

A large, light-colored graphic on the left side of the slide. It consists of a stethoscope with a heart shape in the center of its chest piece.

# New ECM Population of Focus: Justice Involved Individuals

11/7/2024



TITLE

Subtitle.

## AGENDA:

1. Justice Involved Overview
2. Understanding Clinical Needs
3. Understanding Clinical Delivery
4. Transitions in Care

# Today's Presenter

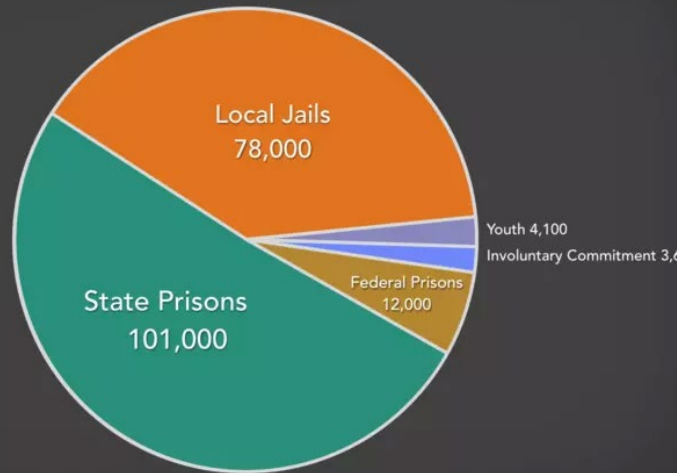


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**Health Management Associates**

# Incarceration in the US and California

## How many California residents are locked up and where?

199,000 of California's residents are locked up in various kinds of facilities

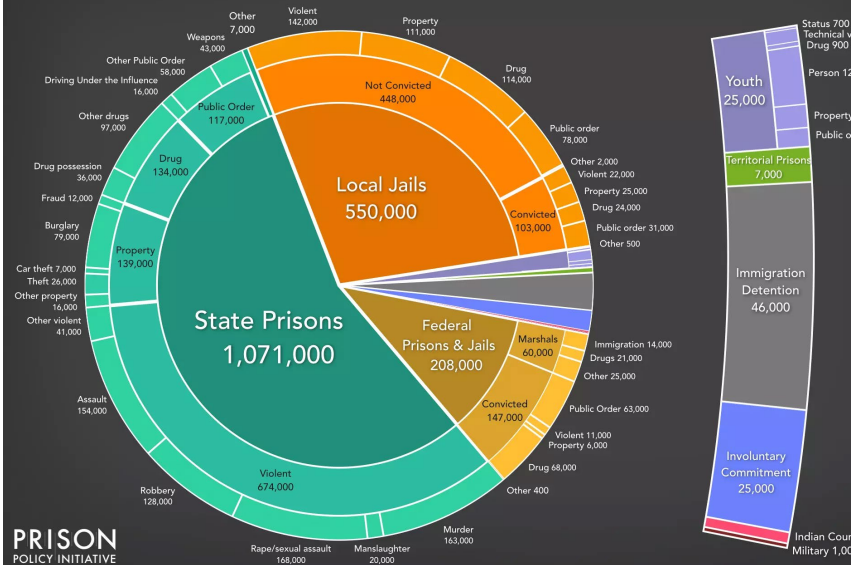


PRISON  
POLICY INITIATIVE

Details may not add to total due to rounding.  
Sources and data notes: See [www.prisonpolicy.org/reports/correctionalcontrol2023.html](http://www.prisonpolicy.org/reports/correctionalcontrol2023.html)

## How many people are locked up in the United States?

The U.S. locks up more people per capita than any other nation, at the staggering rate of 583 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.

