NTBHA

North Texas Behavioral Health Authority

WHAT IF CRISIS CARE DIDN'T START IN AN ER OR A JAIL?

THE LIVING ROOM

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WHAT IF CRISIS CARE DIDN'T START IN A ER OR JAIL?

- Most individuals experiencing a behavioral health crisis enter services through:
  - Emergency Departments
  - Law Enforcement
  - County Jails
  - Homeless Shelters
- These settings are often:
  - Expensive
  - Overcrowded
  - Not designed for behavioral health stabilization
  - Poorly connected to long-term recovery supports
- The Challenge
  - How do we create a behavioral health system that meets people where they are before they enter a cycle of repeated crisis?

THE CRISIS SYSTEM CHALLENGE

National and Texas Trends

- Individuals with serious behavioral health conditions frequently experience:
  - Repeat ER utilization
  - Frequent law enforcement contact
  - Homelessness
  - Repeated psychiatric hospitalization
  - Justice system involvement

Common barriers include:

- Lack of access to treatment
- Limited transportation
- Housing instability
- Difficulty navigating multiple systems
- Discharge without follow-up support

Result

People often cycle repeatedly through:

ER → Jail → Shelter → Street → ER

WHY TRADITIONAL CRISIS SYSTEMS STRUGGLE

- **Fragmented Systems**
  - Behavioral health
  - Healthcare
  - Criminal justice
  - Housing
  - Social services
- Often operate independently.

- **Consequences**
  - Poor care coordination
  - Missed opportunities for diversion
  - Increased public costs
  - Poor individual outcomes
  - Burnout among first responders and providers

INTRODUCING THE LIVING ROOM MODEL

- **A No Wrong Door Approach**

The Living Room is a community-based behavioral health diversion and stabilization center designed to:

- Divert individuals from ERs
- Reduce unnecessary law enforcement involvement
- Support jail release and reentry
- Provide immediate behavioral health engagement
- Connect individuals to ongoing care

Core Philosophy

- The right care.
- The right time.
- The right place.

BACKGROUND OF THE LIVING ROOM

House Bill 13: Crisis & Forensic Services

- The North Texas Behavioral Health Authority (NTBHA) is a recipient of a state matching grant program created during the 85th Texas Legislature.
- House Bill 13 provides funds to support community mental health programs serving individuals experiencing mental illness.
- NTBHA's Mental Health Living Room was selected for crisis and forensic projects under House Bill 13.
- Continued funding via the Community Mental Health Grant (CMHG) under Peer Support

BACKGROUND OF THE LIVING ROOM

In collaboration with co-located partner, Association of Persons Affected by Addiction (APAA), the Living Room program will:

- Provide a centralized location for clients who are:
  - Experiencing a mental health crisis in Dallas.
  - Exiting the Dallas County Jail.
  - Being discharged from local hospitals.
  - Diverted from hospital admission to care coordination.
- On-site supports include:
  - Care coordination services.
  - Benefit specialists to address resource needs.
  - Peer support specialists to guide and connect clients.
- Focus is on addressing social and economic barriers that often lead to recidivism.

NUTS & BOLTS

- Facility renovated to create welcoming 'Living Room' setting.
- Telehealth provisions, private consult rooms, client lockers.
- Soft launch May 2019
- Opening ceremony held October 15, 2019
- Ongoing expansion for jail diversion, street to home projects such as the encampments and permanent housing, and inclement weather sheltering operations
- Staff diversity includes Spanish & ASL communication.

THE LIVING ROOM INITIATIVE FOCUSES ON:

- Developing and enhancing coordinated care.
- Strengthening mental health response.
- Supporting jail diversion and jail release approaches across community crisis and first responder systems.

The program aims to bridge service gaps by linking individuals to:

- Peer support specialists.
- Providers.
- Other referral resources.

TARGET POPULATION

- Individuals exiting Dallas County jail identified by NTBHA & Dallas County Criminal Justice Department, Mental Health District Attorney & Public Defenders
- RIGHT Care Team diversions from hospitalization (non-EDO) or other MHRT teams or referrals directly from law enforcement agencies.
- Hospital discharges needing further engagement
- Adults agreeing to participate in supports.
- Not appropriate: under influence, urgent medical, violent, or under arrest.

