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# HMA

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## Medicaid 1115 Justice Waivers and Special Populations: Meeting the Needs of Justice-Impacted Youth



# MEDICAID & JUSTICE INVOLVED POPULATIONS

**This five-part series, 1115 Medicaid Justice Demonstration Waivers: Bridging Healthcare, will focus on helping stakeholders optimize the continuity of care for persons in carceral settings and during their transition back to the community.**

**APR 5**

- Medicaid Authority and Opportunity to Build New Programs for Justice-Involved Individuals (replay link [HERE](#))

**MAY 18**

- 1115 Waivers to Improve Carceral Healthcare Delivery Information (replay link [HERE](#))

**JUNE 15**

- 1115 Waivers & Transitions of Care (replay link [HERE](#))

**JULY 13**

- Medication Assisted Treatment for SUD in Carceral Populations (link [HERE](#))

**AUG 17**

- Healthcare Considerations for Incarcerated Youth

# TODAY'S EXPERTS:



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*Caitlin is a leader in behavioral health integration, collaborating with states, providers, law enforcement and health systems. Caitlin was a senior program officer at the Center for Health Care Strategies (CHCS) and was the deputy director of policy at the Rhode Island Senate Health and Human Services Committee*



**Jon Rubin, MSW**  
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*Jon has spent 20 years as a human services leader, previously serving as deputy secretary of the Pennsylvania Office of Children, Youth, & Family, appointed by Governor Tom Wolf to Pennsylvania's Juvenile Justice Task Force. He has prior experience in consulting, non-profit management, and county government.*



**Julie White, MSW**  
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*Julie is a mental health clinician with 25 years of experience in comprehensive healthcare and justice-related service delivery developing policy, strategic plans, and improving complex care delivery. She previously served as the chief operating officer for Rutgers University Correctional Health Care (UCHC) as well as in direct correctional healthcare services.*



## LEARNING OBJECTIVES

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- Understand the unique needs of juveniles in correctional settings.
- Discuss opportunities under CMS State Medicaid Director Level 1115 guidance to support reentry for justice-involved youth.
- Discuss effective state models for justice-involved youth.
- Learn how to create a whole-person approach to the health needs of juveniles in the justice setting.

# THE BIG PICTURE

- Between 2000 and 2020, the number of youth held in juvenile justice facilities fell from 109,000 to 25,000—a 77% decline.
- Improving public safety depends on finding practical, proven responses to youth crime.
- Responses that work are those that focus on what's best for young people's long-term outcomes and keep them from becoming repeat offenders as adults.

SOURCE: [Sample Blog Post \(Juvenile Justice\)](#) | [FrameWorks Institute](#)



## Community-based programs that involve families as a critical component enhance youth outcomes, increase public safety, and strengthen neighborhoods.

- State-run youth detention facilities are typically the most expensive but have negligible public safety benefits compared to community-based programs.
- They are also ill-equipped to address the trauma and mental health challenges that bring many young people into contact with the juvenile justice system.
- There is a push to keep youth in their communities and transition them out of detention facilities as soon as safely possible.



# HEALTH RELATED SOCIAL NEEDS AND HEALTHCARE ACCESS

- Detained youth represent a vulnerable group, for whom social determinants often have had a detrimental impact on their lives and health.
- Insufficient access to food and stable housing, quality educational and economic opportunities, secure family and community environments, adequate recreation and transportation infrastructure, and community-based social and healthcare services are crucial factors in how and why many young people become involved in the criminal justice system.



# THE OPPORTUNITY FOR YOUTH DETAINED

**There are no simple solutions to improve health outcomes for this vulnerable population.** We must expect more of the systems and adults entrusted with the care of this population during detention.

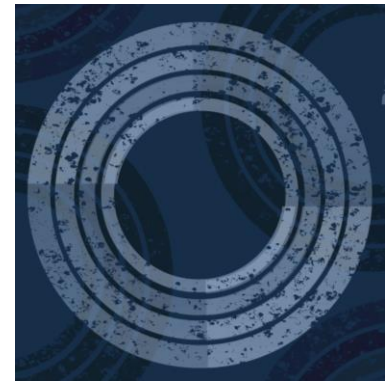
- Improve screening for unmet health needs— inadequate childhood vaccination, poor oral health, possible STIs, or underlying mental, behavioral, or developmental health conditions.
- Provide high-quality care in a timely, respectful, and adolescent-friendly manner.
- Detention of a young person, although undesirable, can be a rare opportunity to address unmet health and social needs and to proactively re-establish connections with community-based resources before and upon release.



