is NOT.....	11
Getting Started.....	12
Service Design .....	14
Staffing .....	16
Core Values .....	18
Budget and Financial Support .....	22
Funding .....	24
Operations.....	25
Components for Success.....	26
Basic Structure of Service .....	28
What Makes Diversion Services Unique? .....	29
Service Flow.....	30
Additional Philosophical Practices .....	33
Administration .....	34
Your Organizational Chart and Flow Chart.....	35
Frequently Asked Questions.....	36
Team Agreement Development.....	39
Outcomes.....	40
Conclusion.....	41

# Appendix

Appendix A: Sample of Menu Services.....	43
Appendix B: Sample Pre-Registration Form .....	44
Appendix C: Sample Guest Registration Form .....	46
Appendix D: Sample Guest Agreement.....	51
Appendix E: Sample Expectations .....	52
Appendix F: Sample Guest Checkout Form .....	53
Appendix G: Sample Policies and Procedures .....	54

## Overview

Imagine feeling overwhelmed by stress and wanting help to deal with it, only to find yourself in a hospital emergency room waiting for relief. All too often people turn to the emergency room or emergency services because it is close by when people need help, and it seems to be the only option available to people in crisis. In a recent study, specific issues that people have reported<sup>1</sup> experiencing upon entering a hospital emergency room were as follows:

- The human experience was many times undignified and traumatizing.
- They did not always feel listened to when reporting their issue(s).
- They were not asked what type of treatment would be most helpful or what type of treatment had worked in the past.
- They were not assisted by hospital personnel to remain calm. Anxiety levels often reach a point where forced treatment is utilized.
- Being asked or forced to undress while in the emergency room is very degrading, embarrassing and traumatizing.
- The excessive waiting period is often traumatizing and can contribute to agitation and fear.

The above experiences have often contributed to trauma and have often exacerbated one's trauma, thus making the emergency room experience a very unpleasant one. This does not take into account the additional personal experiences people have if they are admitted to the hospital, and the additional trauma that can create. While many people have reported negative experiences in the ER or with in-patient settings in a hospital, it should be noted that some respondents have also reported a pleasant or good experience, and the preceding statements do not represent the belief of all individuals experiencing an emotional crisis.

Since emergency rooms are always accessible, people often go there for an evaluation, thinking there is no other place to go. It becomes a learned behavior to automatically visit the emergency room when crisis hits. This can and does often result in hospitals being overburdened and overcrowded, thus impacting quality of care for individuals in our communities.

---

### Creating a Hospital Diversion Service

This manual serves as a guide to opening and operating a peer operated hospital diversion service in your area. It is intended only as a guide as you may choose to make modifications that better serve your purpose and needs of your community. You may also choose to modify or enhance the design so that it is culturally congruent and sensitive to the environment and philosophy of your community.

---

<sup>1</sup> Allen, M., Carpenter, D., Sheets, J., Miccio, S., Ross, R. (2003). What kinds of help do consumers need during a psychiatric emergency? *Journal of Psychiatric Practice* Vol. 9, No. 1, January 2003

In setting the stage for this manual it is important to understand that the previous information was the foundation that drove the development of an alternative to utilizing hospital services in the Hudson Valley area of New York. However, it is not the sole reason that the diversion service was created. In the peer community of people with the lived experience of psychiatric or emotional issues, it is well known that there is a connection to the relationship among peers and wellness. For some people, developing a peer-to-peer relationship has long been more healing than traditional treatment.

Studies on the perceived benefits of peer-run support services have shown that participation in these services yields improvement in psychiatric symptoms and decreased hospitalization (Galanter, 1988; Kennedy, 1990; Kurtz, 1988). In studies of persons dually diagnosed with serious mental illness and substance abuse, Double Trouble in Recovery, was found to significantly reduce substance abuse, mental illness symptoms, and crisis (Magura, Laudet, Rosenblum, Vogel, & Knight, in press; Magura, Laudet, Rosenblum, & Knight, 2002). Consumers participating in peer support had better adherence to medication regimens (Magura, S., Laudet, A., Mahmood, D., Rosenblum, A. & Knight, E.), had better healing outcomes, greater levels of empowerment, shorter hospital stays and fewer hospital admissions (which resulted in lower costs than the control group). (Dumont, J. & Jones, K. 2002)

Peer-to-peer engagement has often provided efficient and effective outcomes that traditional services cannot or do not provide due in part to limited or poor engagement between the provider and person and/or barriers to trust between the provider and person in need. The thought of developing a hospital diversion service that addresses crisis is not a new concept, but one that makes sense in learning and practicing new skills in wellness and recovery.

Another reason for the development of the diversion service is that it serves as a complement to traditional services and attempts to break the cycle that many people have lived by, going from home to crisis to hospital over and over again. Traditional services often attempt to provide the same level of crisis services for people who utilize the hospital services repeatedly and expect a different outcome each time, only to be disappointed that the individual living with a mental health issue continues to repeat the scenario many times with no change in outcomes.

### **Question: Why are you interested in opening a Hospital Diversion House/Service?**

This is the most critical question to answer before moving forward in developing a diversion service. This manual may help you decide why the service is needed or wanted and also whether you are up to the challenge of operating a diversion service. In our experience of operating the service we have found that there must be a passion and purpose to serve people in a manner that is today considered non-traditional to crisis services. It is hoped and expected that this peer diversion service will become more mainstream as more people open diversion services in the country. Opening a diversion service like this can have a major impact on traditional services, so it is important to carefully consider the overall responsibility of operating a peer-run diversion service.



One word of caution: If a system seeks to develop a diversion service simply to save money by reducing hospitalizations, then the program will most likely fail to remain in operation for very long. While this service is fast proving to be more cost effective than traditional crisis services, the intent of the service is built on recovery, passion, improved humane care and a level of quality service delivery that is extremely effective in helping people see crisis differently in order to avoid hospitalization. It takes commitment on the part of the consumers and providers who work with the diversion program to develop and maintain the service. This commitment reflects a passion for recovery, empowerment and peer support. Without that passion, diversion will likely move into a medically modeled service and ultimately will not have the cost savings desired, causing it to fail.

It should also be noted that the hospital diversion service was not designed to merely keep people out of hospitals. It was designed to give people informed choices into their recovery, and a life beyond symptom management or the feeling of isolation that comes from thinking they can never “get better.”

You may notice that we do not refer to the service as a program or model. This is intentional. Over the years in behavioral health systems across the nation, we have observed models and programs come and go for several reasons: programs have lost funding or lost the will to continue or ignore the reason and values that once made a program successful. This diversion service is being looked at as a paradigm shift or change agent in wellness and aims at evolving the culture of wellness and recovery towards an expectation that people can and will do better based on respectful engagement and mutuality. It is our intention that the good work and outcomes of the service will be recognized and embraced to evolve into the norm of behavioral health services in our communities in the coming years.

Please invest some time thinking about why you want to implement a diversion service, and ask yourself: Am I ready to practice the values of recovery and wellness in critical situations? Is my team ready to go forward in changing the paradigm of mental health crisis services in our community?





# Readiness Assessment

## 1. The reasons we want to offer a diversion service include:

---

---

---

---

---

## 2. Are we ready to practice the values of recovery and wellness in critical situations?

**Yes**      **No**

_____	_____	We know how to use our stories to support without preaching.
_____	_____	We have empowerment and engagement tools we can put to use when implementing the service.
_____	_____	We have enough emotional resiliency to cope with strong emotions on an ongoing basis.
_____	_____	We are able to model acceptance, dignity and respect in interacting with our peers.

## 3. Is my team ready to go forward in changing the paradigm of mental health crisis services in our community?

**Yes**      **No**

_____	_____	Can we easily quote the data on the effectiveness of peer-delivered diversion?
_____	_____	Can we describe the service persuasively to non-consumers?
_____	_____	Can we defend the service to naysayers? (An unfortunate reality)
_____	_____	Can we answer objections from hospitals, traditional respite and others?
_____	_____	Have we developed a group of supportive community leaders we can call on?
_____	_____	Can we persevere in the face of opposition?

## What a Hospital Diversion Service Is

The peer-operated service is designed to alleviate one's emotional distress in a home-like safe and secure environment. It is designed to allow guests to freely share their distress and discuss their "story" in a judgment-free environment. It offers a rich choice of activities that attract personal interest and offers and supports opportunities to learn about tools that will assist in alleviating crisis.