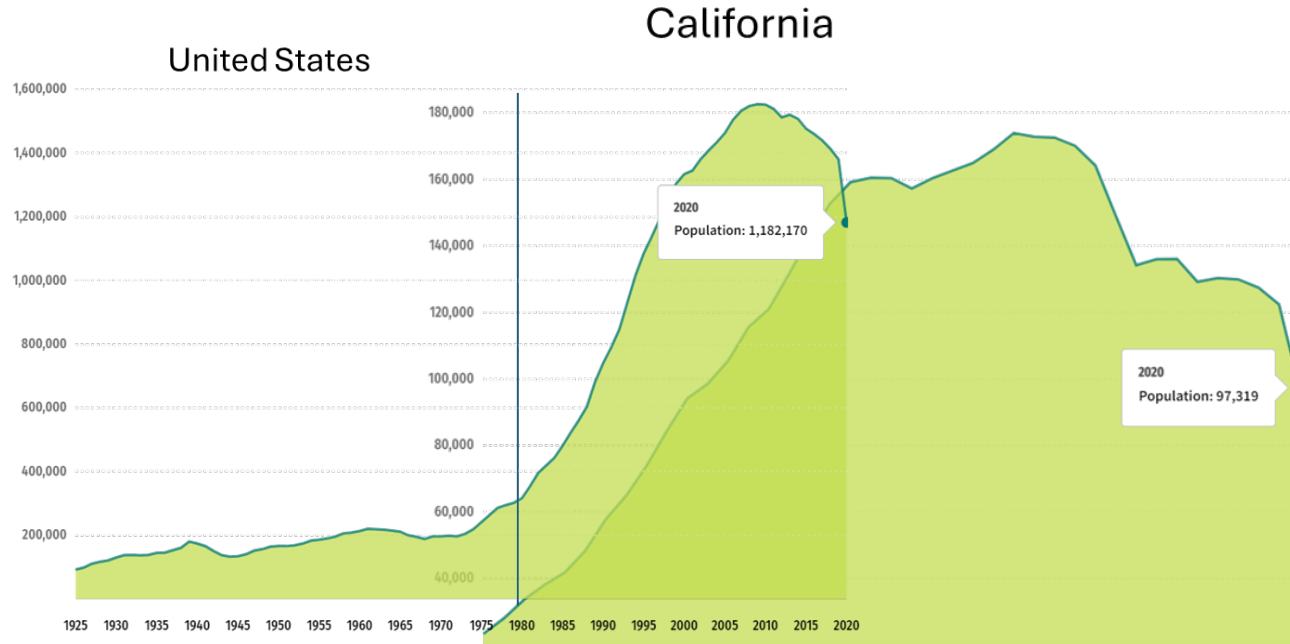


PRISON  
POLICY INITIATIVE

Sources and data notes: [www.prisonpolicy.org/reports/pie2024.html](http://www.prisonpolicy.org/reports/pie2024.html)



# USA vs. State of California – Incarceration Rate Trends



Changes in sentencing law and policy, not changes in crime rates, have impacted incarceration rates



# Jails vs. Prisons – **What's the difference?**

- Persons under the care and custody of a local, state, or federal correctional authority are generally housed in one of two types of facilities – a local jail or a state or federal prison.
- **Jails**
  - confine persons before or after adjudication
  - operated by local law enforcement authorities such as a sheriff, a police chief, or a county or city administrator
  - following a criminal conviction are usually sentenced to 1 year or less.
- **Prisons**
  - confine persons after they are convicted of a criminal offense
  - operated under the authority of a state Department of Corrections or the Federal Bureau of Prisons (BOP).
  - typically serving an incarceration sentence of more than 1 year
- California releases roughly 786,970 men and 200,866 women from its prisons and jails each year.



There are **important distinctions** between prisons and jails when it comes to healthcare.

