

The Impacts of Medicaid Expansion

{ To the Behavioral Health & Criminal Justice Populations

Interim Committee Questions

- Populations Currently Served
- Unserved Populations
- Impacts of Medicaid Expansion
- Important Features of a Medicaid Expansion Model as They Relate to the Criminal Justice Population

The majority of incarcerated individuals will be released at some point in time.

An offender's ability to access both physical health and behavioral health services reduces recidivism, increases public safety, and allows individuals to become tax payers rather than users of tax funds.

"When someone gets discharged from the jail and they don't have insurance and they don't have a plan, we can pretty much set our watch to when we're going see them again," said Ben Breit, a spokesman for the Cook County Sheriff's Office. ("Jails Enroll Inmates in Obamacare to Pass Hospital Costs to U.S.",

Mark Niquette)

Chronic Health Conditions Among the Criminal Justice Population

Drug use among the offender population is much higher than in the general U.S. population.

About 80 percent of adult jail and prison inmates have at least one substance use problem (Sabol and Couture, 2008).¹ We estimate 70% in the SL County jail.

Similarly, rates of mental illness among adults in the correctional system are high.

The prevalence of serious mental illness among people entering jails alone is estimated to be 16.9 percent, a rate **three to six times higher** than in the general population (Steadman et al., 2009).¹

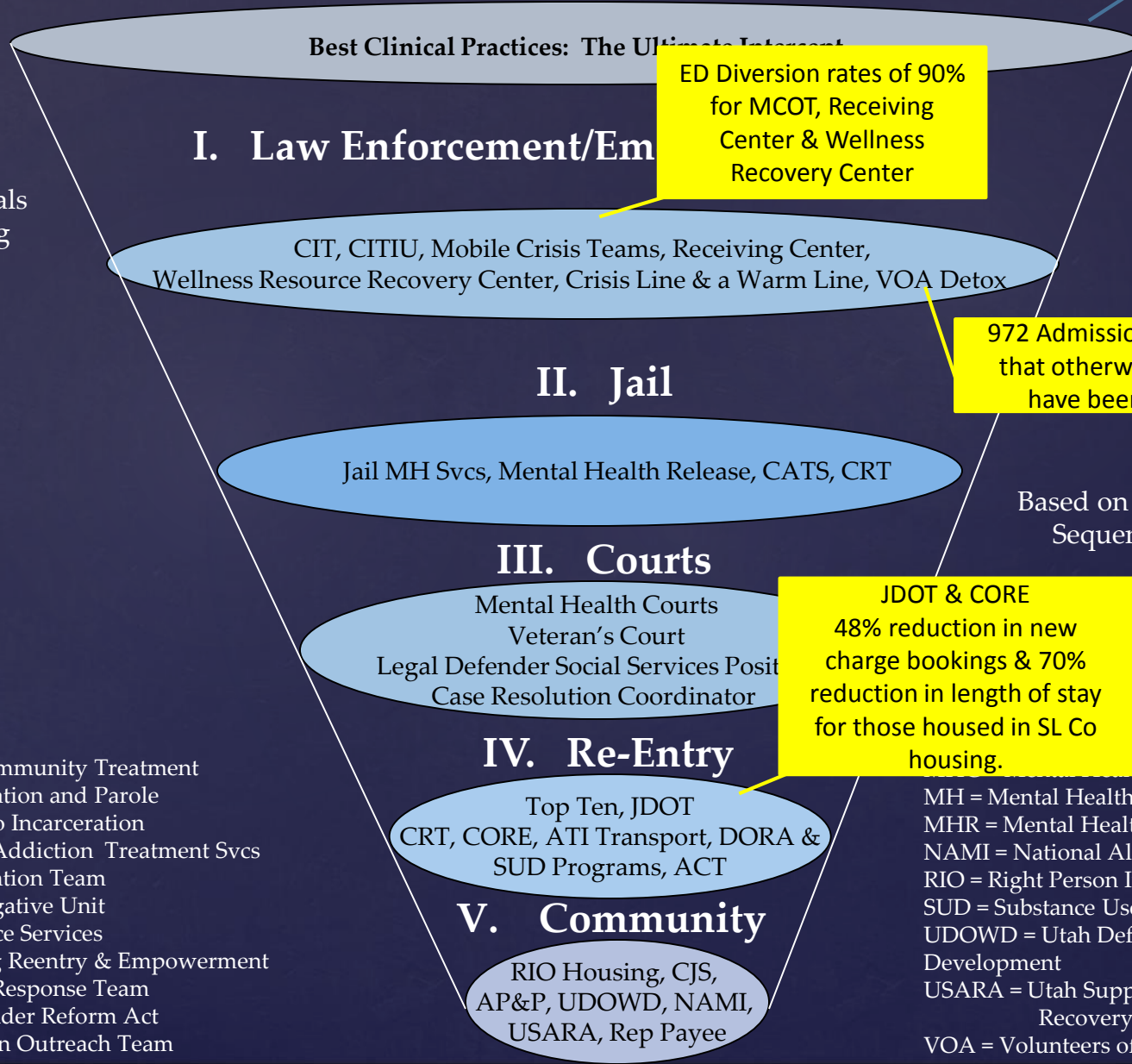
People in jails experience higher rates of chronic and acute physical health conditions compared to the general population. Conditions include hepatitis, hypertension, cervical cancer, asthma, and arthritis.²

