



**Commonwealth
Medicine**

Massachusetts Demonstration: Medicaid Supports for Justice-Involved Individuals with Behavioral Health Needs

Presented by:

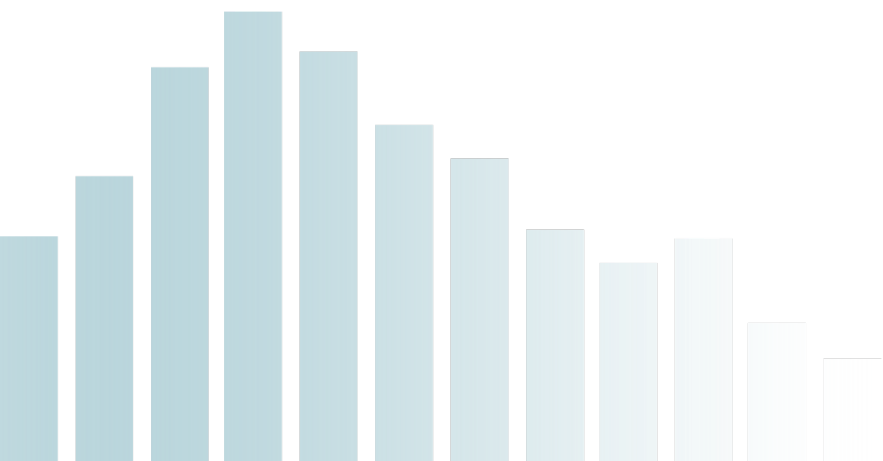
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Agenda



Background



MassHealth Behavioral Health for
Justice-Involved Individuals Initiative

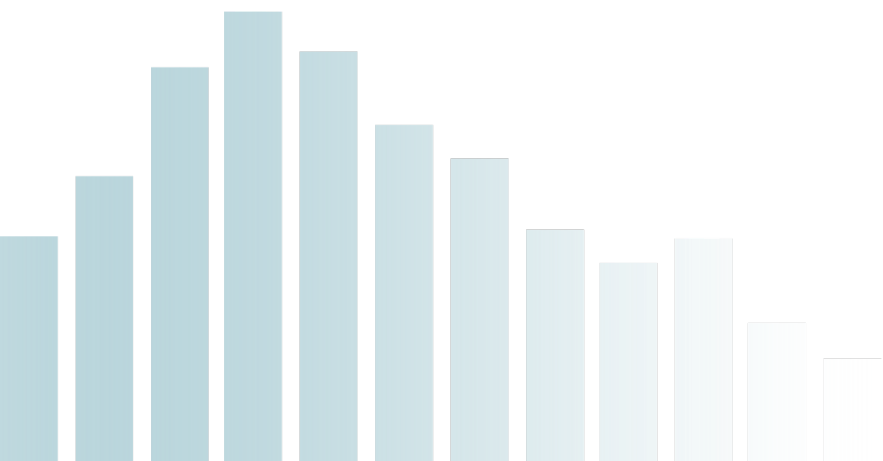


Preliminary Results



Lessons Learned and Next Steps

Background



CSG Justice Reinvestment Challenge to Massachusetts

In 2016, the Council of State Governments (CSG) Justice Center convened a working group comprised of high-level Massachusetts government and justice system leaders to:

- Reduce reoffending
- Contain corrections spending
- Invest in strategies to increase public safety

In 2017, CSG issued recommendations to address these issues:

- 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.

The state budget included appropriations supporting these CSG report recommendations in the Executive Office of the Trial Court line item for state fiscal years 2018 – 2021.

Behavioral Health Needs of Justice-involved Individuals

- Incarcerated individuals are:
 - 10x more likely to meet the criteria for drug dependence or abuse than general population
 - Have a high incidence of mental health conditions: 35-45% have a history of mental health problems
- Formerly incarcerated adults in Massachusetts are:
 - 120x more likely to die from opioid overdose than individuals with no incarceration history
 - At high risk of death from opioid overdose in the first 30 days post-release: 10x higher rate in month 1 than in months 2-3
- Majority of justice-involved individuals are MassHealth (Massachusetts Medicaid) members (90-95%)

Sources: US Department of Justice; MA Department of Public Health; MA Department of Correction and Houses of Correction

MassHealth Behavioral Health for Justice-involved Individuals (BH-JI) Demonstration

