Optimizing Health Care Coverage for Arkansas's Criminal Justice Population

ACHI
Arkansas Center for Health Improvement

February 2015

Many individuals reentering the community after serving time in the criminal justice system have substantial health needs and encounter social and economic challenges upon transition. For many of these individuals, access to affordable coverage has been unavailable. Arkansas's decision to extend coverage to low-income adults through the Arkansas Health Care Independence Program (HCIP)[1] provides the state with an opportunity to improve the health of its most vulnerable residents, including jail-involved individuals reentering the community. This decision has significant implications for jail-involved adults, considering that 60 percent of them have incomes of less than 138 percent of the federal poverty level (FPL) before their arrest.[2] Individuals involved with the criminal justice system experience social challenges such as housing instability and lower education levels, and have high rates of mental illness and substance use disorders. New coverage options have the potential to aid in this population's ability to access needed care and manage ongoing conditions. This document discusses opportunities to enroll jail-involved individuals in the HCIP; connect those with coverage to primary care; and ensure continuity of care, which can improve this population's health outcomes, reduce federal and state spending on uncompensated care, and improve recidivism rates.

CRIMINAL JUSTICE SYSTEM

The United States has the highest rate and largest number of individuals in the world involved in the criminal justice system.[3] There are an estimated 10 million adults released from prisons and jails in the United States each year, and approximately half are under community supervision.[3] This population is disproportionately comprised of young male minorities who have low incomes.[3,4] Jails have become holding places for some of the nation's most vulnerable people, specifically those with mental illness and a history of substance use. Failure to connect people exiting the criminal justice system to health coverage and services upon release amounted to a total state and local cost of $17.2 billion in 2008 for uncompensated medical costs.[5] With limited access to health care, there are higher relapse rates, more untreated mental illnesses, and a higher probability of recidivism.[6]

In states choosing to extend coverage to financially vulnerable populations under the Patient Protection and Affordable Care Act (PPACA),[7] many jailed individuals upon release will be eligible to receive services specific to their needs that they were previously unable to access. To achieve access to services beyond mere coverage, however, it is important to understand this population's characteristics, special health needs, and potential programs to connect them to care.

CRIMINAL JUSTICE SYSTEM IN ARKANSAS

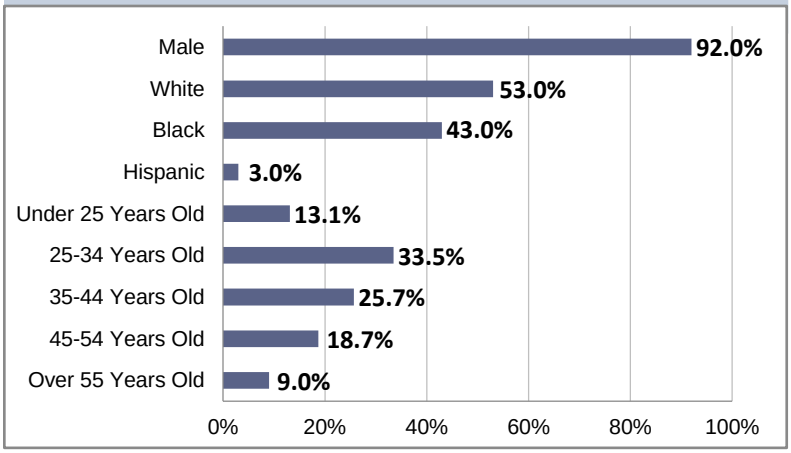
In the 2014 fiscal year:[8]

- Average of 16,883 inmates/day
- 7,618 total releases
- 51 percent of crimes committed were non-violent
- Top admission offense: controlled substance and narcotic violations
- Average inmate cost: **$63.26/day; $23,089/year**

In 2013:[9]

- 800 people who served time for controlled substance and narcotic violations were released in 2010, and 28.6 percent (228 people) returned by 2013 due to the same violation
- Total recidivism rate between 2010 and 2013 for all offenses: 43.3 percent