## Prisons

**There are 1566 state and 122 Federally Operated and Funded prisons in America.**

- Sentences usually 1 year and longer – more stable population
- Healthcare typically provided by state or federal employees or vendors
- Reliable release date for Discharge Planning
- High rates of physical and behavioral health conditions, including OUD, SUD

## Jails

**There are 3116 jails in America, locally operated by a Sheriff, Warden or Director.**

- ~ 60% turnover in 2-4 weeks – migratory population
- Process thousands of unduplicated annually
- Healthcare typically provided by vendors or county employees
- High rates of physical and behavioral health conditions, including OUD, SUD



# Eligibility Criteria 1115 JI Waiver

## Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

## CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Individuals detained in youth facilities do not need to demonstrate a health care need criteria to qualify for pre-release services, but they need to be Medi-Cal or CHIP eligible.

Individuals detained in adult facilities need to demonstrate a health care need. Eligible adults include those who have a mental health diagnosis, a substance use disorder, a chronic or significant clinical condition, a traumatic brain injury, intellectual or developmental disability, HIV/AIDS, or are pregnant or postpartum.





# Covered services

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.



In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

# Language is important

DHCS uses the following definitions and person-first language\* :

- Correctional Facility: State prisons, county jails, and county youth correctional facilities
- Justice-Involved Individual: An individual who is currently or was formerly incarcerated within the past twelve months.
- Words like inmate, offender, and prisoner are seldom used outside of carceral settings and are stigmatizing.

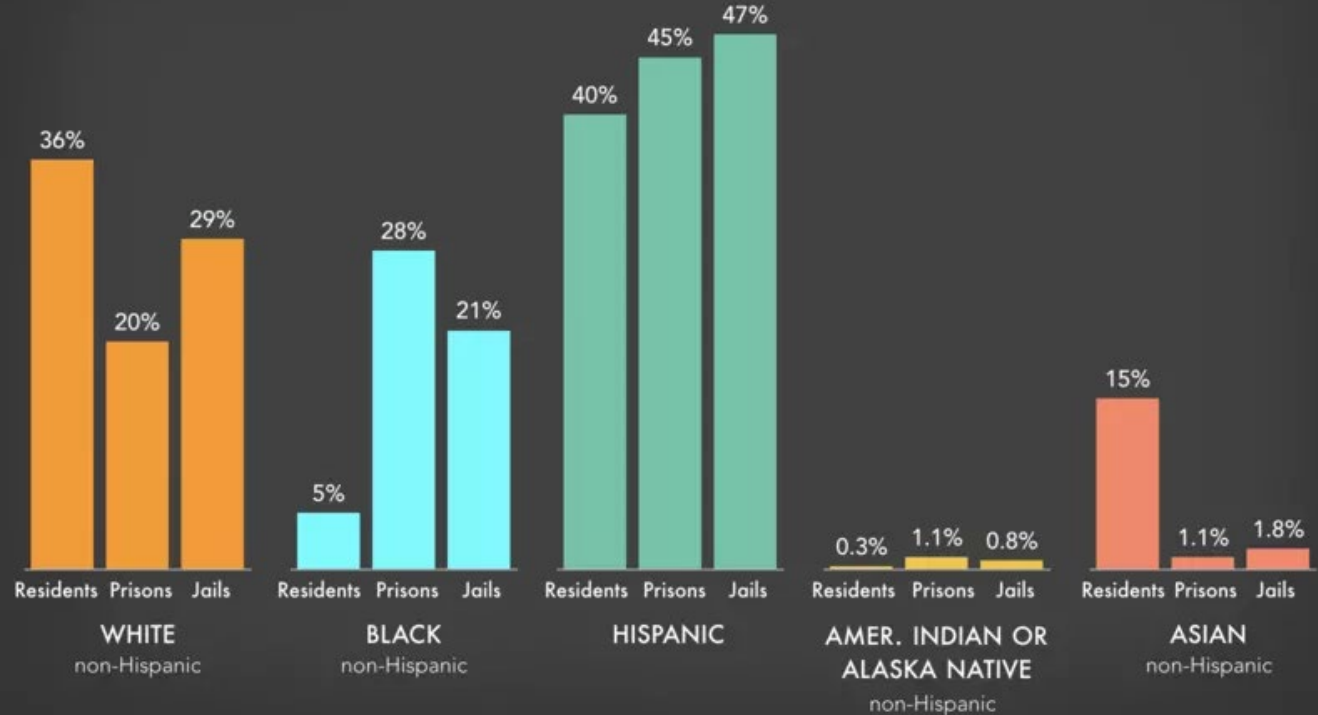
\*Policy and Operational Guide for Planning and Implementing the CalAIM Justice Involved Initiative (Definitions October 20, 2023)



