



Understanding the Importance of Primary Care and Behavioral Health Services for Justice-Involved Individuals

How to better meet the needs of our patients when they need help the most.

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Housekeeping Information

Welcome to MBHP's Annual Integration Forum!

- All participants have been placed in “listen only” mode, with microphones muted and cameras off.
- If you have any questions for the panelists, or if you are experiencing technical issues, please enter your questions in the Q&A box on the Teams toolbar.
- This webinar is being recorded. An email with a link to the recording and evaluation will be sent following the event.

Continuing Education Credit

- CEUs are being provided for the following: LMHC, LICSW and LMFT.
- CME: The University of Massachusetts Chan Medical School designates this live activity for a maximum of **1.25 AMA PRA Category 1 Credit(s)TM**. Physicians should claim only credit commensurate with the extent of their participation in the activity.
- To receive CEUs or CME, you must complete the evaluation provided at the end of the program.



Faculty Disclosure

No financial interests or relationships were disclosed by program faculty or planning committee members.



Rising Importance of Assisting Justice-Involved Individuals



Decriminalizing Mental Illness and Promoting Mental Health Equity

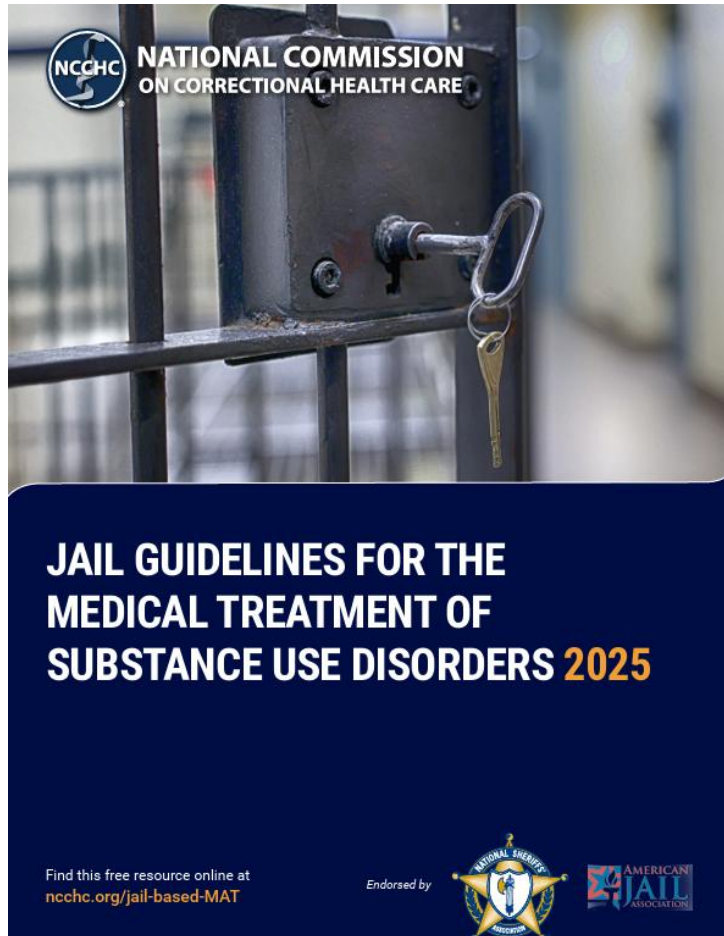
November 14, 2022

Diverse populations, Serious mental illness, Teens and young adults, Trauma



psychiatry.org/news-room/apa-blogs/decriminalizing-mental-illness

Rising Importance of Assisting Justice-Involved Individuals



NCCHC Releases New Jail Guidelines for Medical Treatment of SUD

NCCHC's new resource, [*Jail Guidelines for the Medical Treatment of Substance Use Disorders 2025*](#), provides the latest research and best practices for addressing the opioid crisis and ensuring that incarcerated individuals receive effective treatment. This free publication incorporates up-to-date, evidence-based recommendations for implementing and evaluating medication-assisted treatment (MAT) programs, along with insights into the evolving regulatory landscape.



