

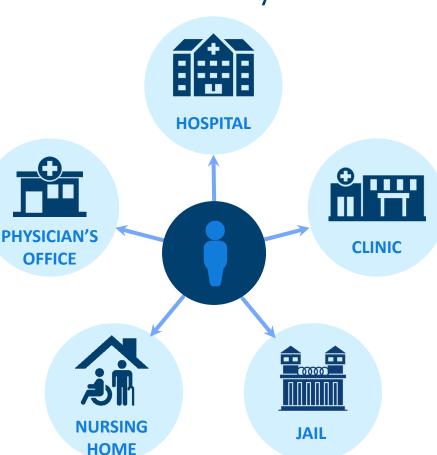
COMMUNITY ORIENTED CORRECTIONAL HEALTH SERVICES

Presentation to Hawai'i Correctional Oversight Commission

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COCHS' Goal: Build a System of Care for People Involved in the Justice System to Improve Health and Public Safety

- Build a stronger health care system and advance widely accepted health system goals
 - ✓ Coverage
 - Population & community health
 - \checkmark Integration
 - ✓ Costs
- Support efforts to reform criminal justice systems, reduce recidivism, and improve public safety
- Eliminate significant racial disparities in the health and criminal justice systems





Community Oriented Correctional Health Services

- Founded in 2005 to create a system of care between correctional and community health care services, with a focus on jails, to better achieve public health and public safety goals
- Work in partnership with communities, health care providers, and criminal justice professionals, policy makers, stakeholders and individuals by:
 - Providing technical assistance to improve healthcare and health information technology in ways that integrate jail and community health care
 - Developing policies at the federal, state and local levels to better meet the healthcare needs of community members who are temporarily displaced within correctional institutions
 - Convening stakeholders across the health and criminal justice systems to find solutions to the health crises that lead many people to cycle through the justice system.



Medicaid's Role in the Criminal Justice System Has Evolved

	Prior to ACA	Since 2014	The Next Opportunity
•	90% of detainees had no health insurance	 Many justice involved people have become eligible for Medicaid (in expansion states) In some states, 80-90% of people leaving incarceration are enrolled in Medicaid ACA strengthened mental health and substance use disorder benefits 	Creating continuous coverage across settings for people involved in the justice system

 Some states and localities are smoothing connections to Medicaid coverage and services at re-entry (OH, NM, AZ)

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CORRECTIONAL HEALTH SERVICES



Medicaid's "Inmate Exclusion" Isolates Correctional Health from the Health System as a Whole

The Inmate Exclusion

- Inmates may be enrolled in Medicaid -- but Medicaid will only cover inpatient stays that exceed 24 hours, not other services.
 - Exclusion established when Medicaid was created in 1965
 - Primary purpose was to prevent cost-shifting to federal government
 - Reflects the patchwork nature of US health coverage pre-2014, when most people were not eligible for coverage



Medicaid waivers can provide a major change to how our health and justice systems relate

- On April 17, 2023, CMS released a State Medicaid Director Letter (SMDL), "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated."
- The waiver will allow states to request to waive the "inmate exclusion" under certain conditions:
 - Broad flexibility about what states can request:
 - Full set of benefits or targeted benefits, but must include:
 - Medication assisted therapy
 - 30 days of bridge medication
 - Case management



Hawaii's Proposed 1115 Waiver

- Allows for 90 days of specific services for qualifying beneficiaries including:
 - Case management and care coordination;
 - conducting an initial care needs assessment, developing transition plans, making referrals for community-based Medicaid services and other social services, developing medication management plans in consultation with clinical providers, and other coordination and management supports.
 - Physical and behavioral health clinical consultation services provided by carceral or inreach community-based providers;
 - Laboratory and radiology services;
 - Durable Medical Equipment (DME) for use post-release into the community; and
 - A 30-day supply of medications, including MAT, for use post-release into the community.



This is not cost shifting, but an opportunity to create a vastly different health and justice system

- Medicaid is federally funded, so there will be massive savings for state
 - These savings must be reinvested to create or support enhanced health and justice system interfaces, such as diversion programs or other non-Medicaid services for people involved with the justice system.



The Omnibus Appropriations Law from Late 2022

- Section 5121 requires
 - Begin screening and diagnosis for sentenced juveniles up to 30 days before release and would allow for 30 days of enhanced case management before and after release.
- Sections 5122 would allow states to opt to:
 - Maintain Medicaid benefits for unsentenced juveniles who are pending disposition





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