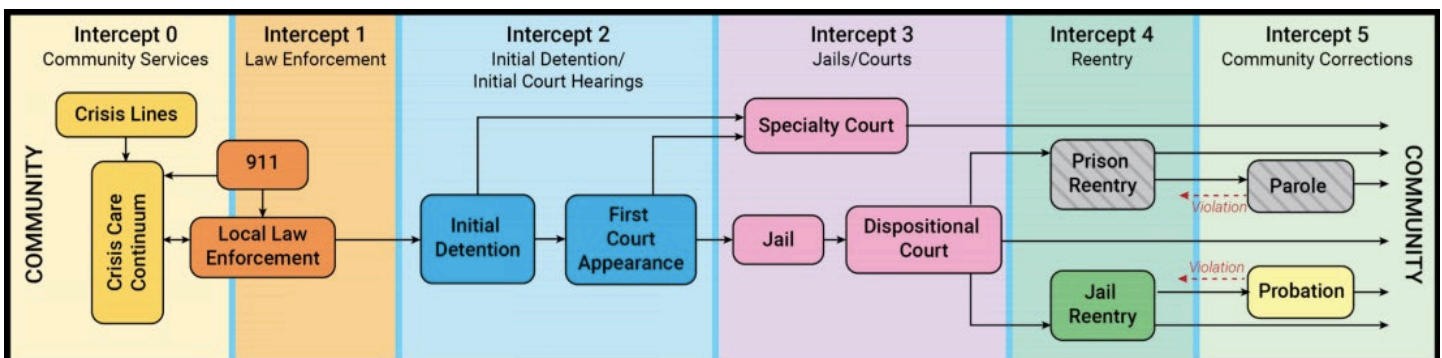


Justice Solutions in the Crisis System Tip Sheet

Despite efforts to increase community-based care, detention facilities often act as de-facto treatment centers—both in Montana and across the country. Jails and prisons are expensive, restrictive, and sometimes trauma-inducing placements for individuals with behavioral health needs. Justice systems must be prepared to interface with individuals who have mental health and substance use disorders to alleviate already over-burdened systems and promote better outcomes for individuals and communities.

Key Definitions

- **Diversion:** “A jail diversion program is one that identifies people with serious mental illness and co-occurring substance use disorders in contact with the justice system and redirects them from jail by providing linkages to community-based treatment and support services. **In essence, jail diversion is the avoidance or radical reduction in jail time achieved by linkage to community-based services.**”¹
- **Sequential Intercept Model (SIM):** The Sequential Intercept Model (SIM) was designed by Mark R. Munetz, M.D., Patricia A. Griffin, Ph.D., and SAMHSA’s GAINS Center to address the overrepresentation of people with behavioral health needs in the justice system. The Model lays out a community’s justice and health services in order, with each “Intercept” representing a stage in the process. Opportunities to redirect somebody with a mental health and/or substance use disorder toward treatment exist at every Intercept.



- **Inmate Exception:** Section 1905(a)(A) of the Social Security Act excludes federal Medicaid funding (also known as Federal Financial Participation) for medical care provided to “inmates of a public institution”² Learn more [here](#) & [here](#).

¹ <https://www.yumpu.com/en/document/read/33495458/practical-advice-on-jail-diversion-samhsas-gains-center-for->

² http://www.naco.org/sites/default/files/documents/Medicaid%20and%20County%20Jails%20Report_02.20.2018.pdf

Key Features of a Behavioral-Health Informed Justice System

1) Coordination

- **Partnerships:** The justice system is not equipped to address behavioral health needs alone. Law enforcement, courts, detention facilities, and supervision must partner with behavioral health agencies to learn critical de-escalation skills, provide necessary treatment services, and link individuals to local supports. A number of models for these partnerships exist, at varying levels of commitment-- communities may choose an official approach, like establishing a Crisis Intervention Team or Criminal Justice Coordinating Council, or opt to begin informal cross-sector meetings to establish relationships and begin information sharing.
- **Data:** Criminal justice data is often used to inform a community on their public safety trends, needs, and strengths. Leveraging existing systems and data reporting, such as a detention center's intake and release data, can highlight local behavioral health gaps and help identify high-utilizers who may need additional support. For example, police officers or sheriffs could track how many incidents appear to be related to mental health or substance use disorders.
- **Training:** The justice system was not designed to provide healthcare, so it is necessary to train judicial stakeholders on the basics of behavioral health (e.g. common disorders, suicide prevention, trauma-informed care, verbal de-escalation) as well as local resources (e.g. local mental health center, housing supports, 211). Several national models for behavioral health trainings exist, like Mental Health First Aid, Applied Suicide Intervention Skills Training, and Crisis Intervention Team training.

2) Prevention

- Prevention is key to reducing and mitigating behavioral health issues. All stakeholders, including legal and judicial, should take part in bolstering behavioral health services. There are many ways a justice system can implement prevention efforts, including: treatment courts, pre-trial or jail diversion programs, trauma- and culturally-informed care, and referral procedures.

3) Screening & Assessment

- **Dispatch screening:** 911 must be trained to identify and appropriately handle behavioral health calls. Dispatching the appropriate responders to the scene—CIT trained officers, mobile crisis teams, and/or peers—can avoid overburdening law enforcement or EMS, while leading to better outcomes for individuals in crisis.
- **Behavioral health screening:** Booking is an early and official process in the criminal justice system, which makes it a perfect opportunity to implement a standard behavioral health screening. Several evidence-based screens exist, including: [Brief Jail Mental Health Screen \(BJMHS\)](#), Correctional Mental Health Screens for [Women/Men](#), and [Addiction Severity Index \(ASI\)](#). Ensure that all employees conducting the screenings are

appropriately trained, services like therapy and case management are made available to individuals who are found in-need, and data is being collected to inform and improve the system.

- **Medicaid screening:** Screening for Medicaid at intake ensures that...
 - Medicaid can be suspended for the duration of incarceration
 - Medicaid can be used for inpatient care during incarceration, if the need arises
 - Individuals who are eligible, but not enrolled, can be assisted in applying prior to release

4) Treatment

- Although jails and prisons are not healthcare facilities, they must provide care to those that need it. Incarceration can be an opportunity for people who weren't previously connected to services to get linked to the care they need. All treatment should be accessible (regardless of ability to pay), evidence-based, trauma-informed, and culturally appropriate. When traditional face-to-face therapy is not feasible, consider utilizing telehealth and/or paraprofessionals like certified peers to provide support.

5) Re-Entry

- The period of re-entry is a vulnerable time for individuals who have been incarcerated, especially those with behavioral health needs. To ensure people get linked to care and reduce recidivism, communities and justice stakeholders should ensure policies are in place for:
 - Reactivating Medicaid for individuals whose eligibility was suspended or educating individuals about the Medicaid application process
 - Assisting eligible individuals who were not previously enrolled in applying for Medicaid
 - Providing medication "bubble packs" and scheduling appointments with community providers upon release to ensure continuity of care
 - Referring individuals to housing, employment, education, etc. supports