The COCHS Approach: Jails and Community Health

• Public safety and public health systems are intertwined.

• The health of the jail population is similarly intertwined with the health of the community outside of jail.

• Connecting health care in jails to health care in the community preserves the investment counties make in their vulnerable criminal justice-involved populations.
Presentation Overview

1. Who’s in Jail?

2. The Economics of Treating the Justice-Involved Population

1. Health Reform

1. What Works: Behavioral Health Treatment
Who’s in Jail?
Health Status of Jail Inmates

• Jail inmates are disproportionately young, male, persons of color, and poor.

• They have high rates of health problems (chronic and infectious disease, injuries), psychiatric disorders, and substance use disorders (SUD).

• 80% of detainees with chronic medical conditions have not received treatment in the community prior to arrest.
Release from Prison –
A High Risk of Death for Former Inmates

• A 2007 study reported overall increased mortality rates for former inmates in Washington State: 3.5x greater than the general population.

• Mortality was the highest during the first two weeks after release: 12.5x greater than the general population.

• The study found a high incidence of death due to: overdose, HIV, homicide, motor vehicle accidents, cancer, liver disease.

## Characteristics of the Jail-Involved Population

Comparing the incidence of disease among the general population with the criminal justice population:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Gen’l : CJ Pop</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Use Disorder</td>
<td>1:2</td>
</tr>
<tr>
<td>Mental Health Disorder</td>
<td>1:2</td>
</tr>
<tr>
<td>Co-Occurring MH/SU Disorder</td>
<td>1:2</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1:5</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>1:2</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1:4</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>1:48</td>
</tr>
</tbody>
</table>

Jails as Behavioral Health Care Providers

• Jails have become *de facto* behavioral health providers in many communities, a role for which they are not adequately equipped to meet the need.

  – A 2009 study estimated current prevalence rates of serious mental illness among adult jail inmates to be 15% for males and 31% for females.
  – Among jail detainees with a diagnosed mental illness, 75% of women and 72% of men have a co-occurring substance use disorder.
Jails as Behavioral Health Care Providers
The ADAM II 2011 Report

- Over 60% of arrestees in all sites tested positive for at least one drug in their system, and fewer reported having received outpatient drug or alcohol treatment in the prior year—less than 10% in 8 of the 10 sites.

- 13 - 38% of arrestees tested positive for multiple substances.

- 13 - 30% of arrestees said they had been arrested two or more times in the prior year.
Uninsured

- Few people in jail or prison today are enrolled in Medicaid because they have not been eligible as single, childless adults.

- Currently, 90% of detainees have no health insurance upon release from jail.
Massachusetts Uninsured

• According to a recent NASADAD study, less than 3% of Massachusetts residents are uninsured, but the uninsured residents “are likely to have elevated rates of chronic SUDs.”

• In fact, approximately 22% of the admissions for publicly funded SAT in MA in 2009 were uninsured. The uninsured population was disproportionately low-income and young adult, Black, and Hispanic, characteristics that mirror the demographics of the jail-involved population.
Jails ➔ Community NOT Prison

• Nationally, only about 4% of jail admissions result in sentences to prison.

OR, in other terms...

• 96% of jail detainees and inmates return directly to the community from jail, along with their often untreated health conditions.

• COCHS’ Mantra:
  – The health of the jail population is intertwined with the health of the community outside of jail.
  – Connecting health care in jails to health care in the community preserves the investment counties make in their vulnerable criminal justice-involved populations.
The Economics of Treating the Justice-Involved Population
Reduced Crime / Improved Health & Safety

- When chemical dependency treatment was offered to very low income adults—a population very similar to the jail population—research found:
  - improved physical and mental health and significant cost savings in health care.
  - reduced crime and recidivism, and correlated savings to crime victims and criminal justice systems.
Reduced Crime / Improved Health & Safety

- The next two slides illustrate the savings reported by Dr. David Mancuso, Senior Research Supervisor, Department of Social and Health Services.
  - Mancuso, D, Felver, B. *Providing chemical dependency treatment to low-income adults results in significant public safety benefits*, Washington State DSHS Research and Data Analysis Division, Report 11.130 (Feb 2009).
Arrests decline significantly after alcohol/drug treatment

Decline in the number of arrests in the year following treatment
Relative to untreated comparison group

<table>
<thead>
<tr>
<th></th>
<th>Disability Lifeline</th>
<th>ADATSA</th>
<th>Low Income Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECLINE</td>
<td>33%</td>
<td>18%</td>
<td>17%</td>
</tr>
</tbody>
</table>
Alcohol/drug treatment impacts: Medical Costs

Annual percent change in medical expenditures before and after alcohol/drug treatment expansion. Clients with alcohol/drug treatment (AOD Tx) need relative to balance of medical coverage group.

