



FY26

Justice Services Diversion Supports Manual

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CHAPTER 1: GENERAL PROVISIONS

Diversion Support Programs are established to provide a comprehensive and collaborative framework for facilitating the successful reentry of individuals returning from jail or prison into the community. This initiative aims to reduce recidivism, promote public safety, and foster social reintegration by providing essential services and support, including but not limited to housing assistance, employment training, substance abuse treatment, mental health counseling, and access to social services. Through a coordinated effort among governmental agencies, community organizations, and stakeholders, these contracted programs seek to equip individuals with the necessary resources and skills to transition effectively into society, ultimately contributing to healthier and safer communities.

This manual identifies the requirements for diversion support programs funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

Jail Screening: In accordance with 43A O.S. § 3-704, the program provides screening of individuals who are being held pretrial or out on bond to identify those with indications of mental illness, alcohol dependence, or drug dependence and may also be appropriate for referral to prison diversion programs. The purpose of this screening is to ensure that eligible individuals are considered for treatment as an alternative to prosecution or incarceration, thereby supporting recovery and reducing the likelihood of reoffending.

Resources and Reentry: The program supports contracted agencies in establishing a single point of contact within municipal, district, and correctional criminal justice systems across the State to bridge the gap between justice-involved individuals in custody by initiating or continuing with behavioral health and/or substance use treatment services and other supports.

Reentry Care Coordination Teams (RICCT): RICCT teams are designed to transition individuals with serious mental illness and co-occurring disorders from prisons to behavioral health and/or substance use treatment. The program begins pre-release for a comprehensive assessment of expected needs and increased post-release engagement. The program also provides support in the community related to housing, medical care, vocational and employment opportunities, and other needed community resources.

Reentry Substance Abuse Treatment Supportive Housing: This program is grant-funded and serves as an enhanced support to existing contracts with ODMHSAS for providers serving those criminal justice-involved populations including but not limited to Reentry Intensive Care Coordination Team (RICCT), and State Opioid and other Stimulant (SOS). It provides funding for supportive housing for clients in support of direct services provided by the Contractor. The goal is to assist reentry clients with obtaining safe and affordable supportive housing upon release from a secure correctional setting. Supportive housing can include transitional or permanent housing options. All recovery housing referrals are limited to OKARR-certified housing operators, Oxford House, or ODMHSAS-approved housing. Grant Funding will end June 30, 2026.

DEFINITIONS

Any terms not defined below shall use definitions in the applicable chapters in OAC Title 450.

“Approved Treatment Entity” means a behavioral health treatment agency that is certified by the ODMHSAS for mental health and/or substance abuse treatment services, a federally recognized tribal entity providing services on tribal land, or state or federal Veterans Affairs.

“Continuity of Care” means the ability to access uninterrupted medical and mental healthcare and substance use services during a setting transition. Ideally, transitions are as seamless as possible and involve timely access to effective, evidence-based treatment to avoid a service lapse.

“Co-occurring mental health conditions and substance use disorders:” means the coexistence of both a mental health condition and a substance use disorder

“Criminogenic Risk” means the likelihood that an individual will engage in future illegal behavior in the form of a new crime or because of failure to comply with probation/ parole conditions.

“Criminogenic Risk Assessment” means a validated instrument that ascertains criminogenic risk.

“In-Reach” means a strategy where providers from community-based organizations meet with an individual before release to begin service planning and establish continuity of care. Specific activities may include rapport development, education about post-release services, interviews or assessments for post-release programming, and the provision of other services or programming before release.

“Medications for Opioid Use Disorder (MOUD)” means an approach for treating opioid use disorders, preventing overdose, and sustaining recovery. The FDA has approved three medications for opioid use disorders: buprenorphine, methadone, and naltrexone.

“Recidivism” means the cycle of individuals being rearrested or returning to prison after release.

“Recovery” means a change process through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential.

“Reentry” means the point at which people who have been incarcerated are released into the community.

“Responsivity Needs” means needs unrelated to criminal reoffending, but failure to adequately treat or address them will reduce the likelihood of program success.

“Risk Need Responsivity” means a model of offender management that incorporates criminogenic risk to recidivate, treatment needs, and the identification of services and barriers to treatment that should be assessed to decrease the likelihood of the participant reoffending.

“Severely Mentally Ill (SMI)” means a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities. SMI includes disorders such as bipolar disorder, major depressive disorder, schizophrenia, and schizoaffective disorder.

“Strengths-based” means an approach to assessment and care that emphasizes the individual's strengths.

