



Justice Involved 101

August 23, 2024





Health Plans We Support



Notice: CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Community Health Plan of Imperial Valley is a licensed health plan in California that provides services to Medi-Cal enrollees in Imperial County. Community Health Plan of Imperial Valley contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

Today's Presenter



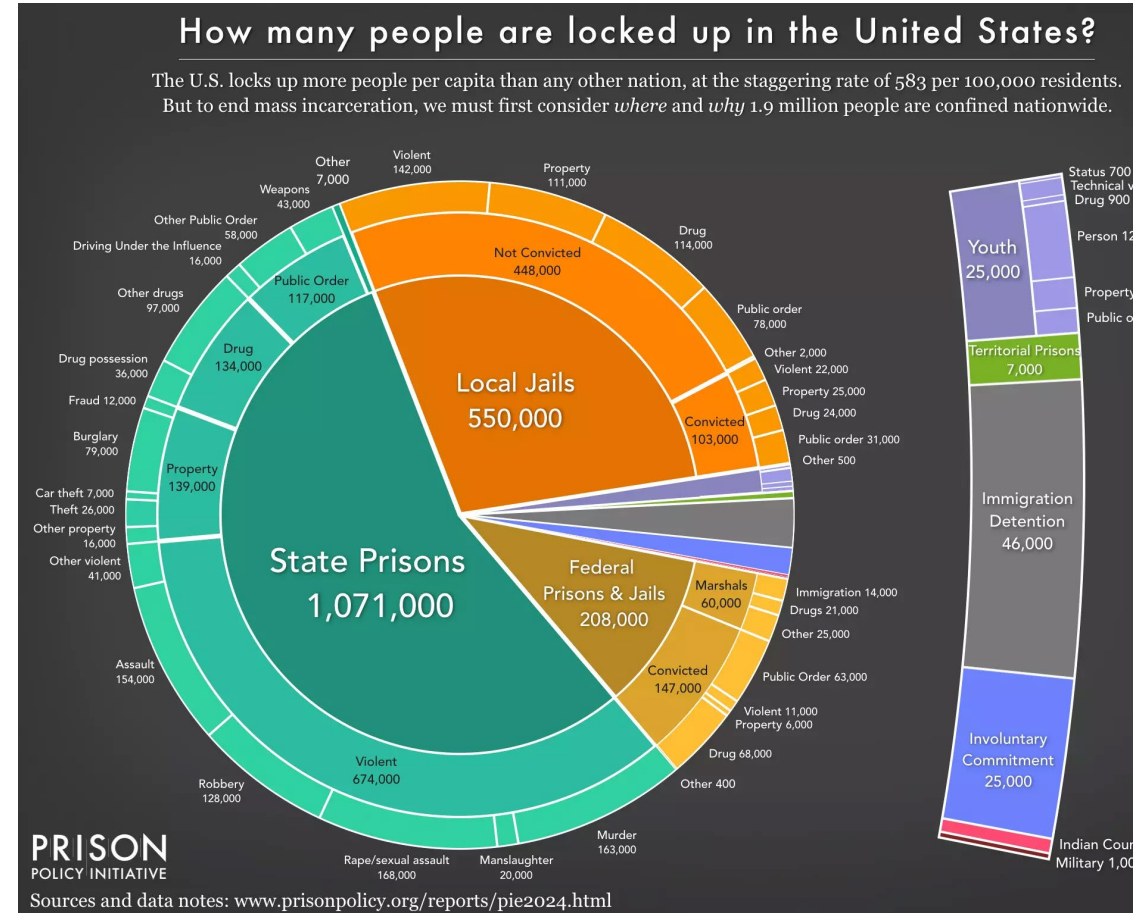
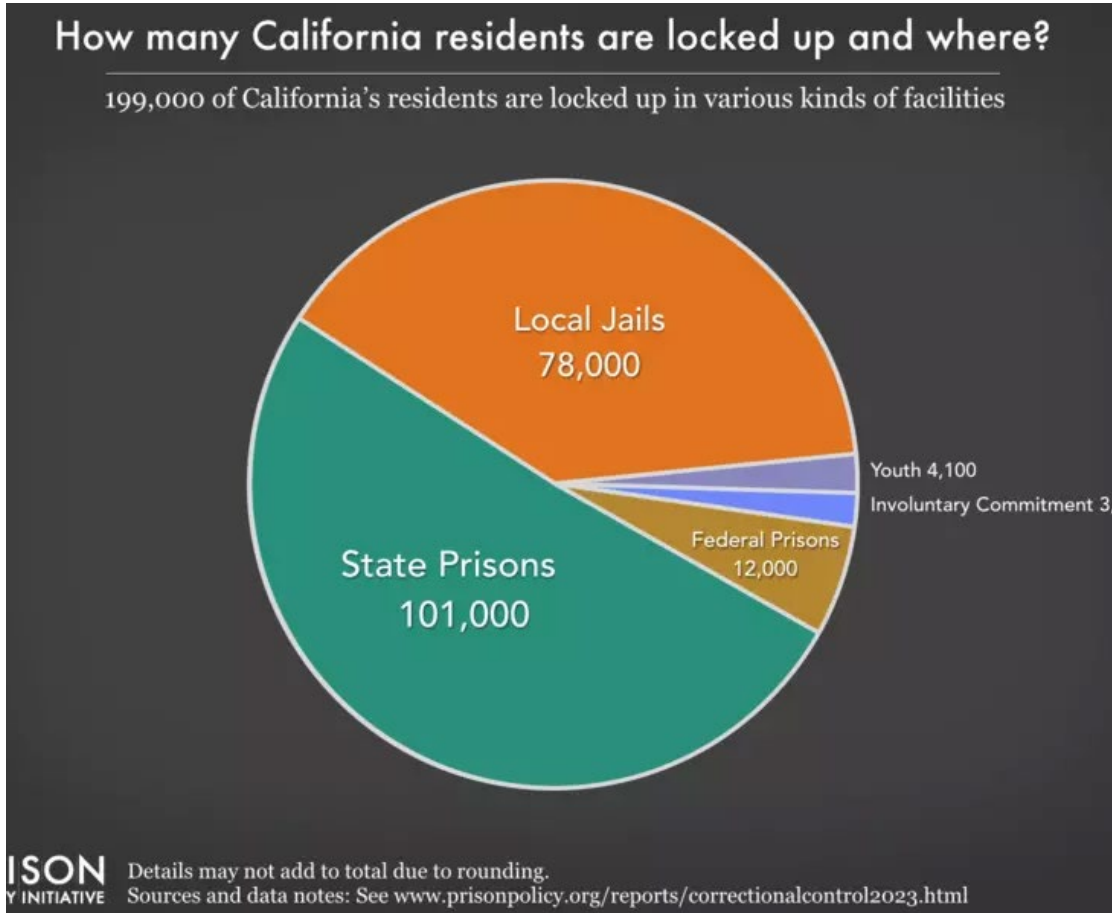
Linda Follenweider, MS, APRN, NP, BC
Health Management Associates

