

Connect justice-involved individuals to behavioral health care, bridge equity gaps and promote community well-being



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As the U.S. behavioral health care industry compassionately takes a whole-person approach and works toward creating a more equitable system, the justice-involved population too often gets overlooked or even left behind.

Compared to the general public, a disproportionate number of the jailed population has a mental health disorder — 25% vs. 50% for mental illness and 4% vs. 16% for serious mental illness. Furthermore, as has been widely documented, the incarcerated population is much more likely than the general public to have co-occurring and co-morbid disorders, including mental health, substance use disorder and physical health conditions.¹ Many of these people churn through the justice system with frequent repeat contacts. In addition, people moving in and out of the criminal justice system often face a variety of social challenges — such as poverty, unemployment, lower education levels, lower literacy rates and a lack of housing — that contribute to their health care needs being undertreated or untreated.

To help address these gaps, Optum is working with states and counties to connect these individuals to the care and support they need. We partner with criminal justice agencies, clinical providers and community organizations to create specialized behavioral health programs that offer alternatives to incarceration, along with clinical and community resources and support to meet individuals' health care needs. In addition, we help put mechanisms in place to provide participants with stable living environments, hope, safety, personal well-being and other essential social determinants of health facets. Through these programs, many individuals are successfully diverted away from or out of the justice system into treatment and sustainably healthier, law-abiding lives. As a result, criminal recidivism, unnecessary incarcerations and associated costs are significantly reduced.



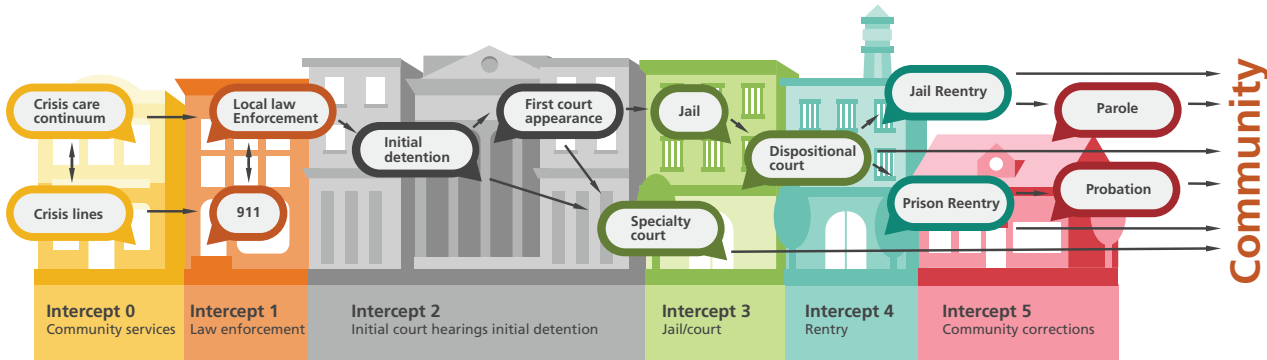
Incarceration and mental health²

- At least half of prisoners have some mental health concerns.
- About 10–25% of U.S. prisoners suffer from serious mental illnesses.
- Dependence on drugs, alcohol or both is also common among prisoners.

Connecting resources and care

Beyond promoting empathy and a humanitarian perspective, state and federal governments are supporting these efforts to help efficiently apply resources. It is estimated that incarcerating individuals with psychiatric disorders costs twice as much as an assertive community treatment approach.³ Under the Affordable Care Act, states can receive federal matching rates to create specialized programs to serve at-risk criminal justice populations, which also helps reduce repeat offenses. In addition, there is Medicaid support for those who qualify for eligibility to provide sustained access to care and treatment upon release.

By identifying resources and gaps in services at the points at which individuals with mental health and substance use disorders come into contact with or move through the criminal justice system, strategies and programs can be put in place to intercept and redirect them to more appropriate resources and supports.⁴ Based on the Sequential Intercept Model and tailored to local community needs, these structured interceptions effectively de-escalate events and situations, and help people access the care and support they need to be healthier. In addition, programs are built with National CLAS (culturally and linguistically appropriate services) Standards, so health care professionals can help bring about positive health outcomes for diverse populations.



Specific strategies and programs vary depending on the state, county and population needs, but often include peer support, diversion programs, crisis response and transition service components.

Peer support services

Peer support services are emerging as a best practice in justice-involved programs. In these instances, peer support specialists serve as an entry point to care to help build rapport with individuals in crisis or treatment through their similar lived experiences, including having been in crisis and interfacing with law enforcement. They can be pivotal in helping encourage individuals to engage and stay in behavioral health treatment and support services.