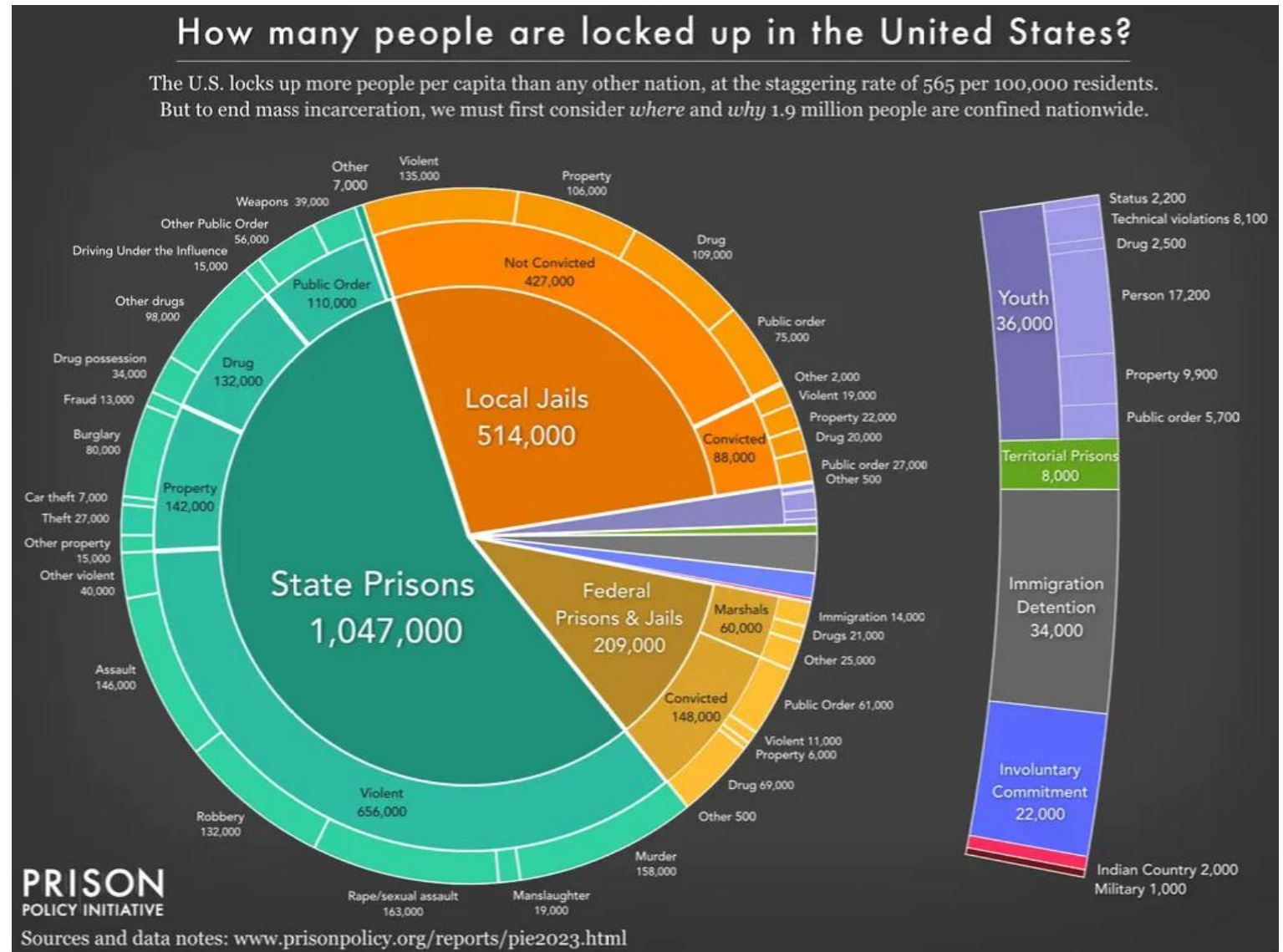
Overview

We'll Look At:

- Who is involved in the criminal justice system.
- The impact that incarceration has on people with mental illness and SUD.
- Challenges and opportunities for justice-involved individuals during treatment and re-entry.
- What to expect and how we can help.
- 1115 waiver demonstration for justice-involved individuals.



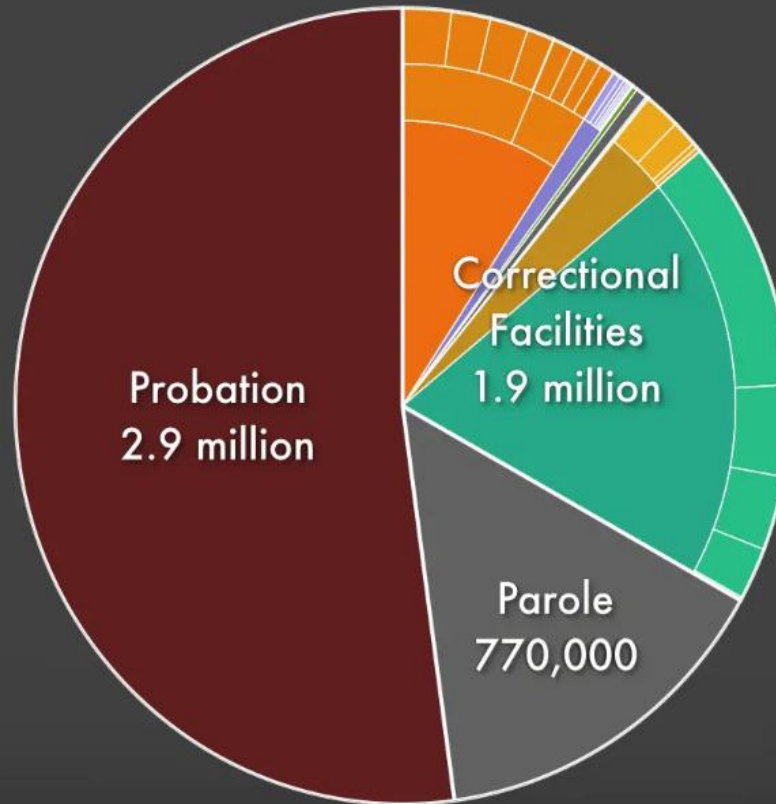
Breakdown of Where People are Incarcerated



prisonpolicy.org/reports/pie2023.html

More than 3.6 Million Americans are on Probation or Parole

The U.S. justice system controls 5.5 million people,
more than half of whom are on probation.

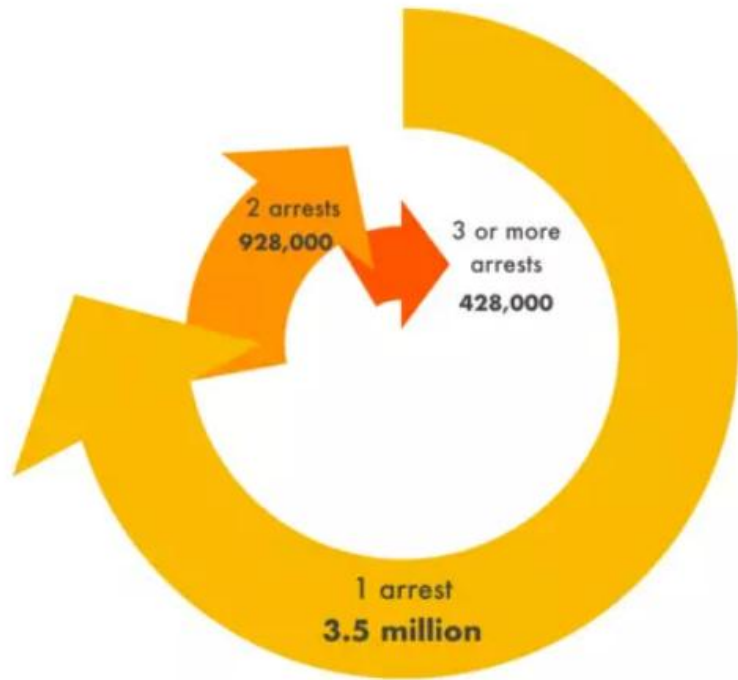


PRISON
POLICY INITIATIVE

Not all arrests result in sentencing or lengthy incarceration.

