



Medicaid Innovation Accelerator Program (IAP)



**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:

National Center on Addiction and Substance Use. (2010). *Behind bars II: Substance abuse and America's prison population*. New York, NY: The National Center on Addiction and Substance Abuse at Columbia University.

U.S. Department of Justice. (2017) *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009*.

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:

Binswanger, I. A., Stern, M. F., Deyo, R. A., Heaferty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T.D. (2007). Release from prison-A high risk of death for former inmates. *New England Journal of Medicine*, 365(2), 157-65.

Krinsky, C. S., Lathrop, S. L., Brown, P., Nolte, K. B. (2009). Drugs, detention, and death: a study of the mortality of recently released prisoners. *American Journal of Forensic Medical Pathology*, 30, 6-9.

Intersection of Medicaid and Justice Involved Populations

- 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:

Centers for Medicare & Medicaid Services, ["To facilitate successful re-entry for individuals transitioning from incarceration to their communities," State Health Official Letter SHO #16-007](https://www.medicaid.gov/federal-policy/guidance/downloads/sho16007.pdf), April 28, 2016, <https://www.medicaid.gov/federal-policy/guidance/downloads/sho16007.pdf>.

Intersection of Medicaid and Justice Involved Populations Continued

- 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:

Centers for Medicare & Medicaid Services, ["To facilitate successful re-entry for individuals transitioning from incarceration to their communities," State Health Official Letter SHO #16-007](https://www.medicaid.gov/federal-policy/guidance/downloads/sho16007.pdf), April 28, 2016, <https://www.medicaid.gov/federal-policy/guidance/downloads/sho16007.pdf>.

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

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

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 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





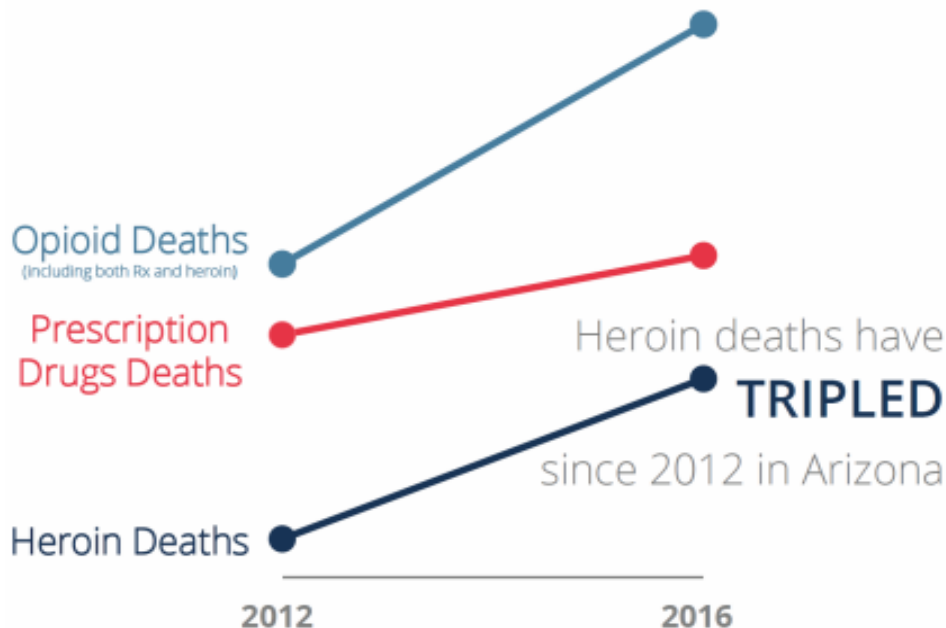
4 out of 10

Arizona adults know someone addicted to **prescription painkillers**

431 MILLION

opioid pills were prescribed in 2016

enough for **every** Arizonan to have a **2.5 week supply**



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

AT A GLANCE

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.

