



**Commonwealth
Medicine**

ACCJH

Academic Consortium on
Criminal Justice Health

Strategies for Reducing Adverse Outcomes for Criminal Justice-Involved Populations

Presenters:

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November 2020

Presentation Overview

- The opioid crisis in Massachusetts has affirmed that individuals with a history of incarceration and opioid use disorder are at greatest risk for nonfatal and fatal overdose. Furthermore, homelessness and serious mental illness increase that risk dramatically. In turn, the Governor and Secretary of Health and Human Services in concert with the Massachusetts Medicaid Program, the Department of Public Health and the Trial courts have undertaken a multi-pronged strategy to mitigate those risks. This panel will present three interventions to improve those outcomes

Behavioral Health Supports for Justice-Involved Individuals (BH-JI)

How coordination of care post release creates
successful community reintegration

Meaghan Dupuis, LMHC

BH-JI Goals

Goals:

- A. Develop a sustainable model for engaging Justice Involved Individuals with mental health and addiction needs;
- B. Demonstrate improved health outcomes, decreased fatal overdoses, and effective, efficient healthcare utilization for Justice Involved Individuals enrolled in the BH-JI program;
- C. Connect and transition eligible Enrolled Individuals to appropriate health care services and Community Services, as described in Section 2.2 of Attachment A; and
- D. Demonstrating the viability of expanding the BH-JI program statewide.

Process:

- Guidance from Council on State Governments (CSG) – Justice Center
- Alignment within MassHealth with larger health reform strategy
- Discussions with Probation, Parole, DOC, HOCs, DPH and DMH
- Informed by UMass literature review & stakeholder interviews
- Use state-only dollars for demonstration (FY19/FY20) with goal to obtain federal match for statewide roll-out (FY21) for BH-JI community supports

Background: CSG Justice Reinvestment Challenge to EOHHS and MassHealth

The Council of State Governments (CSG) issued recommendations in 2017 that addressed key challenges within Massachusetts' criminal justice system, working hand-in-hand with Commonwealth leadership and the Massachusetts Justice Reinvestment Working Group:

- POLICY OPTION 1: Increase participation in and completion of evidence-based recidivism-reduction programs during incarceration.
- POLICY OPTION 2: Improve interagency coordination to ensure the timely release of people who have received parole approval.
- POLICY OPTION 3: Strengthen community supervision.
- ***POLICY OPTION 4: Improve access to behavioral health care in the community for people in the criminal justice system.***
- POLICY OPTION 5: Improve data collection and performance monitoring across the criminal justice system.

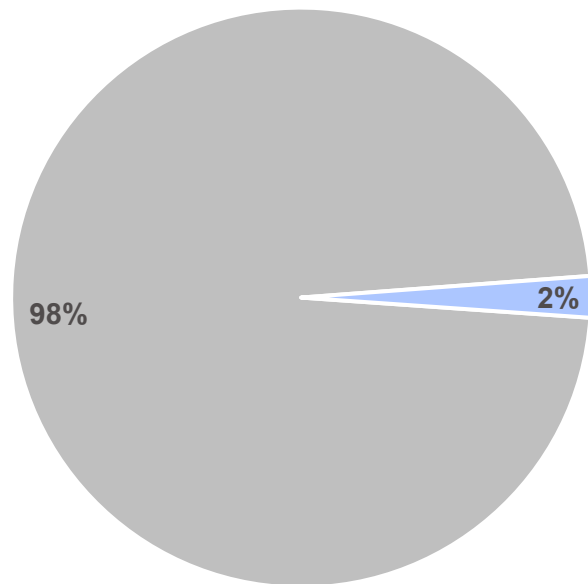
SFY18 Budget included appropriations supporting these options in line with the CSG report recommendations.