DHCS Justice Involved Initiative Program Goals

One of the key goals of the CalAIM Justice-Involved Initiative is to ensure that individuals are supported during the transition from incarceration into the community through the provision of pre-release services, including pre-release care management, and post-release services like ECM and Community Supports.

MCPs will play a critical role in coordinating the transition from the pre-release to post-release periods (i.e., the 90-day pre-release period when the individual will receive FFS Medi-Cal services and the post-release period when the individual will be enrolled in an MCP and begin to receive managed care services).

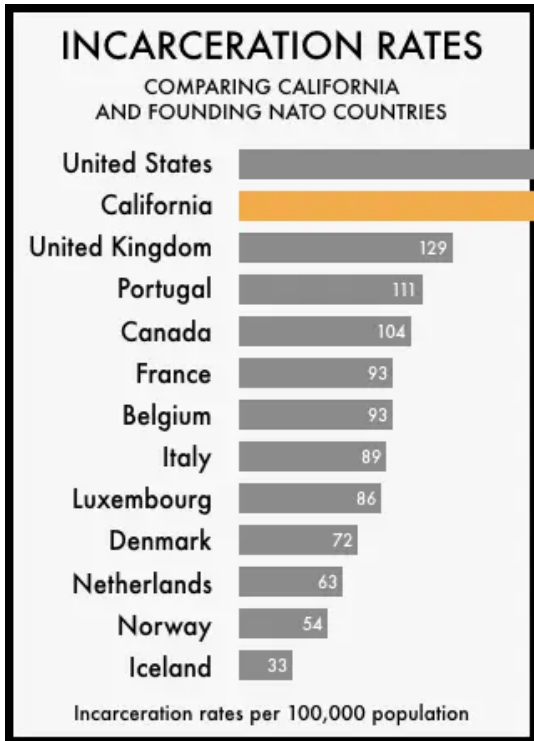
Incarceration in the US and California



Incarceration Rates



Map of California's Correctional and Rehabilitation Institutions



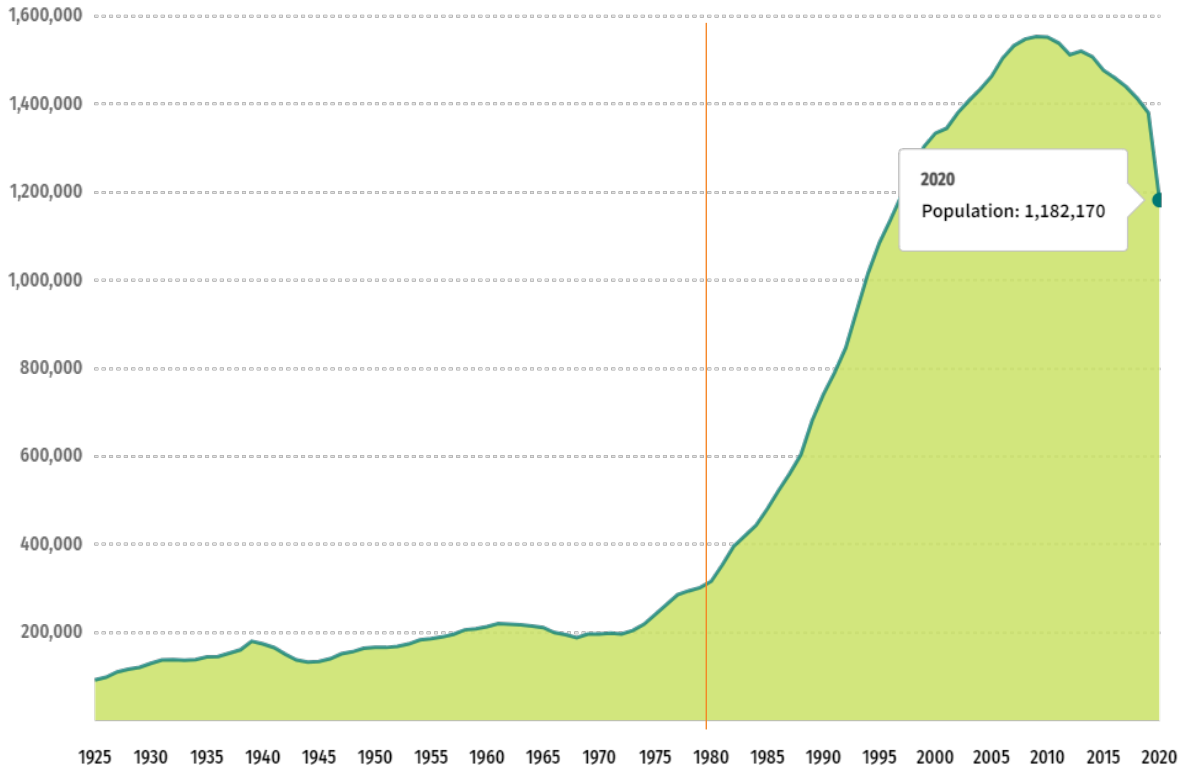
Source: <https://www.prisonpolicy.org/global/2021.html>