Medicaid Disabled Adults, EXCLUDING DUAL ELIGIBLES

**BEFORE TREATMENT EXPANSION**
- Medical expenditures grow more rapidly for clients with AOD Tx need

**AFTER TREATMENT EXPANSION**
- Medical expenditures grow more slowly for clients with AOD Tx need

SFY 2003-04

-1.9%

Disability Lifeline Clients (GA-U)

**BEFORE TREATMENT EXPANSION**
- 5.5%

**AFTER TREATMENT EXPANSION**
- Medical expenditures grow more slowly for clients with AOD Tx need

SFY 2003-04

-2.2%
The Economics of Treating the Justice-Involved Population

• Without access to care, many jail-involved individuals will be repeat users of emergency room services and inpatient psychiatric services in the community, and jail health services as “frequent flyers.”

• From a fiscal perspective, it will be in the interest of the state and counties to offer effective behavioral health treatment to Medi-Cal and Covered California beneficiaries.
Health Reform
Federal Health Reform

The Patient Protection and Affordable Care Act ("Health Reform"):

• expands eligibility for publically subsidized coverage to qualified adults, many of whom may be jail-involved.

• creates new opportunities for local jurisdictions that are responsible for the public health and safety of their residents.

• requires parity between somatic and behavioral health coverage.
Health Reform Creates New Access to Health Care for Justice-Involved Individuals

1. Allows “qualified individuals” to enroll in a federally subsidized, qualified health plan offered through a health insurance exchange.

2. Expands eligibility for Medicaid (Medi-Cal) to many of society’s most vulnerable populations for the first time.
1. Exchange Plan Eligibility and Coverage

- The ACA requires each state to create or participate in a health insurance exchange where qualified individuals can buy subsidized health insurance.

- Californians with income from 138% - 400% FPL will be able to purchase plans with federal premium support through Covered California, the state’s health insurance exchange.
Exchange Plan Eligibility and Coverage

• Regarding health insurance exchanges, the ACA specifies that: “[a]n individual shall not be treated as a qualified individual if, at the time of enrollment, the individual is incarcerated, other than incarceration pending the disposition of charges.”

• This means that, subject to the requirements of health plans, jail health care providers may be reimbursed for covered services they deliver to Covered California beneficiaries who are incarcerated while pending disposition of charges.
2. The Expansion of Medi-Cal Eligibility

- Medi-Cal will be available to a new category of individuals: non-elderly adults with income up to 138% FPL, regardless of health status, gender, or parental status.

- Medi-Cal *eligibility* is not precluded if an individual is incarcerated, but Medi-Cal *coverage* is not currently available for individuals in jail.

- COCHS estimates that about 2/3 of the jail-involved population will be eligible for Medi-Cal under the expansion, creating access to health care for many individuals for the first time.
Projected 2014 Statewide Medi-Cal Eligibility for Jailed Individuals: Males, Ages 18-24

• In 2012, COCHS developed a model to project the size of the jail-involved population in California likely to be Medi-Cal eligible in 2014.

• Approximately 69% of jail-involved male individuals between the ages of 18 and 24 in the state of California may be eligible for Medi-Cal in 2014.
Need for Treatment

• High rates of SUD among justice-involved population tend to go untreated.

• Historically, access to treatment for SUD does not meet the need.

• Medi-Cal is proposing to enhance its current benefit in 2014.

• Under Health Reform, coverage for mental health and substance abuse services is supposed to be provided “at parity” — to the same degree that physical healthcare services are delivered.
Medi-Cal in 2014

• Governor Brown’s recently released May budget revise proposes to continue a state-based approach for Medi-Cal expansion:

Newly eligible individuals will receive the comprehensive benefits currently provided by Medi-Cal, including county-administered comprehensive specialty mental health services and county-supported substance use disorder services.
Drug Medi-Cal (DMC) Now

The state-administered DMC Treatment Program provides medically necessary substance use disorder treatment services for Medi-Cal eligible beneficiaries:

• Perinatal Drug Medi-Cal funds may be used to finance Medi-Cal substance abuse services provided to women who are pregnant or 60 days post-partum (and their infants) who have family incomes that are not in excess of 185% of the federal poverty level and meet medical necessity criteria.