Vulnerability of Target Population

- Inmates are 10x more likely to meet the criteria for drug dependence or abuse than general population
- Former adult inmates in MA were 120x more likely to die from opioid overdose than individuals with no incarceration history
- Former adult inmates in MA are at high risk of death from opioid overdose in the first 30 days post-release (10x higher rate in 1st month than between month 1-3)
- High incidence of mental health conditions among prison and jail inmates (35-45% with history of mental health problem)
- Majority of Justice Involved are MassHealth Members (90-95%)
- Sources: US DOJ; MA DPH; MA DOC, and HoCs

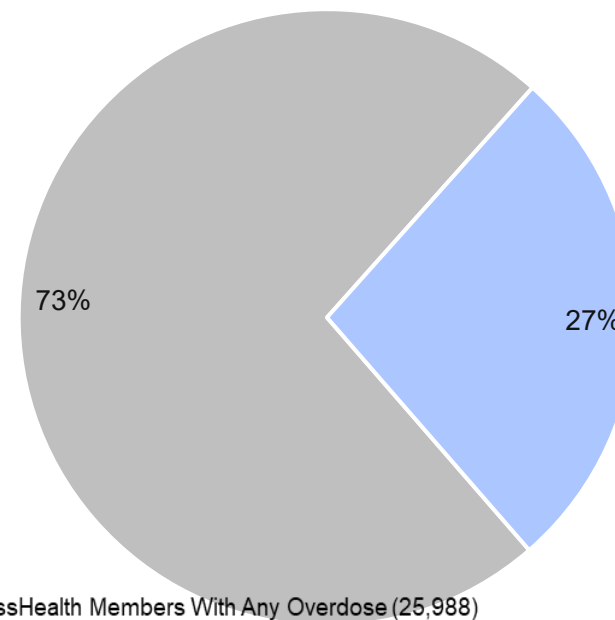
MassHealth Members with Opioid Overdoses and Recent Incarceration

Of All MassHealth Members Between 2011-2015,
2% Were Recently Incarcerated



- Total MassHealth Members (1,968,266)
- MassHealth Members Who Were Recently Incarcerated (46,355)

Of All MassHealth Members with an Overdose
Between 2011-2015, 27% Were Recently
Incarcerated

