

In Salt Lake County, Optum enhances jail diversion initiatives with effective crisis programs.



People with mental health and substance use disorders may receive treatment rather than jail time, improving health and saving taxpayer money.

The U.S. criminal justice system involves a disproportionate number of people with behavioral health conditions, significantly straining state budgets. Salt Lake County resolved to do something about it in Utah.

In Salt Lake County, Utah, officials recognized that over three-quarters of their jail population had mental health or substance use disorders, leading to higher social service costs and increased health care and criminal justice system expenditures. In 2005, the county initiated its Alternatives to Incarceration (ATI) programs to address the behavioral health needs of these individuals. The goal was to reduce overall criminal activity and increase successful behavioral health outcomes through treatment, housing, case management and other needed services. The ATI programs involved key collaborations between the county, legal defenders and Valley Mental Health.

On July 1, 2011, Salt Lake County Behavioral Health Services contracted with Optum™ to manage its state-funded mental health services. In 2013, it contracted with Optum to also manage its substance abuse and ATI programs. In order to promote a comprehensive spectrum of clinical services, Optum proposed and initiated a crisis services redesign to address mental health crises in the community and reduce the need for costly inpatient care.

“Optum realized that resources and services could be leveraged to provide additional alternatives for law enforcement so that people in mental health crisis could avoid incarceration,” said Rick Elorreaga, executive director of Optum in Salt Lake County. “This would promote more healthy and productive lives for those who would otherwise be placed in criminal justice settings.”

Optum worked with Salt Lake County to develop and implement the following crisis outreach and intervention services for individuals in a mental health crisis facing incarceration.

Mobile Crisis Outreach Team (MCOT). Salt Lake County MCOT teams travel to individuals in need of crisis support, wherever they are located, to provide rapid-response crisis intervention. Teams consist of a licensed mental health therapist and a specially trained peer specialist. Three teams are available, with one dedicated to children and adolescents. Law enforcement can call MCOT when responding to an individual experiencing a behavioral health-related crisis at home or in public. Rather than taking the individual to the hospital or jail, they call the team for immediate on-site assessment and intervention. The team ensures that follow-up care is provided through established network providers and community support services.

Receiving Center. County law enforcement is encouraged to take nonviolent offenders with mental health issues to the Receiving Center, located at the University of Utah Neuropsychiatric Institute (UNI), for timely and supportive crisis intervention rather than taking them to jail. The Receiving Center provides a “living room” model that allows individuals to manage their behavioral health crisis in a safe and receptive home-like environment. Individuals can stay at the center for up to 23 hours to receive the services they need to resolve their crisis, including assessment, medication and other support. Follow-up services are provided by peer support workers, who help discharged individuals develop and maintain their recovery plan and provide guidance and connections to valuable community resources. Law enforcement personnel are made aware of the Receiving Center and taught when to make a referral.

Results

The new services augmented the county’s already existing ATI programs by addressing behavioral health crises without justice system involvement, leading to additional cost reductions. For example, from July 1, 2013, to June 30, 2014, 691 individuals in a behavioral health crisis were referred to the MCOT or Receiving Center by law enforcement.

“The county estimates that each arrested individual leads to \$2,000 in law enforcement and criminal justice costs” says Sandy Forquer, Optum senior vice president of state government behavioral programs. “If even half of these referrals resulted in the prevention of booking and jailing, these two crisis services alone would save the county over \$650,000. This is in addition to the savings from the county’s other ATI programs.”

At least **one-third** of incarcerated adults have a serious mental illness.

Approximately 65 percent of incarcerated adults have an alcohol or drug use disorder, while **25 percent** have co-occurring mental illness and substance use disorders.’

In addition to cost savings, the crisis services provide additional benefits. The police have an alternative when dealing with suspects experiencing a mental health crisis. Rather than assuming a criminal situation, they can access needed behavioral health care and social services. Community providers can intervene with needed services in a timely and effective manner and formulate a recovery plan. Social service organizations can intervene earlier, preventing problems from escalating. Furthermore, the cost savings allow scarce resources to be better allocated throughout the community.

Of course, the impact of the crisis services is felt most keenly by the people in need. Not only do they receive essential behavioral health care, but many avoid jail time and other aspects of the legal system that could negatively impact their lives.