AT A GLANCE

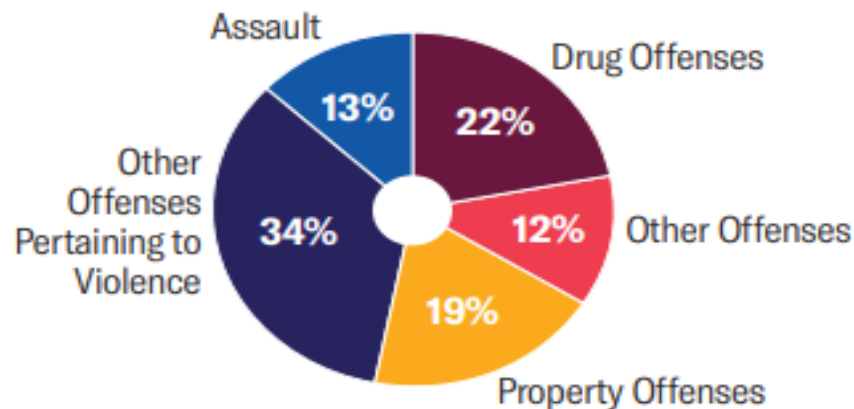
MENTAL HEALTH AND SUBSTANCE USE DISORDERS

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.

ARIZONA PRISON POPULATION BY TOP OFFENSE TYPE (FY 2017)



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)

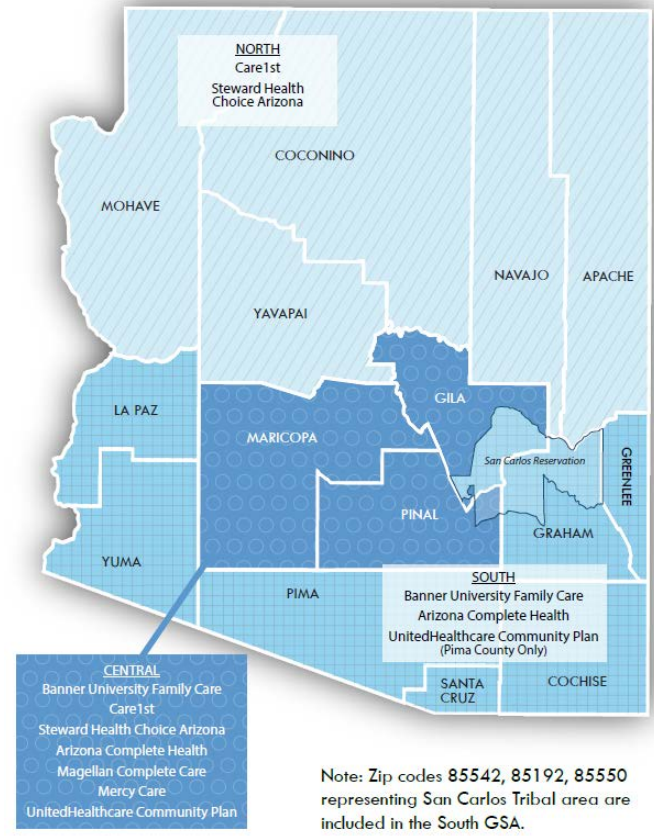
Suspending/Reinstating Enrollment

- 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

AHCCCS Complete Care (ACC) Services Map
Effective October 1, 2018



Reaching across Arizona to provide comprehensive quality health care for those in need