SUMMARY OF THE LIVING ROOM

- The Living Room is not appropriate for individuals experiencing acute crisis.
- Hub of service connection across all Sequential Intercept Model.
- Front-end engagement: First responders divert to Living Room instead of ER.
- Referrals from ER and jail for diversion from higher levels of care.
- Support for jail release planning and NTBHA competency restoration programs
- Peers provide outreach, transport, engagement, benefits support

LIVING ROOM SERVED

Individuals served

- 2019 (10/19-12/19) – 437
- 2020 – 3835
- 2021 – 3260
- 2022 – 2385
- 2023 – 3810
- 2024 – 3514
- 2025 – 3849
- 2026 – 1732 (as of 5/31/2026)

Total 22,822

Unique and Unduplicated Individuals Served – FYs

- 2019 – 195
- 2020 – 1481
- 2021 – 1667
- 2022 – 1640
- 2023 – 1788
- 2024 – 1757
- 2025 – 1890
- 2026 – 833 (as of 5/31/2026)

Total 11,231

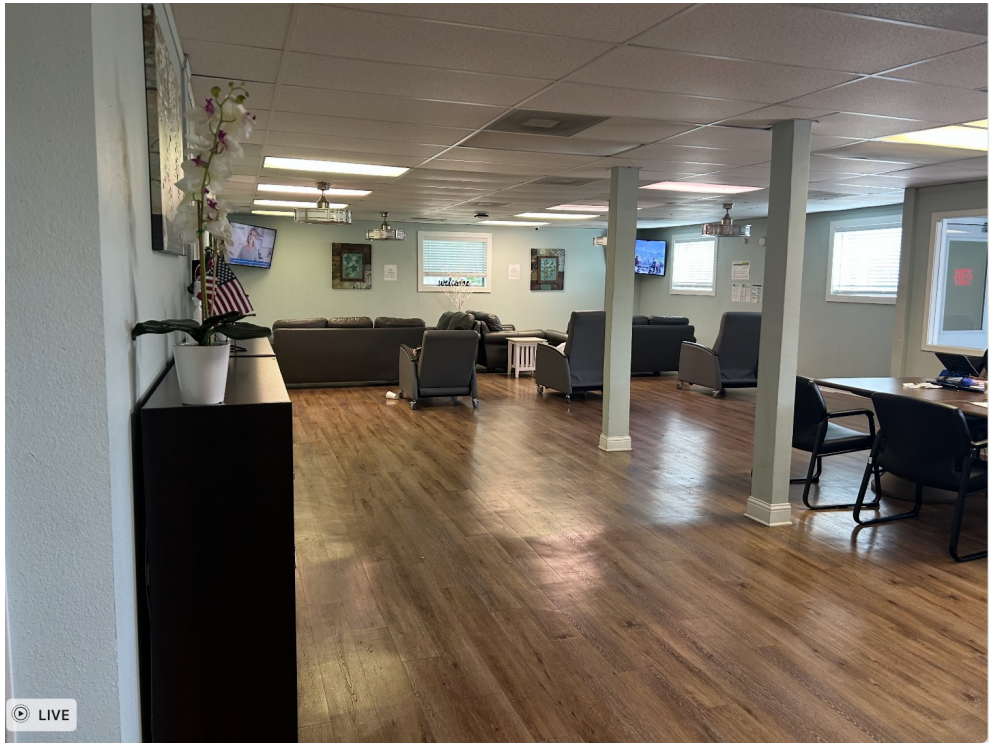
NTBHA LIVING ROOM PROGRAM

Program Overview

- The NTBHA Living Room provides:
  - Walk-in crisis support
  - Peer support services
  - Clinical assessment
  - Care coordination
  - Housing navigation
  - Benefits assistance
  - Community resource linkage
  - Critical Time Intervention (CTI)

Goal

Create a single point of engagement that reduces barriers and increases access to care.