**Black, Indigenous,  
and people of color  
(BIPOC) are  
overrepresented  
in carceral  
settings**

## Comparing California's resident and incarcerated populations

Percentage of state residents, by race or ethnicity, compared to the percentage of people in the state's prisons in 2021 and in local jails in 2019, by race or ethnicity. Compared to the total state population, Black and Hispanic people are overrepresented in the incarcerated population, while white and Asian people are underrepresented.



Source: Bureau of Justice Statistics and U.S. Census Bureau data. For sourcing details and dataset, including race definitions and categories not displayed above, see: [www.prisonpolicy.org/data/race\\_bystate\\_2021.xlsx](http://www.prisonpolicy.org/data/race_bystate_2021.xlsx).

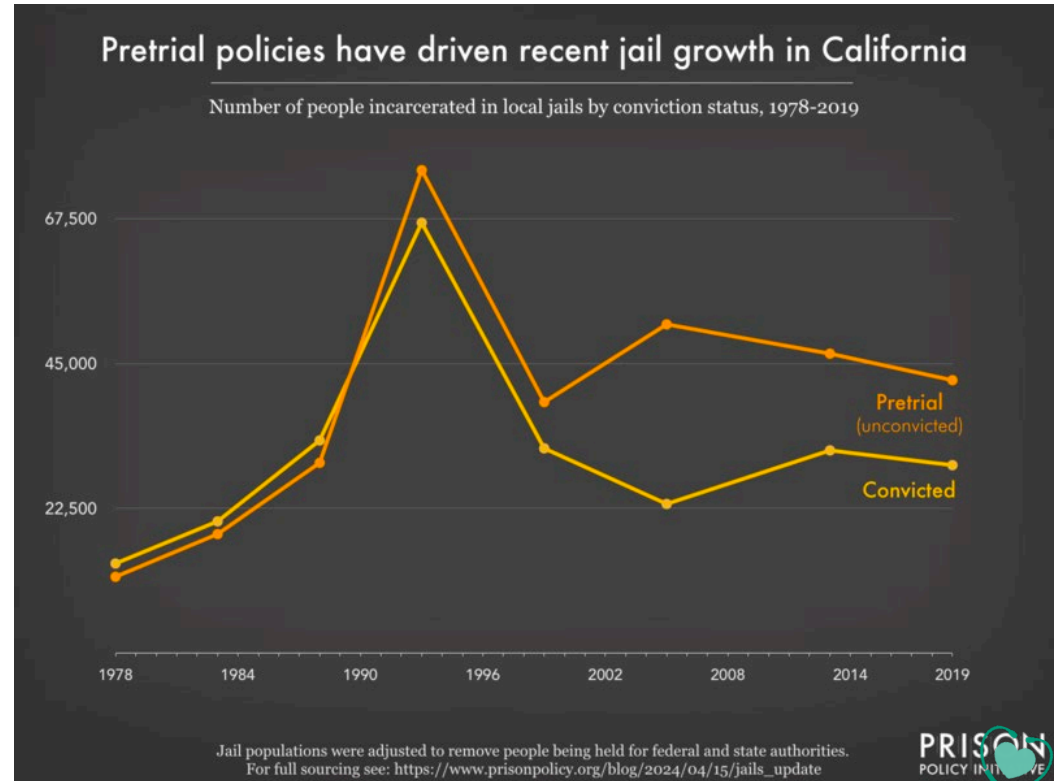
# Jails and prisons are another service point in the continuum of care for many Americans