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

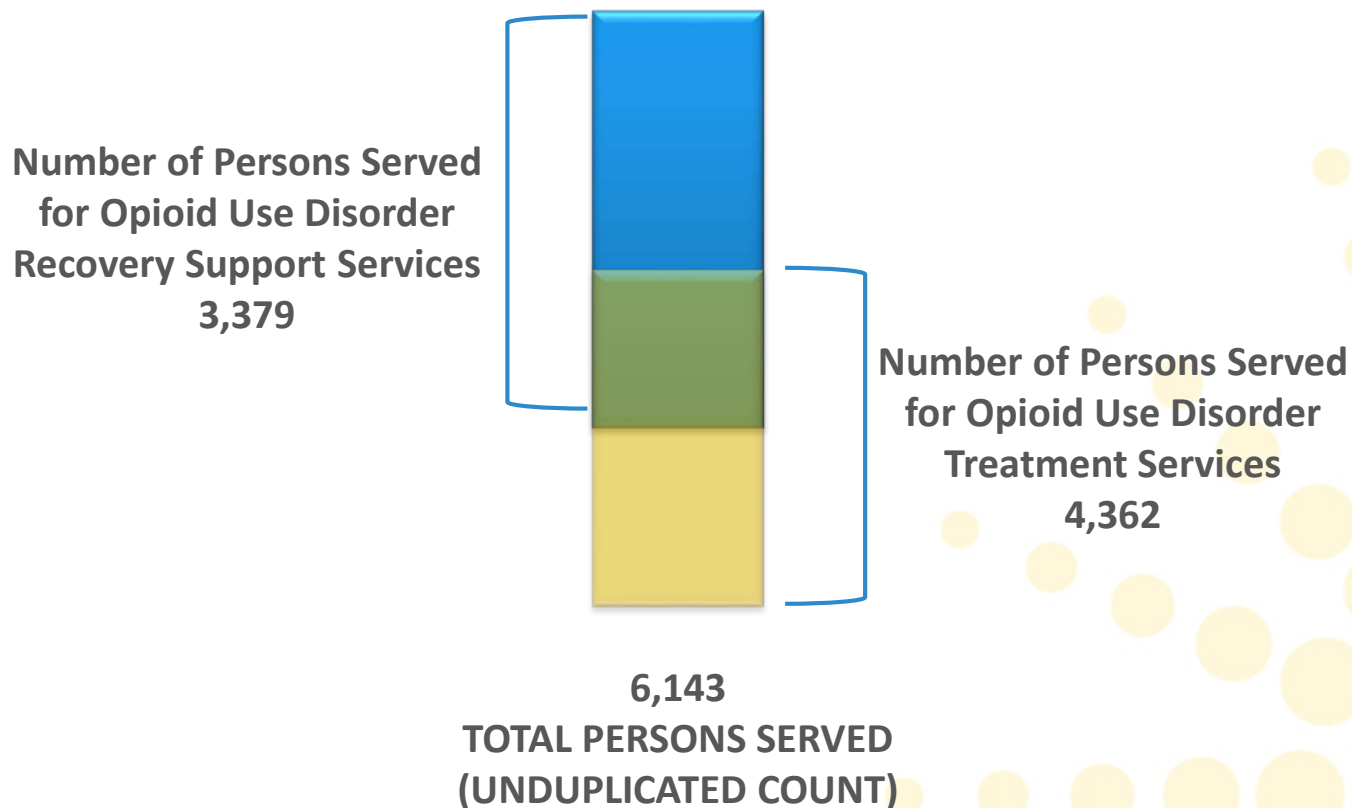
Governor's Office Support

- State of the State addressed issues related to recidivism and substance use disorder
- Executive Orders
 - Establishing Substance Use Disorder Program for Individuals Exiting Prison
 - Enhanced Surveillance Advisory
- Arizona Opioid Epidemic Act

