CENTER FOR HEALTH & JUSTICE AT TASC

Building Bridges to Care

from Correctional Systems to Healthcare in the Community

This brief is for public safety leaders, state Medicaid agency personnel, and policymakers who work on issues related to criminal justice and behavioral health. It describes the key components of a seamless system of care for individuals being released from jail or prison with medical and/or behavioral health conditions, and is intended to support and inform efforts to build bridges to care between correctional and community healthcare systems.

The opportunity to maximize reforms toward public health and safety

Recent healthcare reforms present tremendous public health and public safety opportunities. While criminal justice reform efforts have begun to stop and reverse decades-long growth trends, enormous numbers of people still are released from prisons and jails and are under probation and parole supervision in their communities each year. To illustrate:

- There were approximately 6.9 million people incarcerated or under community supervision at year-end 2014: 1.5 million in prisons, 745,000 in local jails, 3.8 million on probation, and 857,000 on parole.[1]
- Millions are admitted to and released from incarceration, with jails admitting 18 times as many people than prisons over a year's time: approximately 11.4 million were admitted into local jails in 2013-14, and 627,000 were admitted to prisons in 2014.[2,3]
- Extremely high rates of substance use, mental illness, and chronic medical conditions[4,5,6,7] among the justice-involved population underlie repeated arrests and incarceration.

Though people involved in the justice system do not constitute a stand-alone Medicaid population category in the traditional sense, the vast majority of individuals in this population are newly eligible for Medicaid under the Affordable Care Act (ACA) in states that have expanded eligibility.[8]

Because the justice-involved population is so large, has substantial behavioral healthcare needs associated with significant costs, and has relatively new access to health insurance coverage and care, building bridges to care between correctional and community settings warrants special focus by public safety and health leaders in both government and private sectors.

Prisons and jails provide constitutionally mandated care to persons in their custody,[9] but the requirement to do so ends at release. By leveraging the Medicaid coverage now available to many involved in the justice system, these institutions can build upon the medical and behavioral health stability achieved within their facilities by providing a venue and developing a process for engaging individuals in post-release community care as they transition between correctional and community settings.

Why is it important to build bridges to care for the justice population?

Since many people involved in the justice system have been historically uninsured, they have tended to access care in one of two ways—through uncompensated hospital care or mandated care provided

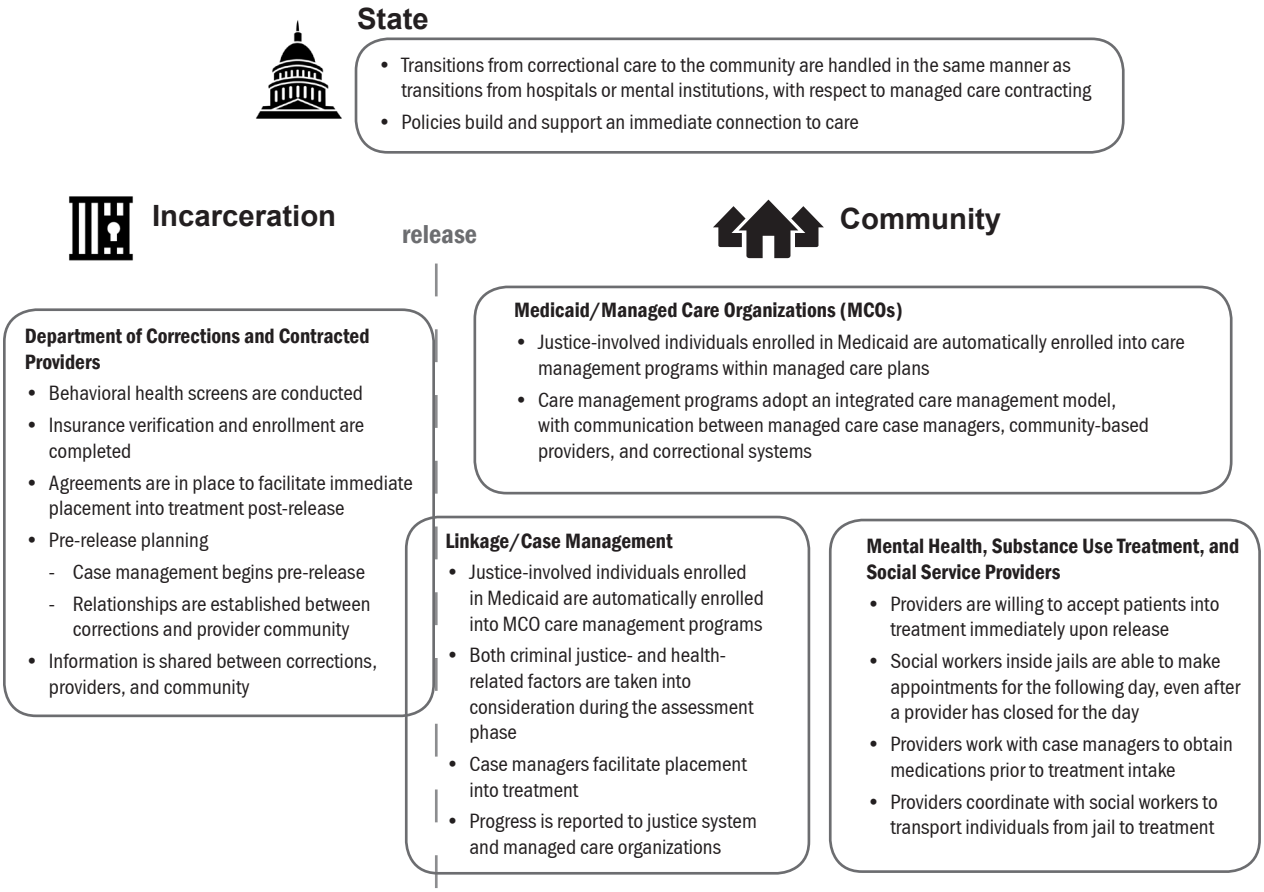
inside a jail or prison. It is in these settings that they attain some stability, depending in part on the length of detention. However, upon discharge, access to appropriate aftercare in the community has not been within reach for most. Releasees often leave with virtually or absolutely no healthcare, and many become destabilized, at which time they are more likely to visit an emergency room or return to jail or prison.