At least **4.9 million people** are jailed each year

More than 1 in 4 are jailed multiple times



- 25 days is the average length of stay in jail.

Range 11-34 days

Smaller jail=shorter stay

- 40% of all jail deaths occur within one week of admission.
- 26% of jail suicides occur within three days of admission.

prisonpolicy.org/graphs/chalabi.html

By the Numbers

Mental Illness

- **18%** of the general population has a mental illness.
- However, an estimated **44%** of those in jail and **37%** of those in prison have a mental illness.

<https://www.samhsa.gov/criminal-juvenile-justice/about>
(March 2, 2022)

Substance Use Disorders

- **11%** of 18–25-year-olds, and **6%** of those over 25 years old have a substance use disorder.
- **63%** of people in jail and **58%** in prison have a substance use disorder.
- **15-22%** of inmates have OUD vs **2-3%** of general population

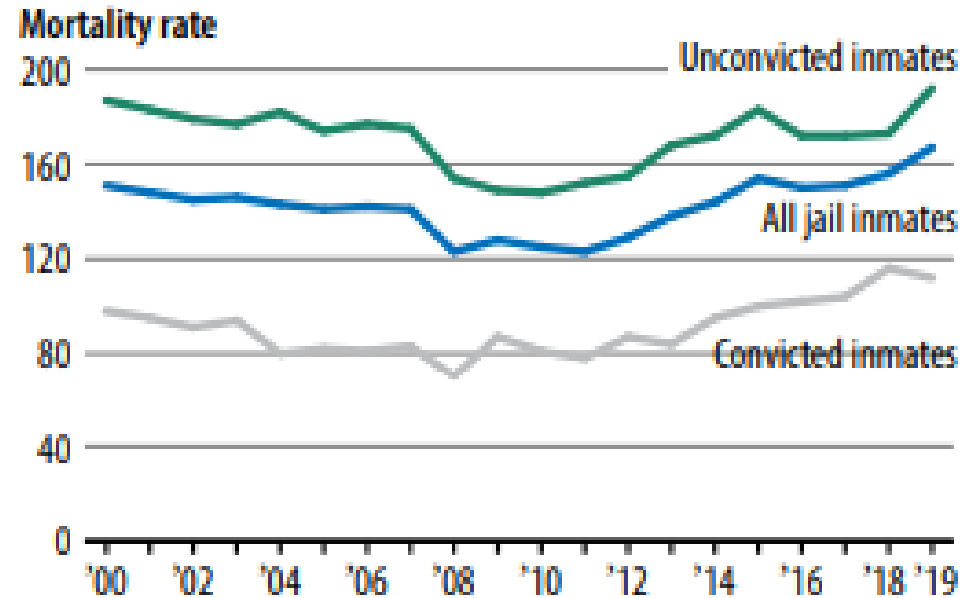
<httpjamanetwork.com/journals/jamanetworkopen/fullarticle/2787100>



Jails are Potentially Hazardous

- 40% of all jail deaths occur within one week of admission.
- 26% of jail suicides occur within three days of admission.
- Jails with an average daily population of 49 or fewer inmates had the highest mortality rates each year from 2000 to 2019.

Mortality rate per 100,000 local jail inmates, by legal status, 2000–2019



Note: Data may have been revised from previously published statistics. Mortality rates are per 100,000 inmates held in the custody of local jails. Mortality rates for 2001–2019 are based on the annual number of deaths and the average daily population (ADP). In 2000, the ADP was estimated by taking the average of January 1 and December 31 inmate population counts. See *Methodology*. See table 7 for rates.

Source: Bureau of Justice Statistics, *Annual Survey of Jails*, 2000–2018; *Census of Jails*, 2019; and *Mortality in Correctional Institutions*, 2000–2019.

Disparities

Racial Disparities Persist in Many US Jails:

- Black people are overrepresented and stay longer on average.