Goals

- Develop a **sustainable model** for engaging JI individuals with mental health and addiction needs
- Demonstrate **improved health outcomes, reduce fatal overdoses, and effective, efficient healthcare utilization** for JI individuals enrolled in the BH-JI program
- Connect and **transition eligible enrolled individuals** to appropriate health care services and community services
- Demonstrate the **viability of expanding** the BH-JI program statewide

Process

- Champions in Health & Human Services and Probation; Alignment within MassHealth with larger health reform strategy
- Guidance from Council on State Governments (CSG) – Justice Center
- Discussions with Probation, Parole, state & county correction agencies, public health and mental health agencies
- Informed by UMass literature review & stakeholder interviews
- State-only funds for demonstration (FY19–FY21); Medicaid funds with federal match for statewide roll-out (FY22) for BH-JI community supports

Common Practices of Successful Reentry Programs

Literature review and stakeholder interviews identified best practices

Structure:

- Establishing formal collaboration between correctional facilities and community partners
- Clear, frequent communication among stakeholders

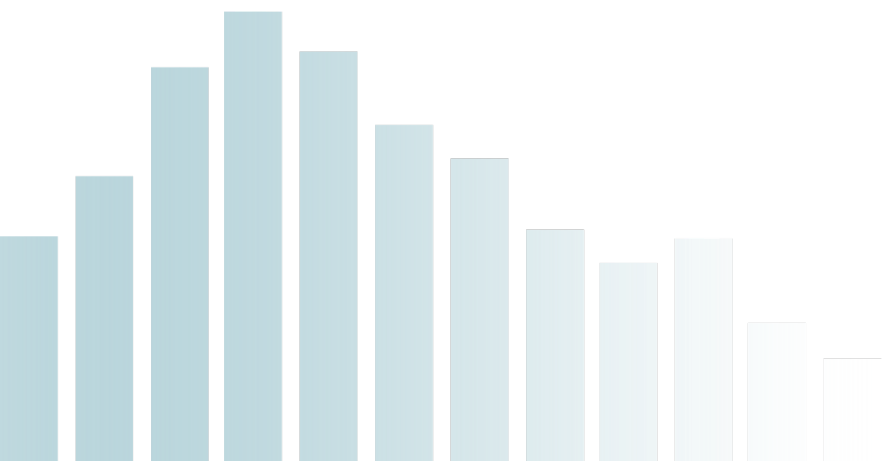
Services:

- Preparation for re-entry 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

MassHealth Behavioral Health for Justice-Involved Individuals Initiative



Eligibility for Participation

- 1. Administrative Criteria:** Must meet all of the following:
 - MassHealth eligibility
 - Not receiving other similar MassHealth funded supports

- 2. Programmatic Criteria:** Must meet all of the following:
 - Behavioral Health diagnosis: Mental health condition and/or substance use disorder
 - At risk for admission to a 24-hour facility (inpatient hospital, crisis stabilization, detoxification, residential treatment or a Correctional Institution)
 - Criminogenic risk

- 3. Justice Involvement Criteria:** Must meet one of the following at time of referral:
 - Expected to be released within 60 days from a partner correctional facility (for Demonstration)
 - Under the risk/need supervision of probation or parole
 - Released from a state or county correctional facility within past year

- 4. Geographic Criteria:** Must meet the following:
 - Being released to or living in Middlesex or Worcester County (for Demonstration)
 - During COVID-19 pandemic, allow some enrollments in other counties

BH-JI Supports

While Incarcerated

- Identify individuals with serious mental illness and/or substance use disorder
- Educate individuals on accessing BH-JI supports
- Provide In-Reach supports
 - Group and individual In-Reach sessions
 - Conduct Bio-Psycho-Social needs assessment
 - Develop support plan
 - Make appointments with providers
 - Assist with obtaining housing, other services
- Coordinate releases with providers, other supports

In Community

- Trained staff provide intensive supports:
 - Daily contact for first month, then as needed
 - Plan to meet on day of release
 - Coordinate with providers, other supports
 - 24-7 on-call support
- Develop and 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