## Jails and prisons are unlike other healthcare settings.

- Congregate setting
  - Provides care at any level that is indicated by clinical needs
  - Care provided is comprehensive including diagnostics, imaging, medications and ancillary services
  - Care that cannot be performed in setting is referred to outside provider
  - Timeliness of care is critical
- **Millions of patients in America receive their health care in a carceral setting.**
  - In Bureau of Justice Statistics surveys from 2016, 51% of state prisoners reported having a chronic medical condition, 65% reported using at least 1 drug during the 30 days before arrest, and 43% reported a history of a mental health problem.
  - For many Black, Indigenous, and Latinx persons in particular, the experience of incarceration is a major social determinant of health.

***Transitions into the community can create risk for poor patient outcomes.***

- Approximately 97 percent of incarcerated individuals in the U.S. will eventually be released and return to their communities - whether released on probation, parole, or unconditionally discharged.



59% of people in California jails have not been convicted of a crime.



## From Community

Individual enters carceral facility and receives usual screening from custody staff

Medicaid screening/enrollment

Medical performs intake screening which includes ROI, additional validated addiction screening and identifies persons for MH or PH assessment

Secondary Assessment by provider who develops individual plan of care which includes PMH, diagnoses, medications, and treatment orders where clinically indicated

For 90 day pre release services all in custody medicaid enrolled. Early identification of areas for focus including HRSN should occur

Shared alerts generated in Medical Record and Carceral Management System

Person is released into community based on disposition of charges.  
Clinical care connections vary.

Carceral Facility Healthcare Providers  
Provide in custody healthcare across service lines

Cooperative discharge planning across service lines which seamlessly connects to care in the community including 30 day supply of medications\*

\*Care management planning begins at intake continues through time in facility

In reach or embedded care management occurs up to 90 days pre-release which includes coordinated release planning, appointments, transitioning BH and MAT services

Medical provides complete assessments and medication including discharge prescriptions. (scheduled within 14 days after intake)

Medical provides oversight and management for pharmacy and medication services for physical health, behavioral health and MAT medications that includes procurement, regulatory, compliance dispensing, and safety

Roadmap for 1115 Justice Waiver Intersections with Traditional Intake Process

HMA  
HEALTH MANAGEMENT ASSOCIATES

# Incarceration is a Predictor of Poor Patient Outcomes

- It is estimated that 63% of people in jail and 58% in prison have a SUD.
- Historically, most carceral settings have not provided MAT or MOUD
- Among individuals who are released from prison, opioid overdose is a leading cause of death with a risk more than ten-fold the general population
- Relative to non-overdose mortality, excess overdose mortality is driven by deaths in the first two weeks after release
- The 1115 waiver is increasing access to SUD treatment while in carceral settings.
- Early connection to community SUD providers is critical to improving patient outcomes
- The overdose rate can be decreased by 60-80% with timely access to medication



# Healthcare

*Mandated Health Care: The landmark 1976 decision, Estelle v. Gamble, deemed "cruel and unusual punishment" if denied access to health care, food, exercise or hygiene*

## Jails and prisons vary in how they deliver health care services:

- **Health Care Contracts:** Many jails use vendors for health care, with arrangements varying from single to multiple providers and payment models ranging from shared financial risk to per-inmate, per-day rates. CDCR uses county employed clinicians and allied support for clinical services
- **Budget Variability:** The percentage of jail budgets spent on health care varies significantly.
- **Limited Medical Staffing:** Despite 24/7 bookings, many jails lack on-site medical or nursing staff at all times, leading to potential delays in addressing acute health issues and missed opportunities for behavioral health interventions.
- **Impact of Facility Size:** Jails with an average daily population under 500 are less likely to provide continuous clinical services, likely due to resource constraints compared to larger facilities. Additionally, these facilities may leverage community hospitals and Emergency Departments for some services