## **Detained youth with limited involvement in the justice system are a resilient group that has notably higher health risk than same-age peers, signifying a critical opportunity for intervention.**

Between September 2018 and February 2019, social workers from the Los Angeles County Whole Person Care Juvenile Reentry Aftercare Program (WPC) assessed the health and social needs of youth in pre-trial detention.

- The researchers partnered with the WPC team to analyze assessments completed by 83 youth participants. Youth were on average 16 years old, most (83%) identified as male, and all were from racial or ethnic minority groups.
- Participants reported high behavioral health needs, including a high prevalence of prior suicide attempts (16%) and a history of substance use (81%).
- Participants demonstrated a pattern of crisis healthcare utilization.
- Most youth (74%) desired vocational training, and nearly all (94 %) wanted to return to school after release.



## UNIQUE HEALTH NEEDS OF JUSTICE INVOLVED YOUTH

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Many youth served in the juvenile justice system have **significant health care needs**.

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Justice-involved youth have **high rates** of tuberculosis, dental problems, and sexually transmitted infections such as HIV.

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Moreover, approximately **two-thirds** of justice-involved youth have a **diagnosable mental health or substance use disorder (SUD)**.

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However, fewer than half of juvenile detention facilities provide mental health evaluations to all youth.

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About half of youth in custody (53%) say they have personally met with a counselor at their current facility. (MACPAC 2018)

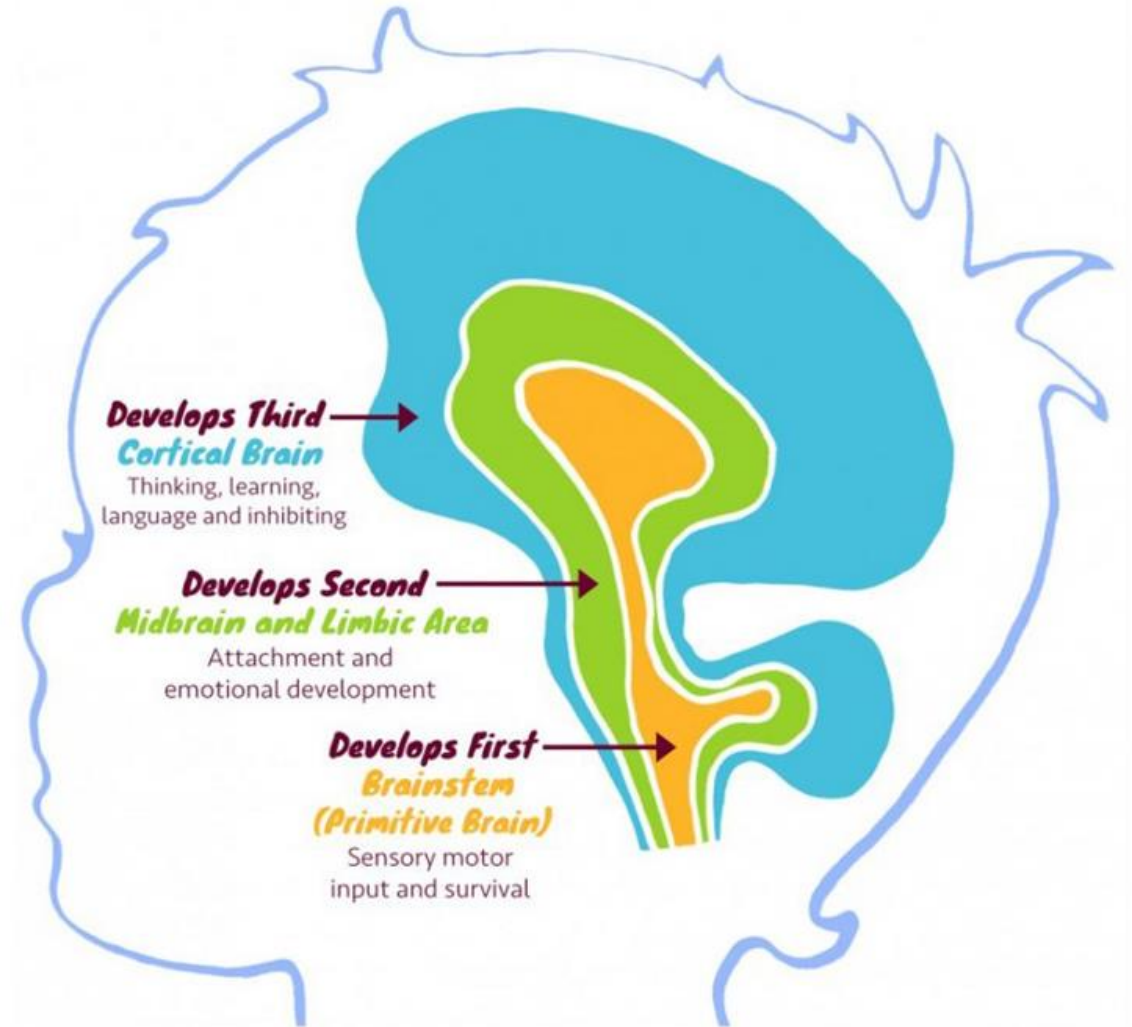
**More than 80% of juvenile justice-involved youth report a history of **exposure to at least one traumatic event** at some point in their lives, and the majority of youth report **multiple forms of victimization.****

