

# MassHealth's Role in Improving Health Outcomes and Recidivism Rates in Justice-Involved People



## THE ISSUE

Improving health coverage for justice-involved people has never been more important, especially in light of Massachusetts' commitment to addressing systemic racism in both the criminal justice system<sup>1</sup> and the health care system.<sup>2</sup>

People of color are disproportionately represented in Massachusetts' prisons and jails. For example, while Black residents make up just 7 percent of the state's population, they account for 26 percent of the state's prison and jail population.<sup>3</sup> These trends point to pervasive structural racism in the criminal justice system, and are consistent with national data showing persistent racial inequities in arrest rates, incarceration rates, and sentence length.<sup>4</sup>

People leaving incarceration are particularly vulnerable to poor health outcomes—they typically have high physical and behavioral health needs,<sup>5</sup> and they are at higher risk for injury and death as a result of violence, overdose, and suicide than people who have never been incarcerated.<sup>6</sup> They also have significant social needs that likely contribute to poor health outcomes, including challenges securing stable housing, food, and jobs.<sup>7</sup> Since people of color are disproportionately incarcerated, the health risks associated with being justice-involved only compound the wide-ranging and longstanding health inequities in the state that, for example, cause people in communities of color to have shorter life expectancies than people living in majority-White neighborhoods in Massachusetts.<sup>8</sup>

This issue brief discusses the important role MassHealth, the name for Massachusetts' Medicaid program and the Children's Health Insurance Program (CHIP), plays in providing coverage and continuity of care for justice-involved people, and highlights MassHealth policies and programs designed to connect formerly incarcerated people not only to health coverage but also to the health care and social services they need to improve their health and decrease their risk of being recriminalized.

## KEY TAKEAWAYS: ROLE OF MASSHEALTH FOR JUSTICE-INVOLVED PEOPLE

### MassHealth Fills a Critical Gap in Health Care Coverage for People Who Have Been Incarcerated and Improves Access to Health Care Services Needed for a Safe Transition Back Into the Community

**Improving access to coverage.** Despite their high health and social needs, people exiting jails and prisons have traditionally been at risk for being uninsured.<sup>9</sup> Nationally, nearly 70 percent of individuals leaving prison or jail are unemployed during the first year after their release.<sup>10</sup> Research shows that former inmates fare worse than others in finding employment.<sup>11</sup> As a result, most unemployed justice-involved people lack access to employer-sponsored health insurance. But because they are unemployed, people leaving incarceration often have low incomes or no income and are therefore eligible for MassHealth.<sup>12</sup> MassHealth serves as a critical coverage option to fill the gap for individuals who have no other health insurance option, and this coverage helps to smooth the transition back into the community, especially for individuals with poor health and/or untreated behavioral health issues that may impede that individual's ability to secure stable employment.

**Improving access to critical health care services.** Not only is Medicaid coverage associated with improved access to care and self-reported health overall,<sup>13</sup> but it also promotes access to and use of specific behavioral health services that are particularly critical for people who were formerly incarcerated. Justice-involved people experience disproportionately higher rates of mental health conditions and substance use disorders (SUDs) than the general population. In Middlesex County, for example, 80 percent of people who are incarcerated have an SUD, 50 percent suffer from mental illness, and more than 75 percent have more than one co-occurring physical and/or behavioral health conditions.<sup>14</sup> People who were formerly incarcerated also face many stressors upon their re-entry into the community—such as unemployment, finding a place to live, and reintegrating

with their families. A link to mental health and SUD treatment can be critical to managing these stressors and preventing SUD relapses or overdoses and/or mental health crises.