“Warm hand-off” means a warm transfer of care between parties (be it correctional health or other reentry staff, a case manager or patient/peer navigator, or community-based social and health services staff), including directly introducing the client to the receiving provider, providing the client with all necessary materials and information to continue services, and if appropriate, providing transportation to the receiving service provider to ensure continuation of care upon release.

CHAPTER 2: Administrative Requirements

2-1 CONFIDENTIALITY

Open communication between multiple agencies and offices is a hallmark of effective collaboration. However, much of the information necessary to discuss, such as all information related to the identity, diagnosis, prognosis, or treatment of any patient, is protected by state, federal, and tribal laws. As such, diversion support programs shall maintain the ability to communicate this protected health information through appropriate participant written consent. Consent for the release of information shall not be valid if (a) the expiration date has passed, (b) the release has not been filled out with all required information identified in 7-1.2, or (c) the participant does not give consent freely and voluntarily.

The contracted provider shall utilize consent for the release of information which includes:

- The statement, in bold font, “The information authorized for release may include records which may indicate the presence of a communicable disease;”
- The specific name or general designation of the program or person permitted to make the disclosure;
- The name or title of the individual or the name of the organization to which disclosure is being made;
- The name of the consumer whose records are to be released;
- A description of the information to be disclosed; including specifically whether substance abuse treatment information may be included with the disclosure.
- The dated signature of the consumer, authorized representative, or both when required;
- Purpose of the disclosure;
- An expiration date, event, or condition which shall ensure release will last no longer than reasonably necessary to serve the purpose for which it is given; and
- If the release is signed by a person authorized to act for a consumer, a description of the authority of such person to act.

Contracted providers shall identify the confidentiality practices of communication which require the use of consent for the release of information before disclosure of the information. The policy shall include:

- A clearly defined policy for compliance with all administrative rules regarding the confidentiality of protected information.
- Identification of the secure storage procedure of any records which contain protected health information.

SUBCHAPTER 2-2 CONSUMER RIGHTS

The Consumer Rights should comply with all ODMHSAS provider certifications.

SUBCHAPTER 2-3: FISCAL RESPONSIBILITIES

2-8.6 ALLOWABLE USE OF FUNDS

To ensure uniform fiscal responsibility and sound management of program funding, the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) enacts this policy to provide direction on the

allowable use of treatment court funds. Allowable use of funds is specific to a contracted program and will be defined under the chapters below identifying each diversion support program.

I. Applicability

This policy applies to all contracted providers receiving any financial support from ODMHSAS.

II. Audit Requirements

All expenses shall be documented, auditable, and consistent with state purchasing rules.

III. Allowable Use of Gifts and Donations

Acceptance and use of donated funds shall be consistent with state law and all applicable ethics rules.

IV. Allowable Use of Grant Funds

Any state or federal grant must follow the spending guidelines of the grant. In the event of a conflict between the terms of the grant and this policy, the more restrictive shall apply unless approved in writing by ODMHSAS; and

V. Additional Items

Any items not covered in this manual must have prior written approval from ODMHSAS.

If the program is found to be in non-adherence on reporting criteria or documentation submission at any time.

- A notice of non-compliance may be issued to the agency/program.
- Upon receipt of the notice, which may be issued through an on-site review or by certified mail, the agency/program shall have a written timeline to demonstrate compliance.
- Failure to demonstrate compliance within the given timeline of receipt of the notice may result in immediate cancellation of access to funding.

CHAPTER 3: Diversion Supports – Jail Screening

SUBCHAPTER 3.1 PURPOSE

Contractor shall provide risk, mental health, and substance use screening services to district court defendants as per O.S. 43A-3-704. This includes screening for those individuals charged with misdemeanor offenses and as determined and/or requested by a presiding Judge, District Attorney, or Defense Counsel.

SUBCHAPTER 3.2 REQUIRED ACTIVITIES

- Contractor shall attend training, as designated by ODMHSAS, required to perform the ODMHSAS-approved mental health, substance abuse, and risk screens.
- Contractor shall utilize validated screening instruments approved by ODMHSAS.
- Contractor shall ensure all screenings:
 - o Are completed by a Case Manager II with Certification issued July 1, 2013, or after, or LBHP level clinician
 - o Follow the guidelines established by the screening instruments.
 - o Are completed within 3 business days of referral or defendant arrest