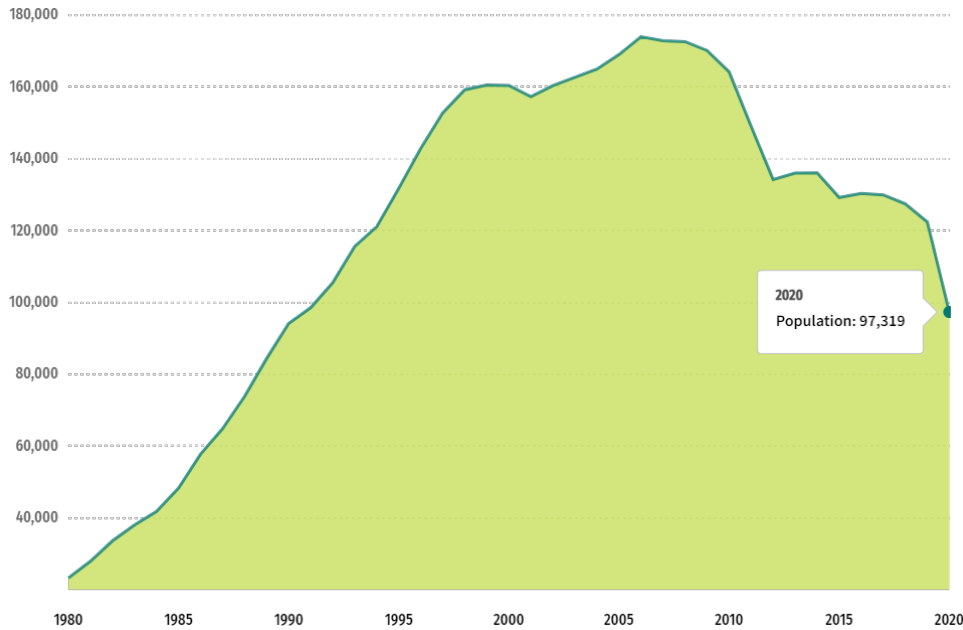
United States vs. State of California – Incarceration Rate Trends

Changes in sentencing law and policy, not changes in crime rates, have impacted incarceration rates

United States



California



Language is important

DHCS uses the following definitions and person-first language* :

- **Correctional Facility:** State prisons, county jails, and county youth correctional facilities
- **Justice-Involved Individual:** An individual who is currently or was formerly incarcerated within the past twelve months.
- **Words like inmate, offender, and prisoner** are seldom used outside of carceral settings and are stigmatizing.

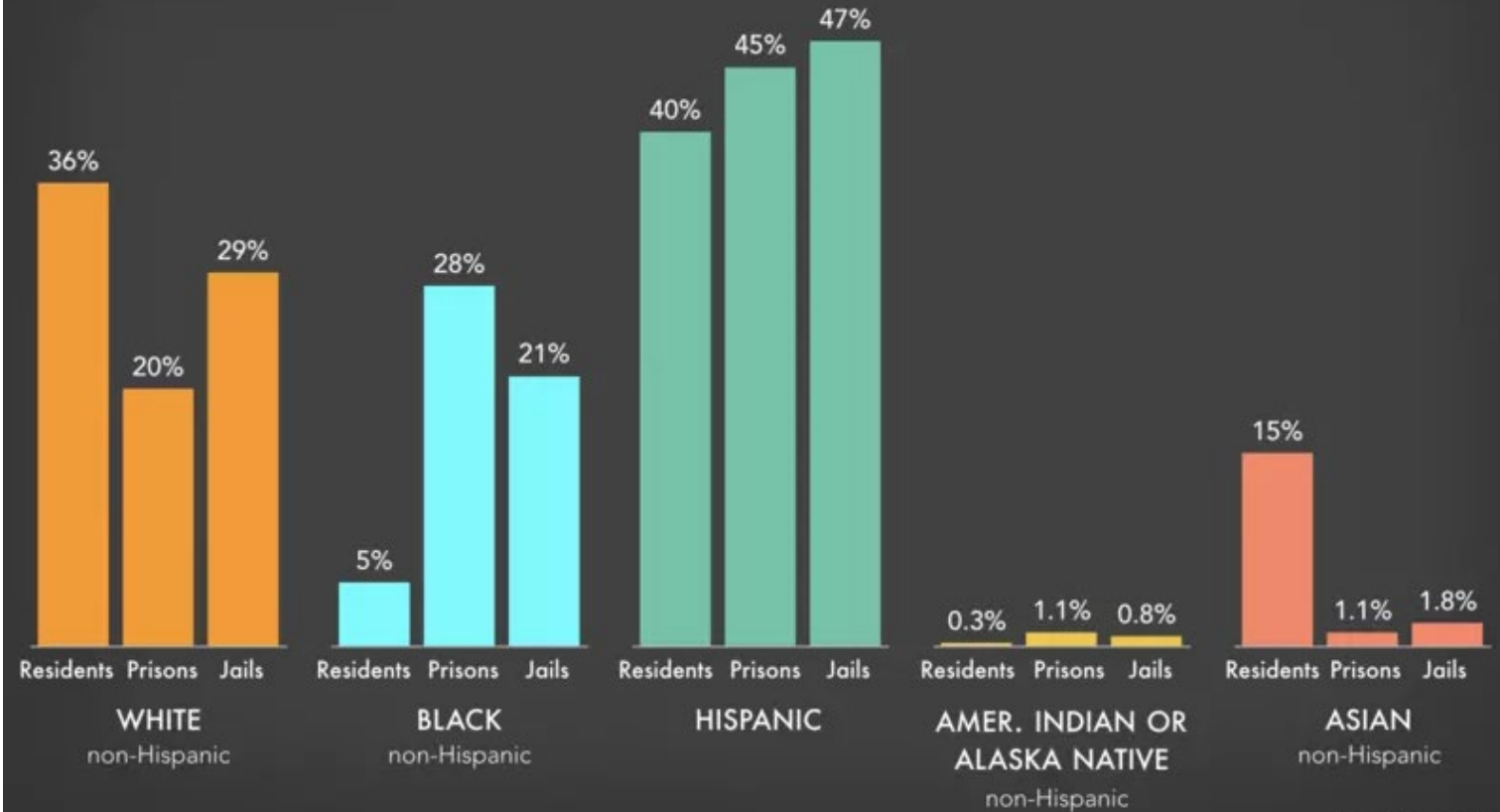
*Policy and Operational Guide for Planning and Implementing the CalAIM Justice Involved Initiative (Definitions October 20, 2023)