**Many youth in the juvenile justice system have experienced **multiple, chronic, and pervasive interpersonal traumas**, which places them at risk for chronic emotional, behavioral, developmental, and legal problems.**

e.g., Abramet al., 2004; Charak, Ford, Modrow ski, & Kerig, 2019; Dierkhising et al., 2013; Ford, Grasso, Haw ke, & Chapman, 2013; Bennett, Kerig et al., 2014; for a review , see Kerig & Becker, 2012

Charak et al., 2019; Ford, Charak, Modrow ski, & Kerig, 2018; Ford et al., 2013.

## YOUTH AND ADOLESCENT BRAIN DEVELOPMENT

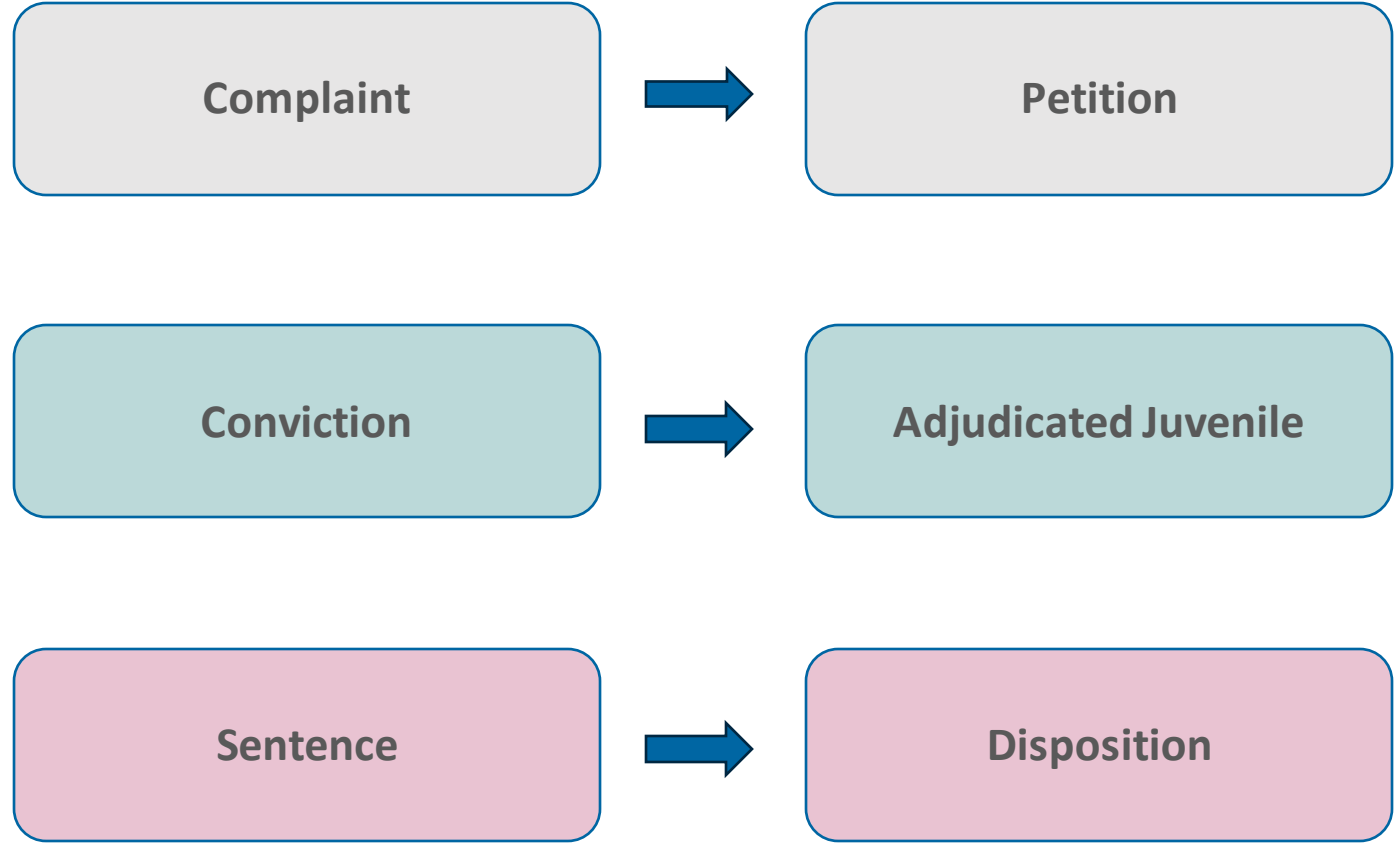


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**JUSTICE  
INVOLVED  
YOUTH-  
TERMINOLOGY**