Designed by people who have used emergency behavioral health care services, the Hospital Diversion Service is available to people who may want to use its services on a 24-hour-a-day, seven-day-a-week basis. Unlike traditionally run emergency rooms in hospitals or traditional crisis respite services, the "wait" to get into a diversion service is minimal. Through phone contact with a peer companion, registration can occur as quickly as desired. Unlike traditional services where a presenting problem can get worsened by long waits to see a doctor, or waiting for insurance approvals, or overcrowding, the staff from the diversion service quickly establish contact/engagement and a meaningful connection. From the first encounter, staff ensures that they are:

- Identifying with the potential guest
- Focusing exclusively on the guest's personal experiences, which reflect similar issues and concerns to that of the diversion worker, who can assist in helping develop the initial relationship between the peer providing service and the peer receiving the diversion service
- Talking with the potential guest about whatever is on his or her mind at the time, thereby meeting the person "where he/she is at"
- Engaging with the individual using mutually shared insights and experiences
- Assessing through active listening when the time is right for staff to potentially share his/her own story of stress, struggle, experience and potential tools for recovery (mutuality)
- Above and beyond all else, lending a vision of hope and the shared perspective of people reaching out to help other people in solving life's commonly shared problems

The Rose House located in Milton, NY, is a hospital diversion house that has been open for ten years. This manual is largely based on the structure and operation of that house. The house is a comfortable farm house with individual bedrooms, a computer/game room, several common areas and areas to play musical instruments located throughout. There is also space for people to practice their art or hobby as well. Guests are always greeted by friendly staff and asked to participate and pick the services they would like in order to drive the structure of their stay. Guests are encouraged to choose self-determined activities while staying at the house and fully participate in developing a goal or goals on how to address crisis in the future. Imagine relaxing and talking openly with a peer or fellow guest about issues that are personally important and getting constructive feedback on dealing with them.

The house is designed to create a reciprocal learning community where both guests and staff collaboratively develop and share wisdom, ideas, wellness tools and hope.

## What a Hospital Diversion Service Is NOT



The diversion service is not a forced treatment service. Guests self-refer to the house based on interest and personal choice. Participation is always voluntary.

It is not a long-stay residence. The service is designed to help individuals resolve immediate emotional distress and begin using tools for recovery and wellness. The length of stay is deliberately short, no more than five days.

It is not designed to serve the general homeless population. People who are homeless often require a longer period of time in order to address additional needs beyond the emotional crisis at hand. This may result in the need for utilizing the service beyond the five days, which in turn could result in having less capacity to serve the community for the intended diversion service. While there are situations where homeless people could be served in the short time frame, it is not advisable to focus the crisis diversion house on homelessness. That is a service that can be developed in addition to the diversion service at another time.

It is not a full-service house in the way of dining and activities. Guests are responsible for preparing their meals, personal hygiene and medication management. The diversion service may or may not provide transportation, depending on funding and service capacity.

The diversion service is not a place to “hang out.” Each guest is expected to take responsibility for his or her recovery and working toward alleviating crisis. There is serious work to be done in each diversion service.

# Getting Started

How to go about starting a diversion service

## Consensus on Interest

One person's desire to open a house is all it takes. Once the desire and/or passion is shared, it is time to build consensus and support.

**Building consensus**—Is this good for our community?

**Advisory council/committee**—Develop an advisory council of people who are interested, passionate and committed to the challenges of the development of the service. It can be local peer groups, local government and/or oversight leadership, regional oversight/leadership, police departments, local universities, service provider groups, local hospitals, emergency services, bankers, legislators, insurance agents, local chamber of commerce, town officials and any parties that may be helpful to the project.

### Idea for our advisory council:

Name	Who Knows Them?	Who Will Contact Them?

**Review internal infrastructure**—Review whether there is an infrastructure or peer-operated organization that exists that is capable of administering the service. The following will depend on an organization's level of development and need.

- Review administrative capacity.
- Assess current funding and future funding needs.
- Begin to discuss potential partnerships (in-kind and monetary).
- Review current board of directors and/or the need to build a board.
- Does a strategic plan exist, or is there a need to develop one?
- Perform a SWOT for your organization or group (strengths, weaknesses, opportunities, threats).

**Yes      No**

- \_\_\_\_\_ \_\_\_\_\_ Do we have enough administrative staff capacity to set up and oversee a diversion service?
- \_\_\_\_\_ \_\_\_\_\_ Do we have enough funding to offer this service?
- \_\_\_\_\_ \_\_\_\_\_ If not, do we have several potential sources for this funding?
- \_\_\_\_\_ \_\_\_\_\_ Have we identified potential partners in order to offer a strong, viable service?
- \_\_\_\_\_ \_\_\_\_\_ Will our current board be able to support the development of vision?
- \_\_\_\_\_ \_\_\_\_\_ If not, have we identified community leaders who will serve on a potential board and support the service?
- \_\_\_\_\_ \_\_\_\_\_ Do we have a strategic plan that supports or guides the development of respite?
- \_\_\_\_\_ \_\_\_\_\_ Does our identified SWOT support the creation of a diversion service?

**Our vision for our respite is:**

---

---

---

The organization’s mission or “purpose” is defined as its reason for existence, or as the French would call it, the organization’s “raison d’être.” The “purpose” for the Diversion House in Milton, NY, is stated as:

*“To empower people in crisis, fostering informed self-care decisions that can improve their quality of life.”*

What is your purpose of the service? What will services look like once in operation? Begin to develop and ask questions so that the service can be developed in a purposeful and specific way.

**Our purpose for respite is:**

---

---

---

It is important to understand that peer services are always being scrutinized by the current mental health community. Besides the current level of stigma within the industry our local communities are even more ill-informed about peer services. Planning and developing a diversion service that is peer run can and most likely will generate fear, ignorance and challenges. Be prepared for community push back and the challenges that may surface. Being prepared may mean needing to engage the press or local political leaders proactively, or it may not. It will mean needing to demonstrate collaboration, professionalism and organization at all times. It will mean keeping commitments and being appreciative of the support you get along the way.

Having a solid mission and vision will help build on the foundation of what your group is trying to accomplish. It can serve to keep the solidarity moving forward.

# Service Design

In designing the diversion service there are a host of questions that the development group will want to explore. Later on in this manual we will look at the core values needed to operate the house effectively; however, before we discuss the actual operations of the house it is advisable to discuss the following:

- What type of house? Duplex, ranch, townhouse, brownstone, etc.
- Accessibility of the house: Transportation, physical accessibility for people with disabilities
- How many bedrooms? It is advisable to keep it to 3 to 4 bedrooms so that each guest can receive the highest level of attention.
- How many bathrooms? The more the better
- Where in the community would you like the house to be situated? Rural, suburban, inner city, isolated, integrated?
- Is there capacity to lease or buy the building?
- Are there zoning requirements?
- Are permits or variances needed?
- What is the permit or zoning process?
- What type of parking or traffic is associated with the location, and is there concern?
- Is there a need for additional funding to do repairs or modifications to the existing house?
- Is there a neighborhood organization or council, and should they be invited to participate on the advisory committee or at least educated prior to moving forward? (This is highly recommended.)
- Is the location congruent to the culture of the community?
- If purchasing the house will you seek exemption from paying taxes, and will the group decide to pay in lieu of taxes (PILOT)?

## Services

Decide on what type of services the house will offer. Some suggestions to discuss are:

- Mobile Peer companions that can provide diversion services in the community rather than the individual having to stay at the diversion house
- Warmline phone service incorporated into the diversion house
- Formal peer-support groups open or closed to the community at the house
- What types of activities/services will be available in the house and in the community? (WRAP, 12-step groups, hobby activities, other interests)

---

Contact a realtor and build a relationship (advisory council member) to get help in researching local zoning, permits needed, variances, etc...

---



**Mobile Peer companions that can provide diversion services in the community rather than the individual having to stay at the diversion house**

Pros about offering: \_\_\_\_\_  
\_\_\_\_\_

Cons about offering: \_\_\_\_\_  
\_\_\_\_\_

**Warmline phone service**

Pros about offering: \_\_\_\_\_  
\_\_\_\_\_

Cons about offering: \_\_\_\_\_  
\_\_\_\_\_

**Formal peer-support groups open or closed to the community**

Pros about offering: \_\_\_\_\_  
\_\_\_\_\_

Cons about offering: \_\_\_\_\_  
\_\_\_\_\_

**What types of activities/services will be available in the house and in the community?  
(WRAP, 12-step groups, hobby activities, other interests)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Staffing

## Staffing Pattern

Once the level of services is designed it will be necessary to develop a staffing plan. Factors to think about when developing a staffing plan are as follows:

- Will there be a 24-hour warmline in the house? \_\_\_\_\_
- How many bedrooms will be available? \_\_\_\_\_
- What is a comfortable staff-to-guest ratio? \_\_\_\_\_
- Will you offer Mobile Peer companion services? \_\_\_\_\_
- Will the activities offered require additional staff or volunteers? \_\_\_\_\_
- Who will attend community meetings while the house is in operation? \_\_\_\_\_

A 1:4 ratio is manageable for most situations. However, the factors listed above may require having additional staff on duty so that all responsibilities and services can be accomplished. Therefore, a staffing pattern could be two staff during the day from Monday through Friday to cover meetings and administrative functions. Two staff may be needed from 3:00pm to midnight so that one person can staff the warmline. Or, two to three staff may be needed to tend to the phone, serve the guests and visit people in the community.

Staffing patterns will rely heavily on the level of service delivery that you want to offer and will rely on adequate level of funding. In the event that the budget does not support the desired level of service delivery, it may be possible and necessary to hire volunteers to fill the void. It depends on your organization's comfort level in hiring volunteers; however, utilizing volunteers has been very successful in the diversion services in New York, Nebraska and the Netherlands.

## Staff Characteristics

Operating a diversion service can be challenging to anyone who works or volunteers at the house. While the engagement and relationship of staff to guest can and usually is very healing and helpful, there may also be times when the story may be excessively painful. People who are guests of the house are often in varied states of emotional stress or distress. Guests' stories can, at times, be difficult to listen to due to the nature of one's pain, trauma or difficult situation. That means that you will want to hire staff who have the best opportunity to be successful while working at the house. Developing and adhering to a set of staff characteristics will help.