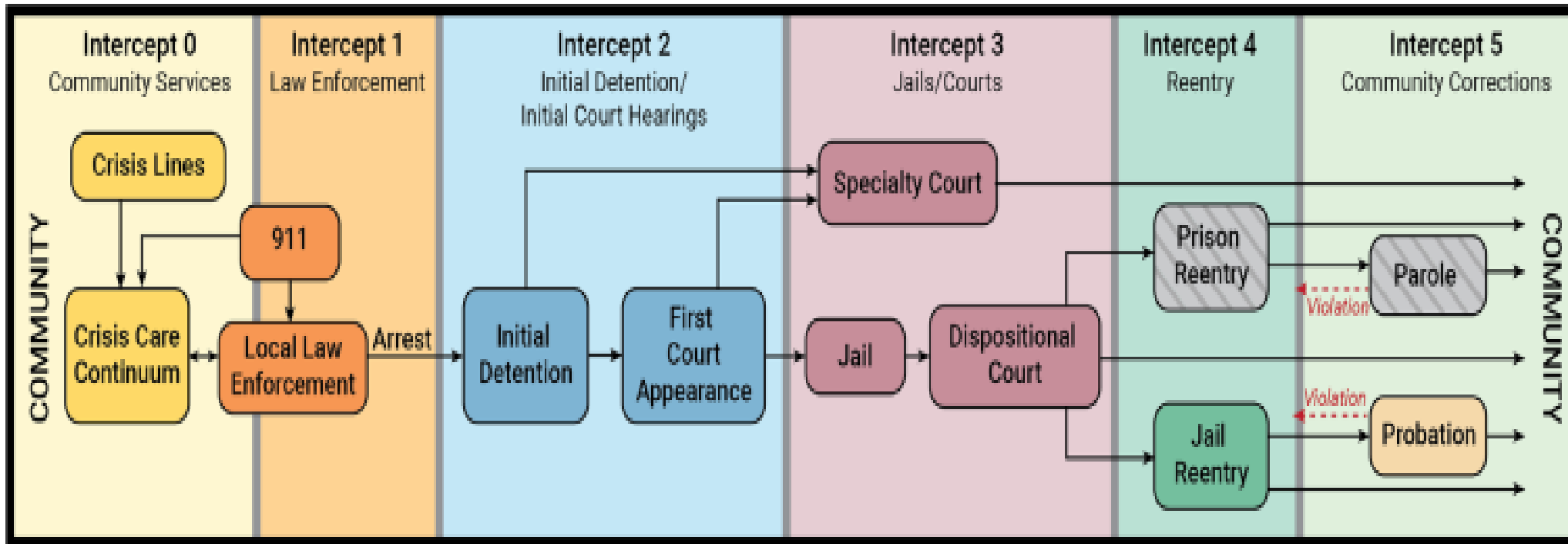
[pewtrusts.org/en/research-and-analysis/issue-briefs/2023/05/racial-disparities-persist-in-many-us-jails](https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2023/05/racial-disparities-persist-in-many-us-jails)

- Two-thirds detained in jails report an annual incomes under \$12,000 prior to arrest.

[masslegalservices.org/system/files/library/The_Relationship_between_Poverty_and_Mass_Incarceration.pdf](https://www.masslegalservices.org/system/files/library/The_Relationship_between_Poverty_and_Mass_Incarceration.pdf)



Diversion Pathways: Sequential Intercept Model (SIM)



SIM is a conceptual model used to inform community-based responses to the involvement of people with mental and substance use disorders in contact with the criminal legal system. It identifies key “intercepts” ranging from community-based crisis care through law enforcement, courts, and reentry. Communities use the SIM to map their criminal legal and behavioral health systems. Using the SIM, they can identify resources, close service gaps, and promote the use or expansion of evidence-based interventions. The SIM encourages collaboration to provide people with the right resources at the right time.

Intercepts 0-1: Interventions Available Prior to Arrest

Prior to encountering Police or EMS:

- Crisis Lines:
 - 988
 - Massachusetts BHHL 833-773-2445
masshelpline.com/
- BH Urgent Care (BHUC)
- Community Behavioral Health Centers (CBHCs)
 - Available through BHHL or BHHL Resource Directory
masshelpline.com/bhhldirectory/

After coming into contact with Police or EMS:

- 911
- Recovery-Friendly Policing
- Diversion to:
 - CBHC
 - BHUC
 - Emergency Department (ED)

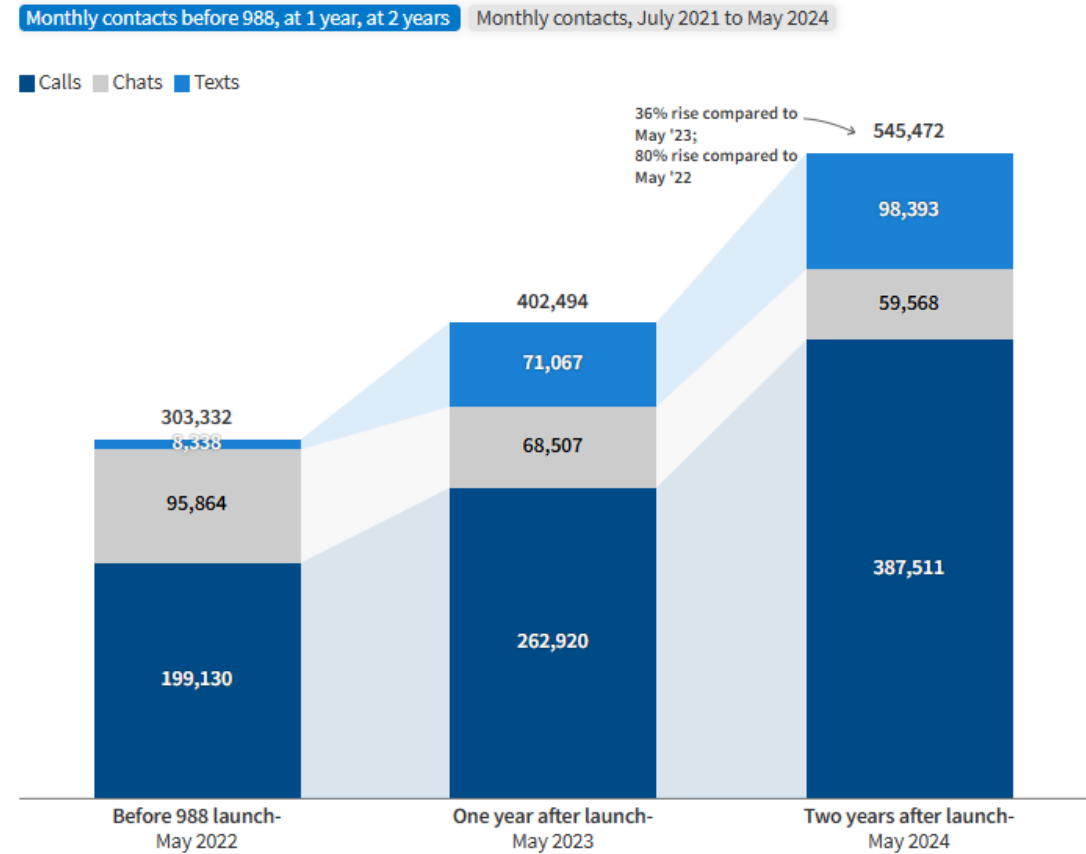




- **July 16, 2022:** The 988 Suicide & Crisis Lifeline officially goes live nationwide. The previous 1-800 number remains active and routes to the same services.
- **First Year (July 2022–July 2023):** The lifeline receives nearly 5 million contacts. Specialized services are added for LGBTQIA+ youth and Spanish-language speakers.
- **After Launch:** The easier-to-remember number and publicity lead to increased call volume in many areas.
- **Fall 2024:** Georouting is launched for wireless calls. This system routes calls to local crisis centers based on the caller's geographic location rather than area code.