• General Drug Medi-Cal funds may be used to finance Medi-Cal substance abuse services provided to all Medi-Cal beneficiaries who meet medical necessity criteria.

http://www.cimh.org/downloads/Jan-Feb01.pdf
Perinatal Drug Medi-Cal

1. Day Care Habilitative
2. Perinatal Residential Rehabilitation

General Drug Medi-Cal

1. Naltrexone
2. Narcotic Treatment Programs – benefit does not include detoxification, but includes Methadone.
3. Outpatient Drug-Free Treatment
Drug Medi-Cal in 2014

• Counties will use their existing resources to continue providing Drug Medi-Cal services to the currently eligible Medi-Cal population.

• Counties will continue to operate with the current benefit and delivery system for the expansion population.

• However, there’s a new wrinkle: “... At a county option, beneficiaries, both existing enrollees and new eligibles, may receive an enhanced benefit package for substance use disorders.”

Governor ’s 2013-2014 Budget May Revise Summary
Proposed Enhanced Medi-Cal SUD Benefit for 2014

The Department of Health Care Services has indicated that it is considering the following enhanced benefits that counties may opt to offer to all Medi-Cal beneficiaries:

1. Intensive outpatient treatment
2. Residential substance use disorder services
3. Recovery supports
4. Opioid detoxification
5. Alcohol detoxification
Benefits of the Medi-Cal SUD Benefit

• Given their intimate knowledge of local populations, counties are uniquely qualified to develop new systems of substance use disorder services.

• The enhanced SUD benefit option is an opportunity for counties to develop capacity to deliver crucial services to some of their most vulnerable populations.

• Providing justice-involved populations in particular with robust SUD treatment can help counties by reducing health care costs, reducing criminal justice system costs, and improving public safety.
Current Medi-Cal Mental Health Benefit

- Counties provide non-specialty Medi-Cal mental health services through managed care and fee-for-services systems.

- Under a federal waiver, counties provide or arrange for provision of specialty mental health services for individuals who meet medical necessity criteria:
  - Day rehabilitation
  - Targeted case management
  - Crisis stabilization
  - Crisis residential services
  - Psychiatric hospital inpatient services
2014 Medi-Cal Mental Health Benefit

- Counties will continue to operate with the current benefit and delivery system for all beneficiaries, including the expansion population.
- Counties may realize some savings as individuals who received services delivered to them through county indigent health programs may qualify for Medi-Cal under expansion. Services delivered to the expansion population will receive 100% federal funding (leveling off at 90% in 2020).
What Works:
Behavioral Health Treatment
Evidence-based Risk Reduction

What the criminal justice literature teaches us:

• Various forms of cognitive behavioral therapy are crucial

• Time is of the essence

There are services that are proven to reduce morbidity, mortality, and—for individuals with histories of justice-involvement—recidivism.
What Works

• Harm Reduction

• Medication

• Behavioral Health Treatment

• Other Services Needed For Success

Harm Reduction

• Infection prevention
  – Syringe exchange

• Overdose death prevention
  – Naloxone reduces opioid overdose deaths

Medication

• Alcohol addiction medication
  – Naltrexone
  – Acamprosate
  – Topiramate
  – Disulfiram

• Opioid addiction medication
  – Injectable naltrexone
  – Opioid agonists (methadone, buprenorphine)

Opioid Agonist Medications

- Methadone

- Buprenorphine
  - As effective as moderate-dose methadone
  - Reduces overdose death
  - Administered by any trained physician
  - Office-based, by prescription
  - Safe, almost impossible to overdose
  - Likely very long term treatment

Behavioral Health Interventions

- Essential for more complex patients—Injection drug users, individuals with co-occurring disorders, and individuals with justice-system involvement.

- Key Modalities:
  - Motivational interviewing, cognitive behavioral therapies (MRT, REBT, etc.), therapeutic communities, contingency management, Community Reinforcement Approach.

Other Services Needed for Success

• Individuals involved with the criminal justice system with behavioral health disorders could benefit from additional services, such as:
  – Pre-vocational training, supported employment, career planning, problem solving skills, self-help, social skills, adaptive skills, anger management, etc.
  – Analogous supportive services are often provided to individuals with developmental disabilities through habilitative services benefits.

Questions?

www.cochs.org
510-595-7360

Steve Rosenberg  srosenberg@cochs.org
Nancy Torrey  ntorrey@cochs.org
Matt Bechelli  mbechelli@cochs.org