Below are some characteristics that may be helpful in ensuring that there is a greater chance of building a core of strong, committed and caring staff:

Required	Desired
Lived experience in mental health services	Data entry and documentation experience
Work experience	Interest/commitment to data collection
High school equivalency or higher	Conflict/resolution experience
Illustrate strength in wellness/recovery	Volunteer experience in a behavioral health setting
Willing to share personal experience appropriately/respectfully	Mixed age group 19–50+
Stable housing	Resourceful knowledge of community services
Positive philosophy toward wellness/recovery	Hobbies/art/talents and interests
Teamwork/building experience	The ability to speak more than one language
Excellent listening skills	A commitment to and/or familiarity with faith-based organizations, not a professing of one’s own faith
Compassionate approach towards people	Hands-on experience fixing things in the house, keeping up the house (lawn mowing, for example), or cooking

You will most likely want to add or embellish the characteristics depending on mandates, regulations, certifications, etc.

## Interview Questions

The following sample questions have been helpful in determining whether potential candidates possess some of the characteristics needed to successfully work in the diversion services.

1. Please read our purpose and vision and tell us what it means to you.
2. Tell us your thoughts on wellness and recovery.
3. Why do you want to work at the diversion service?
4. We’ve explained in detail what the diversion service does and talked about some of the staff challenges. Tell us how you think these challenges can be addressed to maintain a healthy working environment.
5. In your experiences that you just shared with us, what would you change or like to see in services that could be helpful?
6. Give me an example of a time you helped a peer who was in emotional pain. Describe the situation and tell me what you did and how it worked out.
7. Give me a new example, this time one that illustrates a situation you had where you had to use excellent listening skills. Describe the situation, what you did and how it turned out.
8. What is your favorite part of working in a team? What is your least favorite part of working in a team?
9. Is the salary and benefit package acceptable to you? If so, what is most valuable? If not, then why?
10. Do you see a career for yourself in helping others by sharing your lived experience?

# Core Values

Once the mission, vision, site selection and services are determined by the group, the next step is to discuss and develop the core values of the diversion service. Many organizations often develop a list of core values that support their mission and vision; however, the question is: How does the guest experience or recognize the core values? In other words, what behaviors support the core values of the service?

Answering these questions and developing behaviors that support the core values are what make this service different from most traditional services. Below is an example of some of the core services and behaviors that support the values of the Rose House in New York:



1. Hope
2. Resiliency
3. Respect
4. Genuineness
5. Specificity
6. Empathy
7. Positive expectations
8. Integrity

## Behaviors Behind Core Values

1. Hope
  - a. Genuinely ask the person for his or her "story."
  - b. Be physically engaged in listening to the story.
  - c. Staff may share their own personal stories of hope.
  - d. Staff inform guest that they are not alone and others have shared similar situations and feelings.
2. Resiliency
  - a. Appreciating guests' vulnerabilities from their story and celebrating the strength they have demonstrated
  - b. Pointing out strength-based observations to the guest
  - c. Affirming a positive direction
  - d. Bounce back when faced with people who are discouraged or upset

3. Respect
  - a. Giving individuals personal space
  - b. Giving people uninterrupted time to tell their story (speak only when the guest isn't)
  - c. Fully informing guests of all aspects of their stay at the diversion house or service
  - d. Believe in the power of that individual to solve their problems
4. Genuineness
  - a. Engagement through providing your full attention, eye contact
  - b. Asking meaningful questions that reflect the individual's story
  - c. Validating a guest through specifically understanding what the guest is communicating
  - d. Always being honest
5. Specificity
  - a. Providing details—date, time, location, etc.
  - b. Explaining clear expectations of the guest, asking for understanding
  - c. Explaining what the guest can expect from the service
  - d. Always checking in with the guest to ensure that he/she understands or is understood
6. Empathy
  - a. Show understanding of what the person is feeling in a non-judgmental way
  - b. Asking permission to share your story before doing so
  - c. Being clear that the service was designed to address issues that may not feel comfortable at times
  - d. Ensuring safety during the guest's stay
7. Positive Expectations
  - a. Greeting the guest with a warm smile, the host (peer companion) should introduce him/herself by name.
  - b. Saying to everyone walking through the door, "Welcome, my name is \_\_\_\_\_, how can we help?"
  - c. Letting the guest know that we are glad they came to the diversion house
  - d. Recovery/wellness is always mentioned/discussed or explored throughout the guest's stay.
8. Integrity
  - a. Always following through on service promises
  - b. Following through in a timely manner
  - c. Accepting criticism and addressing it immediately
  - d. Delivering the service the way it is designed every time
  - e. Establishing and adhering to personal boundaries respectfully
  - f. If the concept of personal boundaries is not clear to the guest, talking about it openly when they are ready to. Consider role play to give examples of healthy and unhealthy boundaries.

Name	Definition	How We Know We Are Living the Values
------	------------	--------------------------------------

1.

---

2.

---

3.

---

4.

---

5.

---

6.

---

7.

---

8.

---

9.

---

10.

---

11.

---

12.

---

**Recovery/wellness** is also a core value. When speaking of recovery, there is not a consistent understanding of what recovery actually is. Some prefer not to use the term *recovery* as it does not always delineate a clear definition. If 100 people were asked what their definition of recovery is, there would surely be 100 different definitions.

The important thing to keep in mind is that when people come to the diversion service they are seeking assistance while in a state of personal distress. In terms of the diversion service, the goal is help individuals get to a better or more comfortable place from within. Operating by that simple definition allows one to focus on what is most important: Learning how to address crisis as opportunity and breaking the cycle of home to crisis to hospital. Other benefits will most likely result from utilizing the diversion service; however, keeping that definition at the forefront promotes delivery of excellent service.

One final thought about core values. Your group may choose to use some, all or none of the above core values. Whichever core values you or your group decides to adopt, ask this question: "If a guest comes to the service, how will he/she experience what we value in our service?"

Core values are the foundation from which you will support your mission/purpose and vision. It will be important to take time to decide what they are and how they will look embedded in your service.



# Budget and Financial Support

Below is a sample of a budget to consider when preparing to open the diversion service. It may be helpful; however, there may be additional budget items that are required depending on certifications, mandates, regional costs, funder’s fees, etc.

<b>Budget Hospital Diversion Service</b>	
<b>Payroll</b>	
Director (1 FTE)	\$42,000.00
Peer Companions (6 FTEs)	\$180,000.00
<b>Subtotal</b>	<b>\$222,000.00</b>
Fringe – 25%	\$55,500.00
Pension – 4%	\$8,800.00
	<hr/> \$64,380.00
<b>OTPS</b>	
Office/Program Supplies	\$15,000.00
Training	\$5,000.00
Repairs & Maintenance	\$5,000.00
Travel	\$10,000.00
Utilities	\$4,000.00
Telephone & Internet	\$5,000.00
	<hr/> \$44,000.00
<b>Total Operating Costs</b>	<b>\$330,380.00</b>
Property Rent	\$30,000.00
Insurance	\$6,500.00
	<hr/> \$36,500.00
<b>Sub Total</b>	<b>\$366,880.00</b>
Admin – 15% of Operating Costs	\$49,557.00
<b>Total Annual Costs</b>	<b>\$416,437.00</b>

**Our Budget**  
**Hospital Diversion Service**

**Payroll**

Director (1 FTE)

Peer Companions (\_\_\_\_)

**Subtotal** \_\_\_\_\_

Fringe – 25%

Pension – 4%

\_\_\_\_\_

**OTPS**

Office/Program Supplies

Training

Repairs & Maintenance

Travel

Utilities

Telephone & Internet

\_\_\_\_\_

**Total Operating Costs**

Property Rent

Insurance

\_\_\_\_\_

**Sub Total**

Admin – 15% of Operating Costs

**Total Annual Costs**

=====

# Funding

Once you have the desire, the mission, the vision, core values, staffing plans and budget, it's time to discuss funding. How will the service be paid for in these times when it is difficult to obtain new funding in our communities?

It is important to have evidence of outcomes and research to support going forward with funding. The National Empowerment Center has collected research and outcomes on the following link:

<http://www.power2u.org/evidence-for-peer-run-crisis.html>

Information can be used to show personal satisfaction and outcome data that will help funders decide that hospital diversion services are effective and efficient.

Another strategy that is effective is to plan a visit to one of the existing diversion respites/houses in the country and to bring the potential funders. Anecdotally, it has been successful to persuade funders to invest in the service once they see it in action and have the opportunity to talk to guests and staff.

In New York, a small county saw the value in the service and voted to use county tax dollars to fund the service. This was based largely on another diversion service existing close by, research and outcome information provided, and advocacy by other providers in the community.

Recently there has been a shift in interest among managed care organizations or health maintenance organizations (HMO) in the diversion service. There is a strong possibility that as managed care grows in funding mental health services, the cost effectiveness will drive the HMOs to fund diversion services as a better alternative to costly emergency room/hospital services.

It's important to remember that where there is a will there is a way. Diversion services are too important to be denied and we are already seeing more services open in our nation and around the world annually. Doing all of the prep work of planning and budgeting will be well worth the effort if you continue to move forward and build alliances with many different groups.