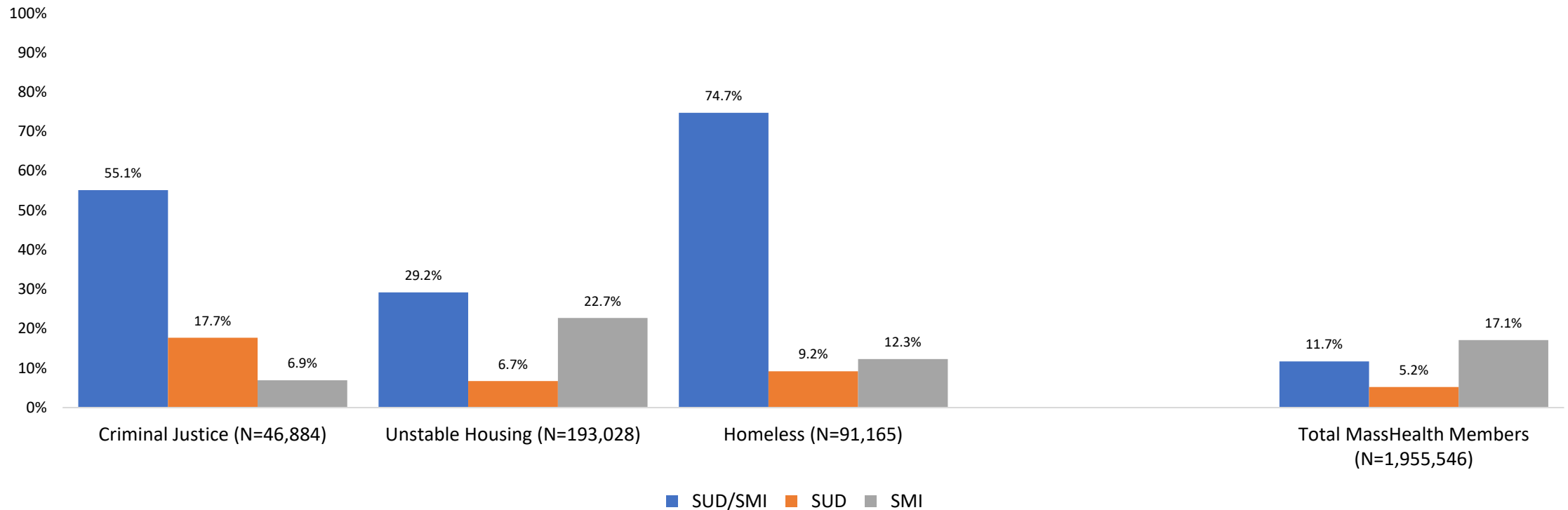


- Total MassHealth Members With Any Overdose (25,988)
- MassHealth Members Who Were Recently Incarcerated With Any Overdose (7,094)

Among all MassHealth members who had an opioid overdose between 2011 to 2015, more than 1 in 4 had been incarcerated in a correctional facility at some point during that 5-year period. Only 2% of all MassHealth members were incarcerated at any point during those 5 years.

Source: Center for Health Policy and Research, University of Massachusetts Medical School. Opioid Overdoses Among High-Risk MassHealth Members: An Exploratory Analysis. July 20, 2017.

Percent Distribution of Mental Health Diagnosis by Subpopulation of MassHealth Members, Ages 11-64: 2011-2015



•The proportion of criminal justice involved members with dual behavioral health diagnoses was five times higher than the general MassHealth population

•Source: MDPH PHD Warehouse (MassHealth Dataset)

Common Practices of Successful Reentry

Structure:

- Formal establishment of collaboration between correctional facilities and community partners
- Clear, frequent communication among stakeholders

Services:

- Preparation for reentry begins well in advance of release
- Continuity of care and care management pre- and post-release
- Arranging for stable housing and employment is key

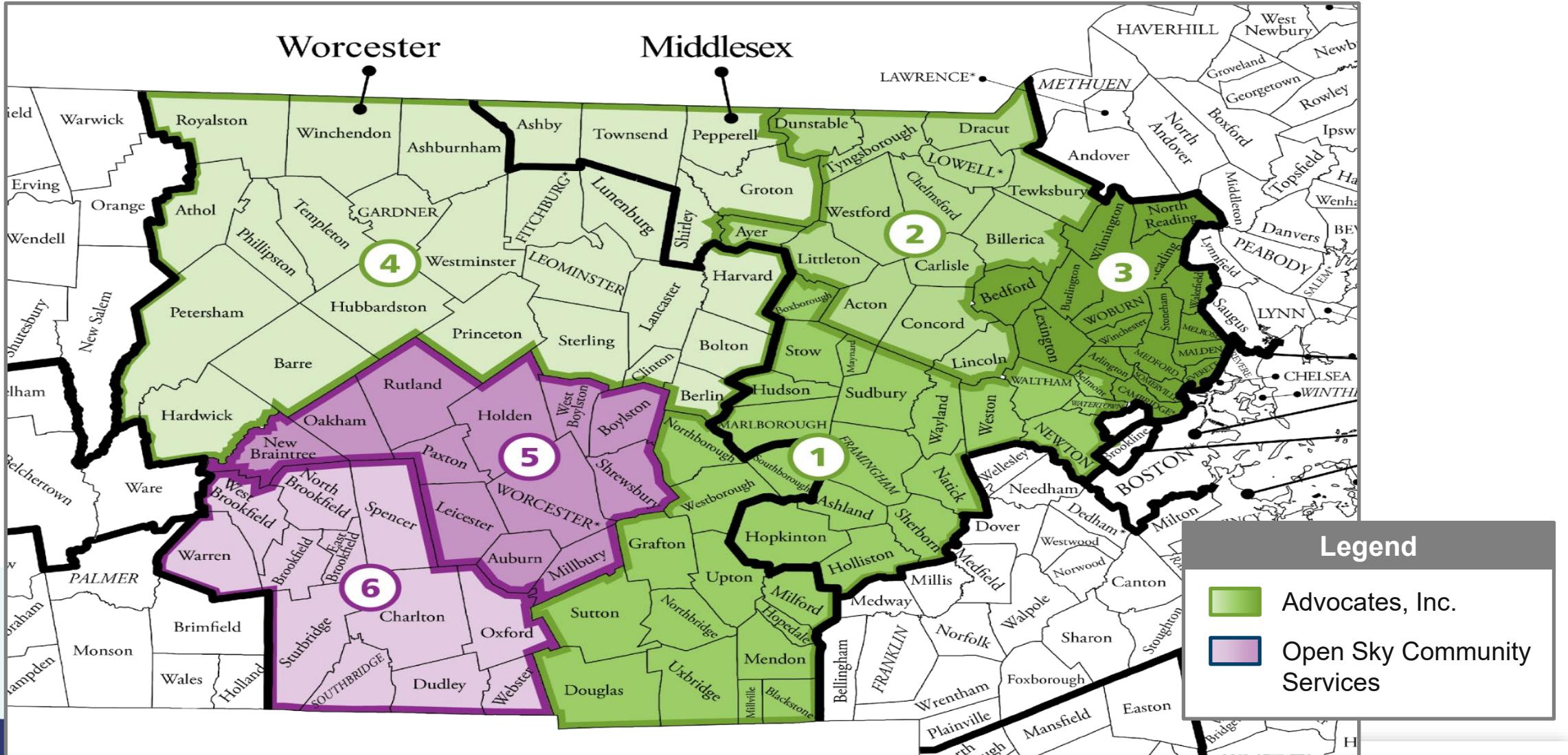
Staffing:

- Consistent staffing; Small caseloads; Ongoing staff training

Demonstration Procurement Strategy (FY19/FY20/FY21)

- 1. MassHealth issued a Vendor procurement for providers of BH-JI Supports in two counties in FY19/FY20:**
 - Advocates, Inc. – Support Areas 1 -4
 - Open Sky Community Services – Support Areas 5-6
- 2. Each county will engage a total of ~225 individuals at a time for a total of ~450 at any given time between both counties**
- 3. Plan for inclusion across MassHealth benefit in 4/1/2021**

BH-JI Support Areas



Payment Method

MassHealth will make 3 types of payments for BH-JI Supports:

1. **In-Reach Payments** for visits “behind the wall”
 - Payment rate per in-reach visit
 - FY 2019: Maximum 20 visits per Support Area per month
 - FY 2020: Maximum 12 visits per Support Area per month

2. **Other Qualifying Activity Payments** for BH JI supports provided in the community
 - FY 2019: Payment rate per day x estimated caseload per Support Area (listed in Appendix 5)
 - FY 2020: Payment rate per enrolled individual per day

3. **Enrollment Fees** for newly enrolled individuals
 - Payment rate per newly enrolled individual

BH-JI Supports: Enroll in BH-JI while incarcerated

Supports: Enroll while Incarcerated	Supports: In Community
<ul style="list-style-type: none">• Identify inmates/detainees w/ SMI/SUD/COD who meet eligibility criteria• Provide education to inmates on accessing BH-JI supports, invite individuals to enroll• In-Reach Supports<ul style="list-style-type: none">○ Group and individual In-Reach sessions○ Conduct Bio-Psycho-Social needs assessment○ Develop support plan & safety plan○ Make appointments with providers○ Assist with obtaining housing, other services• Coordinate releases with providers, other supports	<ul style="list-style-type: none">• Trained staff provide intensive supports:<ul style="list-style-type: none">○ Daily contact for 1st month, then as needed○ Plan to meet on day of release○ Coordinate with health care providers, other supports○ 24-7 on-call support• Implement support plan• Assist with making and keeping appointments• Assist with obtaining and maintaining housing• Assist with accessing social services, benefits• Warm hand-off to post-BH-JI supports