- o Are entered into the ODMHSAS Jail Screening electronic system, located within Access Control. Entry must be made within 24 hours of the defendant's interview if the screener did not have internet access within the jail where the interview took place.
- Contractor shall ensure screeners are certified to administer the Ohio Risk Assessment System Community Supervision Tool (ORAS-CST). If screening misdemeanants, screeners shall be trained in the utilization of the Ohio Risk Assessment System Misdemeanor Assessment Tool (ORAS-MAT)
- Contractor shall include a release of confidential information with each screening. This release shall be compliant with state and federal guidelines to release any screening information to those outlined within, O.S. 43A-3-704 as well as diversion programs available in the jurisdiction, and individuals and entities responsible for the care and well-being of the individual.
- Contractor shall complete a report which
 - o Is provided to the sentencing judge, district attorney, and defense attorney within 5 business days of interview completion;
 - o Includes individual name, date of birth, case number(s), date of referral or arrest, date of screening, and date of report;
 - o Includes results of mental health, substance abuse, and risk screening; and
 - o Includes recommendations for resource and service referrals based on the level of risk and need.
- Screenings for individuals charged with misdemeanors:
 - o Shall include mental health and substance abuse screening, utilizing ODMHSAS- approved, validated screening tools.
 - o May include a risk screen. If a risk screen is provided it shall be the ORAS-CST or ORAS-MAT. A risk screening is not mandatory to complete for misdemeanor defendants.
 - o Shall include a process which documents, recommends, and provides support for the defendant's connection to the most appropriate services and resources available within the community.
- Contractor shall have a licensed clinician immediately available upon indication of a mental health crisis and need for further stabilization for screenings completed in the community. If screening is conducted in a jail setting, the screener should notify jail staff immediately.

SUBCHAPTER 3.3 REQUIRED DELIVERABLES AND PERFORMANCE MONITORING

- Contractor shall provide documentation of staff training and credentials upon request by ODMHSAS.
- Contractor shall document the final disposition of the defendant's case including any treatment program, supervision program, or prison entry into the Jail Screening System, within 30 days of final disposition.
- Contractor shall submit a current version of the Jail Screening referral matrix within 30 days of contract execution, for each of their contracted counties. This shall be sent to the identified ODMHSAS Justice Services representative for approval. Any modifications to the availability of diversion programming in the Contractor's area shall be submitted to the identified Justice Services representative for approval within 30 days of the change.
- Contractor shall comply with ODMHSAS Jail Screener requests to review risk assessments for the purpose of evaluating competency.

SUBCHAPTER 3.4 COMPENSATION

- Invoices shall be electronically submitted using the eProvider Invoice System in Access Control no later than the 10th of the following month
- Total compensation per screening package shall not exceed \$130.96 per person.
- Contractor shall not seek copayments for any screening services provided under this contract.

- Services eligible for payment pursuant to this SOW (defined by the ODMHSAS Service Manual) are as follows: Court Related Services (H0006 HF H9), Screening and Referral (H002 HF HN), Intensive Outreach (H0023 HF TF, GT).
- Contractor will be compensated for outreach efforts conducted for the following:
 - o An approved screener is requested by the court to provide educational information in the course of seeking general knowledge about the Jail Screening program or about a specific screening pertaining to a criminal case and other available service codes are not appropriate.
 - o An approved screener is requested by the court to conduct a screening as part of the Jail Screening program; however, the identified participant declined to engage in the screening process. As a result, the service could not be completed, and no other available service codes are appropriate for documentation.
- Contractor shall include backup documentation by providing the Invoice Report from the Jail Screening System and documentation for outreach services to include the date, time, and short description of the educational information provided or the name of the individual and reason for refusal. All backup documentation must be uploaded with invoices in the eProvider Invoice System.
- Billed services not in compliance with requirements in the ODMHSAS Services Manual may be subject to recoupment.

CHAPTER 4: Diversion Supports – Resources and Reentry

SUBCHAPTER 4.1 PURPOSE

This contract is provided to support a single point of contact within municipal, district, and correctional criminal justice systems across the State to bridge the gap between justice-involved individuals in custody by initiating or continuing with behavioral health and/or substance use treatment services and other supports.

SUBCHAPTER 4.2 REQUIRED ACTIVITIES

- Contractor shall coordinate and maintain networking within the community, local agencies, and outreach programs as well as statewide agencies to assist with a robust resource and referral pool for justice-involved individuals.
- Contractor shall work with their local municipal, district, and correctional criminal justice partners to identify the best place and time to have staff present for referral and support.
- Contractor shall provide informational training/presentations, at least quarterly and at no cost, to local criminal justice partners including but not limited to; district court, municipal court, jail staff, prison staff, law enforcement, and bar associations. At a minimum, these presentations must include information on local treatment resources, other supportive resources in the community, and how individuals access those resources. Presenting at a local community group function (e.g., Rotary Club), having a booth at local events such as DOC Reentry Fairs will also serve as meeting this requirement.
- Contractor shall designate a resources and reentry point of contact, and provide their contact information to the courts, and other local criminal justice entities for immediate access to a navigator. The resources

and reentry point of contact must hold certifications as Peer Recovery Support Specialists, Case Manager I or II, or higher.