Prospective funding sources we will explore:

What	Who Will Explore	By When
<b>State Funding</b>		
<b>County Funding</b>		
<b>Local Foundations/Donors</b>		
<b>Managed Care Companies</b>		
<b>Large Clinics or Group Practices</b>		
<b>Other</b>		



# Operations

We are now at the point of looking at how a diversion service can operate. The following is a representation of how several services operate in the U.S. and Netherlands. Once again, it is a guide, and you may choose to augment or design your service according to your vision, mission and community needs.

## Liability

It is strongly recommended that when developing the diversion service that you speak to a qualified insurance agent to determine the type of liability insurance needed to operate the service. Some examples of coverage can be:

- Professional liability coverage
- Directors and officers liability coverage
- Commercial crime coverage
- Workers compensation
- General liability coverage
- Commercial property coverage
- Commercial auto coverage

There may also be state or local mandates for specific coverage. Your local government authority and/or state agency may have insurance mandates that must be followed. It is advisable to inquire what is required so that the budgeting for insurance can be accurately projected.

## Neighbors

Once you have found the house and property that you want to use for the diversion service, the task of notifying the surrounding neighborhood begins. There has been resistance with several of the diversion services in different parts of the country over the years due to stigma. It's unfortunate; however, it can be seen as an opportunity to educate our communities about the possibilities of wellness and recovery. It can sometimes be discouraging and difficult in moving forward and that is why the vision is so important. It is the foundation for which you are striving.

Hopefully your advisory committee has influential people involved to help educate the community as to what a diversion service is and is not. Sending letters to the community may not be the most effective way to inform the neighborhood. Holding a face-to-face meeting with potential neighbors can be more effective; however, there is no easy formula for achieving success and an un-contested opening.

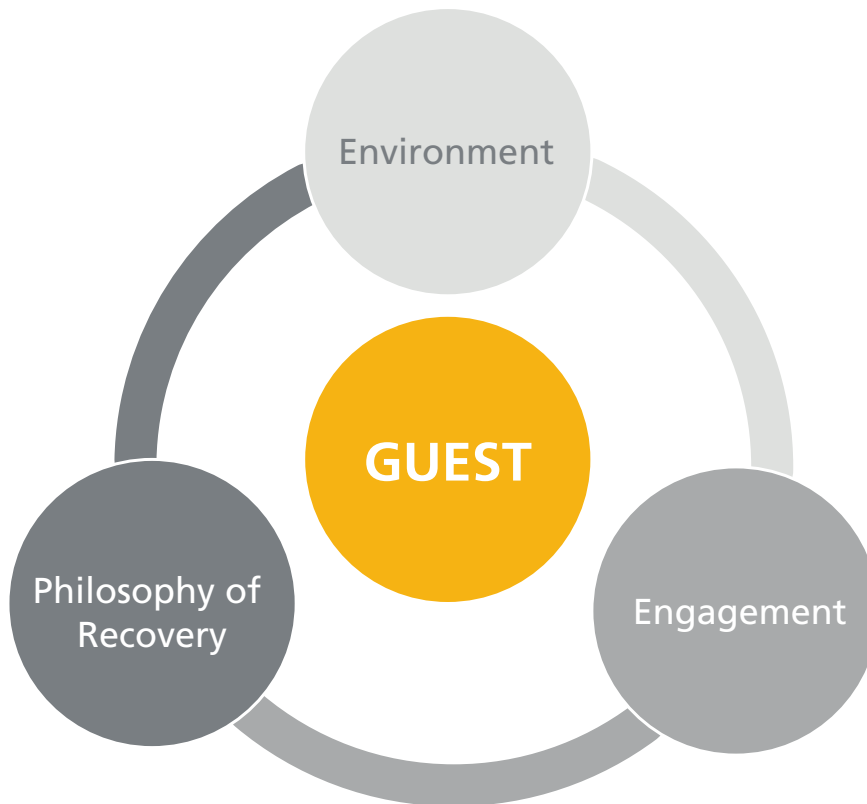
You can begin to create marketing materials that explain in simple terms what the purpose of the service is and how it can help people in your community live a better quality of life. Let people know it is there to serve all people of the community. Include facts from research and other diversion outcomes and develop fact sheets and website information. Ask other advocacy groups in your area to help distribute information. Remember: Most people know someone who has experienced a mental health problem of some kind. Acknowledgement and acceptance are powerful.

In terms of building partners, educate the other traditional local provider agencies, as there can sometimes be resistance on their part as well. A diversion service can be seen as taking funds away from traditional services or taking "business" away from other services. There is the stigma of "peers" providing crisis services and the fear of liability and safety as well. The good news is that these fears will dissipate with knowledge and observable outcomes. It's a good idea to approach the traditional service providers early on and invite them to meetings and informative sessions in order to build trust and partnerships. It will be important to have collaborative partnerships as the diversion service is infused into traditional services and begins to change the paradigm and beliefs around wellness and recovery. You will notice in time that if you operate your diversion service well new opportunities will arise as the integrity of the service grows.

Once the service is up and running, remember to keep the community informed and involved regarding the activities and outcomes of the service. It will build good will and gain support from the community.

## Components for Success

Let's look at what makes the diversion service work so well. Over the years we have learned many things as to what helps the diversion service operate successfully. Below is an illustration of three major components that have led to the success of the diversion service. They are Environment, Philosophy of Recovery and Engagement.



**Environment**—How do you want your environment to look, feel and offer comfort? The environment should be one that is comfortable and conducive to the following:

- Physically pleasant and welcoming
- A sense of safety
- Cleanliness
- Privacy
- One-to-one engagement/interaction
- Structured in a way that offers adequate and comfortable space for a variety of activities offered by the service

As you furnish your house or apartment answer the following questions:

1. When walking into the house, does it feel inviting and safe?
2. Does the environment foster comfort and trust?
3. How do you know?
4. What would your personal reaction be if a loved one was utilizing the service in that environment?
5. Can the guest bring personal comfort items to the environment?
6. What types of wellness tools, activities, games, music and art equipment are available?
7. Does the house lend itself to and fit in the neighborhood?
8. Is the external environment sound, neat, clean and well maintained?

**Philosophy of recovery**—The philosophy and values that support recovery not only being possible but being the expectation in the service can be bold and very beneficial to the guest. By raising the bar on expectations we begin to behave in a way that supports those expectations and supports moving firmly into the recovery model. The diversion house in NY was built on the principle that people have been served in an illness service model where expectations have consistently been deficit based. The aim of the service is to provide hopeful dialogue around possibilities and to build on the strengths of every guest.

As you build your service, does it reflect the philosophy of recovery? How do you know?

1. Is there a range of recovery classes, tools, materials?
2. Are there support groups?
3. Are guests encouraged to tell their stories?
4. Are staff encouraged to use their stories to help others?

**Engagement**—From the moment a potential guest contacts the diversion service to walking through the door and leaving the service, the issue of engagement makes or breaks the service. While environment and philosophy are important building blocks to the design, engagement is the human relationship that is so vital to creating a safe, empowering, self-determined learning community. Successful engagement allows guests to move from crisis to calm and toward a more self-determined and improved quality of life.

As you build your service, does it support consumer engagement? How do you know?

1. Are guests empowered to work their wellness through recovery tools and techniques?
2. Are guests allowed to make choices about what helps them best?
3. Do guests feel confident sharing their story or personal thoughts, fears and issues?
4. Is mutual sharing the norm throughout the service?

In keeping the 3 foundational components in mind we will now illustrate the operations of the service.

## Basic Structure of Service

- Services are designed to help people during a period of personal crisis.
- Services are designed to offer a choice and/or alternative to traditional mental health crisis services.
- Services are voluntary and are intended to provide both hope and vision for recovery.
- Services are designed to teach guests how to look at a crisis differently and utilize wellness tools to help prevent future crises, or, at the very least, decrease the intensity of a personal crisis.
- Services are provided in a friendly, safe and engaging residential setting.
- Some services may occur prior to registration at the residence or they may be provided in-home or in comfortable community settings.
- The “core” of services is a residential “respite” to all guests’ time and space for coping with extreme emotional distress.
- The service is indicated when an individual is under transitional stress and needs supportive, non-judgmental environment in a 24/7 residence.
- Services are offered by trained peer companions who have a unique ability to help guests due to their own personal experiences.
- Length of stay at the diversion house is determined by the guest, with a maximum stay of five days (others may vary on length of stay).
- Guest determines services desired from a menu of activities/ tools/services available at the house (Appendix A).
- Services desired can range from a safe place to stay (for up to 5 days) to active participation in house activities.
- Each house should have a posted listing of activities available for the week in question that are mutually developed by staff and guests. Include areas such as recreation (outings, social events, and exercise), one-on-one peer counseling and development of wellness tools (WRAP plans, advanced directives, group supports such as 12-step programs, smoking cessation group and peer support meetings).
- Whichever services are selected by the guest, they are completed in conjunction with the consensus of other guests as well as having a staff member present at all times.
- If needed, the delivery of some requested services may be altered for the good of everyone. Example: A guest wants to stay behind for a scheduled outing and no staff members are available to be a companion for the guest. This outing may need to be rescheduled until more staff becomes available. This idea is important because one of the unique features of the diversion house experience is that recovery is promoted when *all* develop a sense of community and concern for others.
- Diversion house stays are augmented by additional peer-run services including in-home visits, access to a “warmline” for additional supportive peer counseling/conversation and connection upon checkout to a range of additional peer-run services.