1 "Mental and Substance Use Disorders among Adult Men on Probation or Parole: Some Success Against a Persistent Challenge" by Thomas E. Feucht and Joseph Gfroerer

2 I.A. Binswanger, P.M. Krueger, and J.F. Steiner. "Prevalence of Chronic Medical Conditions among Jail and Prison Inmates in the USA Compared with the General Population." *Journal of Epidemiology and Community Health* 63, 11 (2009): 912-919.

Salt Lake County Intercepts

- Victims
- Veterans
- SUD/MH
- Physical Health Conditions
- \$7 to \$1 Savings



Recidivism

of individuals Accessing Services

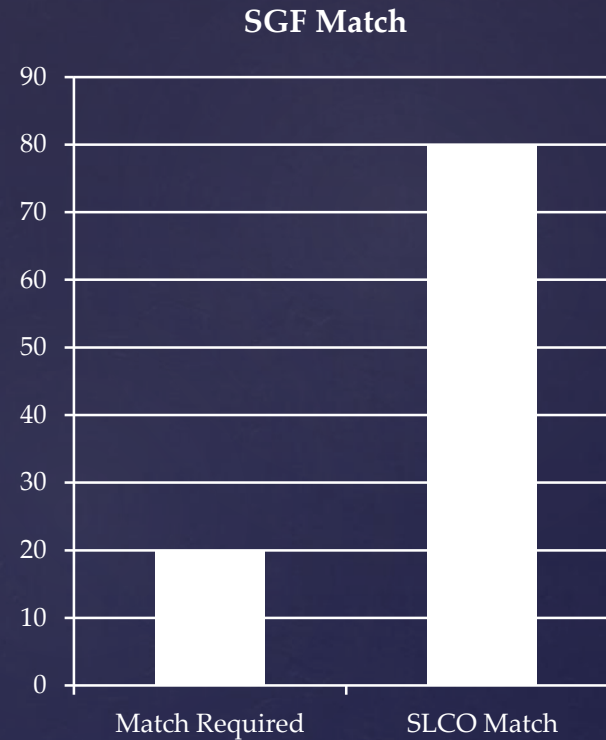
ACT = Assertive Community Treatment
AP&P = Adult Probation and Parole
ATI = Alternatives to Incarceration
CATS = Correction Addiction Treatment Svcs
CIT = Crisis Intervention Team
CITIU = CIT Investigative Unit
CJS = Criminal Justice Services
CORE=Co-occurring Reentry & Empowerment
CRT = Community Response Team
DORA = Drug Offender Reform Act
JDOT = Jail Diversion Outreach Team

MH = Mental Health
MHR = Mental Health Release
NAMI = National Alliance on Mental Illness
RIO = Right Person In/Out
SUD = Substance Use Disorder
UDOWD = Utah Defendant Offender Workforce Development
USARA = Utah Support Advocates for Recovery Awareness
VOA = Volunteers of America

Programming is not to Scale

SLCO:

- 4-6 month wait lists currently exist for certain services
- 1,650 individuals have attended interim groups so far this fiscal year, a service to support individuals while awaiting SUD treatment
- Homeless providers are requesting more behavioral health options for their population