STIGMATIZING	PREFERRED	DEFINITIONS
Offender, Inmate, Felon, Criminal, Convict, Prisoner, Delinquent	S/he is a person with justice involvement	Person or individual with justice system involvement; Person or individual impacted by the justice system; Person or individual affected by the justice system
Ex-offender, Ex-con, Ex-Prisoner	S/he has a history of justice involvement; S/he is formerly incarcerated	Person or individual with prior justice system involvement; Person or individual previously incarcerated; Person or individual with justice history
Parolee, Probationer, Detainee	S/he is under judicial supervision	Person or individual on parole; Person or individual currently under parole supervision; Person or individual on probation; Person or individual in detention
Juvenile Offender, Juvenile Delinquent	S/he is a young justice-involved person	Young person with justice system involvement; Young adult impacted by the justice system
Sex Offender	S/he has a sex offense history	Person or individual with sex offense conviction(s); Person previously convicted of a sex offense(s)
Mentally Ill	S/he has a mental illness; S/he has a mental health condition	Person or individual with mental health needs; Person or individual in need of/currently receiving mental health services
Homeless	S/he is experiencing homelessness	Person currently or previously experiencing homelessness
HIV/AIDS patient; Infected with HIV/AIDS	S/he is living with HIV; S/he is living with AIDS	Person or individual living with HIV; Person or individual living with AIDS
Addict; Substance Abuser	S/he has used substances in the past; S/he currently uses substances	Person with a history of substance use

People of color are overrepresented in prison and jails

Comparing California's Resident and Incarcerated Populations

Percentage of residents, by race or ethnicity, compared to the percentages of people in the state's prisons in 2021 and local jails in 2019, by race or ethnicity. Compared to the total state Population, Black and Hispanic people are overrepresented in the incarcerated population while white and Asian people are underrepresented.



Source: Bureau of Justice Statistics and U.S. Census Bureau data. For sourcing details and dataset, including race definitions and categories not displayed above, see: www.prisonpolicy.org/data/race_bystate_2021.xlsx.

PRISON
POLICY INITIATIVE

Jails vs. Prisons – What’s the difference?

- Persons under the care and custody of a local, state, or federal correctional authority are generally housed in one of two types of facilities – a local jail or a state or federal prison.
- **Jails**
 - confine persons before or after adjudication
 - operated by local law enforcement authorities such as a sheriff, a police chief, or a county or city administrator
 - following a criminal conviction are usually sentenced to 1 year or less.
- **Prisons**
 - confine persons after they are convicted of a criminal offense
 - operated under the authority of a state Department of Corrections or the Federal Bureau of Prisons (BOP).
 - typically serving an incarceration sentence of more than 1 year
- California releases roughly 786,970 men and 200,866 women from its prisons and jails each year.

There are **important distinctions** between prisons and jails when it comes to healthcare.

Prisons

There are 1566 state and 122 Federally Operated and Funded prisons in America.

- Sentences usually 1 year and longer – more stable population
- Healthcare typically provided by state or federal employees or vendors
- Reliable release date for Discharge Planning
- High rates of physical and behavioral health conditions, including OUD, SUD

Jails

There are 3116 jails in America, locally operated by a Sheriff, Warden or Director.

- ~ 60% turnover in 2-4 weeks – migratory population
- Process thousands of unduplicated annually
- Healthcare typically provided by vendors or county employees
- High rates of physical and behavioral health conditions: Hypertension, asthma, diabetes, TB, HIV, Hep SMI, OUD, SUD
- Ideal Public Health opportunity

The reach of the criminal justice system extends beyond jails and prisons; millions more people are under probation, parole, pretrial supervision, and specialty court supervision, as well as under other local alternatives to incarceration.

Jails and prisons are another service point in the continuum of care for many Americans

Jails and prisons are unlike other healthcare settings.

- Congregate setting
- Provides care at any level that is indicated by clinical needs
- Care provided is comprehensive including diagnostics, imaging, medications and ancillary services
- Care that cannot be performed in setting is referred to outside provider
- Timeliness of care is critical

Millions of patients in America receive their health care in a carceral setting.

- In Bureau of Justice Statistics surveys from 2016, 51% of state prisoners reported having a chronic medical condition, 65% reported using at least 1 drug during the 30 days before arrest, and 43% reported a history of a mental health problem.
- For many Black, Indigenous, and Latinx persons in particular, the experience of incarceration is a major social determinant of health.

Transitions into the community can create risk for poor patient outcomes.

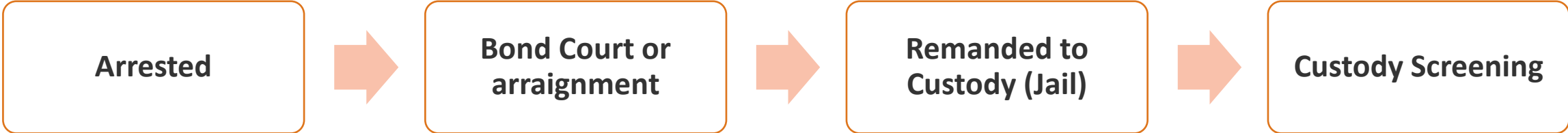
Incarceration is a Predictor of Poor Patient Outcomes

- It is estimated that 63% of people in jail and 58% in prison have a SUD.
- Historically, most carceral settings have not provided MAT or MOUD
- Among individuals who are released from prison, opioid overdose is a leading cause of death with a risk more than ten-fold the general population
- Relative to non-overdose mortality, excess overdose mortality is driven by deaths in the first two weeks after release
- The 1115 waiver is increasing access to SUD treatment while in carceral settings.
- Early connection to community SUD providers is critical to improving patient outcomes
- The overdose rate can be decreased by 60-80% with timely access to medication

Approximately 97 percent of incarcerated individuals in the U.S. will eventually be released and return to their communities - whether released on probation, parole, or unconditionally discharged.