For example, in Salt Lake County, Utah, Optum built and expanded a range of peer support services for individuals. These recovery and resiliency services are across programs and include mobile crisis outreach teams (MCOT), integrated physical and behavioral health care through a Mobile Integration Health Clinic and Community Re-entry Program for justice-involved individuals. In the Community Re-entry Program, peer support specialists work collaboratively within teams to provide trauma-informed services to repeat offenders with mental health conditions. Their goal is to reduce recidivism in the county jail through effective services supporting community integration and tenure.

Assertive community treatment (ACT) teams and Forensic ACT teams can be deployed as “hospitals without walls.” For example, community programs running in several states, including Louisiana and Tennessee, enlist ACT teams to provide needed wraparound services through interdisciplinary teams inclusive of peer support specialists, so people with mental health and substance use disorders can stay at home rather than be hospitalized. These person-centered programs help effectively connect individuals to care and reduce the cost of inpatient treatment and incarceration.

Diversion programs reduce incarcerations

Diversion programs offer trauma-informed, community-based specialty care for those experiencing a mental health crisis or substance use disorders who otherwise may have been taken to jail. A number of reports suggest these types of programs reduce criminal justice costs and improve health outcomes and access to needed health care services.^{5,6} They also reduce substance use and lead to improved mental health, without threatening public safety. For example, Optum manages a diversion program in Salt Lake County that provides services in community settings and includes:

- Jail Diversion Outreach Team, an assertive community outreach team that provides 24/7 availability with a low staff/individual ratio (1:10)
- Community Response Team, which provides jail supports and discharge planning through resources and advocacy for inmates who have serious mental illnesses
- Co-occurring Re-entry and Empowerment to serve criminal offenders with co-occurring conditions in facilities providing wraparound services on site and in the community
- Alternatives to Incarceration (ATI) transportation in which providers meet inmates released from jail and transport them to community-based services for follow-up care

As a result of these programs, justice-involved individuals receive effective services while decreasing overall costs.

In another recent case, Optum created a Felony Forensic Assertive Community Treatment (FFACT) program for individuals in Pierce County, Washington, referred by the county's felony forensic mental health court. Participation was voluntary for defendants charged with a felony offense and diagnosed with a serious and persistent mental illness. When individuals were admitted to the court, they received pre-trial intervention, deferred adjudication or probation. They also had to agree to an 18-month participation schedule. They received an evaluation and an individualized care plan where incentives and sanctions were used to encourage program adherence. The program addressed both legal and behavioral health challenges to help individuals build a life in the community as a contributing member. As an example, after prior years of living on the streets and being involved in multiple criminal offenses, one graduate of the program told supporters she was able to rebuild her life, achieve sustained sobriety and function.

Crisis response offers immediate intervention

Crisis response programs can provide outreach teams that respond to law enforcement calls to immediately assist individuals in mental health crisis at their home or in the public. These programs help connect people to behavioral health care, rather than relying on law enforcement as a first resort. "Incarceration is expensive," said Tim Whalen, a division director of Salt Lake County Behavioral Health.⁷ "The costs are even higher when you have inmates with substance use or mental illness. If even half of the law enforcement referrals to our two crisis centers in Salt Lake County prevent booking and jailing, we can save over \$650,000 in one year."

Recognizing that over three-quarters of the county jail population had mental health or substance use disorders, Salt Lake County partnered with Optum to develop outreach and intervention services for individuals in mental health crisis and facing incarceration. As a part of this initiative, MCOTs comprised of licensed mental health clinicians and trained peer support specialists were deployed. Peer support specialists work with the Mental Health Court program and individuals in the Salt Lake County jail. After the programs were implemented, law enforcement referred individuals in a behavioral health crisis to the mobile crisis team or receiving center. By preventing booking and jailing, the program saved the county more than an estimated \$1.5 million in one year.⁸

In another example, Pierce County, Washington, and Optum developed a program targeting individuals diagnosed with a behavioral health condition who had five or more incarcerations in the past 11 months. These individuals are considered high risk for repeat offenses and thus have high treatment service needs. Mobile outreach crisis teams engaged program participants as needed to connect them to care and services that supported their physical and behavioral health needs. Optum also coordinated the social and community resources participants needed to maintain recovery and their tenure in the community, including housing, education and employment support services.

As a result, there was a **90% reduction in participants being re-arrested** from April 2016 through March 2017.⁹

The results from this program demonstrate that when individuals with behavioral health conditions and justice involvement are engaged in clinical and community services, they are able to substantially improve their lives.

It is important to note: Crisis programs can be designed and implemented to align the communication method with the preferences of the individuals in need of support. For example, understanding that younger people tend to prefer text messaging over voice calls, individuals seeking help can connect with Optum clinicians through the Access and Crisis Line chat application in San Diego County, California. With this program, individuals can initiate confidential and secure chats from links on the Optum San Diego and the County of San Diego Health & Human Services Agency websites. They simply fill out a fill-in form before the chat begins, which helps prioritize and route the individual to an available clinician.