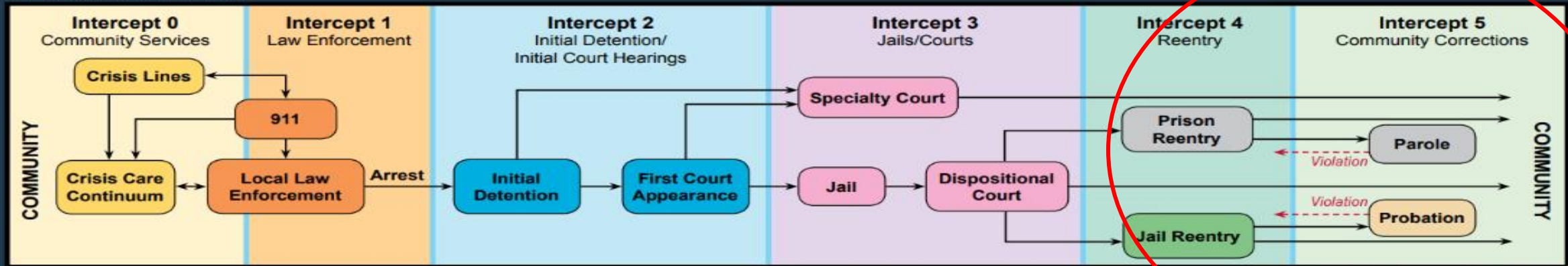
**Adult Criminal  
Justice System**

**Youth Criminal  
Justice System**



# SEQUENTIAL INTERCEPT MODEL (SIM) & YOUTH

The Sequential Intercept Model



Key Issues at Each Intercept

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
<p><b>Mobile crisis outreach teams and co-responders.</b> Behavioral health practitioners who can respond to people experiencing a mental or substance use crisis or co-respond to a police encounter.</p> <p><b>Emergency department diversion.</b> Emergency departments (EDs) can provide triage with behavioral health providers, embedded mobile crisis staff, and/or peer specialist staff to provide support to people in crisis.</p> <p><b>Police-behavioral health collaborations.</b> Police officers can build partnerships with behavioral health agencies along with the community and learn how to interact with individuals experiencing a crisis.</p>	<p><b>Dispatcher training.</b> Dispatchers can identify mental or substance use crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.</p> <p><b>Specialized police responses.</b> Police officers can learn how to interact with individuals experiencing a crisis in ways that promote engagement in treatment and build partnerships between law enforcement and the community.</p> <p><b>Intervening with frequent utilizers and providing follow-up after the crisis.</b> Police officers, crisis services, and hospitals can reduce frequent utilizers of 911 and ED services through specialized responses.</p>	<p><b>Screening for mental and substance use disorders.</b> Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.</p> <p><b>Data-matching initiatives between the jail and community-based behavioral health providers.</b></p> <p><b>Pretrial supervision and diversion services to reduce episodes of incarceration.</b> Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.</p>	<p><b>Treatment courts for high-risk/high-need individuals.</b> Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and Veterans treatment courts.</p> <p><b>Jail-based programming and health care services.</b> Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment, including providing access to medication-assisted treatment (MAT) for individuals with substance use disorders.</p> <p><b>Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.</b></p>	<p><b>Transition planning by the jail or in-reach providers.</b> Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.</p> <p><b>Medication and prescription access upon release from jail or prison.</b> Inmates should be provided with a minimum of 30 days' medication at release and have prescriptions in hand upon release, including MAT medications prescribed for substance use disorders.</p> <p><b>Warm hand-offs from corrections to providers increase engagement in services.</b> Case managers that pick an individual up and transport them directly to services will increase positive outcomes.</p>	<p><b>Specialized community supervision caseloads of people with mental disorders.</b></p> <p><b>MAT for substance use disorders.</b> MAT approaches can reduce relapse episodes and overdoses among individuals returning from detention.</p> <p><b>Access to recovery supports, benefits, housing, and competitive employment.</b> Housing and employment are as important to justice-involved individuals as access to mental and substance use treatment services. Removing criminal justice-specific barriers to access is critical.</p>