An individual who is currently or was formerly incarcerated within the past twelve months would be considered part of the JI population.

Intake starts in the jail, where initial exams are performed



Intake (or receiving) identifies the time that a person is moved from the community into custody.

This transition occurs based on **criminal charges** and is **not** based on **clinical need** or an independent decision to access care by an individual.

Healthcare needs are individually variable.

Levels of risk are individually variable.

59% of people in California jails have not been convicted of a crime.



SCREENING BY LICENSED CLINICIAN

To inform clinical decision making, every patient is screened upon entry to jail to assess if they are at risk of or have active medical conditions, mental health issues, and/or substance use disorder(s).



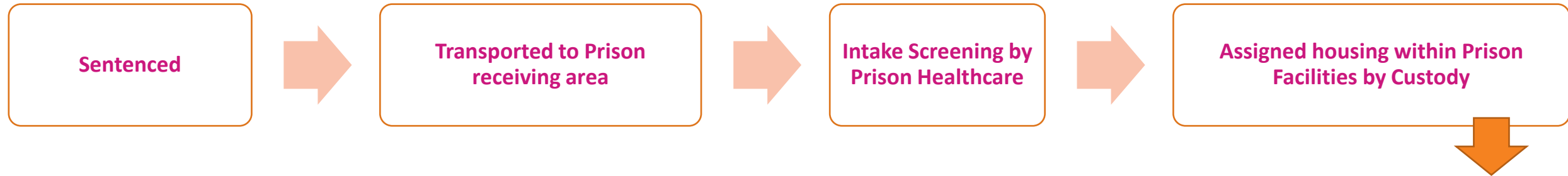
Housing assignments and alerts are assigned based on current needs, which may change as condition(s) stabilize or improve. Clinicians report service level that informs housing.

Health Net Counties: Jail statistics

County	County Market Share for Health Net	Jail	ADP
Amador	22%	Amador County Jail	94
Calaveras	48%	Calaveras County Adult Detention Facility	100
Fresno	68%	3	2932
Imperial	100%	3	386
Inyo	41%	Inyo County Jail	39
Kings	60%	Kings County Jail	561
Los Angeles	15%	7	16703

County	County Market Share for Health Net	Jail	ADP
Madera	61%	Madera Adult Correctional Facility	460
Mono	36%	Mono County Jail	26
Sacramento	24%	2	3501
San Joaquin	12%	2	1309
Stanislaus	29%	3	1227
Tulare	49%	4	1425
Tuolumne	46%	Tuolumne County Jail	144

Prison Intake



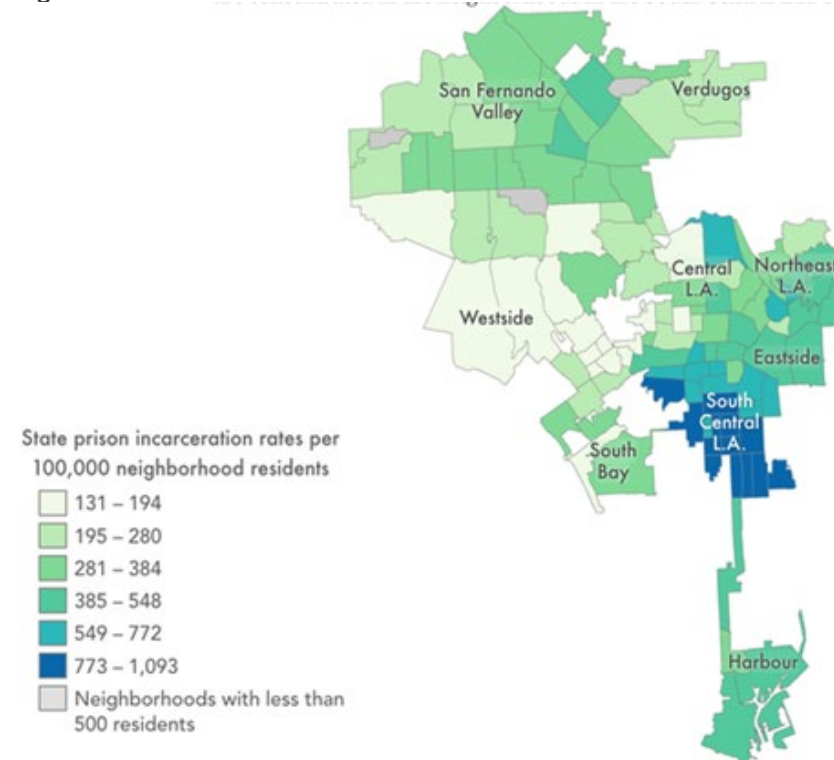
Those transitioning to prison have typically received screening and care in jail setting from time since arrest through court proceeding.

- Medical Records and history of treatment transferred with patient
- Receive screening and assessment (within 14 days)
- Orders written for ongoing clinical and medication needs based on medical records and assessment findings

County	Number of CDCR prisons in County	CDCR Facilities		
Amador	1	Mule Creek State Prison		
Calaveras				
Inyo				
Los Angeles	1	California State Prison, Los Angeles County		
Mono				
Sacramento	2	California State Prison, Sacramento	Folsom State Prison*	
San Joaquin	1	California Health Care Facility**		
Stanislaus				
Tulare				
Tuolumne	1	Sierra Conservation Center		
Imperial	2	California State Prison, Centinela	Calipatria State Prison	
Fresno	1	Pleasant Valley State Prison		
Kings	3	Avenal State Prison	California State Prison, Corcoran	California Substance Abuse Treatment Facility and State Prison, Corcoran
Madera	2	Central California Women's Facility***	Valley State Prison	

In the city of Los Angeles, the highest imprisonment rates are concentrated in southern neighborhoods.