- Contractor shall arrange to maintain regularly scheduled days/times at the courthouse, municipal building, or jail to provide immediate connection to services and resources.
- Contractor shall ensure the point of contact is equipped with an electronic device such as an iPad to conduct onsite screenings, scheduling or to meet other immediate needs.

SUBCHAPTER 4.3 REQUIRED DELIVERABLES AND PERFORMANCE MONITORING

- Contractor shall provide ODMHSAS, Justice Services Division assigned staff with a written plan and/or process of how they interact and provide the required activities within the local criminal justice system, including assigned provider staff. This shall be provided annually by July 1.
- Contractor shall provide a monthly report of activities carried out pursuant to this contract to ODMHSAS, Justice Services Division assigned staff. This shall include completing any data entry required to document the number of persons contacted, screened, and referred for further services.

SUBCHAPTER 4.1 COMPENSATION

- Services eligible for payment pursuant to this manual (defined by ODMHSAS Service Manual) are as follows: Targeted Case Management (CMII/CADC), Recovery Support Services Court Related Services. Services include telehealth options:
 - Targeted Case Management is limited to 4 hours within 60 days of service.
 - Recovery Support Services is limited to 4 hours within 60 days of service.
- Services will be reimbursed through fee-for-service claims submitted through the Medicaid Management Information System (MMIS). If MMIS claim submission is not available, services will be reimbursed at the fee-for-service rate through electronically submitted invoices using the eProvider Invoice application in Access Control. Contractor will use source code 63AC Diversion Supports with a service focus 22 for all billing under this program. Service fees are set from a Non-CCBHC location.
- Contractor shall provide documentation of any type of training/presentation/outreach service and the documentation shall include the date, time, number of attendees, type of outreach, short description of the service provided, and staff member who provided the service. This documentation must be emailed monthly to SaiQueenau.Reese@odmhsas.org no later than the 10th day of the following month. Billed services not in compliance with requirements in the ODMHSAS Services Manual may be subject to recoupment.

CHAPTER 5: Diversion Supports – Reentry Care Coordination Teams (RICCT)

SUBCHAPTER 5.1 PURPOSE

This contract is to provide for a Reentry Intensive Care Coordination Team (RICCT). The RICCT team targets individuals with severe mental illness and co-occurring substance use disorders. RICCT is part of a larger effort to enhance the availability of mental health services for individuals who are being transitioned from the Department of Corrections (DOC) into the community.

SUBCHAPTER 5.2 REQUIRED

- Contractor shall screen, admit, assess, and initiate services in accordance with ODMHSAS rules and regulations. Including:
 - o Initiate and conduct in-reach screening interviews with RICCT candidates in correctional facilities to build relationships, initiate relevant assessments and case planning, and determine acceptance or denial to the program.
 - o Acceptable reasons for denials:
 - Individual declined program participation.
 - Individual are determined not appropriate for the program due to their level of mental health requiring a higher level of care or medical conditions are primary over mental health.
 - Individual has less than 90 days before the scheduled discharge date.
 - Special considerations (i.e., active misconducts, sex offenders) must be staffed with the ODMHSAS RICCT Program Manager prior to making final program disposition.
 - o Timeliness of Screening: Individuals should be screened within two (2) weeks of receiving the referral.
 - o Contactor shall determine acceptance or denial into the program within two weeks of the screening date. Contractor shall keep a record of all referrals including name, referral date, whether accepted or denied, the reason for denial if applicable, and date referral source informed of the eligibility decision.
- Contractor agrees to maintain staffing and supervision for the RICCT team as requested by the Department. Contractor shall implement recruitment and retention practices designed to maintain a stable and consistent staffing level. RICCT programs' service delivery and caseload capacity expectations will not be affected by changes in contractor staffing.
- Contractor shall ensure that RICCT personnel attend the necessary training, utilize technical assistance through ODMHSAS, and refer RICCT clients to other agency providers, if necessary, to integrate the following evidence-based practices and collaborations when serving RICCT clients.
 - o Risk Need Responsivity
 - o Motivational Interviewing
 - o Ohio Risk Assessment System (ORAS)
 - o Peer Recovery Support services
 - o Substance Use Prevention Services
 - o Communication with Probation and Parole or other entities for care coordination and success of community supervision
 - o Connecting clients to resources to address emergent case management and community integration needs such as housing, employment, education, family, and issues unique to reentry and their involvement in the criminal justice system.
 - o Use evidence-based practices validated on the justice-involved populations. Examples may include, but are not required: Cognitive Behavioral Therapy, CBT-based Interactive Journaling, The Matrix Model, and evidence-based programs that address specific criminogenic risk domains such as Moral Reconation Therapy or Thinking for a Change.