## What Makes Diversion Services Unique?

The diversion was not designed to be unique. It was a common sense response to how people experience and respond to critical situations. The uniqueness comes from the engagement and philosophy that the peer community can address crisis in a more humane and compassionate way. Some of the unique or standard practices of the diversion service are listed below:

- Peer-run services are truly peer run; the program is not staffed or overseen by traditional mental health service providers.
- Admission to the program does not come from service providers; the admission is by application of the guest, pre-admission interview, and an agreement between guest and staff as well as the purpose and intent of the stay at the diversion house.
- Stays at the diversion house are designed to create a sense of community through the mutual sharing of experiences of living through periods of extreme emotional distress.
- Staff help validate and witness both stories and experiences of how people learn from and triumph over their emotional difficulties.
- Just as the registration to the diversion house is voluntary, decision to check out of the house is also voluntary; guests leave when they believe that its purpose has been served (personal/objective(s)/ambition(s) met).
- The guest agreement (appendix D) is a respectful tool that is utilized by mutual decision. If a guest is not respectful of the agreement they in essence make the decision to leave the house.
- During the stay at the diversion house, guests are made to feel welcome and supported; they are encouraged to become a full member of the house community of peer staff as well as additional guests.
- The diversion house creates a reciprocal learning community where both guests and staff collaboratively develop and share the wisdom to survive and thrive.
- Although there is a range of services offered to each guest, the primary benefit of participation in the diversion house is the opportunity to see and accept hope for recovery, even when that goal may seem elusive.



# Service Flow

When an individual seeks registration to a diversion house, there is a process that occurs. There are registration guidelines that are designed to allow a guest to register with the diversion service:

## Registration Guidelines

1. Serious mental illness or co-occurring (mental health/substance use) diagnosis or a high risk for relapse of substance abuse
2. Experiencing severe emotional distress or experiencing a first episode of emotional distress
3. Medically stable
4. Resident of appropriate catchment area.
5. Eighteen years of age or older
6. Ability to maintain acceptable personal hygiene
7. Ability to be responsible for preparing meals and cleaning up after oneself
8. Ability to understand and sign or initial necessary registration documents
9. Have permanent housing to return to when leaving the service
10. Willing to follow guest agreement upon entering the house
11. Is a voluntary registration

**Any guest meeting one or more of the following exclusionary guidelines may be denied registration at the diversion house. Guest:**

1. Is not in psychiatric/emotional distress/crisis but is at risk of forced hospitalization by external entities
2. Requires a higher or different level of care
3. Is not medically stable
4. Is a registered sex offender
5. Is under 18 years of age
6. Is not able to maintain acceptable personal hygiene
7. Does not have permanent housing
8. Is not willing or able to respect and follow the guest agreement during one's stay
9. Is not willing to sign necessary registration documentation
10. Is not a voluntary registration
11. Is not willing to participate in the wellness process during one's stay

After registration, the guest receives an orientation to services, completes a guest agreement and settles into the house. While this seems understandable, what makes the diversion house unique is that our first responsibility is to the guest. Given this, it is recommended that more than average attention be given to each guest ensuring that he/she is well aware of the service flow. No guest should register unless he/she is aware of what can be expected and what can be gained through participation.

Registration should be translated into clear staff statements of what the guest should expect (Appendix E) from the various stages of the registration process, the orientation process and the process of goal setting. He or she should come out of the orientation with a sense of anticipation that the stay at the diversion house may offer greater benefits compared to other alternatives.

Although each site may have different specifics, admissions to the service is always voluntary and always initiated by the individual rather than by a professional caregiver. Referrals to the site may, come from such sources as family and friends, a therapist, a case manager or a local clinical program. Wherever the referral originates, the prospective guest needs to take initiative and it's recommended that first contact be done by phone.

Once the initial phone pre-registration (Appendix B) is complete the staff tells the potential guest that he/she will call back within the hour. Within that hour the staff can contact the supervisor if there are questions. The staff must also check the New York State sex offender registry to ensure that the potential guest is not listed. If the diversion house is located in a location in the community where there are not children and public areas where sex offenders cannot go, it is at the discretion of the peer service provider on whether sex offenders can utilize the service.

Once the decision is made to welcome the guest into the house the orientation begins. The guest has an opportunity to visit the rooms of the house, inspect his or her own room and understand the options for cooking, bathing, etc. Orientation also consists of meeting the staff and other guests.

When the guest has settled in to a bedroom the guest and the staff member go over the guest agreement and pertinent documentation. Sample documentation is located in the appendix. In discussing this agreement, the staff begin to use both their skills at modeling recovery-oriented behaviors as well as engaging the guest in the process of self-awareness to the problems he or she is facing.

The guest's first hours at the house can be critical. In addition to ensuring their well-being, staff must also work to help establish a bond/relationship with the guest and to make each person feel welcomed.

During orientation, the guest will become aware of the need to set goals for his/her stay at the site. The goals will be geared to attainment of a successful outcome for being there, stability and a plan for resolving/coping with the problems that brought him/her to the site. The role of staff at this point is to help the guest sort through the issues which have brought him/her to the site and to identify steps, ideas, or plans that may be helpful.

## **Goal Planning**

As both staff and guests gain a degree of comfort and trust, the process of "goal setting" begins to translate into services available at the house that will help achieve those goals. The services available at a site should be designed to encourage one-on-one sharing of life experiences, WRAP planning and self-help. A sample of services available is attached.

Staff and guests keep a daily activity log so that they are able to assess the degree to which progress toward self-identified goals is being accomplished during their stay. Guests are encouraged to review the daily log while the staff person writes comments in order that the partnership remains open and honest toward a better outcome. If guests want to, they can be encouraged to keep their own journals or logs of what they're doing, thinking and feeling during their stay. When a guest participates in a service, the staff person notes how guests are responding and should be able to relate how the service either contributed toward recovery or hasn't.

Guests should understand how the "day" goes at a diversion house site. Based on the policies for staff coverage and supervision, it may not be possible for staff to accompany a guest on a one-to-one basis leaving the premises, or, it may be that a particular desired activity doesn't have group consensus and has to be postponed or rethought. This does not mean that a guest cannot leave independently and attend community events or appointments. The issue is usually related to whether the diversion service offers transportation or if the guest has his/her own transportation. It also relates to whether a guest wants companionship. Guests may agree to leave as a group independent of the staff. The needs of an individual are weighed against the needs of all of the guests in the house, and therefore the notion of service planning for each individual has to be carefully explained so that expectations are clear.

## **Guest Departure Procedures**

At the end of their stay, guests are required to empty the garbage, strip their bed, wash their linens, including towels, and remake the bed. Guests should use their Guest Checkout Form (Appendix F) as a reminder of their responsibilities.

Guests should remove their items from the refrigerator. If items are fresh, a guest may prefer to leave them for other guests.

Guest should pack and remove all personal items, including the toiletry items provided by the diversion house. The bathroom should be checked for cleanliness before each guest departs.

If the guest is having a difficult time with the list, the Peer Companion on duty can provide assistance through gentle reminders and offering to help. If a guest is unable to complete the responsibilities listed, it is the Peer Companion's responsibility to carry out these duties.

Peer Companions must do a "walk-through" of the entire house to verify that all of the guest's possessions are packed and that the Guest Checkout Form is complete.

If a guest leaves unannounced, or does not return to the house, the Peer Companion on duty must gather all of the guest's belongings, pack them in bags and lock them in the linen closet for safekeeping until arrangements can be made. The procedure outlined on the Guest Checkout Form should be followed and completed by the Peer Companion on duty.

Decide on an aftercare plan and follow-up. You will have to decide what type of follow-up you will choose if you decide you want to provide aftercare. Peer Companions can contact former guests to see how they are progressing if the guest would like follow-up. You may also decide if Peer Companions will be available to set up structured meetings in the community to visit people who do not wish to come to the house but would like support in the community or home setting.

Another decision will be whether a warmline will be available to people in the community who may not need to come to the house but want support 24/7.

A final decision will be what type of data will be used to measure success of the service. Some of the decision making may come from the funder. It is in everyone's best interest to develop outcome data that can measure reduction in recidivism and quality-of-life indicators. There are many tools available, and the advisory committee should discuss this prior to opening the diversion house.



## Additional Philosophical Practices

### Infusing Recovery-Based Principles into Mental Health Services

<http://www.omh.ny.gov/omhweb/statewideplan/2005/507Appendix011905.pdf>

In addition to the core values and three major components that help make the diversion service work, we have adopted the 10 rules that were created in the New York State White Paper (2004) to assist in maintaining and supporting individuals as they utilize the diversion house. Following is a listing of how the rules can be utilized to support guests while utilizing the diversion service.