Best Practices Across the Intercepts

<p><b>Cross-systems collaboration and coordination of initiatives.</b> Coordinating bodies serve as an accountability mechanism and improve outcomes by fostering community buy-in, developing priorities, and identifying funding streams.</p>	<p><b>Routine identification of people with mental and substance use disorders.</b> Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening assessments and follow-up assessment as warranted.</p>	<p><b>Access to treatment for mental and substance use disorders.</b> Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.</p>	<p><b>Linkage to benefits to support treatment success, including Medicaid and Social Security.</b> People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension (vs. termination) and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.</p>	<p><b>Information sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness service providers.</b> Information-sharing practices can assist communities in identifying frequent utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.</p>
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# SIM & DOMAINS FOR JUSTICE INVOLVED YOUTH

## Three primary domains of trauma-informed care for justice-involved youth:

- Clinical services (e.g., screening and assessment, interventions)
- Agency context (e.g., workforce development and support, promoting a safe environment)
- System-level (e.g., system-level policies and procedures, cross-system collaboration)

Branson CE, Baetz CL, Horwitz SM, & Hoagwood KE (2017).

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## Section 1115 Expenditure Authority

- Pre-release services to individuals in State Prisons, County Jails, and/or in Youth Correctional Facilities for up to **90 days** prior to release.
- Medicaid objectives promote coverage and quality of health care to improve transitions for individuals being released from carceral settings (*and who are otherwise eligible for Medicaid or CHIP*).

## “Pre-release” Benefit Package

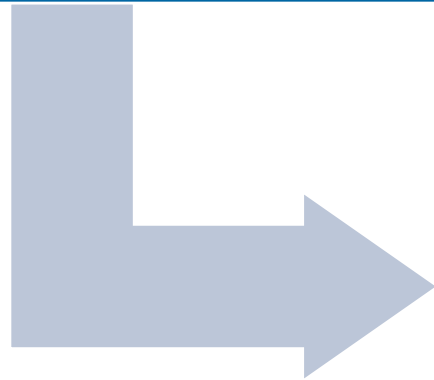
- Targeted package of “pre-release” services:
  - Case management of physical and/or behavioral health
  - Medication-assisted treatment
  - Durable medical equipment\*
  - 30-day supply prescription drugs
- Aim of pre-release service is to improve identification of health and health-related social needs.

## Implementation Planning

- Implementation Plan outlines achievement towards 5 program milestones:
  - Increasing Medicaid and CHIP coverage for the reentering population.
  - Covering and ensuring access to pre-release services to improve care transitions upon return to the community.
  - Promoting continuity of care.
  - Connecting to services available post-release to meet the needs of the reentering population.
  - Ensuring cross-system collaboration.



