Criminal Justice Population Presents Complex Challenges

JULY 13, 2016

Introduction

On any given day, more than 100,000 Coloradans are involved in the criminal justice system in some way. Most are living in the community on probation or parole, while the rest are in jail or prison.

People in the criminal justice system are likely to have greater health needs than the general population, especially in terms of behavioral health (Figure 1). At the same time, changes tied to the Affordable Care Act have made much of this population eligible for Medicaid. As a result, the health community is starting to pay more attention to this group.

The July 13, 2016, meeting of the Safety Net Advisory Committee Learning Lab (SNAC Lab) focused on the intersection of criminal justice and health policy.

Primary Themes

- Two complex systems health care and criminal justice — are converging in unfamiliar ways.
- The criminal justice population presents unique challenges in continuity of care and data sharing.
- Laboratories of innovation exist throughout Colorado.

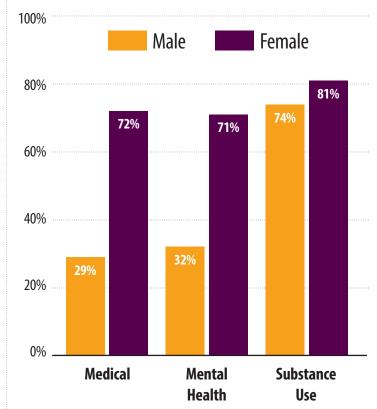
Background

Coloradans involved in the criminal justice system are often overlooked, but their numbers are not small. Colorado's county jails hold 10,000 people. Another 17,000 Coloradans are in prison, while 10,000 are on parole and 74,000 on probation (Figure 2).

When they are released from the criminal justice system,

Figure 1. Health Needs of Colorado Inmates

Includes people in prison, jail or community corrections.



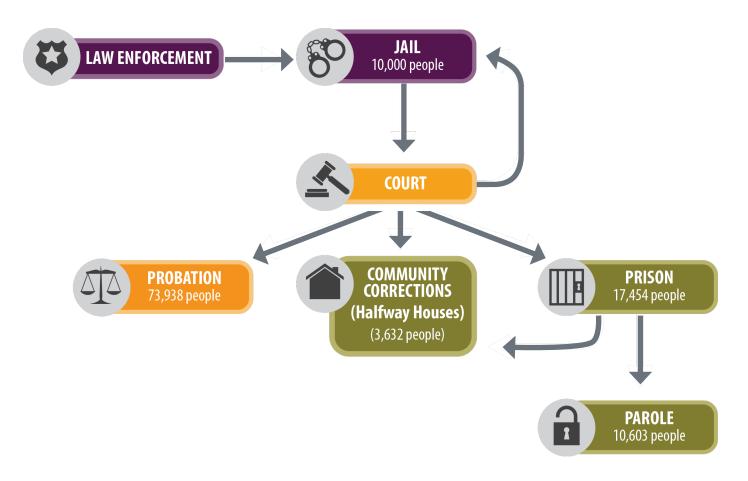
Source: Colorado Department of Corrections 2014 Statistical Report

these Coloradans tend to be at a disadvantage in the social determinants of health, including housing, jobs and food security.

Colorado's push to integrate physical and behavioral health represents a big opportunity for this population, which has much higher needs for behavioral health and



Figure 2. Paths Through the Criminal Justice System



Source: Colorado Criminal Justice Reform Coalition; Take Care Health Matters

substance use treatment than the overall population.

It's a challenging population for a number of reasons.

Data sharing between the criminal justice system and health providers is weak. Health care and coverage are rarely the first priorities for people upon release from jail or prison. And substance use disorder rates are staggering — upwards of 75 percent of the criminal justice population.

The inmate population differs demographically in significant ways from the general population. It's 91 percent male and 31 percent Hispanic. Mental illness is two times to three times more prevalent compared with the overall U.S. population. And because of tough sentencing laws and aging Baby Boomers, the inmate population is getting older.

Terri Hurst, policy coordinator for the Colorado Criminal Justice Reform Coalition (CCJRC), provided additional

information.

The CCJRC is running an outreach campaign called Take Care Health Matters. It has three stages: enrollment in coverage, access to care and health literacy.