Figure 1: Arkansas Prison Population Demographics[8]

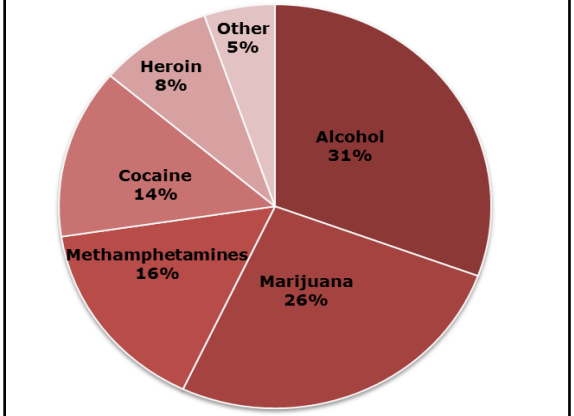


SUBSTANCE USE AND MENTAL ILLNESS AMONG PRISONERS

Substance Use

- Nationally, alcohol and illicit drugs are involved in more than 50 and 70 percent of incarcerations, respectively.[10]
- Previous hospital discharge data indicates ex-prisoners with a history of drug abuse have three times more emergency room (ER) visits than those with no drug abuse history.[11]

Figure 2: Substance Abuse Reported by Probation or Parole Drug Users in the United States[10]



Source: SAMHSA Treatment Episode Data Set 2008

Mental Illness

- Approximately 63 percent of men and 75 percent of women entering jails exhibit symptoms of a mental health condition.[12]
- Among prisoners with a mental illness, recent studies suggest that at least 16 percent of inmates have a serious mental illness (SMI).[12]
- In the United States, the number of SMI persons in jails and prisons is more than three times the number in hospitals.[13]
- 72 percent of people in jails with SMI also have a co-occurring substance use disorder.[14]
- Adults with SMI released from prison tend to recidivate more quickly and at higher rates than prisoners released who do not have SMI.[15]

HEALTH CARE FOR TRANSITIONING PRISONERS

Prisoners with a history of substance use are at greater risk for relapse after release. In addition, prisoners with SMI and no connection to health care upon release are more likely to recidivate.[16] The HCIP provides new opportunities for health care for prisoners transitioning into communities in Arkansas. There is potential to reduce recidivism rates and decrease uncompensated care costs by enrolling individuals in health care and ensuring relevant care is available. To achieve these objectives, it is crucial to connect individuals to primary care, provide access to a range of evidence-based mental health and substance use disorder treatments, and acknowledge and address potential barriers to care. Barriers to enrollment may include lack of knowledge or education about coverage options, lower literacy and education levels, and limited outreach to prisoners upon release.[17] To improve the enrollment process and prevent barrier issues, states can implement the following:

- **Utilize correctional facilities to enroll jailed individuals in coverage.**
  - Several states, including Arkansas, allow prison employees to enroll inmates into coverage before transitioning back into the community.[17]
  - *Example*: Studies in Florida and Washington show that people with SMI who were enrolled into coverage upon jail release were more likely to access community mental health and substance abuse services than were those without coverage.[18]

- **Improve connections to services upon release.**
  - When released, inform individuals of the resources available to them under their coverage, including what services are covered and where to locate providers.[19]
  - *Example*: In Michigan, recidivism rates decreased after implementation of a program to connect newly released prisoners to a medical home in their community, allowing them to access needed medications and care.[19]

As discussed in the following section, several states are increasing efforts related to improving health care opportunities for this population.