WHO REFERS TO THE LIVING ROOM?

Community Partnerships

Referrals come from:

- Emergency Departments
- Hospitals
- Mobile Crisis Outreach Teams (MCOT)
- Law Enforcement
- Courts
- County Jails
- Homeless Outreach Teams
- Community Providers
- Self-Referrals

No Wrong Door

If someone needs help, there is a pathway to support.

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CRISIS DIVERSION PATHWAYS

- **Before the Living Room**
  - Crisis
  - 911
  - ER or Jail
  - Discharge
  - Repeat Crisis

- **With the Living Room**
  - Crisis
  - Diversion
  - Living Room
  - Stabilization
  - Treatment & Supports
  - Recovery

THE ROLE OF PEER SUPPORT

Why Peers Matter

Individuals with lived experience help build trust through:

- Shared experiences
- Hope and recovery messaging
- Relationship building
- System navigation
- Practical support

Impact

Peers often engage individuals who have historically disengaged from traditional services.

CRITICAL TIME INTERVENTION (CTI)

What is CTI?

- An evidence-informed practice designed to support individuals during periods of transition.

High-Risk Transitions

- Jail release
- Hospital discharge
- Shelter placement
- Crisis stabilization discharge
- Housing placement

CTI Focus

- Engagement
- Stabilization
- Community connection
- Long-term support development

CTI FRAMEWORK

- **Three Phases**
- **Phase 1: Transition**
  - Immediate support and stabilization
- **Phase 2: Try-Out**
  - Strengthening community supports
- **Phase 3: Transfer of Care**
  - Long-term connections maintained
- **Goal**
  - Reduce crisis recurrence during vulnerable transitions.

JAIL RELEASE SUPPORT

Why Reentry Matters

- Individuals leaving jail often face:
  - Homelessness
  - Lack of medication
  - No healthcare provider
  - Limited transportation
  - Lack of identification
  - Employment barriers

Living Room Response

- Immediate connection to:
  - Behavioral healthcare
  - Housing resources
  - Benefits
  - Peer support
  - Community services

CASE EXAMPLE

Case Study: Justice Diversion

- Individual:
  - History of serious mental illness
  - Frequent jail bookings
  - Unsheltered homelessness
  - Multiple ER visits

Living Room Interventions:

- Peer engagement
- CTI support
- Medication linkage
- Housing navigation
- Benefits enrollment

Outcome:

Reduced crisis utilization and increased community stability.

HOUSING AS HEALTHCARE

Housing and Recovery

Stable housing supports:

- Medication adherence
- Treatment engagement
- Physical health
- Recovery outcomes

Living Room Partnerships

Emergency shelter

Transitional housing

Permanent supportive housing

Housing navigation programs

Benefits assistance

COMMUNITY COLLABORATION

It Takes a System

Key partners include:

- Behavioral Health Authorities
- Hospitals
- EMS
- Law Enforcement
- County Jails
- Courts
- Homeless Response Systems
- Housing Providers
- Community-Based Organizations

Shared Goal

Keep people in treatment—not in crisis.

OUTCOMES AND IMPACT

Measuring Success

Potential indicators:

- Reduced ER utilization
- Reduced jail involvement
- Increased outpatient engagement
- Housing placements
- Benefits enrollment
- Reduced crisis recidivism
- Improved continuity of care

Success Means

People receive help before crisis escalates.

KEY TAKEAWAYS

- ✓ Crisis care can begin in the community.
- ✓ Diversion reduces unnecessary ER and jail utilization.
- ✓ CTI improves outcomes during high-risk transitions.
- ✓ Peer support increases engagement.
- ✓ Strong partnerships create lasting change.
- ✓ Every community can build a No Wrong Door approach.

REPLICATION STRATEGIES

- **Building Your Own Diversion Pathway**
  - Start with:
  - Strong partnerships
  - Shared protocols
  - Peer services
  - Reentry supports
  - Data sharing
  - Housing connections
- **Remember**
  - You do not need a new building to create a No Wrong Door system.

WHAT DOES STAFF SAY ABOUT THE LIVING ROOM?

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