**Medicaid-eligible youth and adults in state prisons, county jails, or youth correctional facilities are potentially eligible for the targeted re-entry services.**



**All youth in youth correctional facilities will be considered eligible without needing to meet the health criteria.**

**Eligible enrollees can be either pre- or post-adjudication.**

# CALIFORNIA: PRE RELEASE BENEFIT, IMPLEMENTATION & PARTNERSHIPS

**The California plan has robust elements, features, and activities**

## Scope of Targeted “Pre-release” Benefit Package: Providing Access and Transforming Health (PATH) Supports

### Robust implementation plan

- Increasing coverage and ensuring continuity of coverage.
- Covering and ensuring access to the expected minimum set of re-entry services to improve care transitions upon return to the community.
- Promoting continuity of care to ensure access to services both pre- and post-release.
- Connecting to services available post-release.
- Ensuring cross-system collaboration.

### Partnerships

- Increase collaborations among correctional authorities, providers, Medicaid (Medi-Cal) health plans, and community-based organizations for data-sharing, care coordination, continuity of care planning and engagement strategies for eligible populations.

## Intercept 4: Re-entry Planning

Automate referrals & education pre release, with Medicaid eligibility and enrollment

IT infrastructure to support population health for risk stratification, electronic health records

## Intercept 5: Community

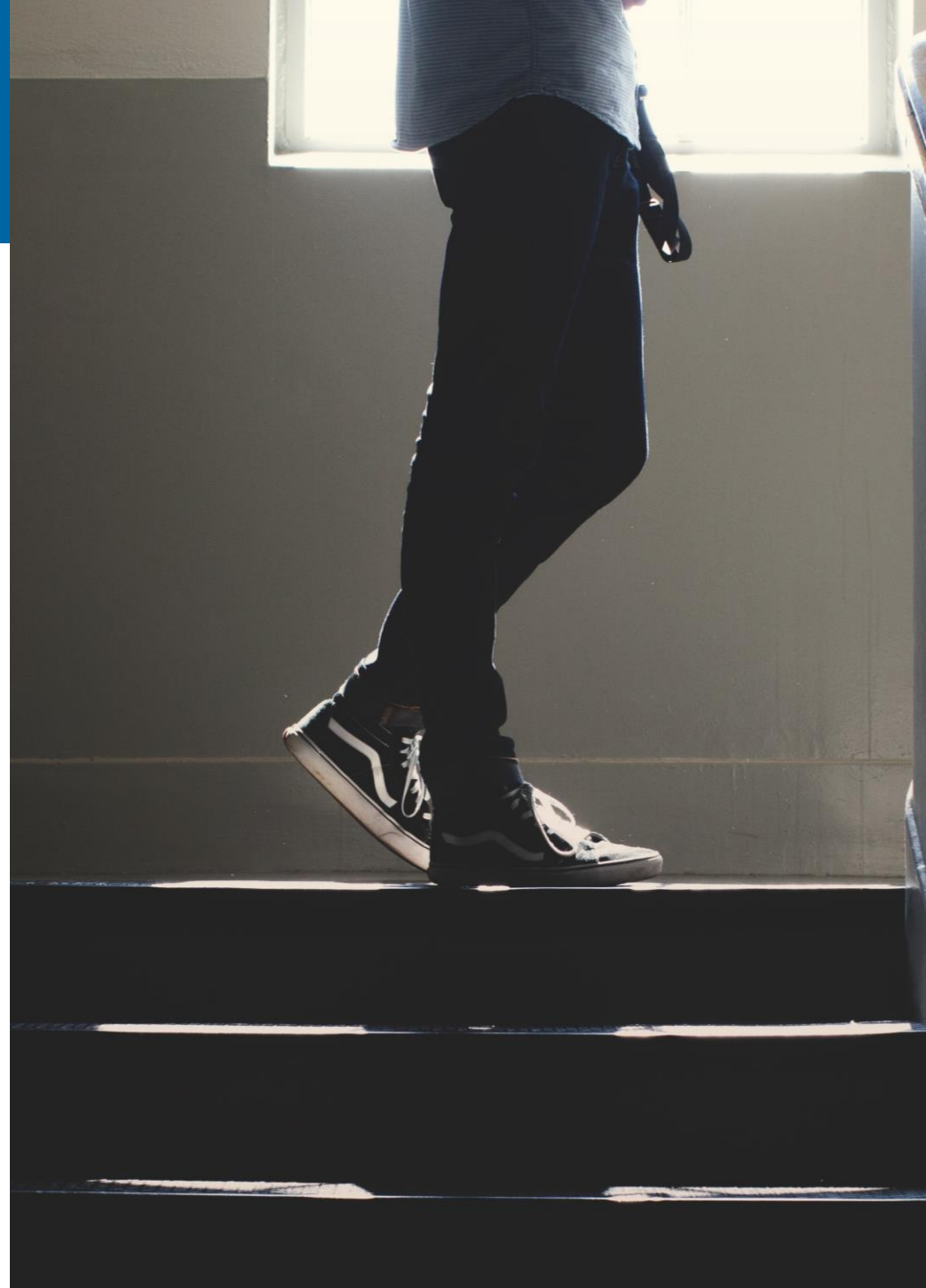
Increase collaborative inter-organization relationships and collaborations among non traditional partners