988 contacts (calls, texts, and chats) exceeded half a million in May 2024, up about one-third from a year ago and 80% since May 2022 (excludes VCL data)

Monthly contacts (calls, chats, and texts) to 988 in May 2022, 2023, and 2024



Note: VCL= Veteran's Crisis Line. Chat services for 988 can be accessed through an internet browser on Lifeline's website. Lifeline performance metrics are publicly available and posted online by Vibrant. If Vibrant posts any inaccurate data, these data will be included in the analysis. Detailed data from the Veterans Crisis Line (VCL) are not publicly available, so they are not included in the analysis.

Source: KFF analysis of Lifeline Performance Metrics (Vibrant Emotional Health's 988 Lifeline Data) • [Get the data](#) • [Download PNG](#)



Massachusetts Behavioral Health Help Line (BHHL)

masshelpline.com

How the MA BHHL Works:

[Call](#), [text](#), or [chat](#) for real-time clinical assessment, **24 hours a day, 365 days a year.**

You'll talk with a trained staff member who will assist you in accessing the treatment or support that meets your individual needs.

Connect with qualified professionals for mental health assessments, crisis services, substance use treatment, referrals and more, with options in your own community. Staff will remain on the line with you until you are connected to your next step.

Every [call](#), [text](#), or [chat](#) conversation includes clinical follow up to ensure your needs are met.

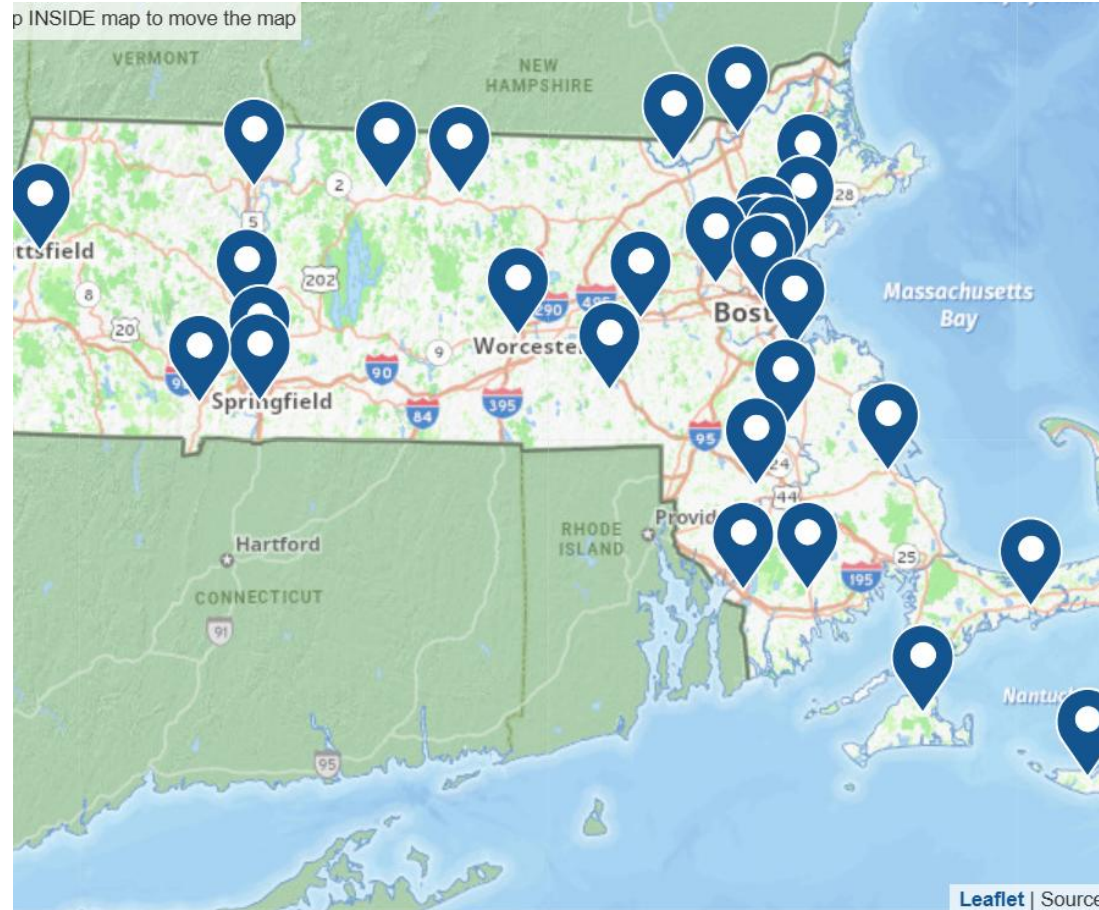


Common Reasons for Seeking Help Include:

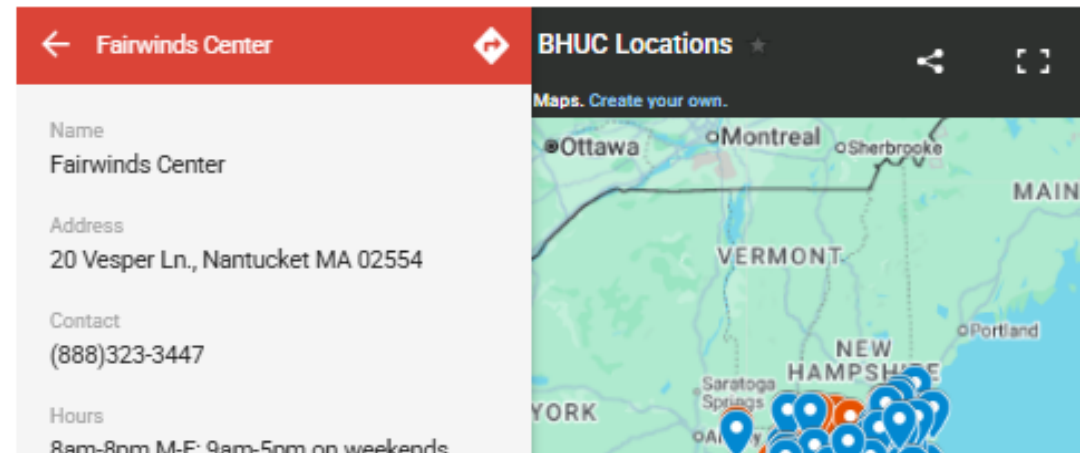
- Having trouble sleeping or sleeping all the time
- Feeling anxious or worried more often than usual
- Alcohol or drug use
- Feeling trapped or hopeless
- Acting recklessly or engaging in unsafe activities
- Feeling very angry or looking for revenge
- Talking or thinking about harming or killing yourself or others

Community Behavioral Health Centers and BH Urgent Care

[Find a CBHC | Mass.gov](https://www.mass.gov) or masshelpline.com/urgent/



- Select the map pins to see provider details.
 - BHUC
 - CBHC
- Select the box in the upper left corner to display or sort by CBHC or BHUC locations.
- Select to share.



CBHC and BHUC Distinctions

Community Behavioral Health Centers (CBHCs) are one-stop shops for a wide range of mental health and substance use services and treatment. The statewide network of CBHCs includes centers across Massachusetts that offer immediate, confidential care for mental health and substance use needs.

Like CBHCs, **Behavioral Health Urgent Care (BHUC)** offers a range of services that include mental health assessments, substance use treatment, referrals, and much more. **The difference is BHUC is designed to provide easier access for urgent needs:**

- A same or next-day evaluation.
- Psychopharmacology appointments and addiction medication evaluation within 72 hours of an initial evaluation.
- All other treatment appointments, including follow-up appointments, within 14 calendar days.



Here to Help

Crisis Services

Availability: 24/7, 365 days a year, for anyone experiencing a mental health or substance use crisis.

Access: You can either walk into a CBHC or call for a mobile crisis team to come to you, wherever you are (home, school, etc.).

Insurance: Crisis services are "insurance blind" and free to use, regardless of insurance coverage.

Services: Mobile crisis intervention teams provide on-site evaluation and immediate support to determine the best course of action.

Crisis Stabilization: Some CBHCs also have 24/7 crisis stabilization units, which provide short-term, overnight care as an alternative to hospitalization.



Outpatient and Ongoing Care

Availability: Services are offered on weekdays, with extended hours beyond typical office hours and on weekends.

Access: Requires an appointment or a walk-in for urgent behavioral healthcare needs.

Insurance: Services are available for all MassHealth members and may be covered by some commercial insurers.

Services: Individual, family, and group therapy; psychiatric and medication consultations; peer support; medication for addiction treatment; care coordination; and referrals to other resources.

Convenience: Services are offered in person, through telehealth, and sometimes include on-site lab services and primary care check-ups to address physical health needs holistically.

Recovery-Friendly Policing

Recovery-Friendly Policing

Formalized adoption of a program

- Buy-in at highest levels needed
- National guidelines established

Peer support, professionally trained practitioners ride along and support

Safe place to ask for help

Connection to local network is essential

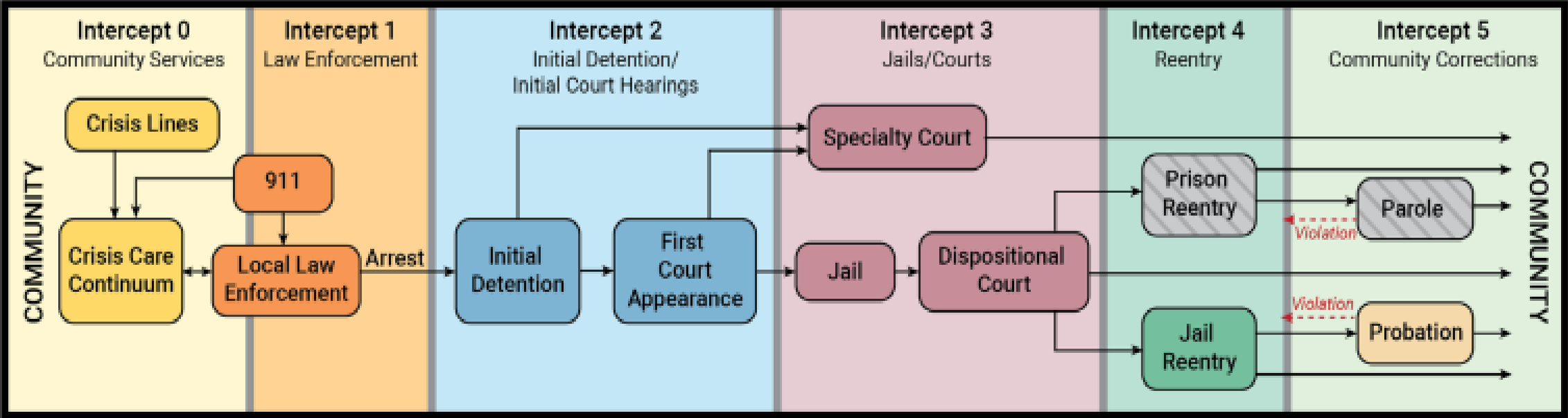
NAMI estimates that 2 million people each year are arrested while in MH crisis because communities rely on police to respond
nami.org/Blogs/NAMI-Blog/July-2022/Mobile-Crisis-Teams-Providing-an-Alternative-to-Law-Enforcement-for-Mental-Health-Crises