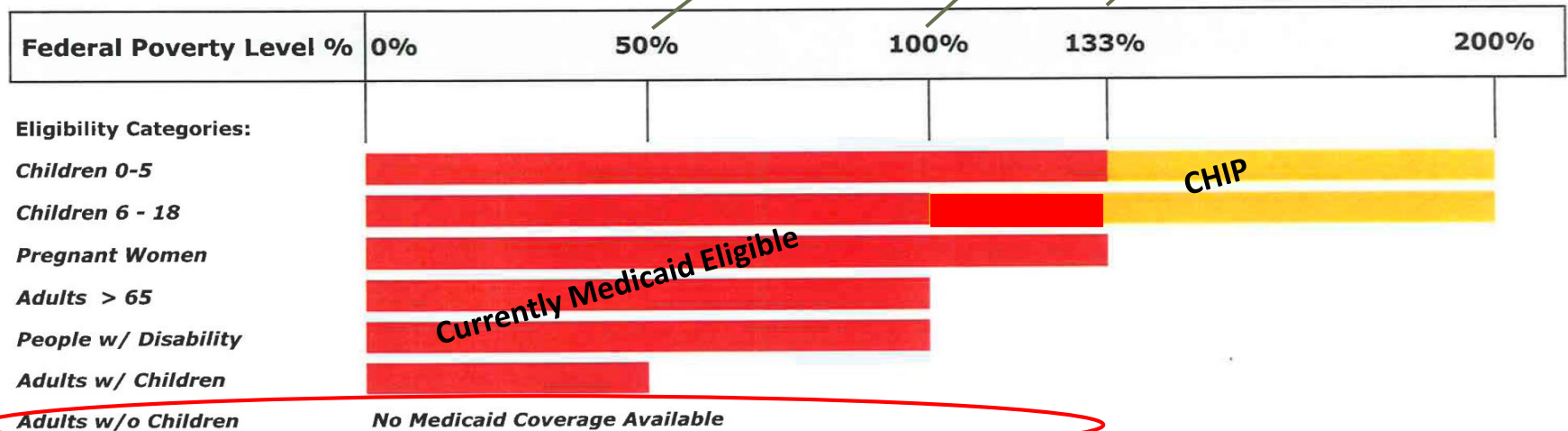


\$41 million Medicaid system vs.
\$64 million dollar Medicaid system

Thank you for the one-time Medicaid Match allocated in 2014 & 2015. Prior to this SLCO matched dollar for dollar.

Income Limits for Medicaid and CHIP Eligibility

Current Coverage Levels as of July 2011



Approximately 90% of individuals entering county jails are uninsured.¹

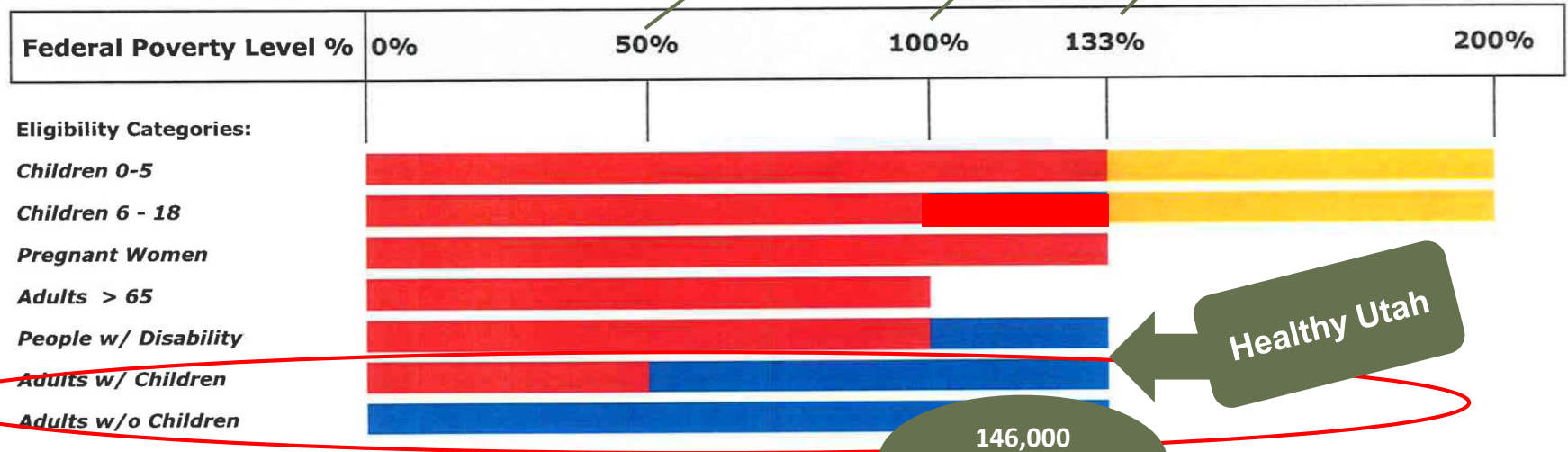
Most are male, non-parenting, low-income and currently not covered by Medicaid

¹ E.A. Wang, M.C. White, R. Jamison, J. Goldenson, M. Estes and J.P. Tulskey. "Discharge Planning and Continuity of Health Care: Findings from the San Francisco County Jail." *American Journal of Public Health*, 98, no.12 (2008):2182-4.