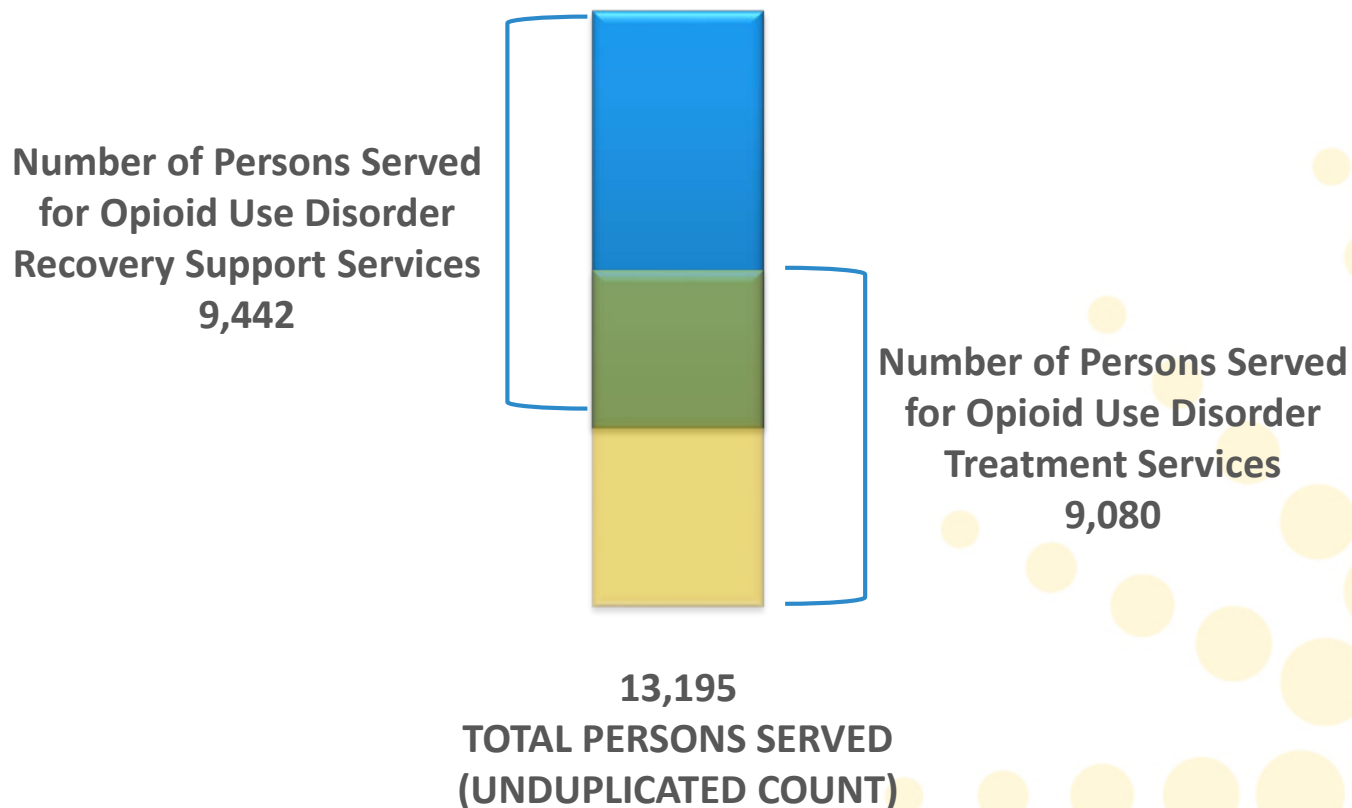
Opioid - State Targeted Response

- 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



Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant Year Two, May 1, 2018 – March 31, 2019



MAT – PDOA Criminal Justice Program

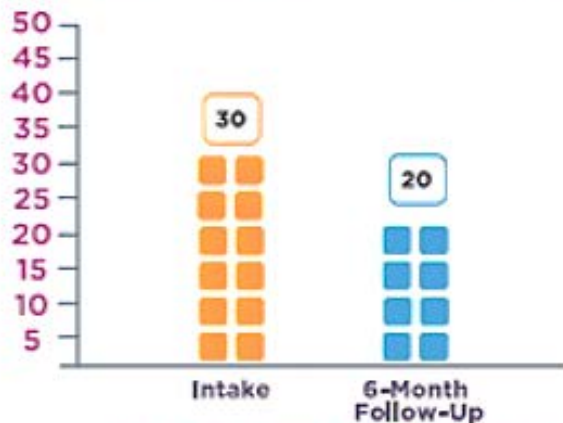
- **Overall Goal:** Create a bridge between criminal justice involved individuals with opioid use disorder (OUD) and access to Medication Assisted Treatment and outpatient services.
- Increase number of incarcerated individuals with an Opioid Use Disorder to enrolled into MAT Services
- Decrease illicit opioid use
- Decrease re-incarceration
- Decrease stigma of MAT use with those involved in the criminal justice population