Because of these circumstances, the period of time immediately following release from jail or prison holds a steeply increased risk of death due to overdose and of hospitalizations. The likelihood of overdose death during the two weeks following release is 8 times greater for jail releasees and 12.7 times greater for prison releasees than among their peers who have not been incarcerated.[10,11] Prison releasees are 2.5 times more likely to be hospitalized for an acute condition during the week after release.[12]

While many of these studies were conducted prior to the expansion of Medicaid under the ACA, the behaviors of this formerly uninsured population are likely to continue—despite being eligible for and even having insurance—without the intentional facilitation of access to care. The cost of care associated with Medicaid enrollees who have behavioral health conditions quadruples that of those without them. Given this cost, coupled with the disproportionate prevalence of these conditions among the justice population, there are direct incentives for Medicaid programs to focus efforts on building bridges to care during the transition of individuals between correctional institutions and the community.[13]

By granting individuals immediate healthcare benefits upon release, they are more likely to access care right away, thus reducing the risk of overdose, hospitalizations, and death. Enrollment into health

The System: Key Principles & Recommended Practices



coverage alone will not ensure timely and appropriate access, but it is a critical first step to creating seamless connections to care in the community.

To maximize the opportunities created by Medicaid expansion for the justice population, collaborative efforts also entail the adoption and implementation of policies that meet individuals' unique needs and practices along the justice and health system continuum and expedite access to care.

Through ensuring assessment of treatment need, continuity of care during transitions, and access to community-based services, a large population of individuals can be systematically connected to care, thereby helping to improve health, and reduce the risk of overdose, hospitalizations, death, and recidivism.

For more background information *on the opportunities provided by healthcare reform, see our issue brief entitled "Realizing the Potential of National Health Care Reform to Reduce Criminal Justice Expenditures and Recidivism Among Jail Populations" found online at http://www2.centerforhealthandjustice.org/content/pub/realizing-potential-national-health-care-reform-reduce-criminal-justice-expenditures-and.*

About the Center for Health and Justice at TASC

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrest and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC's Center for Health and Justice offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

TASC's *Medicaid Policy Series* is designed to help leaders maximize the opportunities of Medicaid expansion in order to more swiftly and effectively connect justice populations to healthcare services in the community. The lead author of the series is TASC Administrator of Medicaid Policy and Program Development Sherie Arriazola.

For further information, or to find out about TASC's consulting services, contact:
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Endnotes

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