For the Purpose of Policy Development Only

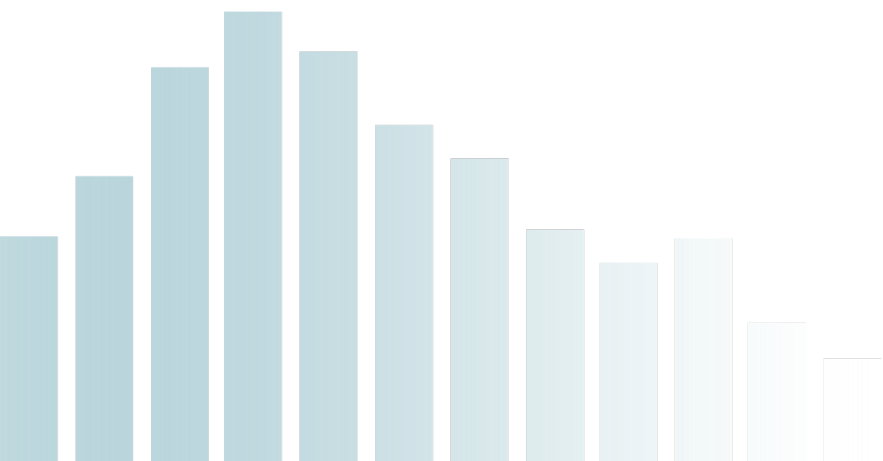
BH-JI Staffing

- **Project Director:** The same individual may serve as the Project Director and as a Clinical Supervisor.
- **Clinical Supervisor:** Licensed independent clinical social worker (LICSW), licensed mental health counselor (LMHC), psychologist, or a licensed clinical social worker (LCSW) acting under the supervision of a LICSW, with training and experience in providing services to Justice Involved populations.
- **Navigator:** Paraprofessional staff who provide BH-JI Supports for an Enrolled Individual under the supervision of a Clinical Supervisor; may have lived experience with mental health, psychological trauma, substance use, or justice involvement.
- Staff who conduct In-Reach Visits must be approved and trained by the Correctional Institutions.

