Strategies for Connecting Justice Involved Populations to Substance Use Disorder Treatment

July 30, 2019
2:30pm – 3:30pm
Logistics

• Use the chat box on your screen to ask a question or leave a comment
  – Note: chat box will not be seen if you are in “full screen” mode
• Moderated Q&A will be held periodically throughout the webinar
  – Please submit your questions via the chat box
• Please complete the evaluation in the pop-up box after the webinar to help us continue to improve your experience
Welcome & Overview

Roxanne Dupert-Frank
Center for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services (CMS)
Purpose & Learning Objectives

• This webinar will provide participants with information about strategies to connect justice involved individuals with substance use disorder (SUD) treatment services with a spotlight on the Arizona Health Care Cost Containment System.

• Participants will learn about:
  – Strategies to connect criminal justice population with SUD services including:
    • Data exchanges to suspend and reinstate Medicaid enrollment
    • Care-coordination with managed care organizations and regional behavioral health authorities.
    • Other targeted initiatives
Agenda

• Introductions
• Background: Gina Eckart
• State Experience: Arizona
• Discussion Break
• Key Takeaways
Facilitator

Gina Eckart
Managing Principal
Health Management Associates
Speakers from Arizona Health Care Cost Containment System (AHCCCS)

Gabrielle Richard
Implementation Manager II

Keith Martir,
Implementation Manager I

Michal Rudnick
Project Manager
Background

Substance Use Disorders in Justice Involved Populations
High Prevalence of SUD among the Justice Involved Population

- Almost two-thirds (64.5 percent) of the incarcerated population in the U.S. meet medical criteria for an alcohol or other drug use disorder (NCASU, 2010)
- < One-third (28% prison, 22% jail) who met the criteria for drug dependence or abuse received drug treatment or participated in a program (DOJ, 2017)

Sources:
High Prevalence of SUD among the Justice Involved Population

• After a stay in corrections, the risk of overdose is enhanced due to reduced tolerance after a period of abstinence (Krinsky et al, 2009)

• A recent study in Washington State found the relative risk of death from overdose within the first two weeks after release from prison was 12.7 times greater than similar individuals in the general population

Sources:
In guidance released in April 2016, CMS clarified that:

- Incarceration does not preclude an inmate from being determined Medicaid-eligible
- The state Medicaid agency must accept applications from inmates to enroll in Medicaid or renew Medicaid enrollment during the time of their incarceration
- If the individual meets all applicable Medicaid eligibility requirements, the state must enroll or renew the enrollment of the individual effective before, during, or after the period of time spent in the correctional facility

Sources:
In guidance released in April 2016, CMS clarified that:
  – Once enrolled, the state may place the inmate in a suspended status during the period of incarceration

Although individuals may be enrolled in Medicaid while they are incarcerated, Medicaid will not cover the cost of their care, except for inpatient services

Sources:
### Medicaid Coverage Initiatives for the Criminal Justice (SFY2017 or SFY2018) Population

#### Table 1. Number of States with Select Medicaid Coverage Policies for Jails, Prisons, and Parolees for the Criminal Justice Population

<table>
<thead>
<tr>
<th>Policies</th>
<th>Jails</th>
<th>Prisons</th>
<th>Parolees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid coverage for inpatient care provided to incarcerated individuals</td>
<td>41</td>
<td>47</td>
<td>NA</td>
</tr>
<tr>
<td>Medicaid outreach/assistance strategies to facilitate enrollment prior to release from incarceration or for parolees</td>
<td>33</td>
<td>40</td>
<td>25</td>
</tr>
<tr>
<td>Eligibility suspended (rather than terminated) for Medicaid enrollees who become incarcerated</td>
<td>36</td>
<td>37</td>
<td>NA</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation. Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2017 and 2018; October 2018
Opportunities Under the SUPPORT Act

• The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act was signed into law on October 24, 2018

• Requires CMS to issue guidance on how states can use Section 1115 demonstrations to improve health care transitions for individuals being released from prison or jail
  – Including assistance with Medicaid enrollment and coverage of services 30 days prior to release
  – First, the Department of Health and Human Services (HHS) is directed to hold a stakeholder meeting and submit a report to Congress on best practices
    • HHS is in the process of convening that stakeholder meeting

Source: Kaiser Family Foundation Issue Brief: Federal Legislation to Address the Opioid Crisis: Medicaid Provisions in the SUPPORT Act; October 2018
Opportunities Under the SUPPORT Act
Continued