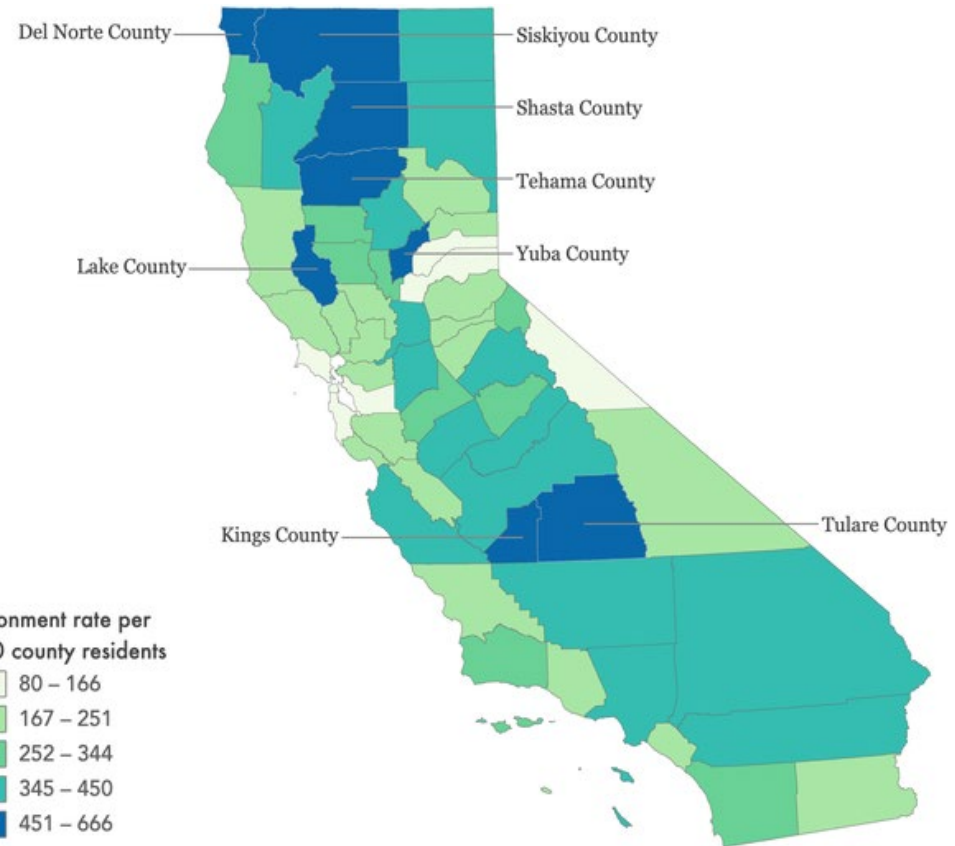
Across 9 regions of Los Angeles, there are 111 neighborhoods with at least 500 residents, but the highest incarceration rates are concentrated in the South Central LA Region of the city.



Health Net Counties – Prison Statistics

High County Imprisonment rates are clustered in a handful of northern and central California counties.

County or city of last legal residence (2020 data)		
County	number of people in state prison from county	imprisonment rate per 100,000
Fresno*	3,964	393
Imperial*	352	203
Kings*	935	666
Madera*	656	434
San Joaquin	2,828	364
Tulare	2,253	474
Amador	92	251
Calaveras	88	194
Inyo	44	232
Los Angeles	40,414	402
Mono	22	166
Sacramento	6,767	427
Stanislaus	1,952	334
Tuolumne	229	432



Healthcare within carceral settings

Mandated Health Care: The landmark 1976 decision, Estelle v. Gamble, deemed “cruel and unusual punishment” if denied access to health care, food, exercise or hygiene

Jails and prisons vary in how they deliver health care services:

- **Health Care Contracts:** Many jails use vendors for health care, with arrangements varying from single to multiple providers and payment models ranging from shared financial risk to per-inmate, per-day rates. CDCR uses county employed clinicians and allied support for clinical services
- **Budget Variability:** The percentage of jail budgets spent on health care varies significantly.
- **Limited Medical Staffing:** Despite 24/7 bookings, many jails lack on-site medical or nursing staff at all times, leading to potential delays in addressing acute health issues and missed opportunities for behavioral health interventions.
- **Impact of Facility Size:** Jails with an average daily population under 500 are less likely to provide continuous clinical services, likely due to resource constraints compared to larger facilities. Additionally, these facilities may leverage community hospitals and Emergency Departments for some services

Multiple Levels of Care within Carceral Settings

	Medical	Behavioral
Inpatient	<ul style="list-style-type: none"> •Typically in outside hospital 	Inpatient level of psychiatric care
Acute/ Urgent	Urgent care (some) Rapid response teams for man down	24-hour crisis intervention and stabilization Detox Unit/staffing for patients at risk for ETOH/benzo and opioid withdrawal Involuntary medication petitions
Ambulatory <ul style="list-style-type: none"> • Health Care Maintenance • Chronic Care • Acute episodic for ambulatory sensitive conditions • Medication management 	RN staffed Daily Sick call for non urgent/emergent healthcare needs and requests On-site specialty clinics Radiology and imaging may include X-rays, CAT Scans, ultrasound Physical Therapy/ Occupational therapy	Psychiatric services including evaluation and management Therapeutic treatment services: Individual counseling and supportive psychotherapy; group counseling and psychoeducation; community linkage
Skilled Nursing and Custodial (24 hour coverage)	Special Care Unit	Special Care Unit
Specialty Services	<ul style="list-style-type: none"> •On and off-site specialty care •Hemodialysis unit •Infection Control Prevention and Control 	Medication Assisted Treatment for Substance Use Disorders