RECIDIVISM & CRIME OUTCOMES

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 ARRESTS



**33% REDUCTION
IN ARRESTS**

NUMBER OF DRUG ARRESTS



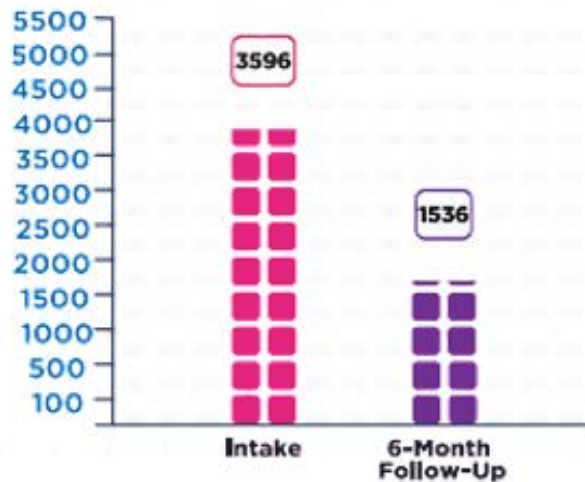
**38% REDUCTION
IN DRUG ARRESTS**

RECIDIVISM & CRIME OUTCOMES

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



57% REDUCTION IN CRIMES COMMITTED

NIGHTS IN JAIL

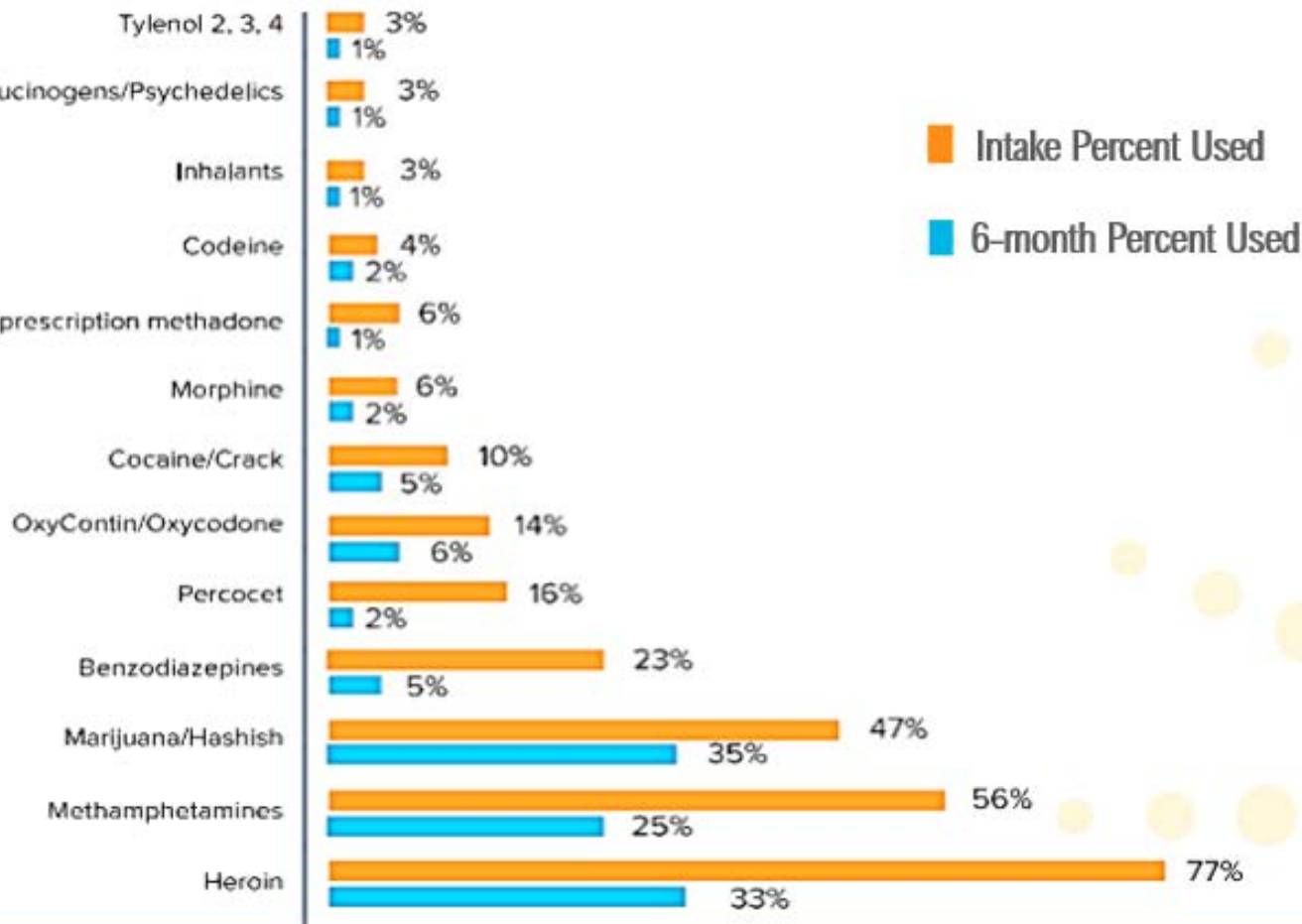


57% REDUCTION IN NIGHTS SPENT IN JAIL

RELAPSE OUTCOMES