Transition services to support community re-entry

Transition services to support community re-entry include jail-based screening and treatment planning to identify and support inmates with behavioral health conditions, and then manage the continuation of treatment after release to promote a successful reintegration in the community and prevent re-incarceration.

In Arizona, for example, Optum implemented a reach-in care coordination program for members in the adult correctional system for 30 days or longer who have an anticipated release date. This program helps ensure justice-involved members with physical and/or behavioral health conditions and other chronic and/or complex care needs are identified prior to release in order to initiate care coordination. Program components include deploying a designated justice liaison to identify eligible individuals, and provide outreach, assessment and engagement. For program participants, post-release health care services and resources are coordinated and arranged.

As an example, most recently, the “Journey Home” program to reduce mortality, recidivism and trauma was designed for three Indiana counties — Boone, Delaware and Daviess. The scalable program focuses on helping individuals with alcohol and other substance use disorders transition from jail back into the community by coordinating clinical care to encourage and support long-term recovery, as well as by engaging social determinants of health services to personally empower them to live healthier, more stable lives.

For another example, Optum implemented the Drug Medi-Cal Organized Delivery System in San Diego County to increase access to substance use treatments. Optum used the American Society of Addiction Medicine (ASAM) guidelines for placement, continued stay, transfer or discharge of individuals with addiction and co-occurring conditions. The ASAM guidelines promote uniformity in the delivery of services and the use of evidence-based practices, substantiating referrals to appropriate levels of care and increasing accessibility to services. As a result, Optum increased collaboration with clinics in the community that offered medication-assisted treatment (MAT) to treat the population most at risk for death due to overdose and incompleteness of traditional residential treatment. Optum also worked closely with the California Department of Corrections and Rehabilitation to ensure a seamless transition of care is provided to individuals who are released from prison and reintegrating into the community.

In addition, Optum clinicians serve to strategically educate clients, probation partners and other community partners on the MAT modality, bridging the gap between client needs and resources, and removing stigma and other barriers for the access to services. In San Diego County, these efforts have been particularly relevant for the opioid epidemic and the history of justice-involved individuals trying to access medications through unregulated avenues. To this end, Optum has been instrumental in accessing withdrawal management resources, which has helped alleviate overwhelmed facilities and reduce arrests as justice-involved individuals are transported to these services in lieu of custody when testing positive for controlled substances.



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The “Journey Home” program

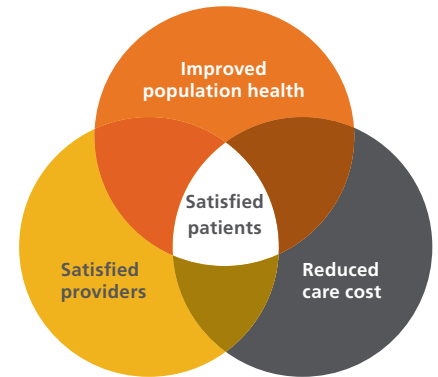
— Boone, Delaware and Daviess. The scalable program focuses on helping individuals with alcohol and other substance use disorders transition from jail back into the community by coordinating clinical care to encourage and support long-term recovery, as well as by engaging social determinants of health services to personally empower them to live healthier, more stable lives

Closer to achieving the Quadruple Aim

By putting programs like these into place, states and counties are connecting individuals with behavioral health conditions to the levels of care they need, helping to reduce repeat criminal offenses all while lowering multiple costs to the criminal justice system. Yet, despite the overwhelming evidence that these efforts are effective and beneficial to individuals and communities alike, many counties and states across the nation have not pursued these opportunities.

In fact, in some cases, the behavioral health care needs of inmates are overlooked, including by judges who use incarceration as the first or only line of defense, including because they may not understand the potential impact of mental health and substance use disorders on an individual. In some cases, the behavioral health care needs of these individuals are deprioritized due to financial or staffing restraints to implement such programs. And in other cases, they are wholly disregarded in response to public fear of individuals with a criminal history living within the community, without regard for an inmate's level of offense, disorder severity or care acuity need.

By partnering with criminal justice agencies, clinical providers and community supports to create specialized behavioral health programs for the justice-involved population, we can together help reduce recidivism, unnecessary incarcerations and associated costs. We also can move closer to achieving the Quadruple Aim. Optum is committed to helping states, counties and Medicaid agencies connect the justice-involved population with the behavioral health care they need to live healthier, law-abiding lives. With a focus on person-centered health, we integrate care to help minimize barriers between medical, behavioral and social services. Through the use of innovative services, such as peer support and crisis intervention, we empower individuals to pursue and achieve long-term recovery in ways that work best for them.



To learn more about how Optum Behavioral Health services can help your organization enhance the care experience, improve health outcomes and make the most of program funding, visit optum.com/behavioralhealth.

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