Dental Emergent, Screening, and Maintenance Care is also provided

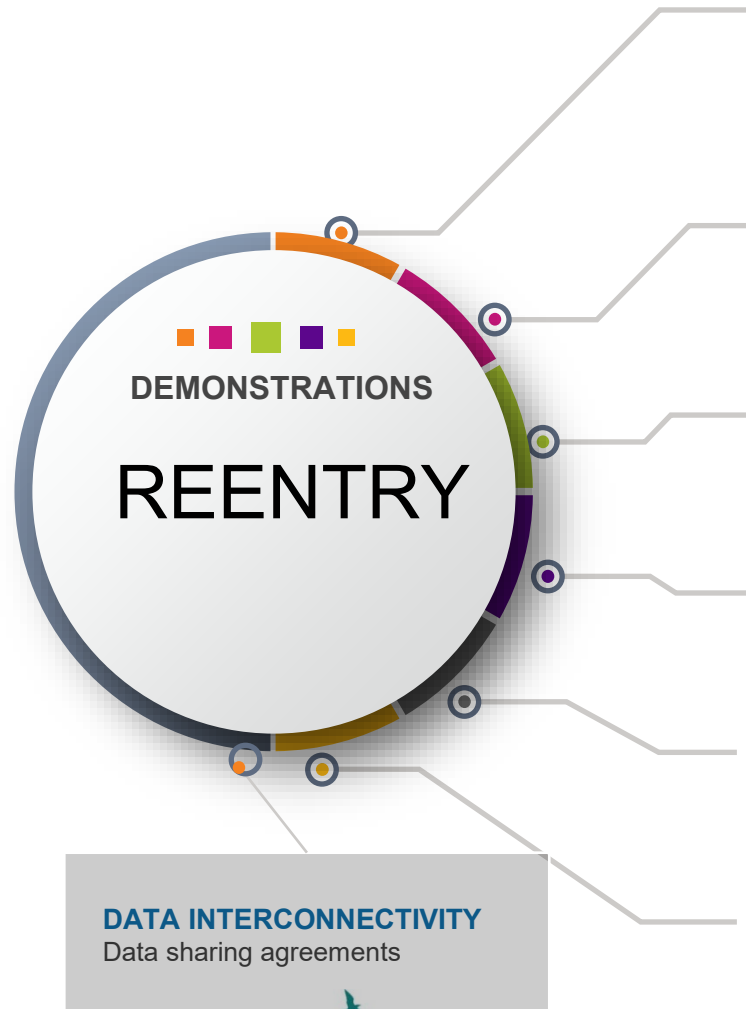
Healthcare information within carceral settings

Not all jails and prisons have Electronic Health Records (EHRs), and there is variability in EHRs where they exist

- The custody management system and the EHR may not interface or have limited interface
- Custody and health care each perform screenings and provide services, but the records are typically not fully shared electronically
- The health system is a covered entity for HIPAA and is required to abide by HIPAA standards
- Information is shared on a need-to-know basis between custody and healthcare
- In addition to privacy concerns, some medical information can create a risk for the patient with other detainees
- Health screenings should communicate the level of health services that a person needs while maintaining their privacy to inform housing decisions by custody
- Shared information/alerts inform housing. For example:
 - need electrical outlet (CPAP)
 - withdrawal alert
 - seizure alert (lower bunk)

The Opportunity: Section 1115 Waivers for Re-Entry Initiatives

CMS designed the Reentry Section 1115 Demonstration Opportunity to improve access to community resources that address the health care and health-related social needs of the carceral population, with the aims of improving health outcomes, reducing emergency department visits, and inpatient hospital admissions for both physical and behavioral health issues once they are released and return to the community.