BH-JI Supports: Enroll in BH-JI while in the Community

Supports: Enroll in Community	Supports: In Community
<ul style="list-style-type: none">• Identify probationers/parolees with SMI/SUD/COD who meet eligibility criteria• Provide education to on accessing BH-JI supports, invite individuals to enroll• Conduct Bio-Psycho-Social needs assessment• Develop support plan & safety plan	<ul style="list-style-type: none">• Trained staff provide intensive supports:<ul style="list-style-type: none">○ Daily contact for 1st month, then as needed○ Coordinate with health care providers, other supports○ 24-7 on-call support• Implement support plan• Assist with making and keeping appointments• Assist with obtaining and maintaining housing• Assist with accessing social services, benefits• Warm hand-off to post-BH-JI supports

Eligibility for Participation

1. **Administrative criteria** – must meet *all* of the following:
 - a. MassHealth eligibility (ACO/MCO members, PCC, FFS, One Care, SCO)
 - b. Not receiving similar supports (CSP, RSN, other re-entry program)

2. **Programmatic criteria** – must meet *all* of the following:
 - a. Clinical diagnosis of mental illness, addiction treatment needs or co-occurring mental illness and addiction treatment needs
 - b. At risk for admission to a 24-hour facility (inpatient hospital, crisis stabilization, detoxification, residential treatment, or to a Correctional Institution)
 - c. Criminogenic risk profile constitutes a barrier to accessing or consistently utilizing essential medical or behavioral health services

3. **Justice involvement criteria** – must meet *one* of the following at time of referral:
 - a. Expected to be released within 60 days from a partner DOC/HOC facility
 - b. Under the risk/need supervision of probation or parole

4. **Geographic criteria** – must meet the following:
 - a. Being released to or living in Middlesex or Worcester County

Eligibility Continued

2.b Programmatic criteria –The individual is at risk for admission or commitment to a 24-Hours Facility, as evidenced by one or more of the following:

- Discharge from a 24-hour behavioral health inpatient or diversionary level of care (including state hospitals) within the past year;
- Discharge from a Correctional Institution infirmary or crisis stabilization unit for detoxification or close mental health observation in the past year;
- Discharge from a residential treatment unit in a Correctional Institution in the past year;
- Multiple encounters with an Emergency Services Program (ESP) or emergency department (ED) within the past year; OR
- History of underutilization of essential medical and behavioral health services

Eligibility continued

2.c Programmatic criteria – Criminogenic risk profile constitutes a barrier to accessing or consistently utilizing essential medical or behavioral health services as evidenced by one or more of the following:

- Individual demonstrates antisocial behavior symptomology, which may be consistent with an Antisocial Personality Disorder, as evidenced by criminal activity that has led or could lead to criminal justice problems, lack of concern for others, antisocial cognition, and/or disregard for authority (expressed through distrust, conflict or opposition), and which prevents positive change;
- Individual's danger of relapse to addiction and/or mental disorder is accompanied by an uninterrupted cycle of relapse-reoffending-incarceration-release-relapse without the opportunity for treatment;
- Individual continues to engage repetitively and compulsively in behaviors that pose a risk of relapse to addiction and/or mental disorder (such as antisocial behavior or criminal activity, or spending time in places where antisocial behavior is the focus) because of a lack of understanding of the relationship between those behaviors and relapse to substance use, mental disorders or criminal activity;
- Individual lacks social contacts or has unsupportive contacts that jeopardize recovery (i.e. family, school, home, work and/or leisure/social environments inhibit opportunity for treatment for or recovery of addiction and/or mental disorder); OR
- Individual is identified as high or very high risk of recidivism on validated risk assessments due, at least in part, to a substance use, mental health or co-occurring disorder.

- Slides on BHJI evaluation removed due to confidentiality.
- Slide deck will be updated as evaluation information can be shared publicly

Questions?



ACCJH

Community
Learning
Networking
Resilience

The ACCJH Conference
will take place in 2021.

The 14th Academic & Health
Policy Conference on Criminal
Justice Health will be held virtually
from Thursday, April 8th through
Saturday, April 10th, 2021.