Sharing data across systems for coordinated care, referrals

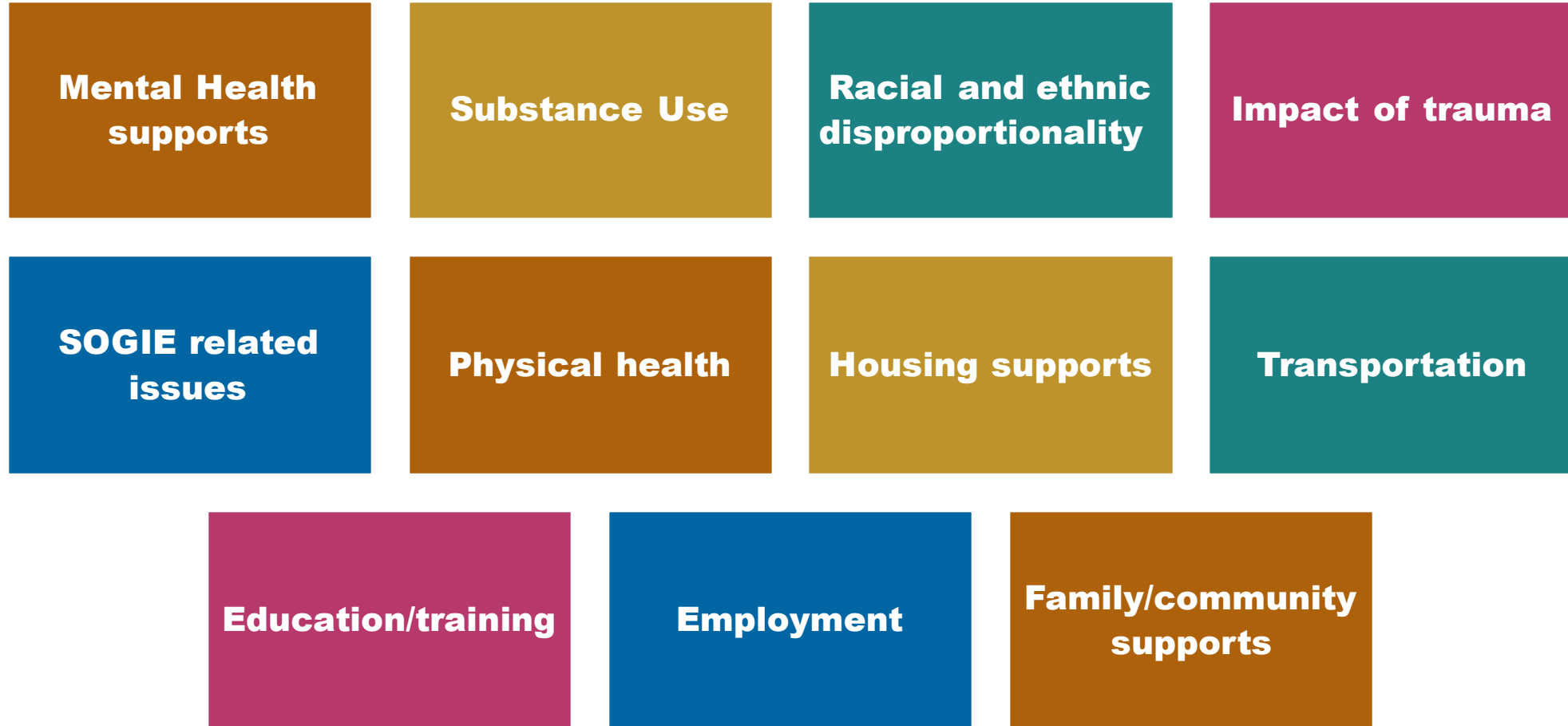
Enhanced case management to wrap around supports and services