The partnership Optum established with Salt Lake County and the success achieved through their Alternatives to Incarceration programs serve as a model that other states and counties can adopt for improved care coordination and more effective and efficient use of limited resources.

Salt Lake County alternatives to incarceration programs

Salt Lake County established the following Alternatives to Incarceration Programs prior to its partnership with Optum. The services are provided in community settings, with appropriate supervision, and have proved to be less expensive and more effective than housing those with these mental health conditions and substance use disorders in jail. Optum began managing these services in 2011.

- **Jail Diversion Outreach Team (JDOT).** This is an assertive community outreach team offering a 1:10 staff/patient ratio and 24/7 availability.
- **Community Response Team (CRT).** This program reaches into the jail to support SPMI-designated inmates to provide resources, advocacy and support in discharge planning. Services are coordinated across an array of agencies to support the consumer.
- **Co-Occurring Reentry & Empowerment (CORE).** This program serves adult male criminal offenders with co-occurring disorders in a 16-bed facility providing wraparound services on site and in the community.
- **ATI Transportation.** Community providers pick up inmates released from jail and transport them to a community-based treatment provider for assessment and services.

Since it began supporting the county's existing Alternatives to Incarceration programs in 2011, Optum has helped maintain positive outcomes.

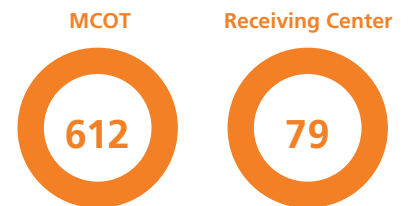
	JDOT	CORE
Number of participating consumers	112	51
Reduction in booking for new crimes	5%	52%
Reduction in total length of stay in jail for new charge bookings	22%	60%
Reduction in total length of stay in jail for all bookings	9%	44%

Outcomes of JDOT and CORE among participants in services from July 1, 2011, to June 30, 2012, comparing data from two years prior to starting the program to two years after starting the program.

About Optum in Salt Lake County

Optum and Salt Lake County, through the involvement of consumers, providers and other stakeholders, collaborate to develop and implement integrated behavioral health and crisis management services that promote consumer-centered care, community-based retention and recovery outcomes. Optum covers approximately 100,000 Medicaid recipients in Salt Lake County.

Law-enforcement referred cases from July 1, 2013, to June 30, 2014



"If even half of these referrals resulted in the prevention of booking and jailing, these two crisis services alone [MCOT and the Receiving Center] would save the county over \$650,000."*

— **Sandy Forquer**, Optum senior vice president of state government behavioral programs

*Savings estimate based on Salt Lake County's conservative estimated criminal justice costs of \$2,000 per arrested individual, which was informed by: Cowell A.J, Aldridge A, Broner N, Hinde JM. A Cost Analysis of the Bexar County, Jail Diversion Program, May 2008.

Following recognized best practices

Optum and Salt Lake County's coordinated crisis services reflect nationally recognized best practice models for effective jail diversion programs. The Substance Abuse and Mental Health Services Administration recognizes crisis services as a key component of any system of behavioral health care and a key factor in reducing unnecessary costs and improving health outcomes. Core crisis intervention services include 23-hour stabilization, short-term residential care, mobile crisis services, crisis hotline and warm lines, advance directives and peer crisis services.³ Both the Mobile Crisis Outreach Team and the Receiving Center provide rapid access to recovery-focused and person-centered care.

Contact us

To learn how Optum can help you improve your behavioral health services for Medicaid recipients, visit optum.com/BH4Medicaid or contact us at **1-866-223-4603**; email outcomes@optum.com.

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1. Schiff M. Examining state prison health care spending: Cost drivers and policy approaches. Health Affairs Blog, November 2014. Available at <http://healthaffairs.org/blog/2014/11/04/examining-state-prison-health-care-spending-cost-drivers-and-policy-approaches>.
 2. Alternatives to incarceration. A Salt Lake County Criminal Justice Advisory Council white paper, January 2006. Available at http://slco.org/cjac/resources/AtolWhite_Paper.pdf.
 3. Crisis services: Effectiveness, cost-effectiveness, and funding strategies. Substance Abuse and Mental Health Services Administration. HHS Publication No. (SMA)-14-484.



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