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



FOLLOW-UP RATE

149 Successful follow-ups completed
out of 198 follow-ups due

75.25%

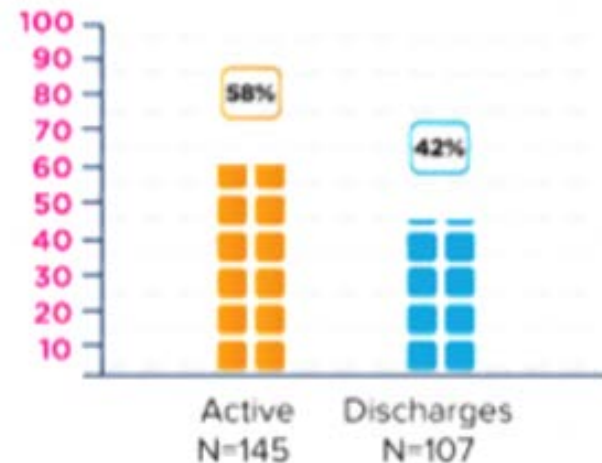
FOLLOW-UP RATE AS
OF APRIL 15, 2019

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.

YEAR TO DATE SNAPSHOT ENROLLMENTS & DISCHARGES

ENROLLMENT & DISCHARGES

(N = 252)

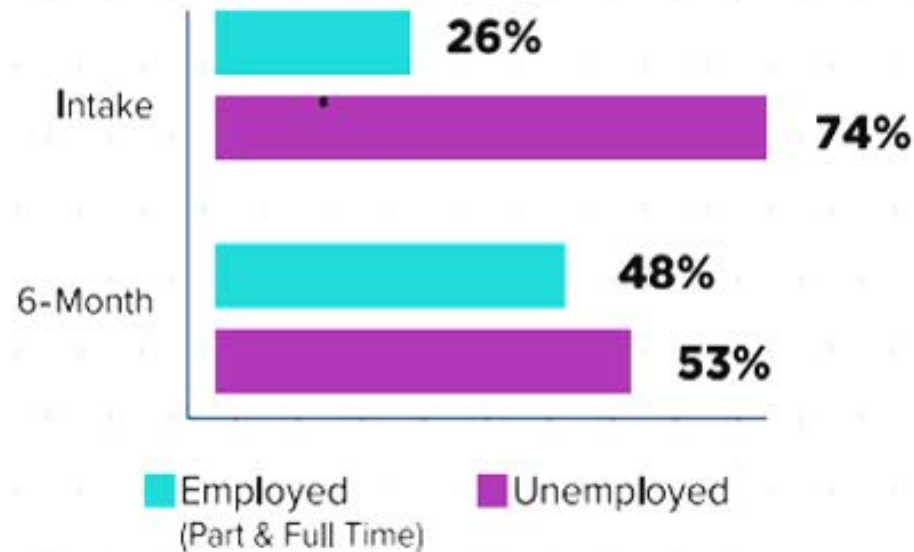


As of April 15, 2019, there are 145 active enrollments and 107 discharges.