MassHealth covers a robust set of services that spans a range of behavioral health settings, many of which are typically not covered by commercial insurance.<sup>15</sup> For example, MassHealth covers long-term residential treatment, which has been shown to improve life outcomes for individuals with SUDs and is typically not covered by commercial plans in Massachusetts.<sup>16</sup> MassHealth also covers medication for addiction treatment (also known as medication-assisted treatment, or MAT), inpatient and outpatient treatment, and 24-hour diversionary services (to help people avoid hospital admissions for inpatient care). Because of its robust behavioral health benefits, MassHealth serves as an important tool for combating the opioid epidemic. Nationally, Medicaid expansion was associated with a 13 percent increase in patient utilization of MAT for opioid use disorders.<sup>17</sup> This is especially relevant to justice-involved people, because in Massachusetts former adult inmates are 120 times more likely to die from an opioid overdose than individuals with no incarceration history.<sup>18</sup>

**Reducing incarceration rates.** When justice-involved individuals with physical and behavioral health needs have access to health coverage and continuity of health care services, they not only experience better health outcomes, but are also less likely to be recriminalized. Nationally, Medicaid coverage has been linked to lower rates of recidivism. In Florida, having Medicaid at release was associated with a 16 percent reduction in the average number of subsequent detentions. A study in Michigan found that the overall recidivism rate for parolees has fallen since the launch of an initiative to connect prisoners to health care upon release.<sup>19,20</sup> A study of inmates in Washington found that those who had access to Medicaid coverage coupled with intensive SUD treatment and care management after release experienced a 33 percent lower rate of recidivism in the following year than those who had only Medicaid coverage.<sup>21</sup>

### MassHealth Is a Leader in Designing Policies and Programs to Meet the Unique Needs of Justice-Involved People

Massachusetts has long recognized the important role of MassHealth in the health of justice-involved people and has put in place policies and programs designed to better serve them.

**Continuity of care.** Ensuring that Medicaid coverage is “turned on” or reactivated at release is critically important to mitigate any gaps in coverage. It provides the necessary continuity of health care in order to ensure access to preventive services for the

management of chronic diseases, such as diabetes and asthma, to address mental health needs, and to maintain recovery through treatment for SUDs, including MAT. This is important since individuals who were formerly incarcerated are at an especially high risk of death from opioid overdose in the first 30 days post-release—the rate is 10 times higher in the first month after release than in months two and three. This underscores the need to connect formerly incarcerated individuals with services immediately upon release.<sup>22</sup>

Massachusetts is a leader among states in its efforts to ensure that justice-involved people are enrolled in Medicaid upon their release into the community:

- **Suspension efforts.** Individuals who are enrolled in MassHealth when entering a House of Correction or a Department of Correction facility have their coverage suspended instead of terminated. Massachusetts is one of 34 states and the District of Columbia that suspends coverage for incarcerated individuals.<sup>23</sup> Suspension processes are important because federal law prohibits states from drawing down Medicaid funds when an individual is incarcerated unless they have been hospitalized for more than 24 hours. Suspension allows for coverage to be easily reactivated when incarcerated people are temporarily hospitalized, enables Massachusetts to access federal funds to pay for those hospitalizations, and ensures that coverage is seamlessly activated upon return into the community without requiring a new application. Instead of simply turning coverage back “on,” states without Medicaid suspension practices require justice-involved people to reapply for Medicaid benefits. Over the last five years, MassHealth has instituted suspension processes within the Houses of Correction and the Department of Correction for MassHealth-enrolled individuals who become incarcerated.

#### HOUSES OF CORRECTION VS. DEPARTMENT OF CORRECTION

It is important to note that Massachusetts has two different types of institutions that house inmates. These institutions are:

- **Houses of Correction (HOC):** County-run facilities that house detained individuals awaiting trial and incarcerated individuals serving sentences of up to two-and-a-half years.
- **Department of Correction (DOC):** The state prison system, consisting of 16 institutions across the state. It manages incarcerated individuals who generally have sentences longer than two-and-a-half years.

These facilities are generally subject to the same MassHealth-related enrollment and suspension requirements, though there are some differences in how the requirements are operationalized.

- **Pre-release enrollment efforts.** For individuals who are uninsured when they become incarcerated, Massachusetts ensures that enrollment in MassHealth is a core part of the release planning process. Massachusetts takes steps to ensure individuals who are eligible for MassHealth but are not enrolled in the program become enrolled while incarcerated, prior to release. In fact, an estimated 85 percent of the Department of Correction prisoner population are enrolled in MassHealth as part of their pre-release discharge planning—either being enrolled pre-release or having suspended coverage reactivated.<sup>24</sup> This enrollment process enables uninsured justice-involved individuals to have stable health insurance upon release into the community so that they can access needed behavioral and physical health services without delay.<sup>25</sup> MassHealth has developed strong relationships with each of the Houses of Correction and the Department of Correction, which allows for a streamlined approach to activate coverage for justice-involved individuals preparing to re-enter the community.