Recovery friendly policing reduces arrests for non-criminal behavior

21% fewer fatal overdoses in places where clients are connected with social services

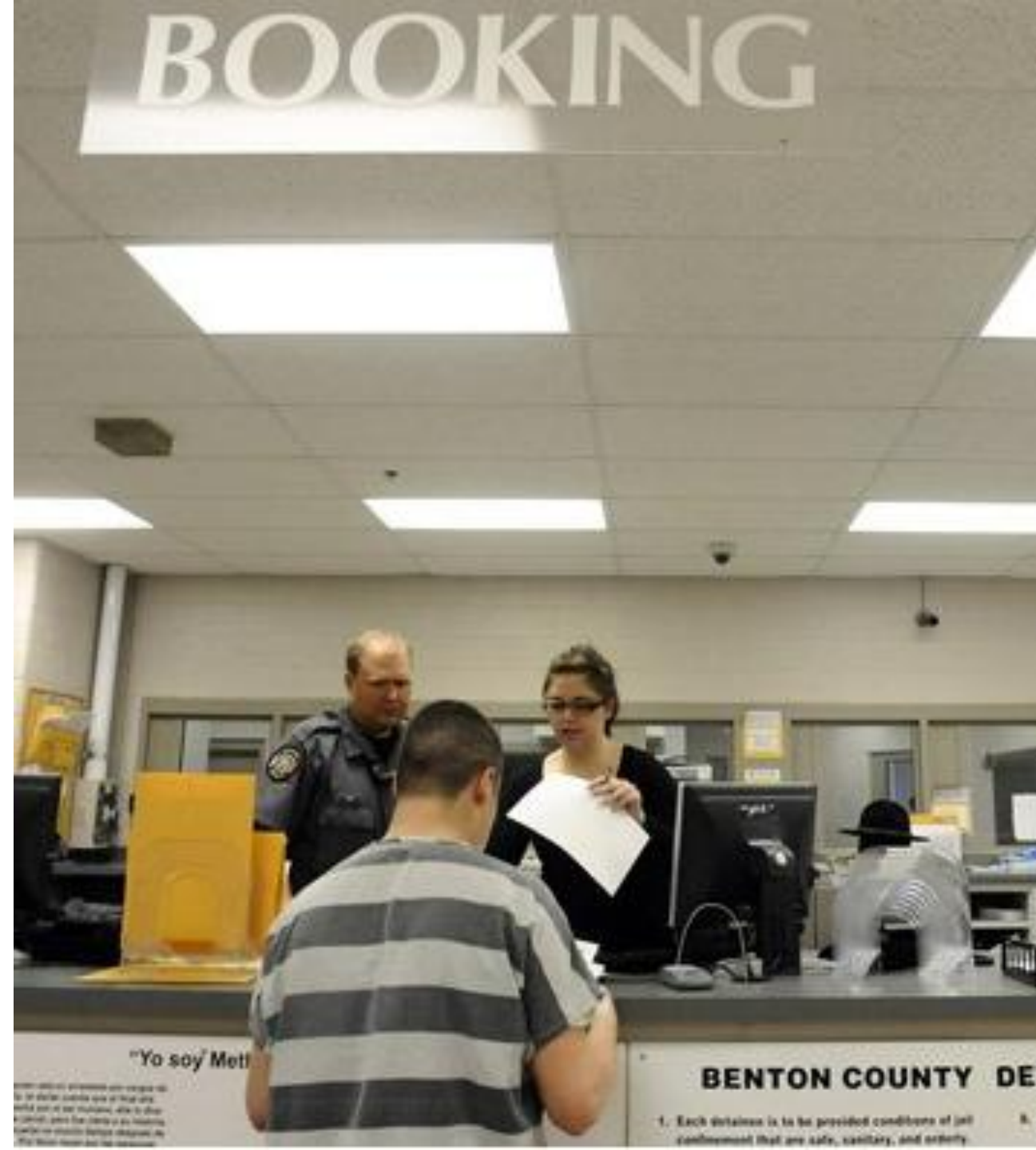


Diversion Pathways: Sequential Intercept Model (SIM)



Intercept 2-3

- Intake assessments in jail
- MAT/MOUD programs in jails
- Referrals to specialty court



What happens when people get booked into county jail?

Typically, they are:

- Transported from local police in cuffs or shackles.
- Brought to booking area, photographed, fingerprinted, booked, changed into jail clothes; personal property confiscated.



National Commission on Correctional Health Care (NCCCHC) & American Correctional Association (ACA) Standards

Standards are in place for intake into prisons and jails.

Receiving Screening and Medical Clearance by nursing upon arrival

- Medication verification (pharmacy, PDMP, OTP)
- Meds ordered by on-call MD; controlled meds often deferred
- Detox protocols initiated
- SUD needs assessment
- Brought to housing unit with other pre-trial individuals

Medical evaluation within 14 days (jails), 7 days (prisons)

Initial MH screening by nursing within 14 days (nursing)

Initial MH evaluation

- within 14 days for those who screen positive for need (MD, NP, psychologist)
- ASAP for Q5 history
- Constant observation if actively suicidal



Why Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) are Important in Jails

In the first two weeks after release from a correctional institution, formerly incarcerated people are far more likely to die of a fatal heroin overdose than the general population.

- 129 times more likely to experience an overdose
- 56 times more likely to die of an overdose
- People who are forced off of their MAT are seven times as likely to die of an overdose upon release.