Income Limits for Medicaid and CHIP Eligibility

Medicaid Eligibility Optional Expansion via the ACA



Approximately 35% of the Optional Expansion have Criminal Justice History¹, 51,100 statewide.

It is estimated that 30% have a behavioral health need.²
43,800 statewide

3,800 uninsured veterans (and 1000 spouses), would qualify for Medicaid Expansion should our state adopt.³

Victims of Crime

¹ National Institute of Corrections, "Solicitation for a Cooperative Agreement - Evaluating Early Access to Medicaid as a Reentry Strategy (76 FR 39438)," (Washington: Federal Register, July 6, 2011).

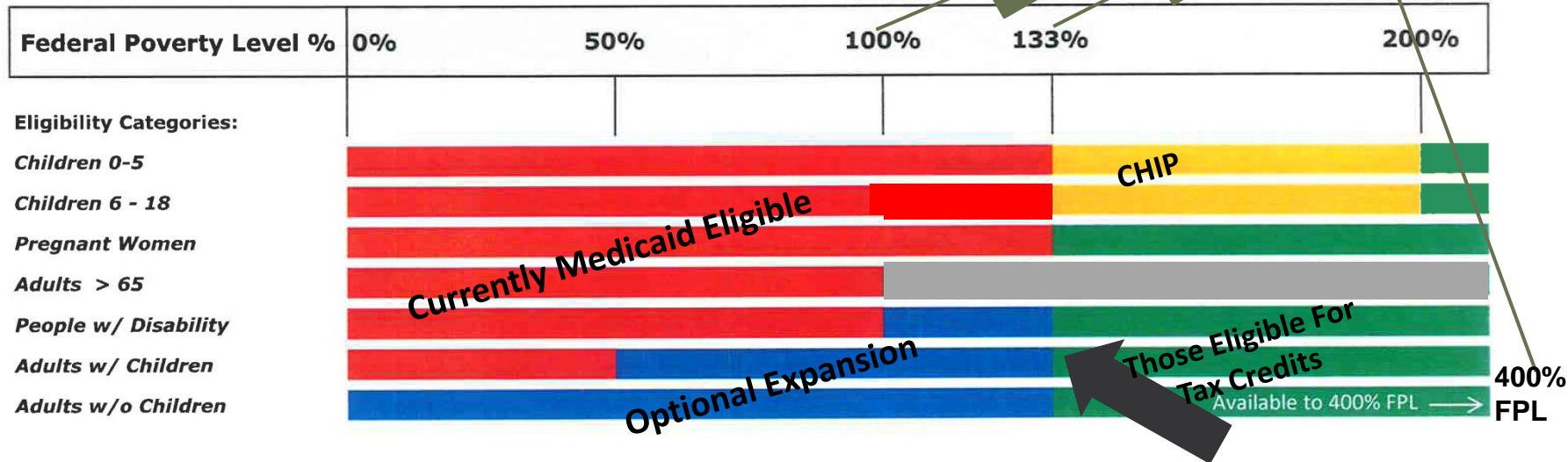
² National Survey on Drug Use and Health, 2008-2011

³ Uninsured Veterans and Family Members: State and National Estimates of Expanded Medicaid Eligibility Under the ACA, Robert Wood Johnson Foundation and Urban Institute, March 2013