- **Targeted care management to support continuity of services for people leaving incarceration.** Evidence suggests that improving health outcomes and reducing rates of recidivism also requires focused care management to connect people leaving incarceration to the services they need in their communities. For example, Ohio launched a program that enrolls justice-involved people in Medicaid and offers care management to connect them before they are released to needed physical, behavioral, and social services (such as primary and specialty care, SUD recovery services, and needed housing and transportation).<sup>26</sup> A recent study of the program found that 95 percent of those in the pre-release program with an opioid use diagnosis received treatment, and over 75 percent of those with a mental health diagnosis received necessary medication.<sup>27</sup> Furthermore, 85 percent of program participants said that the program improved their physical and mental health, and two-thirds of program respondents said that participating in the program made it less likely that they would return to prison or jail.

To help better connect justice-involved people with the services they need, MassHealth launched the Behavioral Health Supports for Justice Involved Individuals (BH-JI) Demonstration in 2019. This program initially launched in two counties, Middlesex and Worcester, with the goal to expand statewide in 2021.<sup>28</sup> The BH-JI Demonstration is a collaborative effort between MassHealth, the Executive Office of the Trial Court, the Department of Correction, Middlesex Sheriff's Office and Worcester County Sheriff's Office, and the statewide expansion includes the additional partnership of twelve sheriff offices in Massachusetts. The

objective of BH-JI is to meet the health and social needs of people with high needs who are incarcerated through intensive care management in order to promote successful community reintegration. BH-JI ensures that people who are at high-risk for poor health outcomes are supported in navigating the health care delivery system and are connected to needed physical and behavioral health services, as well as social support services.

The BH-JI Demonstration has served over 700 individuals in jail or prison or on parole or probation who have behavioral health needs (mental health conditions, SUDs, or co-occurring illnesses).<sup>29,30</sup> Justice partners such as the Massachusetts Parole Board, Massachusetts Probation Services, Department of Correction, and sheriff's offices are responsible for identifying and referring eligible individuals to two nonprofit behavioral health providers—Advocates, Inc. and Open Sky Community Services. Staff from these organizations conduct in-person visits with individuals at correctional facilities or meet individuals at parole or probation offices to develop individualized support plans and provide comprehensive community supports. Community supports include connecting individuals to and making appointments with physical and behavioral health providers, making referrals to social services such as food and employment support, and obtaining stable housing.<sup>31,32</sup>

The Executive Office of Health and Human Services (EOHHS) anticipates expanding BH-JI statewide in September 2021. For this expansion, EOHHS will contract with up to 11 behavioral health providers to conduct in-reach and re-entry activities within correctional facilities and to provide community supports. A portion of this project (in-reach supports and community supports provided to certain members) would continue to be funded with state-only dollars. In March 2021, EOHHS requested authority to use Medicaid funding (with federal matching dollars) for the community supports provided to MassHealth managed care enrolled members through the Community Support Program (CSP) already authorized under the Commonwealth's 1115 demonstration waiver.<sup>33</sup> CSP services would assist members in enhancing daily living skills, provide service coordination and linkages, assist members with obtaining benefits, housing, and health care, develop a crisis plan in the event of a psychiatric crisis, provide prevention and intervention, and foster empowerment and recovery, including linkages to peer support and self-help groups.

Access to community supports, such as those provided through BH-JI, are critical to improving and maintaining the health and stability of justice-involved individuals, aiding

their transition back into the community, and promoting successful community tenure. Preliminary results from the Massachusetts' BH-JI Demonstration indicate a decrease in inpatient and emergency room utilization, and increased connection to more appropriate outpatient behavioral health services.<sup>34</sup>

## LOOKING AHEAD

Massachusetts' efforts to ensure access to MassHealth coverage, as well as its innovative behavioral health care management strategies, are improving health outcomes for high-needs justice-involved people and reducing recidivism. Since people of color are disproportionately incarcerated, these efforts position MassHealth as central to the state's ongoing focus and dialogue on addressing structural racism in the criminal justice system and in the health care system.

## ENDNOTES

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