PROGRAMS FOR RELEASED INMATES

Transitions Clinic Model: Offered in 10 Cities*

- Community health workers (CHWs) meet with recent prisoners to provide patient navigation
- Clinics located in communities with a high incarceration population
- Acts as a medical home and provides primary care, urgent care, substance abuse treatment, and more
- Connects patients to resources in communities such as employment agencies or Medicaid application assistance

http://transitionsclinic.org/services.html

New York City Action Plan

- The city will establish a Medicaid implementation team to ensure all eligible individuals are enrolled in Medicaid prior to release
- The city will provide oversight to ensure all inmates eligible to receive care at a health home are connected through health home care coordination
- The city will establish a group to ensure coordination between inmates and health care upon release

http://www1.nyc.gov/assets/criminaljustice/downloads/pdf/annual-report-complete.pdf

Ohio Medical Managed Care Prison Transition Program

- 90-120 day window prior to release to initiate Medicaid application process and managed care plan selection
- Once a plan is selected, a case manager creates a care transition plan
- Includes a pay-for-performance component tying incentive payments to plans for case managers who meet specific outcome targets

http://medicaiddirectors.org/sites/medicaiddirectors.org/files/public/oh_case_study_1.pdf

Delaware Community Oriented Health Services*

- Non-profit organization that provides care within correctional system
- Provides comprehensive discharge planning to help inmates reentering community receive appropriate care
- Assists with health insurance enrollment services inside jails
- Upon release, goal is to establish medical homes for offenders in their communities to increase access

http://www.connectionscsp.com/connections-correctional-healthcare/

*Programs are not funded by Medicaid but collaborate with Medicaid or offer services similar to Medicaid health homes.

ARKANSAS OPPORTUNITIES

Current state statutes authorize representatives in Arkansas correctional facilities to file a Medicaid application on behalf of inmates prior to release.[20] However, there is not yet standardized education of inmates about their coverage after release or a formalized program connecting them to a provider. Although these populations may have access to essential health benefits (EHBs) including mental health services and substance use treatment, many payers, including Arkansas Medicaid, require a primary care provider's referral to access mental health services. In order to receive substance use disorder treatment through Arkansas Medicaid, patients must first be diagnosed with a mental illness by their primary care provider.[21] The HCIP provides coverage through private carriers that are blind to an individual's prison records and could benefit these individuals with transition management. Considering the recidivism rates in Arkansas related to drug use and the cost to house inmates in Arkansas, it is beneficial to explore various programs that will improve prisoner-provider connections immediately upon release. Exploring transition options and implementing targeted care connection programs may lead to significant state cost savings, reduced recidivism, and improved health for the criminal justice involved population in Arkansas.

REFERENCES

[1] Health Care Independence Act of 2013, *Act 1497*, *Act 1498*.
[2] James DJ. "Profile of Jail Inmates, 2002." *Bureau of Justice Statistics Special Report* (July 2004, NCJ 201932). Washington, DC: U.S. Department of Justice, Office of Justice Programs. Revised October 13, 2004, http://www.bjs.gov/content/pub/pdf/pji02.pdf.