Slides Modified by SL Co

Income Limits for Medicaid, CHIP and Tax Credit Eligibility

Medicaid Eligibility Optional Expansion via the ACA



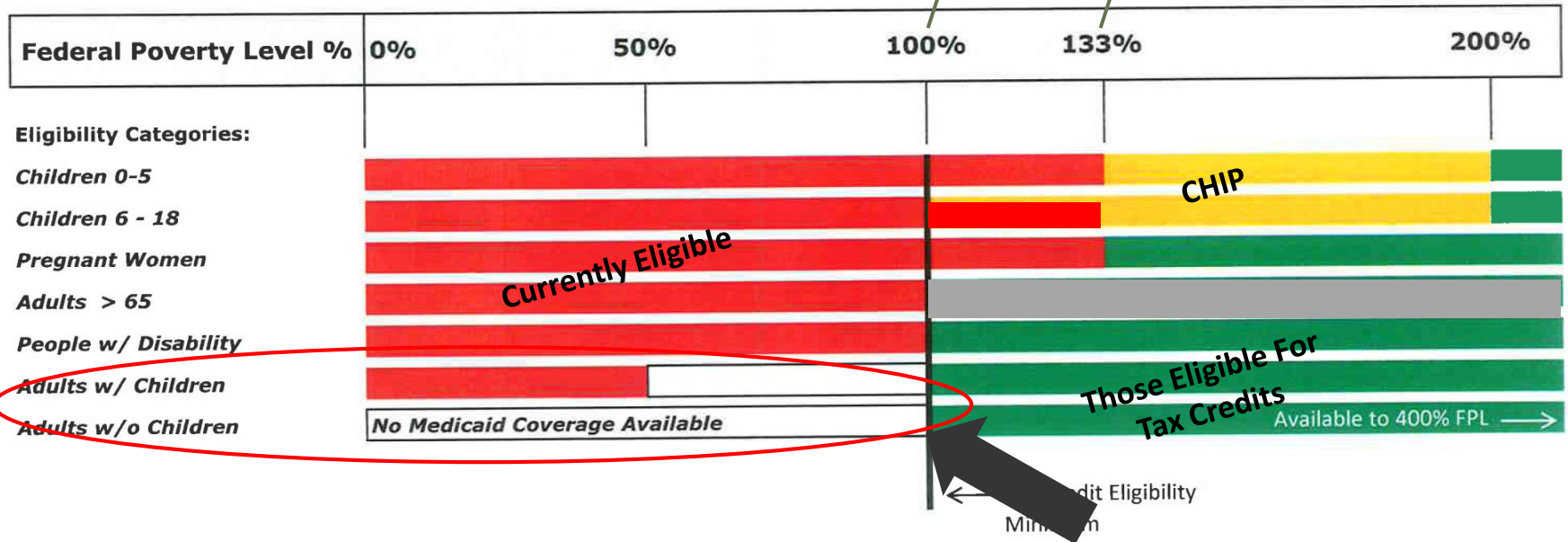
Access to Care

0-400% FPL

(with the exception of undocumented individuals)