BILLING

EHR Development, Provider Training, Claims Accuracy

MCO ENGAGEMENT

Role, Population Health Management

ASSESSMENTS

Who Facilitates? Assessment Fatigue

CARE COORDINATION

Complex Care Coordination

PHARMACY

Long-Acting Injectables

PEERS

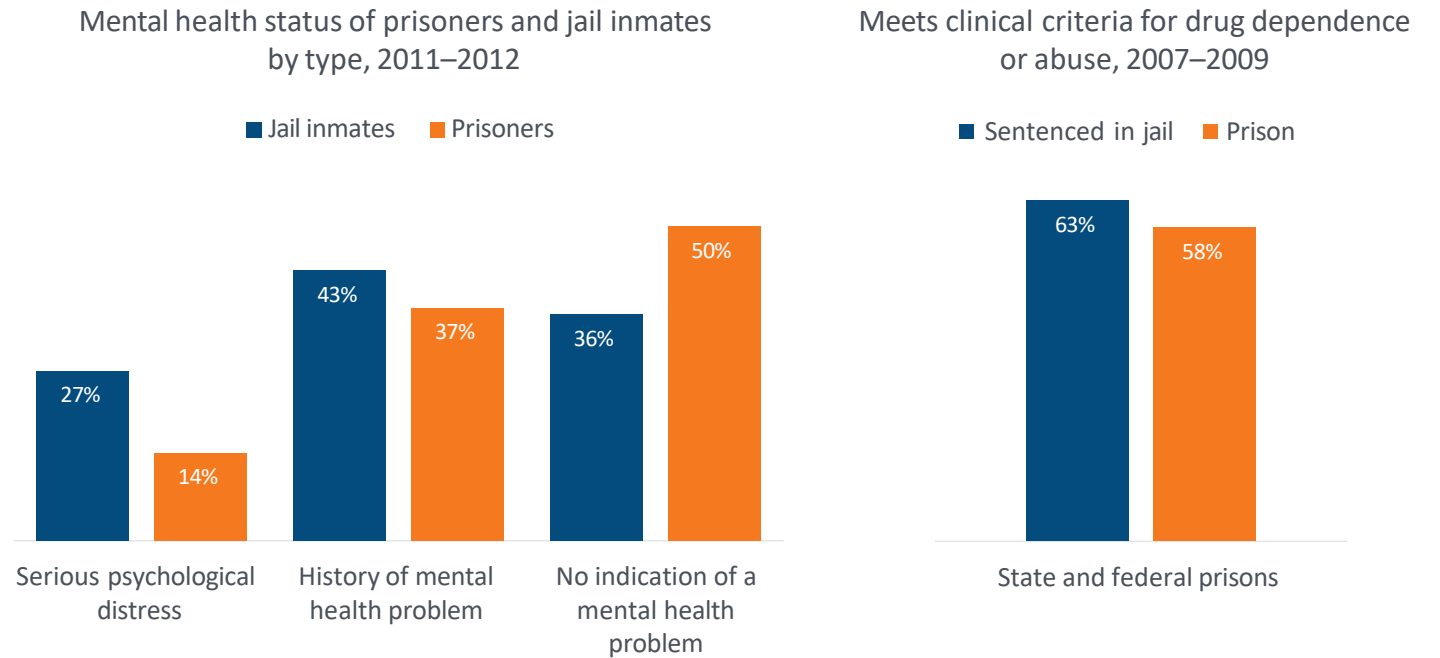
Navigators, Community Health Workers

DATA INTERCONNECTIVITY
Data sharing agreements



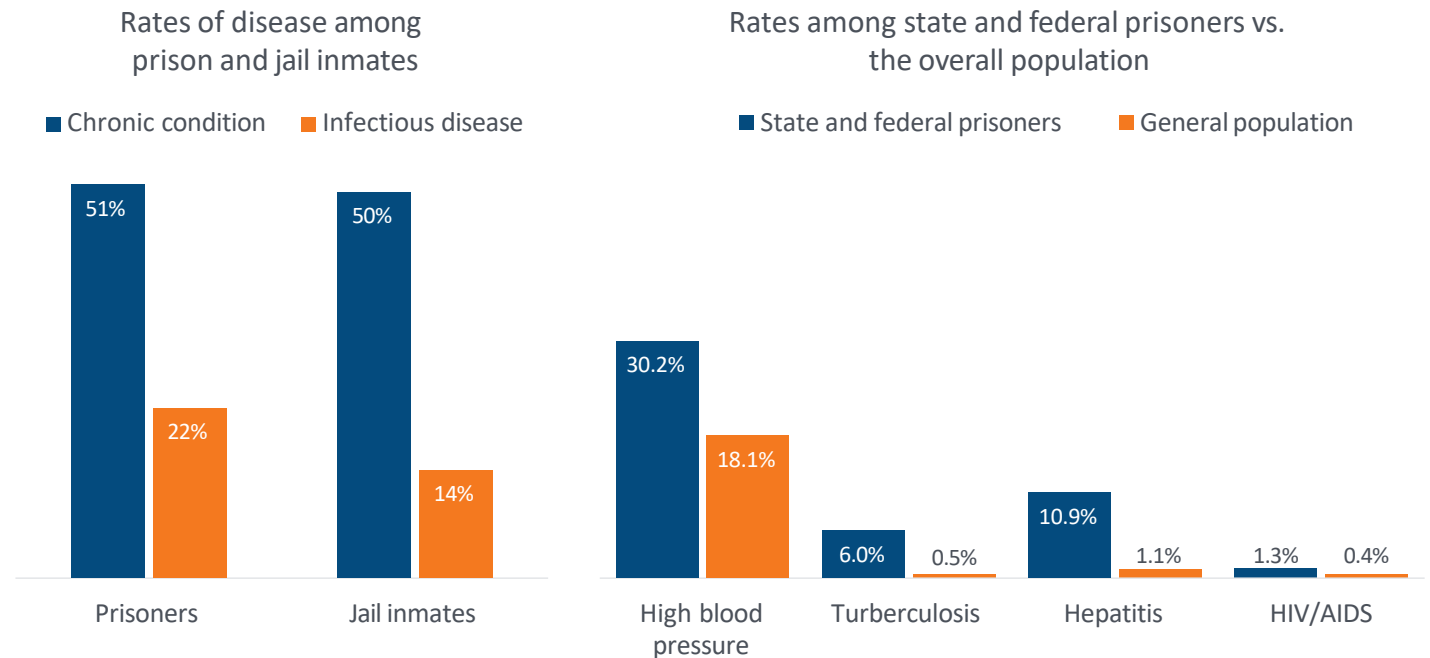
Patients entering a jail from the community have a **disproportionate prevalence of health needs** which include mental illness and substance use disorders as well as physical and dental health needs (1).

Exhibit 4. Justice-Involved Populations Face High Rates of Substance Use Disorder and Mental Health Conditions



Patients entering a jail from the community have a **disproportionate prevalence of health needs** which include mental illness and substance use disorders as well as physical and dental health needs (1).

Exhibit 3. People in the Justice System Have High Rates of Chronic and Infectious Diseases



From Community

Individual enters carceral facility and receives usual screening from custody staff

Medicaid screening/enrollment

Medical performs intake screening which includes Release of Information and identifies persons for care management services referral

Carceral Facility clinician performs Medical Assessment and develops individual plan of care which includes diagnoses, medications, and inform 1115 eligibility

Care plan includes 90 day pre release services for eligible in custody medicaid enrollees. Early identification of areas for focus including HRSN should occur

Care Management alert generated in Medical Record and Carceral Management System

Care Management continues as post release when individual returns to community

Warm Hand Off: Cooperative discharge planning across service lines which seamlessly connects to care in the community including 30 day supply of medications*

Carceral Facility care managers (embedded) or community based (in reach) care managers provide in custody care management services and develop care plan for warm handoff

Medical provides In custody patient care as ordered including medication and discharge prescriptions

Medical provides oversight and management for physical health, behavioral health, pharmacy, dental, and specialty care

In reach or embedded care management occurs up to 90 days pre-release which includes coordinated release planning, appointments, transitioning services

**Care management planning begins at intake continues through time in facility*

Carceral Setting Roadmap for 1115 Justice Waiver Medicaid

Incarceration is a Predictor of Utilization

- Increased rates of hospital and ED utilization
 - Most released individuals state that they use the ED as their regular source of care
- Total hospital days, total ED visits and estimated expenditures were significantly increased compared with the general population
 - 1 in 70 former persons released from carceral settings were hospitalized for an acute condition **within 7 days of release**,
 - 1 in 12 were hospitalized within 90 days - **a rate much higher than in the general population.**
- Includes:
 - Use of acute care services for non-urgent or preventable conditions
 - Disruptions in insurance coverage

Posited explanations for identified utilization patterns include disruptions in insurance coverage, access to outpatient care, access to prescription medications.



What opportunities does the 1115 Waiver create?

Data collection on improving outcomes associated with transition into the community

Leverage current screenings and health status to inform community plan of care

Connect patients to appropriate levels of care including primary care and behavioral health services

Identify patients at highest risk for poor outcomes due to loss to follow up for additional care management and/or supportive services

In-reach to establish relationship and strengthen patient engagement

Create smooth transitions in care to mitigate patient and system risk