#### Diversion House, Recovery Treatment Model is based on “The 10 Rules of Recovery”

1. **There Must Be “Informed Choice.”** Guests are encouraged to make self-determined choices while staying at the house.
2. **It Must Be “Recovery Focused.”** Recovery is defined by the guest and looking at crisis as opportunity for change is encouraged.
3. **It Must Be “Person Centered.”** The guest is the most important reason that the diversion service exists and guests are seen as whole persons with many interests and strengths.
4. **Do No Harm.** The diversion house is a self-referral service, choice driven and a safe place to be who you are. Trauma-informed practice is an important practice in the diversion service.
5. **There Must Be Free Access to Records.** Guests are encouraged to participate in all documentation and can write in their records. Copies of each person’s documents are available and free of charge.
6. **It Must Be Based on Trust.** The relationship through honest engagement is how trust is established in the diversion house.
7. **It Must Have a Focus on Cultural Values.** Not only being sensitive to the culture of each individual but asking when we seek to understand what we do not know is key to excellent cultural congruence.
8. **It Must Be Knowledge Based.** The Peer Companions are educators and experts in mutual support. They offer not only wellness education but social inclusion education and opportunities as well.
9. **It Must Be Based on a Partnership Between Consumer and Provider.** The core values and engagement component contribute greatly to creating a sincere partnership in the diversion service.
10. **There Must Be Access to Care Regardless of Benefits/Lack of Benefits.** The service is always free to guests.

### Confidentiality

Your diversion service may be regulated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). These regulations are designed to protect the confidentiality of the guest(s) who utilize the service. You should also follow a strict confidentiality policy that supports state and local compliance rules or laws. All records must be kept confidential and available to authorized persons only.

Check with your local and state government, mental hygiene bureau and public health law for appropriate requirements and policy.



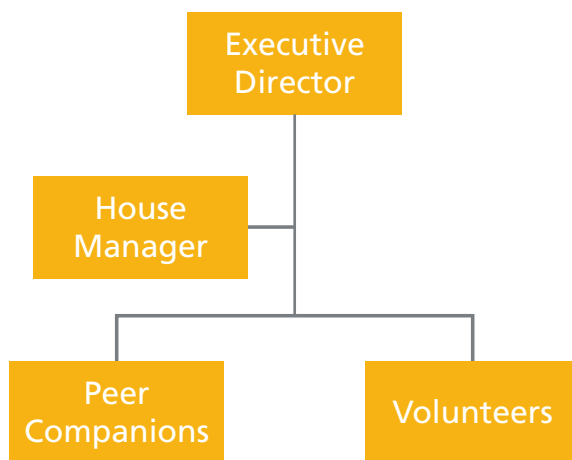
# Administration

Administration of the diversion services is vital to the success of the service. Good administration will keep the service flowing smoothly and always prepared for issues and challenges that may arise. Below is a list of recommended administrative policies and procedures that may be helpful in your agency or service:

- Business Practices
  - Leadership Structure
  - Board Governance
  - Strategic Planning
- Financial
  - Fiscal Management Policy
  - Planning
  - Marketing
- Legal Requirements
  - Licensing/Permits
  - Corporate Responsibility
- Participant Rights
  - Confidentiality
  - HIPAA
  - Informed Choice
  - Access to Records
  - Grievance Procedures
  - Participation in Studies
  - Legal Status
- Health and Safety
  - Training
- Human Resources
  - Formal Policies: Employee Handbook
  - Job Descriptions
  - Orientation Training
  - Wellness Training
  - Performance Management
  - Volunteer Policy
  - Intern Policy
- Continuous Quality Improvement
  - Stakeholder Input
  - Data Tracking
- Information Technology
  - Needs Assessment
  - IT Policy
- Accessibility
- Transportation
- Forms

## Your Organizational Chart and Flow Chart

The flow chart below is flexible and adaptable based on your needs and desires. What does it look like and how do you want it to flow?



There are, of course, many variations that can be done depending on what the board and management require.

# Frequently Asked Questions

As we conclude the basic manual of how to begin and operate a diversion service, a list of frequently asked questions will provide some guidance in developing your service and assist in answering the questions that you get from other providers, funders and the general public.

- **What do you do about violence?**  
The service is completely voluntary. Voluntary means if a guest is unhappy with the service, he/she could choose to leave at any time. If a guest were to get agitated to a potential level of violence, the guest agreement will be reviewed and the guest may be asked to leave.
- **What do you do about sex offenders?**  
The diversion service is most likely located in a community where it is prohibitive for a sex offender to stay due to close proximity to children or public areas. Prior to registration, staff refer to the state registry to ensure a potential guest is not on the list.
- **Who refers people?**  
The diversion service is 100% self-referral. This means that only the guest can contact and register for services. However, other parties can refer people to the service.
- **How long do people typically stay?**  
Guests are permitted to stay from one to five days.
- **How much does it cost?**  
The service is free of charge. The guest is required to bring his/her own food and toiletries. The diversion service does have some durable goods and foods to assist guests in the event they forget or cannot afford their own food.
- **What is considered a crisis?**  
Crisis is defined by the guest. There is a range of emotions, feelings and symptoms that people may experience. The diversion service is designed to help people address critical issues and emotions in a person-centered approach.
- **Why doesn't the diversion house accept homeless people?**  
The diversion service is designed to serve people who have stable housing. Guests need to be able to flow through the service so that others can have access to it. Serving homeless people brings in a different set of core values and challenges for a peer-operated service such as this. The nature of a homeless person leaving the service to go back to the "streets" challenges the ethical and moral structure of the peer-operated service. If people were to stay until suitable housing could be obtained, it could delay the availability of the service to many others.
- **Is the diversion house accessible?**  
Yes, the service is accessible to people with mobility challenges.

- **Does the staff monitor the guest medication?**

The diversion service is designed to promote independence and self-determination. Each guest is given a lock box to store his/her medication and each guest is responsible for taking his/her medication.

- **What is a peer?**

In terms of the diversion service, a peer is someone experiencing emotional distress or a personal crisis and is in need of the service. The guest must be willing to accept responsibility for adhering to the guest agreement and learning to use wellness “tools” to address his/her issues.

Staff are considered peers if they have lived the experience of severe emotional distress and/or have experienced services in the traditional mental health system.

- **How can a peer help someone divert from crisis?**

The mutuality of shared or similar experiences is often validating to people in need. The mutual relationship also builds trust and transparency between people in a more focused approach to improved quality-of-life outcomes.

- **How does staff handle a crisis?**

It’s more of how we define crisis that is the issue. There are environmental crises, emotional crises and personal crises, to name a few. Staff are trained to address each differently. A policy and procedure manual is essential to addressing all of the issues that may arise and it is important to revisit the manual consistently to make necessary changes to situations.

- **How do staff handle a crisis call?**

Staff are always calm and respectful. The caller is encouraged to take his/her time discussing the issue(s). Staff follow the pre-registration protocol and provide hope through follow-through and providing helpful information.

- **What are some of the recommended components needed for training peer companions?**

PEOPLE, Inc., in New York provides a five-day training that is didactic and interactive. Staff learn through practice sessions that are guided by the instructor. The topics taught are:

- Principles and philosophy
- Core values
- Engagement skills
- Communication skills
- Interpersonal relating skills
- Peer support skills, knowledge and techniques
- Crisis prevention and wellness promotion techniques
- Working as a team (Team agreements)
- Operational service flow
- Supervisory structure
- Evaluation
- Documentation
- Suicide intervention skills
- Wellness planning

- **How does a guest get into the house?**

A potential guest calls the service, and once a pre-registration is complete and the criteria are met, the guest can check in.

- **How often do people have to go to the hospital for a crisis while staying at the house?**

In the past 10 years there have only been two hospitalizations due to medical reasons at the Rose House, which is located in Milton, NY. The expectation of hospitalization does not exist, as the service is designed to be a mutual collaborative service that educates and comforts people to a level where hospitalization is not and should not be needed.

- **Is the house expected to be free of alcohol and drugs?**

The house is expected to be free of alcohol and drugs. The diversion service does not condone or support alcohol or drug use, as it does not usually support a good solution to crisis. If a guest does use alcohol or drugs off premises, as long as the team agreement is followed and respected, the guest is allowed to stay. If the guest agreement is breached, a guest may be asked to leave.

- **Who cleans and maintains the house?**

The manager has prime responsibility of keeping the house clean. All staff are given scheduled responsibilities and duties to maintain a clean environment. Guests are also responsible for washing dishes, cleaning their own room and maintaining a clean environment.

- **Are guests granted keys to the house?**

Staff maintain all house keys and are available to open the door 24/7 if needed.

- **How are the valuables of guests handled?**

Guests are responsible for personal valuables. Each room has a lock box for medication and small personal valuables and should be kept in his/her respective room.

- **Is parking available for guests?**

Parking is available at the houses. Depending on where a service is located, the plan should include ample parking.



## Team Agreement Development

The work that staff perform and endure at the diversion house can at times be challenging. As discussed earlier, the staff characteristics are important in hiring strong, competent staff. However, even the strongest people can be challenged when working with people who are consistently in crisis. Other people's stories can be a trigger for others and cause distress in staff at times.

In New York this has been observed and addressed in several ways. During staff meetings, specific time is set aside to allow staff to decompress. They can discuss anything relevant to the stress that the job may cause without repercussion. Staff can also contact the diversion director at any time if stress levels are escalating, and if necessary, the executive director can be contacted.

