



**COCHS**

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
  - ✓ 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

- 90% of detainees had no health insurance

## Since 2014

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

## The Next Opportunity

- Creating continuous coverage across settings for people involved in the justice system

# 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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