A study shows an 85% decrease in overdose deaths and a 75% decrease in all-cause mortality in the first four weeks after release for people who were maintained on MAT in a corrections setting.



Intercept 2-3: Specialty Courts

Drug recovery and Mental Health (MH) treatment courts have been growing in popularity since the early 1990s.

Eligibility is determined using evidence-based scoring process:

- Some require pleading guilty to charges; sometimes misdemeanor
- Must have SUD and/or MH issue
- Nature of offenses, criminal history, drug of choice are reviewed
- Resources may or may not be available in the community

Discussion Points:

- Participation sometimes viewed as coercive by some
- MOUD only recently embraced
- Some with more serious offenses may actually benefit
- Resources spent on courts should not replace what is needed in communities
- Insurance coverage can sometimes be a barrier

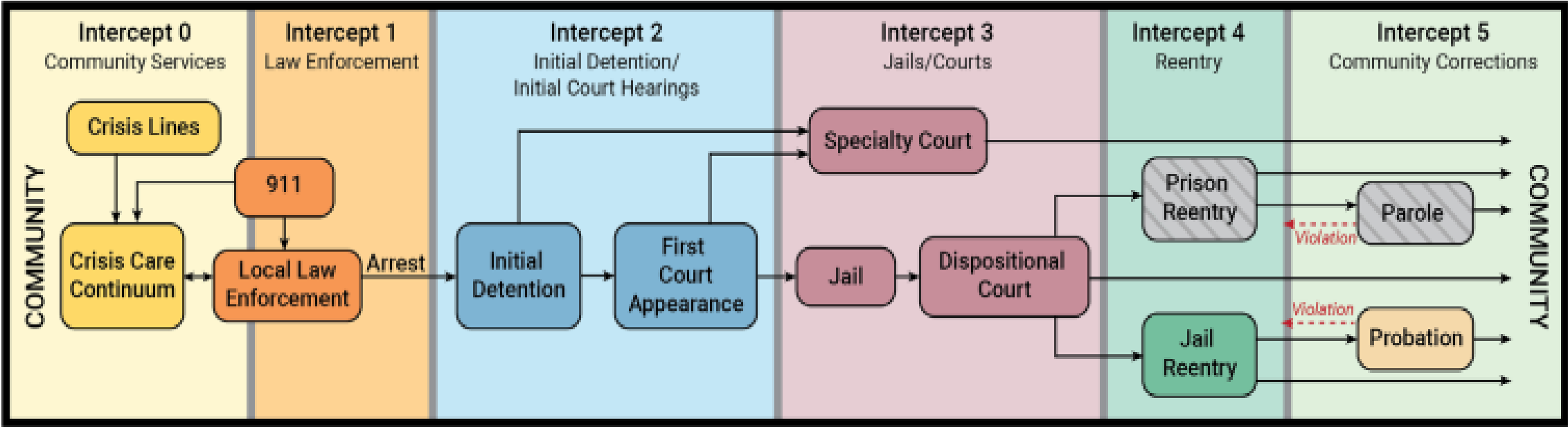


Intercept 2-3: Drug Recovery Court Success

- 80% are free from relapse and/or recidivism at 5 years
- 150,000 individuals served by treatment courts each year
- \$6,000 tax dollars saved per participant
- 4,000 treatment courts currently serving communities
- 58% reduction in crime



Diversification Pathways: Sequential Intercept Model (SIM)



Intercept 4: Prison and Jail Re-Entry

Teams of people dedicated to warm hand-off back to the community

- Aftercare
- Re-entry team

Bridges between correctional facilities and community-based services

- Care management
- Medical, Behavioral Health, Substance Use Disorder

Medicaid coverage to be reinstated or initiated prior to release

Coming Soon: 1115 waiver demonstration for Justice Involved



Intercept 4: Re-Entry

Discharge planning starts on admission.

Ongoing Concerns:

- This population needs to be prioritized to avoid long waits for appointment.
- Lack of programs in area where inmates being released.
- Placement is very difficult where Medicaid coverage is inadequate.
- Medicaid often inactivated upon incarceration.
- Signing people up for insurance is a lengthy and cumbersome process.



Probation and Parole

- Success rates depend on how well people perform in the community without violating conditions of probation or parole.
- Probation and parole are far more accepting of their clients being on medication as abstinence had been the expectation for years.
- Participation in MH or SUD programming may be conditions of either, and coordination with community providers is essential.
 - Backlogs, or lack of providers or programs is a challenge.
 - Insurance coverage and other expenses can be a burden.

What to Expect and How We Can Help Our Patients

Depending on how patients are involved in the criminal justice system, the help they require may look different:

- Newly arrested and brought to jail
- Incarceration for short term or long term
- Diverted to drug court
- Releasing soon from custody



1115 Waiver Demonstration for Justice-Involved

CMS Program Announced April 2023

- Each state submits proposal for their program
- 30-45-60-90 days pre-release

Re-Entry Initiative

- Enroll inmates in Medicaid
- Health assessments
- SUD & BH services
- Medications upon release



Key Takeaways

- Jails are potentially hazardous and have measurable mortality rates for detainees.
- Delays in sharing of health information and delays in scheduling intake appointments are a significant barrier to care.
- Sequential Intercept Model (SIM) describes several off-ramps to help people with MH and SUD diagnoses avoid lengthy incarceration.
- Money spent on programs for justice-involved people should not be a substitute for resources that are needed in the community.
- Lapses in insurance coverage can be disruptive for people trying to access care, or who are doing well in treatment but lose eligibility.
- Money spent on treatment saves money spent on incarcerating people.



Understanding the Importance of Primary Care and Behavioral Health Services for Justice-Involved Individuals



Q&A

Thank you for attending!



If you would like to receive CEUs or CMEs for the program, completion of the program evaluation is required.

We will send an email with a link to the survey or you can scan the QR code to access the survey now.