Another tool that is used is a "Team Agreement." It is a tool that the team creates along with all of the leadership of the organization. The team will have a more cohesive operation because all team members/employees participate in the creation of accountability to certain promises of operations and with interactions between team members and how team members will treat each other and the house's guests. It breaks down barriers between staff and administration and creates a comfort level among the team so that issues that arise can be resolved immediately.

Below is a sample of a Team Agreement:

- To understand and respect each other's roles.
- To communicate in a genuine, honest and respectful manner.
- To use our ability to make good decisions.
- To address quickly and respectfully when confronting issues, making sure we get clarity and/or specificity in resolving any given issue.
- To openly recognize all goals and achievements.
- To connect with fellow staff/volunteers on a personal level in order to get to know them better.
- To learn how to delegate effectively.
- To follow through in a timely manner.
- To adhere to our Mission Statement.
- To seek clarity and detail.

Team agreements should be reviewed at least quarterly to determine if the team would like to change or edit the agreement to meet the evolving needs or concerns of the team.

# Outcomes

Outcome data is extremely important as new diversion services are developed. There are measures that the peer operator will want to show as the service opens and there will most likely be outcomes that funders may require. Outcomes that have been measured in several houses over the years have been the reduction in recidivism and/or length of stays in hospital settings. Customer satisfaction has also been measured, and studies have compared traditional hospitalizations to respite stays by looking at:

- Staff engagement
- Environment
- Safety
- Satisfaction and level of personal participation in recovery/wellness process
- Fiscal efficiency
- Reduction in recidivism
- Community integration/inclusion
- Choice and self-determination
- Wellness management

As more diversion services open in the country and different parts of the world, there will be additional research measuring other areas and different outcomes. It is suggested that all diversion services seek local college assistance in developing research projects. As more research concerning respite/diversion services becomes available, it can help local research in replicating studies and/or developing additional studies around effectiveness and outcomes.

As stated earlier in this manual, much of the current research can be found at the following National Empowerment Center link: <http://www.power2u.org/evidence-for-peer-run-crisis.html>



## Conclusion

It is our hope that this manual has been helpful in assisting you in your decision to open and operate a diversion service in your area. While there are many challenges in operating a diversion service, it is well worth the effort. Guests who stay or are connected to the diversion service will benefit greatly and have opportunities to grow healthier.

Across the country we have seen diversion services growing in numbers and integrity. Traditional service funders are taking notice of the improved outcomes that individuals are experiencing and are now shifting some funding toward diversion services. The time has come to look at crisis in a more practical way and address it accordingly.

We are also optimistic about all current and new diversion/respice services around the globe and will continue to communicate among each other so that diversion/respice services can learn and grow to build new standards that are effective and efficient.

If you are interested in further training and development assistance please contact PEOPLE, Inc., in New York for a quote.

Thank you for your interest.

PEOPLE, Inc.

378 Violet Avenue

Poughkeepsie, NY 12601

845-452-2728

Steve Miccio

Executive Director

Founder of Rose House

[stevemiccio@projectstoempower.org](mailto:stevemiccio@projectstoempower.org)

# Appendix



- A. Menu of Services
- B. Pre-Registration Form
- C. Guest Registration Form
- D. Guest Agreement
- E. Expectations
- F. Guest Checkout Form
- G. Policy and Procedures Checklist

# Appendix A: Sample of Menu Services

## Sample Menu of Services

### Starters

#### Art Expressions

Art therapy enables people to express themselves in areas that are impossible to express in words. Through the process of creating, one can gain personal insight and new perspective, and have an opportunity to transform. Some of the staff have a passion for the arts and want to promote one's expression through art.

#### Recourses/Education

The Rose House staff is well informed of the community resources. If you are having problems with housing work or social/economic issues please ask the staff for assistance. Also, if you are looking for a way to link into the community, volunteer, social events or social networking, we may have the answer you are looking for.

#### Social Events

Games, shopping, long walks in a park or a walk over the beautiful scenic bridge right here in Highland. People Inc. has a social night called Tuesday Night Out located in New Paltz. Talk to one of our Peer Companions and we can help provide support and transportation.

#### Recreation

The term *recreation* implies participation to be healthy, refreshing mind and body. Recreation is an essential part of human life and finds many different forms that are shaped naturally by individual interests but also by the surrounding social construction. If there is an activity you are interested in please let us know. If you need help with exploring new ideas, the Peer Companions can talk with you about the different activities that can help you in your wellness.

### Main Courses

#### Peer Support

Peer support occurs when people provide knowledge, experience, and emotional, social or practical help to each other. Peer support is also used to refer to initiatives where colleagues, members of self-help organizations and others meet as equals to give each other support on a reciprocal basis. This is the meat and potatoes of our programs. Our Peer Companions are here to listen and support you through your recovery.

#### WRAP

**In developing your own WRAP (Wellness Recovery Action Plan)**, you'll identify the wellness tools that will most benefit you and will learn how to use these tools when needed, every day or when you have particular feelings or experiences. WRAP will help you monitor and relieve uncomfortable and distressing feelings and behaviors and identify your best course of action. All staff is trained and eager to help you with your own **WRAP!**

#### Recovery

Recovery is a personal journey that involves developing hope, a secure base and sense of self, supportive relationships, empowerment, social inclusion, coping skills and meaning. Ask our Peer Companions how they manage their recovery and what it means for them. We all have unique experiences and have much to offer.

# Appendix B: Sample Pre-Registration Form

**NAME:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**PERMANENT ADDRESS:** \_\_\_\_\_  
**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_  
**REFERRED BY: SELF** \_\_\_\_\_ **REFERRED BY:** \_\_\_\_\_

Let me tell you a little about our program:

Our program is available to \_\_\_\_\_ County residents. The \_\_\_\_\_ House is a peer-operated house designed to assist fellow peers in alleviating psychiatric distress that could lead to hospitalization. Our house is equipped with a variety of proactive tools, both traditional and non-traditional, to help support and sustain your well-being. You can stay for up to five days with twenty-four-hour peer support from our peer companions. Participation in the program is voluntary and free of charge. The \_\_\_\_\_ House is a self-referral service. A professional or family member may call for information; however, it is your decision to utilize our service. We also offer in-home support where a Peer Companion can visit you in your home or in a comfortable location in the community. Regular visits can be scheduled up to twice a month to offer support to maintain wellness.

How can the \_\_\_\_\_ House assist you at this time? (For example, develop a recovery plan, cope with stressful situations or learn new tools to avoid crisis/hospitalization.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During your stay, what specific strategies, activities and goals do you want to work on? (Please review our Menu of Services.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you come to the \_\_\_\_\_ House, what do you hope to get from your stay?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you making this reservation voluntarily?    YES    NO

Are you experiencing an increase in symptoms?    YES    NO

If yes, please describe what you are feeling or what happened to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your interests/hobbies?

---

---

---

---

Are you at least 18 years of age?    YES    NO

Have you had any physical illness (including fever) in the past 24 hours?    YES    NO

Additional Notes:

---

---

---

---

---

---

---

---

---

---

---

Peer Companion Signature

---

Date

# Appendix C: Sample Guest Registration Form

## Demographics

### Participant Name:

\_\_\_\_\_  
First MI Last

### Current Participant Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes, okay to leave a message on voicemail

**Date of Birth:** MM / DD / CCYY \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Age:** \_\_\_\_\_

**Gender:** M F **Marital Status:** S M D W **Veteran:** Yes No

### Guardian Name: (if applicable)

\_\_\_\_\_  
First MI Last

### Emergency Contact Information:

\_\_\_\_\_  
First MI Last Relationship

\_\_\_\_\_  
Address City ST Zip

\_\_\_\_\_  
Phone Number Alternate Phone Number

\_\_\_\_\_  
Physician Physician Phone

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Brief History** (\*Note: This section is voluntary.)

**Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Community Supports:** (Friends, family, provider agency, etc.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Please use back of form if necessary.)

**Medications and Known Side Effects** (\*Note: This section is voluntary.)

1. \_\_\_\_\_ Time taken: \_\_\_\_\_

2. \_\_\_\_\_ Time taken: \_\_\_\_\_

3. \_\_\_\_\_ Time taken: \_\_\_\_\_

Physician Prescribing: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Income/Employment

Are you currently employed? Yes No

If yes, what hours do you work?

---

---

---

Last Date of Gainful Employment (month/year) \_\_\_\_\_ / \_\_\_\_\_

Employment Status:

- Employed full time (35-plus hours per week)                       Employed part time
- Unemployed (Laid off or looking for work)                       Active/Armed Forces
- Sheltered workshop                       Other (volunteer)
- Not in labor force (homemaker, student, retired, resident of institution)

## Housing Status

**Current Residence:**

- Living Independently \_\_\_\_\_
- \_\_\_\_\_
- Private Residence Receiving Support (if so, explain) \_\_\_\_\_
- \_\_\_\_\_
- Private Residence Living with Parent/Relative/Friend \_\_\_\_\_
- \_\_\_\_\_
- Private Residence Living in Family Care \_\_\_\_\_
- \_\_\_\_\_
- Other (describe) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Goal Assessments

(Record the guest's responses to the following questions.)