# CREATING A WHOLE-PERSON APPROACH TO THE HEALTH NEEDS OF JUVENILES IN THE JUSTICE SETTING

- Sequential Intercept Model
  - Key issues that might have been addressed to prevent incarceration of youth?
  - Best practices that professionals could have applied that may have prevented incarceration?
  - Application for today.



# CREATING A WHOLE-PERSON APPROACH TO THE HEALTH NEEDS OF JUVENILES IN THE JUSTICE SETTING



# CREATING A WHOLE-PERSON APPROACH TO THE HEALTH NEEDS OF JUVENILES IN THE JUSTICE SETTING

## Spotlight Issue: Racial and ethnic disproportionality

- In 2020, cases involving racial/ethnic minority youth were 50% more likely to be referred to juvenile court of a delinquency offense than cases involving white youth, but the level of disproportionality varied by offense and point of contact within the juvenile justice system.

# CREATING A WHOLE-PERSON APPROACH TO THE HEALTH NEEDS OF JUVENILES IN THE JUSTICE SETTING

## Best Practices

- Transition Planning
- Cross-system collaborations
- Trauma assessment
- Easy access to treatment
- Information sharing
- Restorative Justice programming
- Mitigating effects of poverty
- Whole family support (2Gen)
- Leadership level planning for: Individuals, Community, Whole population



# CREATING A WHOLE-PERSON APPROACH TO THE HEALTH NEEDS OF JUVENILES IN THE JUSTICE SETTING

## Challenges:

- Workforce
- Access to services
- Family supports/home environment
- Isolation of facilities
- Complex, multi-system involvement
- Cost
- Defining adequacy
- System redesign



# CREATING A WHOLE-PERSON APPROACH TO THE HEALTH NEEDS OF JUVENILES IN THE JUSTICE SETTING

The Annie E. Casey Foundation has identified eight primary principles that every juvenile justice system should embrace right now, and plan for focusing on in the future. According to the foundation, these principles can accelerate progress on both fronts by advancing public safety through restorative responses and helping systems and communities do better by young people.

1. Lead with values that promote equity and well-being.
2. Maintain an uplifting and safe environment.
3. Develop staff to build positive and supportive relationships.
4. Provide varied and useful programming.
5. Ground practice and culture in knowledge of adolescent development.
6. Treat family members as partners.
7. Encourage community connections.
8. Incorporate continuous quality improvement.





## KEY TAKEAWAYS

- **Justice Involved Youth have unique healthcare needs.**
- **The 1115 JI Reentry Waiver offers the opportunity to address these unique needs and positively impact transitions of care back to the community.**
- **The 1115 JI Reentry Waiver Opportunity supports the creation and implementation of a whole-person approach to meeting the healthcare needs of Justice-Involved Youth.**



Our subject matter experts are currently partnering with state, county, and city governments, healthcare systems and service providers to address the many challenges faced in providing care to persons who are justice involved:

- **1115 Waivers**
- **Reentry/Transitions in Care**
- **SUD/MAT**
- **Workforce and staffing**
- **Crisis/988**
- **Quality and patient safety**
- **COVID pandemic response**
- **Infection control**
- **Urgent, emergent, and chronic disease management**
- **Healthcare screening and assessment**
- **Risk mitigation**
- **Interface/collaboration between custody and clinical teams**
- **Integration of behavioral health, dental, and primary care**
- **Telehealth and innovations in care delivery**
- **Data-driven operations and quality/patient safety solutions**

## Questions?

For additional information, contact:



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