- Contractor shall attend required RICCT technical support meetings.

SUBCHAPTER 5.3 REQUIRED DELIVERABLES AND PERFORMANCE MONITORING

- Contractor shall complete monthly activity reports no later than the 10th day of the following month. The contractor shall report on the following data:
 - Client Name and/or unique Identifier, initial screening date, date of disposition, expected date or date of DOC release, initial risk level, updated risk level, program status, housing attainment, and employment or social security status.
- Annual Department of Corrections (DOC) and ODMHSAS data matching to determine recidivism rates (rearrest and incarceration), Medicaid utilization, and engagement rates in community-based mental health services and employment.
- Contractor shall ensure that RICCT clients and services are reported using the correct contract source and service focus code. Contractor shall have a process in place to identify data and coding errors and make corrections in a timely manner.

SUBCHAPTER 5.4 COMPENSATION

- Services eligible for payment pursuant to this manual (defined by ODMHSAS Service Manual) are as follows: Screening and Assessment, Targeted Case Management, Recovery Support Services, Treatment Team Meeting, Travel, TeleMed CMII, TeleMed LBHP/Candidate
 - Targeted Case Management is limited to 1 hour per month for prison in-reach services.
 - Recovery Support Services are limited to 1 hour per month for prison in-reach services.
 - Travel cap is 1,000 miles per year.
- Services will be reimbursed through fee-for-service claims submitted through the Medicaid Management Information System (MMIS). If MMIS claim submission is not available, services will be reimbursed at the fee-for-service rate through electronically submitted invoices using the eProvider Invoice application in Access Control. Contractor will use source code 63AA RICCT for all billing under this program.
- Billed services not in compliance with requirements in the ODMHSAS Services Manual may be subject to recoupment.

CHAPTER 6: Diversion Supports – Supportive Housing for Reentry RSAT

SUBCHAPTER 6.1 PURPOSE

This contract is grant-funded and serves as enhanced support to existing contracts with ODMHSAS for providers serving those criminal justice-involved populations including but not limited to Reentry Intensive Care Coordination Team (RICCT), and State Opioid and other Stimulant (SOS). It provides funding for supportive housing for clients in support of direct services provided by the Contractor. The goal is to assist reentry clients with obtaining safe and affordable supportive housing upon release from a secure correctional setting. Supportive housing can include transitional or permanent housing options. All recovery housing referrals are limited to OKARR-certified housing operators, Oxford House, or ODMHSAS-approved housing.

SUBCHAPTER 6.2 REQUIRED ACTIVITIES

- Use supportive housing funds to enhance the successful community integration of persons who are criminal justice involved and enrolled to participate in community-based behavioral health services. Funding assistance is used for access to or maintenance of recovery-supported or permanent housing in the community. The funding limit is \$800 per participant. Any request for additional rental assistance will require the ODMHSAS program manager's approval.
- Allowable Uses of these funds include:
 - o Housing application Fees
 - o Security Deposits
 - o First Month's Rent
 - o One month's rental assistance to avoid eviction.
- Contractor shall ensure that program clients meet the following criteria:
 - o Criminal Justice-Involved (i.e., prison reentry, jail reentry or diversion, and/or community supervision)
 - o Must be assessed at High or Moderate Risk Level – based on a validated risk assessment tool
 - o Must be assessed at High or Moderate Substance Use Need – based on a validated substance use tool
 - o Enrolled to participate in community-based behavioral health services.

SUBCHAPTER 6.3 REQUIRED DELIVERABLES AND PERFORMANCE MONITORING

- Contractor shall complete the provided quarterly report no later than the 10th day of the following month. The Contractor shall report the following data:
 - o Client Name and/or unique Identifier, dates of service and release, housing type and name of housing resource, amount invoiced, length of stay, risk level, level of SA need, active or inactive status, length of time services, completed drug testing and drug testing results.
- Timely and accurate reporting is required for program evaluation and continued funding.

SUBCHAPTER 6.4 COMPENSATION

- Invoices shall be electronically submitted using the eProvider Invoice System in Access Control no later than the 10th day of the following month.
- Backup documentation to be included/uploaded with the monthly invoice shall include the name or unique identifier of the participant and all housing operator payment receipts.
- Billed services not in compliance with requirements in the ODMHSAS Services Manual may be subject to recoupment.