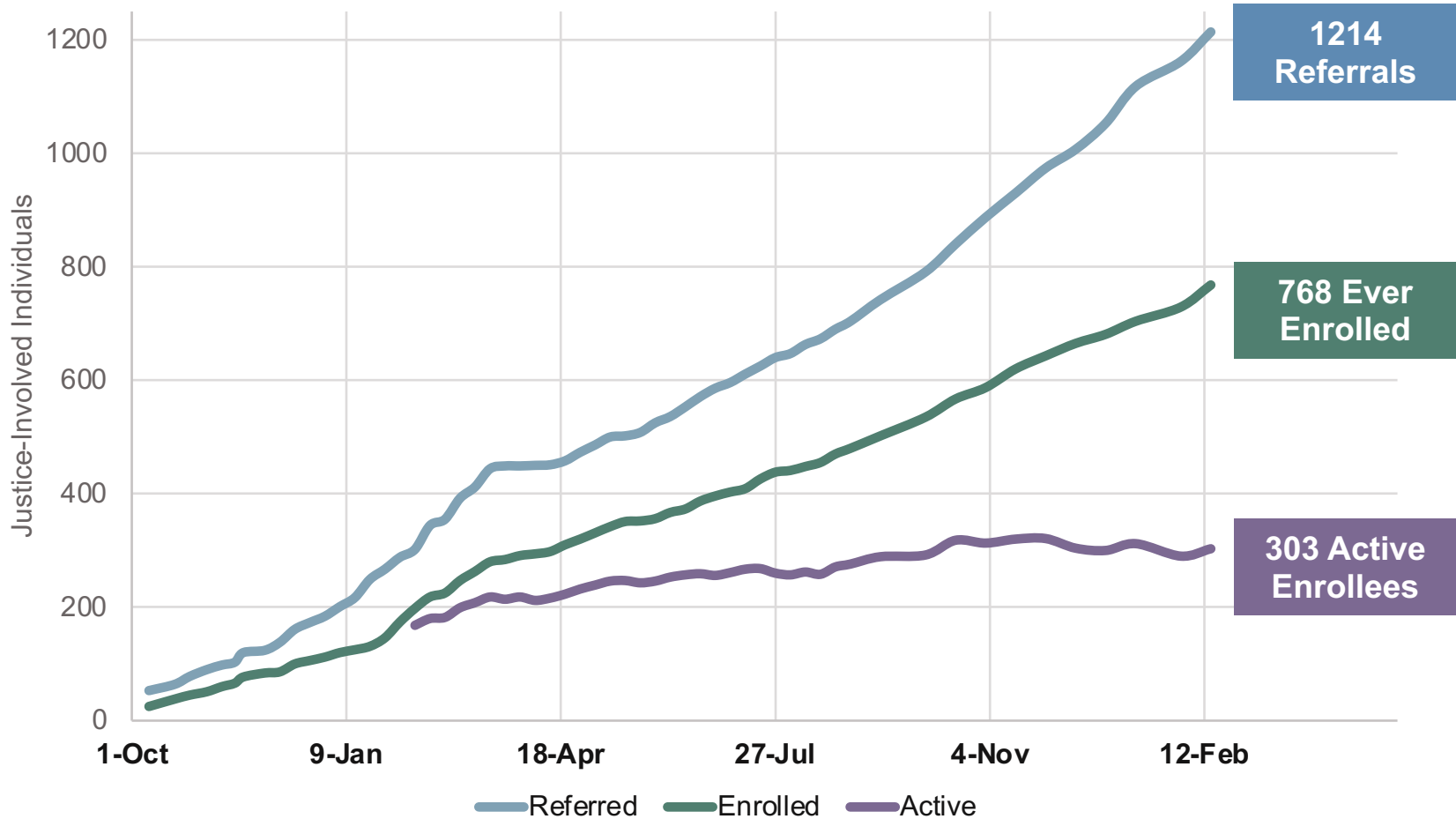
BH-JI Training: Key Topic Areas

- Research indicates a large need for JI individuals to develop strong working relationships with navigators in the community to help with their reentry success. Many JI individuals resist post-release care due to past negative experiences, poor support systems, major mental illness, behavioral issues and substance use disorders. To strengthen navigators' skills, we provide evidence-based, culturally comprehensive trainings on a wide range of topics:
 - Mental health conditions
 - Substance use disorders
 - Justice system/culture
 - Safety and boundaries
 - Criminogenic risk
 - Community services
- Post-training evaluations showed strong positive response to participants' understanding of materials and their ability to apply it to future work.