Income Limits for Medicaid, CHIP and Tax Credit Eligibility

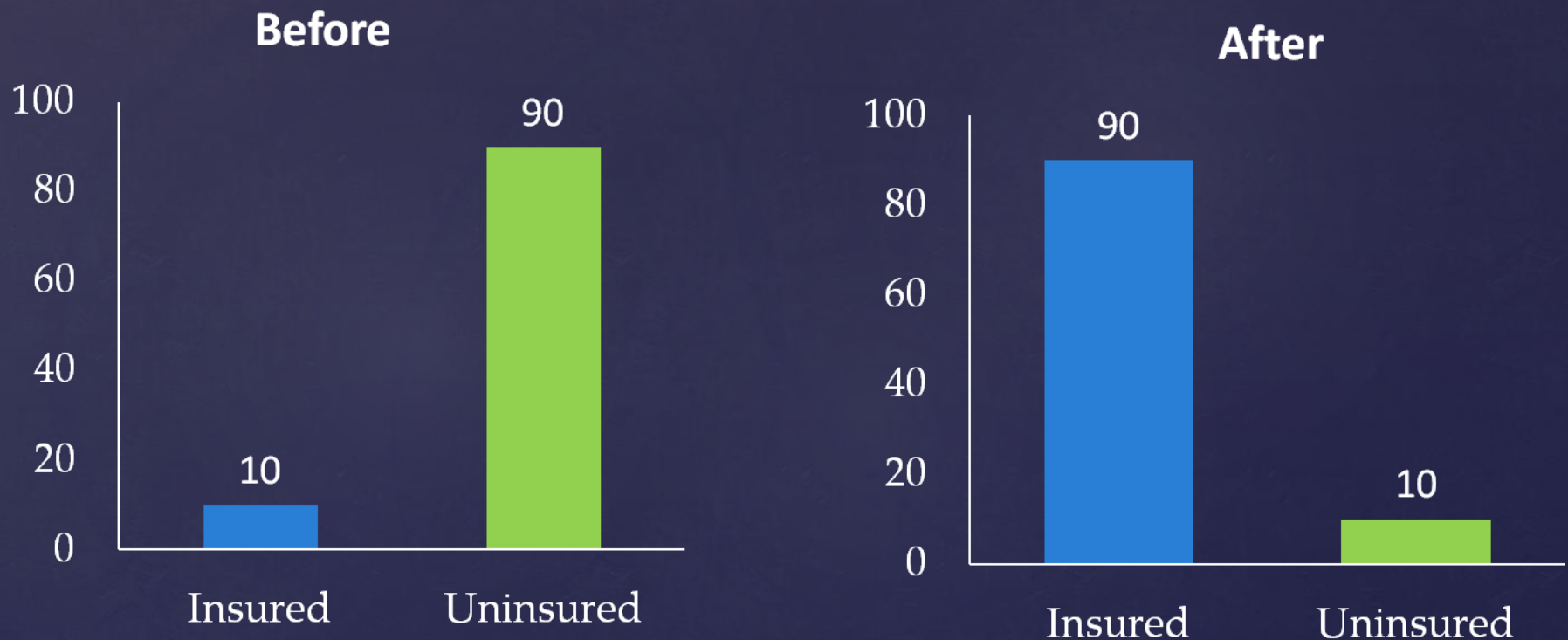
No Medicaid Expansion Scenario



The gap represents approximately 64% of the expansion population.

However, the gap for the criminal justice population is expected to remain the size of a full Medicaid Expansion, 0-133% FPL, due to exclusions in private health plans that prevent payments for services related to illegal activities.

Impacts to Inmates Under a Full Expansion Scenario



Under a full Medicaid Expansion scenario:

- Salt Lake County estimates a transition from 20% to 87% Medicaid Eligible in our jail.
- Prisons are expected to have a higher number of Medicaid Eligible individuals under an expansion scenario, due to the longer length of stays.

DORA Survey (12 of 200 interviewed)*

C.S.	female	\$14,000 / yr	(2 people)	< 100% FPL
R.W.	male	\$15,000 / yr	(3 people)	< 100% FPL
R.M.	male	\$ 9,000 / yr	(1 person)	< 100% FPL
A.C.	male	\$12,000 / yr	(1 person)	< 133% FPL
N.R.	male	\$ 5,000 / yr	(4 people)	< 100% FPL
S.M.	male	\$ 1,000 / yr	(1 person)	< 100% FPL
B.M.	male	\$10,000 /yr	(2 people)	< 100% FPL
P.G.	female	\$2-4,000 /yr	(3 people)	< 100% FPL
M.O.	female	\$5-6,000 /yr	(3 people)	< 100% FPL
J.K.	male	\$5-10,000 /yr	(3 people)	< 100% FPL
C.S.	female	\$5,000 / yr	(4 people)	< 100% FPL
E.S.	female	\$12,000 / yr	(5 people)	< 100% FPL

*Only those currently employed were interviewed

90% of DORA participants are estimated to fall within the Expansion Population (SGF is currently utilized for the treatment of these individuals).

Criminal Justice Reform

- ❖ There is significant evidence that ensuring that individuals have Medicaid coverage upon release from corrections facilities can contribute to reduced recidivism. (JOSEPH P. MORRISSEY, NATIONAL INSTITUTE OF JUSTICE, MEDICAID BENEFITS AND RECIDIVISM OF MENTALLY ILL PERSONS RELEASED FROM JAIL (2004))

When Washington State expanded Medicaid coverage to childless adults, their experience with providing treatment to chemically dependent, very low income childless adults demonstrated:

- 21-33% lower rearrest rates for three groups receiving SUD Treatment
- \$5,000-\$10,000 savings for each person treated (savings resulting from law enforcement intervention, jails, courts and corrections agencies costs)
- An increase in public safety benefits
- \$2,000 increase in the individual's annual income, resulting in increased tax revenue and less need for public assistance
- 35% reduction in emergency room use (Medicaid Exp & the Criminal Justice System, Michael DuBose, COCHS 2011)

Additional Savings

- ❖ The Inmate Exception -**Federal Financial Participation is not available** to inmates receiving care on the premises of the prison, jail, detention center or other penal setting, or involuntarily residing in half-way houses, **unless hospitalized for 24 hours or more.**

Estimated savings for medical (physical health) care for inmates transported to an inpatient facility for 24 hours or more, are approximately \$3,000,000/yr for the prison population and \$919,000/yr (2015) for the SL Co jail population - under a full expansion scenario. (PCG Medicaid Expansion Assessment)

- ❖ 2 years of outpatient treatment is about the same cost as a 94 day incarceration (includes cost of arrest) or a 19 day hospital stay. (Jeffery Swanson & Marvin Swartz, Duke University; Fletcher-Allen Healthcare/University of Vermont)

Does the plan provide:

- **An adequate behavioral health benefit**
- **An adequate number of individuals served in order to include the Criminal Justice population**
- **The ability to utilize Medicaid for inpatient hospitalizations for inmates**
- **Continuity of Care as income levels change**
 - ...SUD's are a chronic relapsing disease not unlike an individual with diabetes**
- **Access to Medicaid rather than private health plans for the Criminal Justice population - or measures to prevent exclusions for services related to illegal activity under a private health plan**