1. What would you like to gain by staying at the Rose House?
  
2. What are your strengths?
  
3. What do you feel are barriers or limitations preventing you from moving forward?
  
4. In preventing psychological crisis, what has worked in the past?
  
5. What doesn't work?
  
6. What one thing would help right now?
  
7. Are there cultural or religious issues that need to be considered?
  
8. What is your current situation in the following areas?
  - Transportation:
  
  - Reading skills/writing skills:
  
  - Child care issues:
  
9. What is/are your recovery goal(s)?

In reaching my recovery goal(s), I can count on support from:

**Name**

**Relationship to Guest**

Diversion House

Peer Support Network/Diversion Resource

---

---

---

---

The information provided is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Guest Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Peer Companion Signature

\_\_\_\_\_  
Date

NOTES:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## Appendix D: Sample Guest Agreement

The \_\_\_\_\_ House is a peer-operated facility designed to assist guests in diverting psychiatric distress that may lead to hospitalization. The \_\_\_\_\_ House is equipped with a variety of areas of the house to maintain your wellness. Our Peer Companions are compassionate, understanding and knowledgeable in promoting your self-determination away from crisis in your journey toward recovery. We hope you enjoy your stay at the \_\_\_\_\_ House. We ask that you read and sign the agreements below as evidence of your commitment to keep the environment safe and pleasant, and to assist all in getting to a better place in life. Please ask if you need help in understanding any of these agreements:

- I understand and agree that I will work toward my self-defined recovery goals while staying at the \_\_\_\_\_ House.
- I understand that alcohol and illegal drugs are not permitted on our premises at any time.
- I understand that I am responsible for storing and taking medications that I choose to take.
- I understand that the \_\_\_\_\_ House maintains a ZERO TOLERANCE policy toward violence, sexual harassment or the possessions of weapons of any type. Anyone violating this policy will be asked to leave immediately.
- I understand and agree that \_\_\_\_\_ House telephones are not intended for personal use.
- I understand that all visitors must be authorized by the Peer Companion or designated staff.
- I understand and agree that entering the private area of another guest is strictly prohibited.
- I agree to sleep in my bedroom and not in the common areas of the house out of respect for other guests and staff.
- I understand and agree that smoking is ONLY allowed outside.
- I agree to put all cigarette butts in the ashtray and to keep the area clean.
- I understand and agree that eating is restricted to the dining and living room area only. No food or drink is allowed upstairs.
- There is a limited supply of food, so I should plan to bring food or go food shopping upon arrival.
- I understand and agree that I am required to cook for and clean up after myself. Cleaning includes all common areas of the house.
- I agree to fill out a Guest Checkout Form before leaving the \_\_\_\_\_ House.
- I agree to dress appropriately in the common areas of the house.
- I agree to show respect to staff and fellow guests while staying in the \_\_\_\_\_ House.
- I understand and agree that if my behavior is disrespectful or threatening toward staff or guests, I will be asked to leave.
- I understand and agree that I will not ask for or give money or cigarettes to other guests or staff.
- I understand and agree that guests are not allowed in the office unless accompanied by staff.
- I understand and agree that I am not allowed on the back porch due to safety concerns.
- I understand and agree to keep my personal items safe. The \_\_\_\_\_ House is not responsible for any lost items.
- I understand that the \_\_\_\_\_ House doors will be locked at twelve midnight and reopen at 7:00am.
- I understand and agree that the landlord asks that guests do not go down to the motel or in the rear of the house.
- I understand and agree to be responsible while cooking, and will not leave the stove unattended.

**I understand and agree to comply with the agreement above.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Printed Name: \_\_\_\_\_

# Appendix E: Sample Expectations

What You Can Expect from Us	What We Expect from You, Our Guest
<b>Engaging</b> —We will welcome you in a warm, respectful manner. You will be given a full tour of the house as well.	<b>Recovery</b> —We ask that you accept responsibility for your own recovery so that you get the utmost benefit from your stay.
<b>Comfortable, Safe Environment</b> —We will maintain a comfortable, safe and clean environment.	<b>Crisis</b> —We ask that you please be open to address crisis differently.
<b>Non-Judgmental Support</b> —Peer Companions are here to listen and support you with empathy. This means listening and responding to you through mutual peer support, understanding and trust.	<b>Guest Agreement</b> —Expect to understand, sign and abide our guest agreement in an effort to model respect of other guests and staff.
<b>Menu of Services</b> —The menu is provided upon registration and is available in your room to review as well. This offers you choices in participating in self-directed activities during your stay.	<b>Menu of Services</b> —If there are ideas and choices that are not on the current menu of services, please feel free to let us know and we will do our best in honoring your choices.
<b>Goals</b> —We are here to assist you in developing a self-determined goal that addresses your crisis pro-actively.	<b>Goals</b> —You are the only one who can develop or create your goal(s) on how to address crisis differently. Peer Companions can help you in developing a goal.
<b>Education</b> —Peer Companions are well versed in educating you on WRAP, advance directives, peer advocacy, recovery and wellness. Please feel free to learn.	<b>Self-Care</b> —Accept responsibility for the environment and yourself in terms of personal hygiene, nutrition and self-care activities.
<b>Resource Information</b> —We are well informed in resources available in the community.	<b>Feedback</b> —We are always looking at how to improve our services here at the Rose House. We ask that you feel free to provide us with your thoughts and suggestions on what we can do better.
<b>Recovery Culture</b> —The expectation of our staff is that you can always experience our belief in recovery through how we engage with you and lend a vision of hope and empowerment.	<b>Better Days</b> —While it is often difficult to predict our future, we hope you will expect better days for yourself.

## Appendix F: Sample Guest Checkout

We hope you've enjoyed your stay at the Rose House. If you choose, we look forward to being part of your support system and hope to help in any way possible. Please help us by making sure the following things are done before you leave:

- Ensure that you have all of your personal belongings.
- Wash all of your bed linens and remake the bed.
- Remove all trash and/or recycling from your room and place it in the appropriate container.
- Remove all of your leftovers from the refrigerator. Take your food with you or dispose of it properly.
- Prepare for a walk-through with one of the Peer Companions to ensure that you have all of your belongings.

**We would appreciate it if you completed the optional Guest Satisfaction Survey. It will help us support future guests in their recovery process.**

# Appendix G: Sample Policies and Procedures

## INDEX

1. Mission Statements .....	2
a. Welcome.....	2
b. Vision/Mission.....	3
2. Guest Services .....	6
a. Overview.....	6
b. Hours of Operation .....	6
c. Guest Qualifications/Registration.....	7
d. Guest Fees .....	8
e. House Consensus .....	8
3. Guest Registration .....	9
a. Phone Pre-Registration .....	9
b. Guest Arrival .....	9
c. Guest Registration.....	10
d. Filing Procedure.....	11
e. In-Home/Service Notes.....	13
f. Guest Departure Procedure .....	14
4. General Policies .....	15
a. Confidentiality.....	15
b. Visiting Policies.....	16
c. Guests' Right to Access Their Records .....	16
d. Anti-Discrimination Policies .....	17
e. Americans with Disabilities Act.....	17
f. Harassment .....	18
g. Availability of Recovery-Focused Programs .....	19
h. Appearance And Dress .....	20
i. Household Maintenance.....	20
j. Meal Policies .....	20
k. Transportation.....	22
l. Agency Vehicle Use .....	22
m. Staff Phone Policies .....	25
n. Guest Phone Policies .....	25
o. Smoking at the Workplace .....	25
p. Drug-Free Workplace .....	26
q. Emergency Contact Records.....	27

5.	Health & Safety Policies & Procedures .....	28
a.	Infection Control Plan.....	28
b.	First Aid Equipment and Supplies.....	28
c.	Prevention of the Spread of Blood borne Pathogens.....	28
d.	Suicide Prevention .....	29
e.	Safety.....	30
f.	Reporting Unsafe Conditions.....	30
g.	Reporting a Critical Incident .....	32
h.	Analysis of Critical Incident Reporting.....	32
i.	Fire Prevention Policy.....	32
j.	Care of Equipment and Supplies.....	33
k.	Emergencies—Calling for Help .....	34
l.	Emergency Procedures .....	35
m.	Evacuation Procedures.....	36
n.	Management Communication.....	39
6.	Training Policies .....	40
a.	Competency-Based Staff Training.....	40
b.	ASIST Training in Suicide Prevention .....	40
c.	Emergency Preparedness.....	40
d.	Emergency Procedures .....	41
7.	Internal Organization .....	43
a.	House Goals.....	43
b.	Job Descriptions .....	43
c.	House Manager.....	44
d.	Peer Companion.....	45
8.	Appendix Index .....	48
a.	Pre-Registration Form.....	49
b.	Guest Registration Form.....	50
c.	Authorization for Services Form.....	54
d.	Guest Agreement.....	56
e.	Guest Checkout Form.....	58
f.	Guest Follow-Up Survey .....	59
g.	Incident Report Form.....	60
h.	Acknowledgement of Receipt of House Staff Manual.....	61



**OPTUM™**

[www.optum.com](http://www.optum.com)

6300 Olson Memorial Hwy, Golden Valley, MN 55427

Optum, OptumHealth, OptumInsight and OptumRx and their respective logos are registered trademarks of Optum. All other brand or product names are trademarks or registered marks of their respective owner. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

BSPUB0040S011CM Public Sector © 2011 Optum. All Rights Reserved.