EMPLOYMENT OUTCOMES

More clients were employed at 6-month than at intake

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

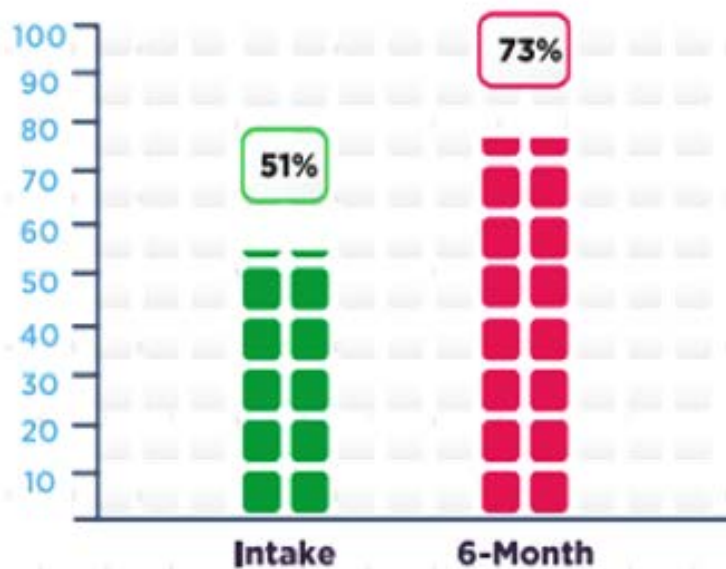


28% REDUCTION IN UNEMPLOYMENT
85% INCREASE IN EMPLOYMENT

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



43% INCREASE IN PERMANENT HOUSING

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

- American Civil Liberties Union. (2018). [Blueprint for Smart Justice: Arizona](https://50stateblueprint.aclu.org/assets/reports/SJ-Blueprint-AZ.pdf). In *ACLU Smart Justice*. Retrieved May 3, 2019, from <https://50stateblueprint.aclu.org/assets/reports/SJ-Blueprint-AZ.pdf>
- Arizona Department of Health Services. (2017). [Opioid Epidemic in Arizona Infographic](https://www.azdhs.gov/documents/director/public-information-office/news-releases/2017/opioid-info.pdf). In Opioid Epidemic. Retrieved May 3, 2019, from <https://www.azdhs.gov/documents/director/public-information-office/news-releases/2017/opioid-info.pdf>
- [AHCCCS Targeted Investments](https://www.azahcccs.gov/PlansProviders/TargetedInvestments/). <https://www.azahcccs.gov/PlansProviders/TargetedInvestments/>
- The Sentencing Project. (2017). Detailed State Data. In [Criminal Justice Facts: State by State Data](https://www.sentencingproject.org/the-facts/#detail?state1Option=U.S.%20Total&state2Option). Retrieved May 3, 2019, from <https://www.sentencingproject.org/the-facts/#detail?state1Option=U.S.%20Total&state2Option>
- Wellington Group. (2019). [Arizona MAT PDOA Infographics](https://www.azahcccs.gov/Resources/Grants/MAT-PDOA/). Retrieved May 7, 2019, from <https://www.azahcccs.gov/Resources/Grants/MAT-PDOA/>

Thank You

Gabrielle.Richard@azahcccs.gov

Keith.Martir@azahcccs.gov

Michal.Rudnick@azahcccs.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

Key Takeaways Continued

- 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!

**Thank you for joining us for this
National Dissemination Webinar!**

Please complete the evaluation form
following this presentation