

Leveraging the New Medicaid Reentry Waiver to Improve Community Health & Safety

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Today's Session

- Welcome
- Medicaid Reentry Waiver Overview
- Lessons Learned from California
- Oregon's Implementation Plan
- Multnomah County Planning Status
- Discussion

The Status Quo: Negative Impacts on Health, Safety and Spending

Mortality

People leaving prison are:

12x

MORE LIKELY TO DIE
in the 2 weeks after
release than the general
population and

129x

MORE LIKELY TO DIE
of an opioid overdose

Public Safety Outcomes



Losing Medicaid
coverage is associated
with higher rates of
criminal behavior and
incarceration among
young men

Spending

Poor access to coverage
and care at reentry can
result in costly



ER visits



Hospitalizations



Reincarceration

SOURCES: [Release from Prison — A High Risk of Death for Former Inmates](#); [Mental Health and Criminal Involvement: Evidence from Losing Medicaid Eligibility](#); [Not having Medicaid coverage correlates with higher rates of criminal activity and incarceration](#); [2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period \(2005-2014\)](#)

New Health and Criminal Justice Policies Are Advancing: State 1115 Waivers

For the first time, Medicaid can cover services when someone is incarcerated, starting up to 90 days pre-release

States must cover three services, and can add more:

Case management

Medication assisted treatment (MAT)

30-day supply of prescription medications at release

CMS has approved 11 reentry waivers, and 14 states plus DC have proposals pending at CMS, with more likely to follow