# Multiple levels of Care in Carceral Settings

	Medical	Behavioral
<b>Inpatient</b>	•Typically in outside hospital	Inpatient level of psychiatric care
<b>Acute/ Urgent</b>	Urgent care (some) Rapid response teams for man down	24-hour crisis intervention and stabilization Detox Unit/staffing for patients at risk for ETOH/benzo and opioid withdrawal Involuntary medication petitions
<b>Ambulatory</b> <ul style="list-style-type: none"> <li>• Health Care Maintenance</li> <li>• Chronic Care</li> <li>• Acute episodic for ambulatory sensitive conditions</li> <li>• Medication management</li> </ul>	RN staffed Daily Sick call for non urgent/emergent healthcare needs and requests On-site specialty clinics Radiology and imaging may include X-rays, CAT Scans, ultrasound Physical Therapy/ Occupational therapy	Psychiatric services including evaluation and management Therapeutic treatment services: Individual counseling and supportive psychotherapy; group counseling and psychoeducation; community linkage
<b>Skilled Nursing and Custodial (24 hour coverage)</b>	Special Care Unit	Special Care Unit
<b>Specialty Services</b>	<ul style="list-style-type: none"> <li>•On and off-site specialty care</li> <li>•Hemodialysis unit</li> <li>•Infection Control Prevention and Control</li> </ul>	Medication Assisted Treatment for Substance Use Disorders

*Dental Emergent, Screening, and Maintenance Care is also provided*



# Medical Records and HIM

## **Not all jails and prisons have Electronic Health Records (EHRs), and there is variability in EHRs where they exist**

- The custody management system and the EHR may not interface or have limited interface
- Custody and healthcare each perform screenings and provide services, but the records are typically not fully shared electronically
- The health system is a covered entity for HIPAA and is required to abide by HIPAA standards
- Custody is a non covered entity for HIPAA
  - Information is shared on a need-to-know basis between custody and healthcare
  - In addition to privacy concerns, some medical information can create a risk for the patient with other detainees
- Health screenings should communicate the level of health services that a person needs while maintaining their privacy to inform housing decisions by custody
- Shared information/alerts inform housing. For example:
  - need electrical outlet (CPAP)
  - withdrawal alert
  - seizure alert (lower bunk)



# Transition of Care

- Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.
- Important Issues Regarding Release
  - Narcan on release
  - Warm handoff to community provider
  - Challenges in jails and beyond
    - No clear discharge date/time
    - Release not correlated to clinical condition
    - Housing options frequently suboptimal in supporting recovery
    - Variability in provision of substance use disorder treatment with medications

<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf>



# The Opportunity: Section 1115 Waivers for Re-Entry Initiatives

**CMS designed the Reentry Section 1115 Demonstration Opportunity to improve access to community resources that address the health care and health-related social needs of the carceral population, with the aims of improving health outcomes, reducing emergency department visits, and inpatient hospital admissions for both physical and behavioral health issues once they are released and return to the community.**



## **BILLING**

EHR Development, Provider Training, Claims Accuracy

## **MCO ENGAGEMENT**

Role, Population Health Management

## **ASSESSMENTS**

Who Facilitates? Assessment Fatigue

## **CARE COORDINATION**

Complex Care Coordination

## **PHARMACY**

Long-Acting Injectables

## **PEERS**

Navigators, Community Health Workers

## **DATA INTERCONNECTIVITY**

Data sharing agreements

# What opportunities does the 1115 Waiver create?

Data collection on improving outcomes associated with transition into the community

Leverage current screenings and health status to inform community plan of care

Connect patients to appropriate levels of care including primary care and behavioral health services

Identify patients at highest risk for poor outcomes due to loss to follow up for additional care management and/or supportive services

In-reach to establish relationship and strengthen patient engagement

Create smooth transitions in care to mitigate patient and system risk

# Questions?





# Thank You!

Please complete  
the evaluation.