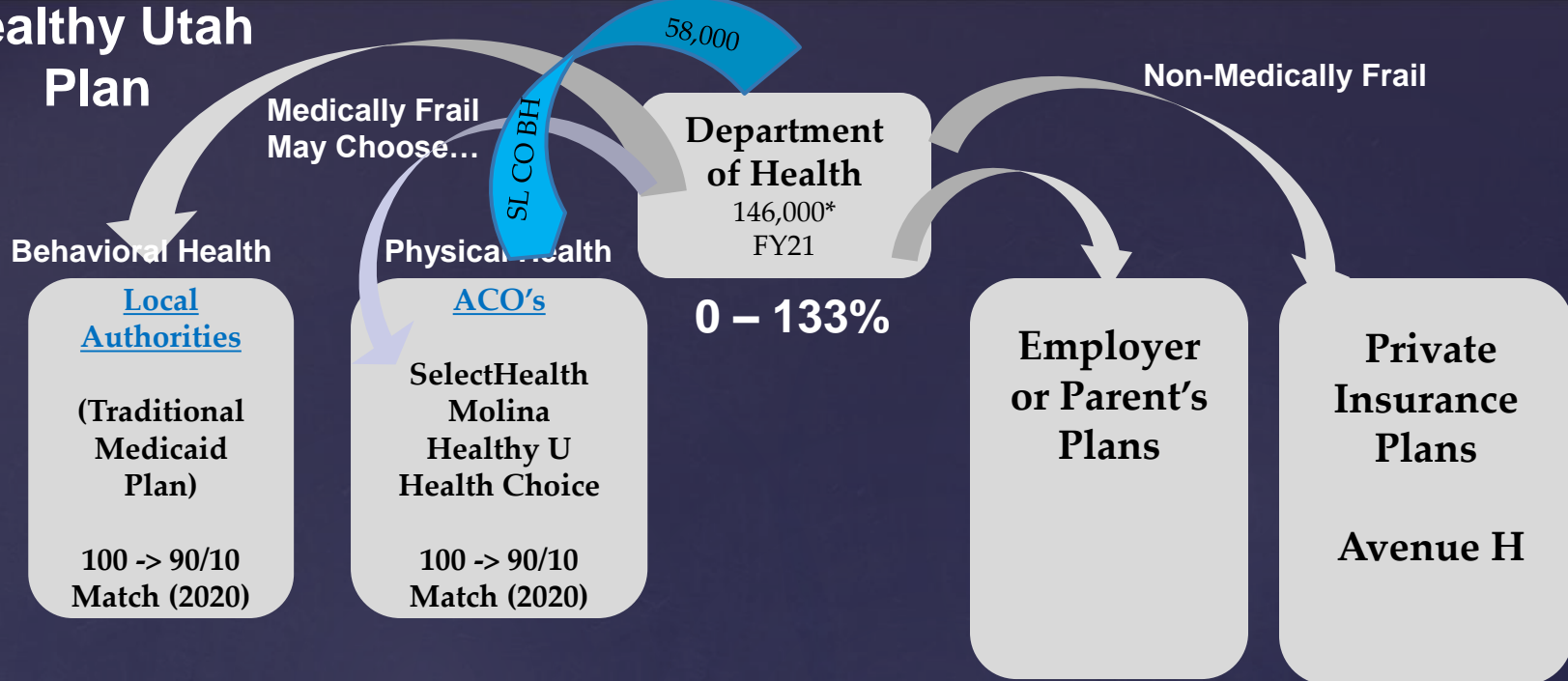
Options to Look For

- Governor's Office
- House
- Senate

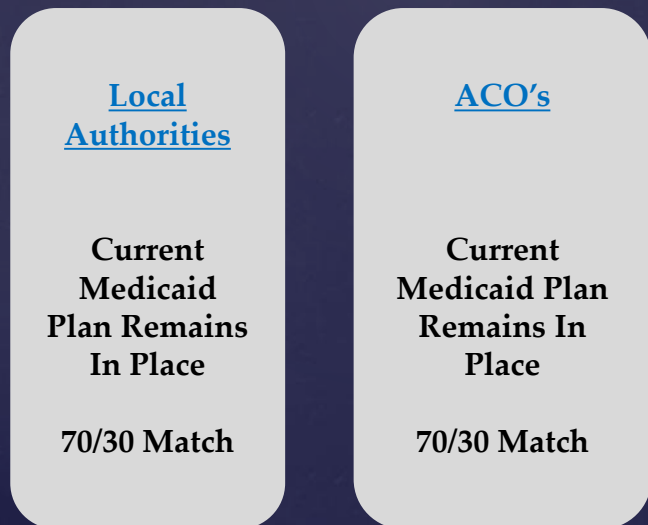
Healthy Utah & Utah Cares

Healthy Utah

Healthy Utah Plan



Current Medicaid Plan Remains “As Is”