• Prohibits state Medicaid agencies from terminating eligibility for eligible juveniles (those under age 21 or former foster care youth up to age 26) because the juvenile is incarcerated. Allows states to suspend coverage for eligible juveniles during the period of incarceration
  – State must redetermine eligibility prior to release, without requiring a new application, and if still eligible, restore coverage upon release
  – State must process new applications submitted by or on behalf of eligible juveniles and provide benefits upon release if determined eligible
Polling Question

• Are there any justice initiatives currently active?
  – Yes, we have active initiatives
  – No, but we are planning initiatives
  – No, we are considering initiatives
State Perspective, Arizona

Current SUD Support Initiatives for the Justice Involved Population
Arizona’s Connection to Care from the Criminal Justice System

Gabrielle Richard, MPS, CPP
Implementation Manager II

Keith Martir, MHA
Implementation Manager I

Michal Rudnick
Project Manager
Putting it in Perspective

Reaching across Arizona to provide comprehensive quality health care for those in need
Arizona adults know someone addicted to prescription painkillers

4 out of 10

Drug overdoses * take more lives than car crashes in Arizona

*Includes overdoses from opioids, cocaine, meth, and other illicit drugs.

In the last 5 years, 86% of persons who died from an opioid related cause were using multiple substances

Arizona Department of Health Services, 2017
High Risk Populations

- Tribal Community
  - 3x more likely for drug related overdoses

- Veterans
  - 55% increase in OUD in the past 5 years

- High Morphine Milligram Equivalents (MME) and Polypharmacy
  - 4 in 10 Arizona deaths involve combo of opioids and benzodiazepines

- Medicaid Population
  - 2x more likely to be prescribed an opioid; 6x more likely to die from an opioid overdose

- Criminal Justice population
  - 1 in 10 opioid overdose deaths – most with 24 hours of release

- Trauma, depression, anxiety
**ARIZONA PRISONS**

Arizona has the **fourth** highest per-capita imprisonment rate in the country.

41,964 people were imprisoned in Arizona in 2017.

Arizona’s per capita imprisonment rate rose **20 percent** between 2000 and 2016.

**MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

56 percent of the Arizona prison population is identified as having mental health needs.

28 percent of the prison population is identified as having moderate to high mental health needs.

91 percent of incarcerated individuals had a demonstrated need for substance abuse education and/or treatment.
Current Initiatives for the Justice Involved

- Data Exchange & Connection to Care
- Suspending/Reinstating Enrollment
- MCO (Managed Care Organizations) / Regional Behavioral Health Authority (RBHA) Coordination
- Targeted Investments – Criminal Justice Initiative
- Governor’s Executive Order / Opioid Act
- SAMHSA Funded Programs / STR & MAT PDOA
Data Exchange and Connection to Care

- Automated Data Exchange between AHCCCS and Arizona Counties to Suspend and Reinstate Medicaid Enrollment
  - AHCCCS suspension and reinstatement
  - Assists in identifying eligible individuals not currently enrolled
- Specialized Staff to Process Prerelease Medicaid Applications
  - Department of Economic Security designate staff to work on applications to ensure enrollment upon release.
  - Staff trained to address the unique circumstances of an application submitted by someone who is currently incarcerated.
- Targeted Enrollment Assistance for the Justice-Involved Population
  - Mosaic Program (Maricopa County)
  - Enrollment for those pending trial (Pima County)
Suspending/Reinstating Enrollment

- Inter Governmental Agreements (IGAs) with counties and Arizona Department of Corrections to send daily booking and release files to AHCCCS

- In State Fiscal Year 2018
  - Incarcerated member enrollment was suspended (instead of terminated) approximately 120,000 times.
  - AHCCCS avoided $42,433,657.00 in capitation for incarcerated members
Care Coordination with MCOs & RBHAs

- AHCCCS Managed Care Organizations (MCOs) and Regional Behavioral Health Authorities (RBHAs) contractually required to provide “reach-in care coordination”
- Required to submit detailed “reach-in plans” to AHCCCS
- Auto-Assignment of individuals into the same MCO/RBHA upon release
Targeted Investments Program

- Section 1115 demonstration; AHCCCS developed the Targeted Investments Program to promote integrated care for people with behavioral health needs
- Specific criminal justice initiative focused toward serving adults transitioning out of the criminal justice system
- Co-location of integrated care clinics in or near probation and parole offices
- Core components developed by AHCCCS
- Program went into effect October 1, 2017
Governor’s Office Support

• State of the State addressed issues related to recidivism and substance use disorder

• Executive Orders
  o Establishing Substance Use Disorder Program for Individuals Exiting Prison
  o Enhanced Surveillance Advisory