The Colorado Department of Corrections (DOC) is ahead of the curve, she said. The DOC works with the Department of Health Care Policy and Financing (HCPF) to prepare inmates for Medicaid enrollment as part of their training for re-entry into society. Up to three-quarters of the people DOC releases enroll in Medicaid, which Hurst called a great sign-up rate.

The criminal justice system too often deals with people with behavioral health or substance use issues, Hurst said. The system is vast, and it is divided among all major levels of government: county jails, state courts and prisons, and federal courts and prisons. Each layer needs specific attention, Hurst said.



County jails, on the other hand, show mixed results. Inmates live in county jails when they are awaiting trial, but some who are convicted of minor crimes serve their entire sentences in county jails. More than half of county jails help inmates enroll in Medicaid upon release, but it's a harder population to reach because people are let go at unpredictable times. For example, someone could post bond and be released at 2 a.m.

The majority of Colorado's criminal justice population is already living in the community, rather than behind bars.

The largest share are on probation, and that is one area where the state has not been directly focused on Medicaid enrollment or access to care, Hurst said.

Some 3,600 people are in community corrections, commonly known as halfway houses. Half are transitioning out of prison, while the other half were sentenced there directly by the court. Until recently, halfway house residents were not eligible for Medicaid. But the federal rules changed in April 2016, ending a fight Colorado had been waging since 2008 to extend Medicaid to this population.

The SNAC Lab Discussion

The Colorado Health Institute's Jeff Bontrager asked representatives of Regional Care Collaborative Organizations (RCCOs) how they are handling the criminal justice population.

One RCCO is connecting with DOC inmates prior to release in "re-entry pods," which are special sections of prisons where inmates prepare to leave prison. The RCCO helps inmates set up services, and they walk out the door with a Medicaid card and an appointment with either a primary care or behavioral health provider. It's much easier to reach people when they are still in prison, the RCCO representative said. Newly released inmates can be hard to find and frequently are homeless.

Other RCCOs are still figuring out how to work with this population. They have learned that stable housing is an especially high barrier for the criminal justice population. In rural areas, transportation and access to providers are problems, too. One RCCO plans to hire a dedicated case manager for people in the criminal justice system.

Another RCCO representative said prisons are doing a good job of starting the enrollment process prior to



The Take Care Health Matters campaign seeks to reach people involved in the justice system and enroll them in Medicaid coverage while teaching them how to use the health care system.

release. Inmates are released with a 10-day supply of physical medications and a 30-day supply of psychiatric medications. But it can take a month for Medicaid enrollment to be processed, and then another two months for the person to show up in the RCCO's administrative system. By that time, medications have run out, and other hardships are likely to have happened to the newly released inmate.

Community corrections presents a different problem.

Emergency department use is high among this population, partly because people in halfway houses did not qualify for Medicaid until a few months ago. Community corrections residents and staff often do not know how to use the health care system. The problem is important for RCCOs because community corrections can spike a RCCO's emergency department numbers, and RCCOs are judged on how well they prevent unnecessary emergency care.

Finally, the DOC has recently begun using new electronic health records. The system should interface with CORHIO, one of the state's health information exchanges, allowing providers to improve continuity of care for people after they are released from prison. One participant said it will be critical to integrate behavioral

health information into electronic medical records. Some behavioral health providers have plans to share this data, but it requires patient consent.

Conclusion

The criminal justice system and the health care system are both complex, and they are converging in ways that are unfamiliar to experts in both areas.

People coming out of prison or on probation tend to have significant health challenges, especially in terms of behavioral health and substance use.

However, leaders in both systems are taking steps to help the health care system reach inmates as they are released from the correctional system.

Organizations Represented at the July13, 2016, SNAC Lab

- Caring for Colorado Foundation
- Central Oregon Health Council
- Colorado Access
- Colorado Behavioral Healthcare Council
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Alliance
- Colorado Community Health Network

- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- Colorado Division of Criminal Justice
- Colorado Health Foundation
- Colorado Hospital Association
- CORHIO
- Denver Health
- Equitas Foundation
- Independence House

- Inner City Health Clinic
- Jefferson Center for Mental Health
- Jefferson County Public Health
- Kaiser Permanente
- North Colorado Health Alliance
- Northwest Colorado Visiting Nurse Association
- SET Family Medical Clinics
- Telligen
- Tri-County Health Department
- University of Denver



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