States must reinvest resources in new or expanded services

Approved and Pending 1115 Medicaid Reentry Demonstrations



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Approved



Pending



SJC California Network



2019

- Long Beach
- Los Angeles
- San Francisco
- Santa Clara

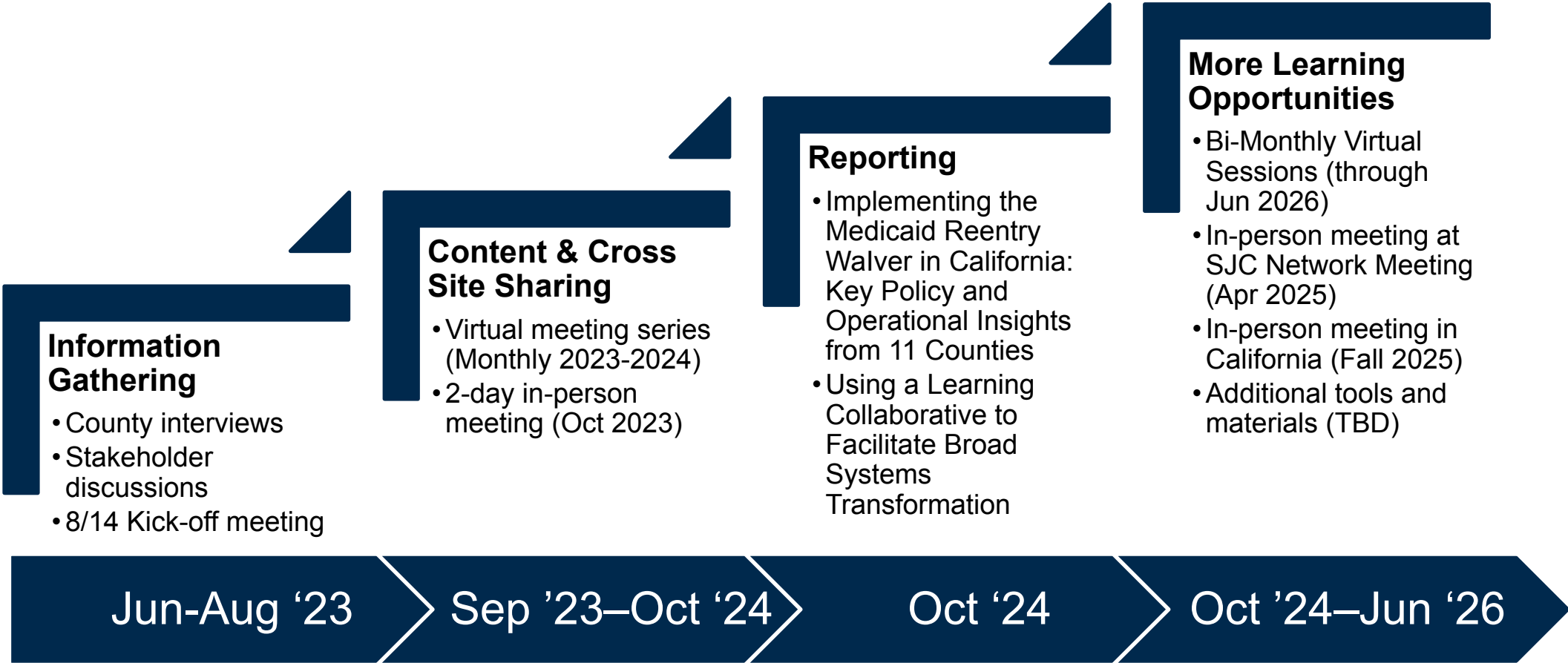
2021

- San Joaquin
- Santa Barbara
- Santa Cruz

2023-2024

- Alameda
- Contra Costa
- Orange
- San Diego
- Solano

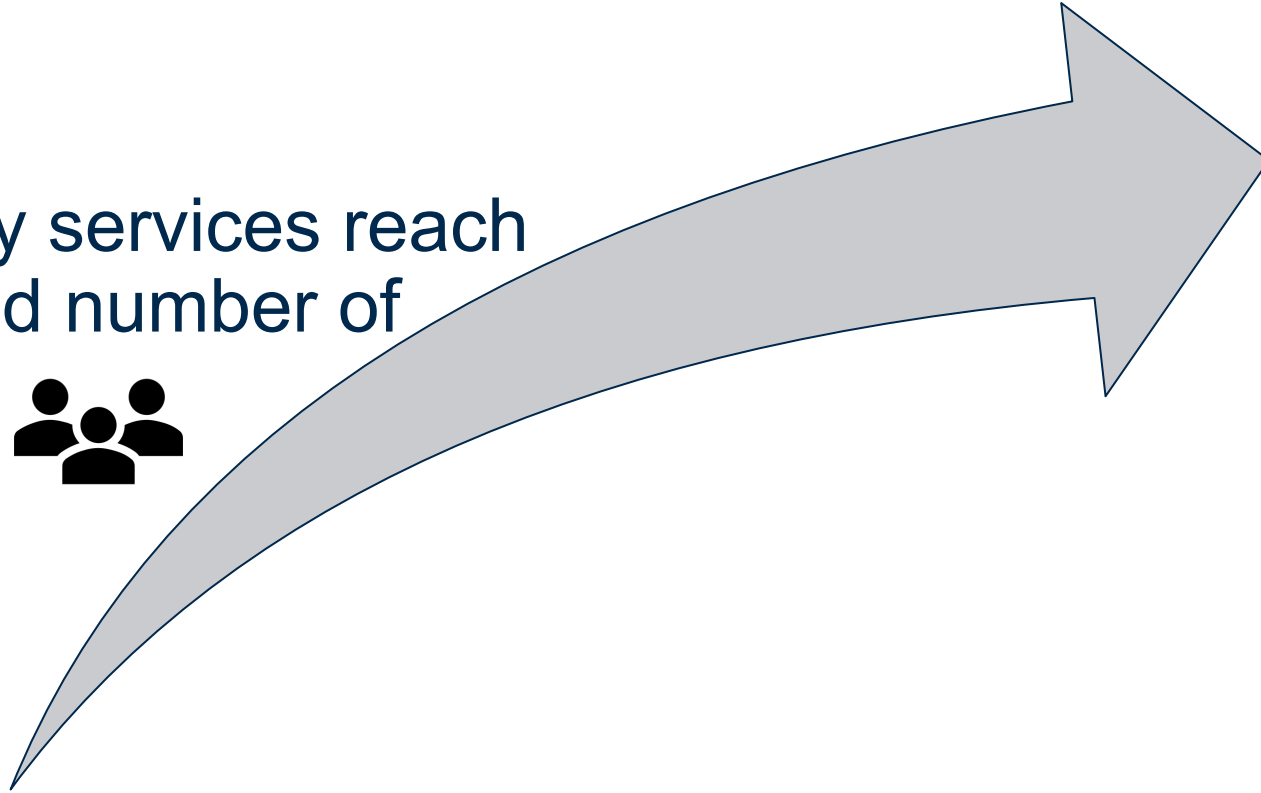
SJC CA Network: Supporting CalAIM Planning



Significant Increase in People Receiving Reentry Services

Today:

Reentry services reach a limited number of people



Future:

Counties expect 80-90% of people in jail to be eligible for expanded reentry services

Top System Changes

Universal Medicaid Enrollment/Health Intake

- Check eligibility during booking
- Assist with applications as needed (about 50% of people detained)
- Universal health screening & assessment

Providing MAT and Linkages to Treatment

- Provide MAT to all eligible people with medical need
- Provide linkages to post-release SUD treatment + medications

Prepare for Release

- Establish post-release appointments
- Share medical records securely between jail and community
- Provide 30 days of medications at release

Pre- & Post-Release Care Management

- Work with people detained to plan for safe/healthy reentry
- Build trust
- Support timely access to health/behavioral health care, social supports

Engaging People with Lived Expertise

Fundamental Principle: People closest to the problem know a lot about it and can recommend powerful solutions

- Overcoming roadblocks
- Making systems actually work for people
- Fostering trusted messengers

Top Implementation Challenges

New partnerships

- Partnerships with corrections custody, correctional health care, behavioral health, pharmacy, community providers, and managed care plans.
- New coordination and governance structures needed.

Uncertain release dates

- Services may be reimbursed w/in 90 days of release.
- Release dates from jails are often hard to predict.
- Most people have very short stays (<72 hrs).

IT systems development & data sharing

- Medicaid enrollment/suspension/reinstatement.
- Medicaid billing.
- Sharing medical records/care plans securely.

Workforce

- Many corrections agencies are running 30% staff vacancy rates.
- Health care and behavioral health fields are also in crisis.

Thank You!



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