[3] Veysey BM. "The Intersection of Public Health and Public Safety in U.S. Jails: Implications and Opportunities of Federal Health Care Reform." Oakland, CA: *Community Oriented Correctional Health Services*, January 2011, http://www.cochs.org/files/Rutgers%20Final.pdf.
[4] Minton TD, Golinelli D. "Jail Inmates at Midyear 2013: Statistical Tables." *Bureau of Justice Statistics* (May 2014, NCJ 245350). Washington, DC: U.S. Department of Justice, Office of Justice Programs. Modified August 12, 2014, http://www.bjs.gov/content/pub/pdf/jim13st.pdf.
[5] Hamblin A, Somers SA, Neese-Todd S, Mahadevan, R. "Medicaid and Criminal Justice: The Need for Cross-System Collaboration Post Health Care Reform." Hamilton, NJ: *Center for Health Care Strategies*, January 2011. Accessed January 8, 2014, http://www.chcs.org/resource/medicaid-and-criminal-justice-the-need-for-cross-system-collaboration-post-health-care-reform-3/.
[6] Håkansson A, Berglund M. "Risk Factors for Criminal Recidivism: A Prospective Follow-up Study in Prisoners with Substance Abuse." *BMC Psychiatry,* 2012;12:111. doi:10.1186/1471-244X-12-111.
[7] Patient Protection and Affordable Care Act, Public Law 111-148, 111th Cong. March 23, 2010.
[8] "Arkansas Department of Correction 2014 Annual Report." Pine Bluff, AR: *Arkansas Department of Correction*, 2014. Accessed January 2, 2015, http://adc.arkansas.gov/resources/Documents/2014annualReport.pdf.
[9] Compton T, Laan J, McHenry D. "2010 Arkansas Recidivism Study." Pine Bluff, AR: *Arkansas Department of Correction*, 2013. Accessed February 5, 2015, http://adc.arkansas.gov/resources/Documents/2010_RecidivismStudy.pdf.
[10] "Characteristics of Probation and Parole Admissions Aged 18 or Older." (TEDS11-0303) *The Treatment Episode Data Set Report*, March 3, 2011, http://store.samhsa.gov/product/Characteristics-of-Probation-and-Parole-Admissions-Aged-18-or-Older/TEDS11-0303.
[11] McCorkel JA, Butzin CA, Martin SS, Inciardi JA. "Use of Health Care Services in a Sample of Drug-Involved Offenders: A Comparison with National Norms." *American Behavioral Scientist,* 1998;41(8):1079–89. doi: 10.1177/0002764298041008005.
[12] James DJ, Glaze LE. "Mental Health Problems of Prison and Jail Inmates." (Special Report) *U.S. Department of Justice*, September 2006, http://bjs.gov/content/pub/pdf/mhppji.pdf.
[13] Fuller Torrey E, Kennard AD, Eslinger D, Lamb R, Pavle J. "More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States." *National Sherrifs Association* and the *Treatment Advocacy Center*, May 2010, http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf.
[14] "The Prevalence of Co-Occurring Mental Illness and Substance Use Disorders in Jails.," *SAMHSA*, 2004, http://gainscenter.samhsa.gov/pdfs/disorders/gainsjailprev.pdf.
[15] Matejkowski J, Ostermann M. "Serious Mental Illness, Criminal Risk, Parole Supervision, and Recidivism: Testing of Conditional Effects." *Law and Human Behavior*, 2015;39(1):75-86. Epub June 16, 2014. doi:10.1037/lhb0000094.
[16] Gates A, Artiga S, Rudowitz R. "Health Coverage and Care for the Adult Criminal Justice-Involved Population." *The Henry J. Kaiser Family Foundation*. Accessed January 9, 2015, http://kff.org/uninsured/issue-brief/health-coverage-and-care-for-the-adult-criminal-justice-involved-population/.
[17] "Medicaid Expansion and Jail-Involved Individuals: Opportunities to Promote Coverage, Improve Health, and Reduce Recidivism." Hamilton, NJ: *Center for Health Care Strategies, Inc.,* March 2014.. Accessed December 23, 2014, http://www.chcs.org/resource/medicaid-expansion-and-jail-involved-individuals-opportunities-to-promote-coverage-improve-health-and-reduce-recidivism/.
[18] Morrissey JP, Cuddeback GS, Cuellar AE, Steadman JH. "The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism among Persons with Severe Mental Illness." *Psychiatric Services*, 2007;58(6):794–801. doi:10.1176/ps.2007.58.6.794.
[19] Woodbury V, Sartorius P. "Michigan Pathways Project Links Ex-Prisoners to Medical Services, Contributing to a Decline in Recidivism." Presented at the Agency for Healthcare Research and Quality, Rockville, MD, August 2013.
[20] *Act 467*, 2013; *Act 1117*, 2013.
[21] "Medicaid Benefits: Rehabilitation Services – Mental Health and Substance Abuse." *State Health Facts*, the Henry J. Kaiser Family Foundation. Accessed January 8, 2015, http://kff.org/medicaid/state-indicator/rehabilitation-services-mental-health-and-substance-abuse/.