This model affords:

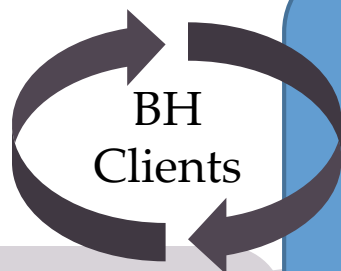
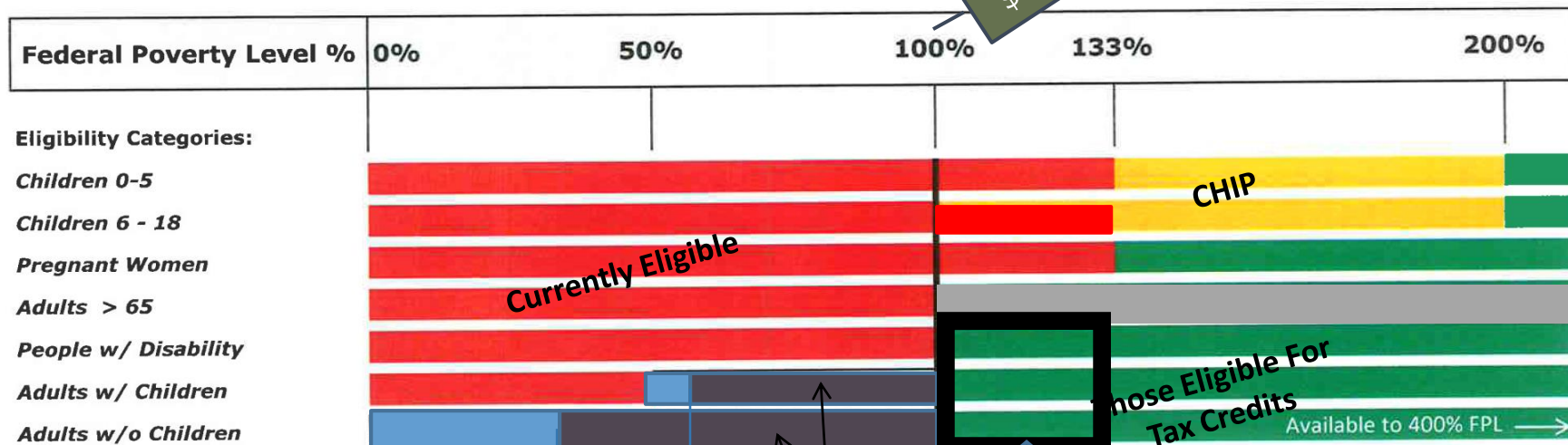
- Diversion prior to CJ Involvement
- Traditional Medicaid Benefit offered to the MF
- Coverage to all Individuals with CJ History
MF and other identified populations chosen may be given the option of a traditional Medicaid Benefit
- Continuity of Care as Income Levels Change
- Access to Inmate Medical Savings

The term “medically frail” must include *at a minimum* certain children with special needs; individuals with **disabling mental disorders or chronic substance abuse disorders**; individuals with serious or complex medical conditions; individuals with physical, intellectual, or developmental disabilities that significantly impair their ability to perform one or more activities of daily living; or individuals meeting a state’s disability determination.

*Figures Include the “Woodwork” population

Utah Cares

HB 446 Extension Of PCN and Medicaid Benefits Under Existing 70/30 FMAP "Utah Cares"



JRI Impacts

SL Co: 460 Individuals
Served With Community
Treatment Dollars

33%
(\$3,900/yr)

64%

Traditional Medicaid
18,000 FY16
(6,300 CJ HX)

(25,375 CJ HX Statewide*)

*Includes the 100-133% Population Due to Private Health Plan Exclusions
FY16 72,500 Total Pop

PCN

The only BH benefit is the ability to see a prescriber (and 4 prescriptions a month)

35,000 FY16

100-133%

- Loss of a BH Benefit for Services Related to Criminal Activity
- Loss of anticipated savings for inmates hospitalized for 24 hours or more

Thank you