• Arizona Opioid Epidemic Act
Opioid - State Targeted Response

- Diversion and Incarceration Alternative Project
- Pre-and Post-booking
- Training
  - Divert to case managers/care coordinators
  - Review all Medication Assisted Treatment (MAT) options
  - Navigate to MAT
  - Peer supports
Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year One, May 1, 2017 – April 30, 2018

- Number of Persons Served for Opioid Use Disorder Recovery Support Services: 3,379
- Number of Persons Served for Opioid Use Disorder Treatment Services: 4,362
- Total Persons Served (Unduplicated Count): 6,143
Total Number of Persons Served (Unduplicated Count),
Arizona Opioid State Targeted Response (STR) Grant
Year Two, May 1, 2018 – March 31, 2019

Number of Persons Served for Opioid Use Disorder
Recovery Support Services
9,442

Number of Persons Served for Opioid Use Disorder
Treatment Services
9,080

13,195
TOTAL PERSONS SERVED
(UNDUPLICATED COUNT)
MAT – PDOA Criminal Justice Program

- **Overall Goal:** Create a bridge between criminal justice involved individuals with opioid use disorder (OUD) and access to Medication Assisted Treatment and outpatient services.
- Increase number of incarcerated individuals with an Opioid Use Disorder to enrolled into MAT Services
- Decrease illicit opioid use
- Decrease re-incarceration
- Decrease stigma of MAT use with those involved in the criminal justice population
In general, AZ MAT PDOA clients had fewer arrests, fewer drug arrests, spent fewer nights in jail, and committed less crime including using illegal drugs at 6-month post intake.
In general, AZ MAT PDOA clients had fewer arrests, fewer drug arrests, spent fewer nights in jail, and committed less crime including using illegal drugs at 6-month post intake.

**In the past 30 days**

- **Number of Crimes Committed**
  - Intake: 3596
  - 6-Month Follow-Up: 1536
  - 57% Reduction in Crimes Committed

- **Nights in Jail**
  - Intake: 2058
  - 6-Month Follow-Up: 882
  - 57% Reduction in Nights Spent in Jail
The highest percentage of AZ MAT PDOA clients reporting past 30 day use at intake reported using heroin (77%), methamphetamines (56%), marijuana/hashish (47%), and benzodiazepines (23%). The numbers of clients reporting substance use in the past 30 days at 6-month post intake decreased across all substances. It should be noted that a client could report use of more than one substance.

Percent of Individuals Reporting Past 30 Day Use by Substance

---

Wellington Group, 2019.
The MAT PDOA program is required to collect outcome data for clients at enrollment, 6-months, and at discharge. The program’s follow-up rate includes the number of individuals providing data at intake and again at 6-months. As of April 15, 2019, Arizona’s MAT PDOA program had a 75.25% follow-up rate, meaning the program successfully collected 149 six-month follow-ups out of 198 intakes. Arizona’s follow-up rate is 23.75% higher than the nationwide follow-up rate of 51.5% for all MAT PDOA grantees.
EMPLOYMENT OUTCOMES

More clients were employed at 6-month than at intake.

- Percent of Individuals Employed at Intake Compared to 6-month Follow-up:
  - Intake: 26% Employed, 74% Unemployed
  - 6-Month: 48% Employed, 53% Unemployed

28% REDUCTION IN UNEMPLOYMENT
85% INCREASE IN EMPLOYMENT
HOUSING OUTCOMES

More clients were permanently housed at 6-month than at intake.

Percent of Individuals Housed at Intake Compared to 6-month Follow-up

- Intake: 51%
- 6-Month: 73%

43% INCREASE IN PERMANENT HOUSING

Wellington Group, 2019.
What do the results tell us?

- Increase access to Evidence-Based Treatment/Prevention Services
- Increase education and awareness for individuals currently incarcerated prior to release
- Enhance coordination for individuals being transitioned into the community; ensuring the appropriate level of placement upon release
What do the results tell us?

- Increase cross-sector collaboration.
- Continue efforts to change the framework of behavioral health; addressing the underlying causes of substance use disorder
References


Thank You

Gabrielle.Richard@azahcccs.gov

Keith.Martir@azahcccs.gov

Michal.Rudnick@azacccs.gov
Discussion & Questions
Key Takeaways

- Incarcerated individuals have high rates of SUD
- Upon release from the criminal justice system individuals are at high risk of overdose death
• Suspending rather than terminating Medicaid enrollment during incarceration could allow for quicker access to or continuation of SUD treatment services

• Connections to or continuation of SUD treatment services upon release from the criminal justice system improves outcomes such as substance use, re-incarceration, housing and employment rates
Thank you for joining us for this National Dissemination Webinar!

Please complete the evaluation form following this presentation.