Preliminary Results

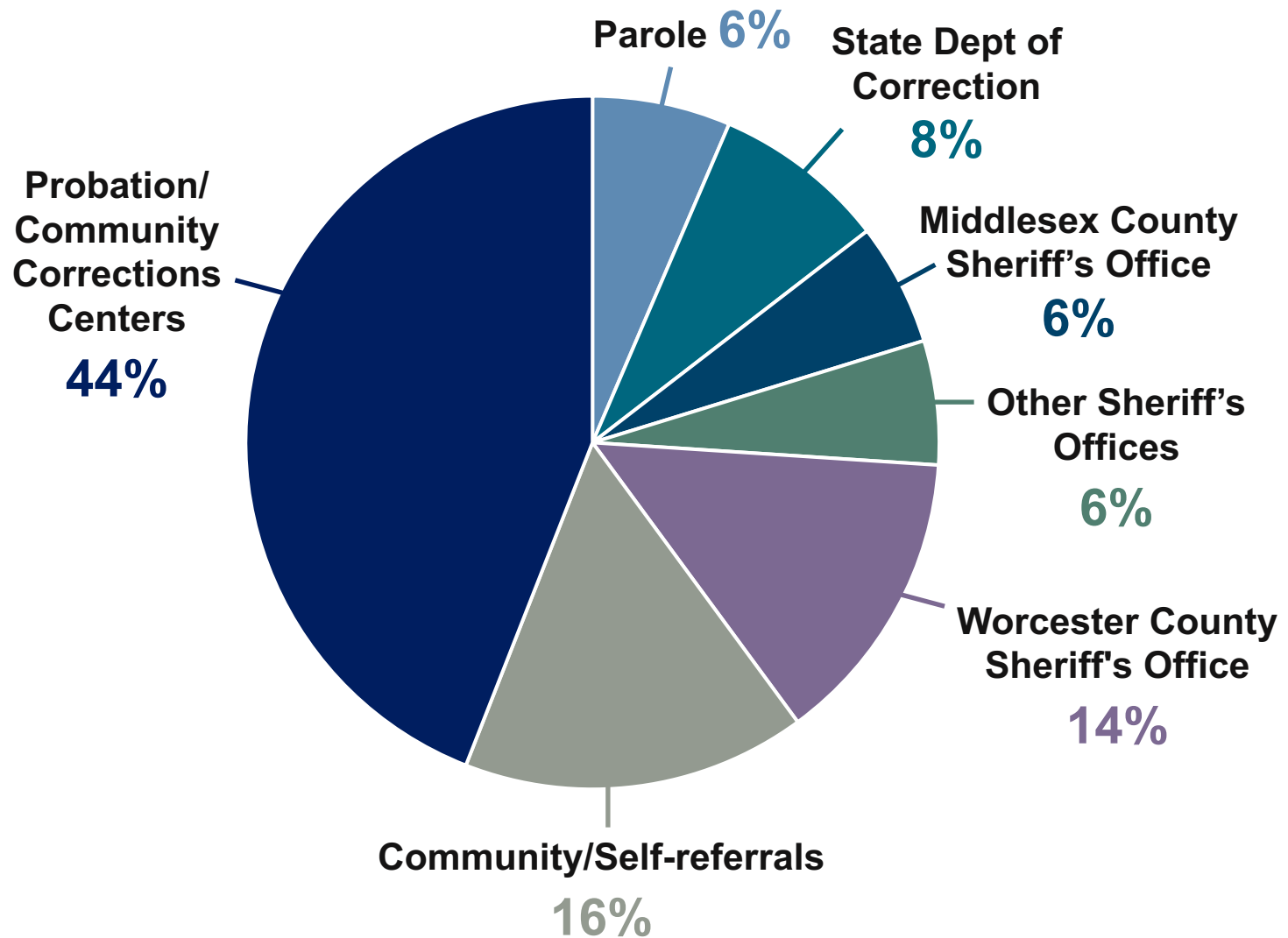


BH-JI Demonstration Referrals and Enrollees to Date



Source: UMMS analysis of data reported by two demonstration vendors, September 2019 – February 2021

Distribution of Referrals by Source



Source: UMMS analysis of data reported by two demonstration vendors for 1214 total referrals, September 2019 - February 2021

BH-JI Enrollee Demographics

Characteristic		Percent (N=441)
Age	19-29	24.5%
	30-39	37.6%
	40-49	20.6%
	50-59	12.7%
	60 or older	4.5%
Gender	Female	15.9%
	Male	83.4%
Disability*	Individuals with severe disability	21.2%
SSI Indicator	SSI	14.5%
Homeless	Homeless (any claims/member record since July 2018)	25.6%

* 134 missing

Source: UMMS analysis of MassHealth claims data. Data reported here is from the most recent MassHealth Member record as of November 2020.

Enrollees' Behavioral Health Needs

Mental Health Diagnosis	Diagnosis	Percent (N=441)
	Schizophrenia	8.6%
	Bipolar	31.3%
	PTSD	35.4%
	Major Depression	47.6%
	Anxiety Disorder	57.1%
	<i>Any Mental Health Diagnosis</i>	81.2%

Substance Use Diagnosis	Diagnosis (Abuse, Dependence, or Use)	Percent (N=441)
	Cannabis	29.9%
	Cocaine	32.4%
	Opioid	48.3%
	Alcohol	48.5%
	Nicotine Dependence	66.4%

Source: UMMS analysis of MassHealth claims for the time period 7/1/2018 to 8/31/2020

Preliminary Data Trends

- Enrollees are using **fewer** behavioral health **inpatient** hospital and emergency department services than before BH-JI
- Enrollees are using **more** behavioral health **outpatient** services and Medication Assisted Treatment than before BH-JI
- Pre- and post- costs for MassHealth services are comparable
- Enrollees' housing stability increases over time
- Enrollees' employment status improves over time

DATA LIMITATIONS:

- The findings are preliminary and may change: Data included many individuals who were currently enrolled or had been enrolled for a short period; 26% enrolled for two months or less
- The analysis provides descriptive statistics, however, the analysis methods used do not support causal impact estimates: Evaluators plan to provide quasi-experimental BH-JI effect estimates in the future

Response from Participants and Staff

“My navigator really was that lifeline – that connection to that new life that I encountered.” – *JS*

“Without her help and the resources, like, I probably would have already violated parole, would have been back in prison. When you come home, the most important thing, I would say, is getting all your mental health stuff correct. You know, talking to somebody, getting the treatment you need, if you need it.” – *JP*

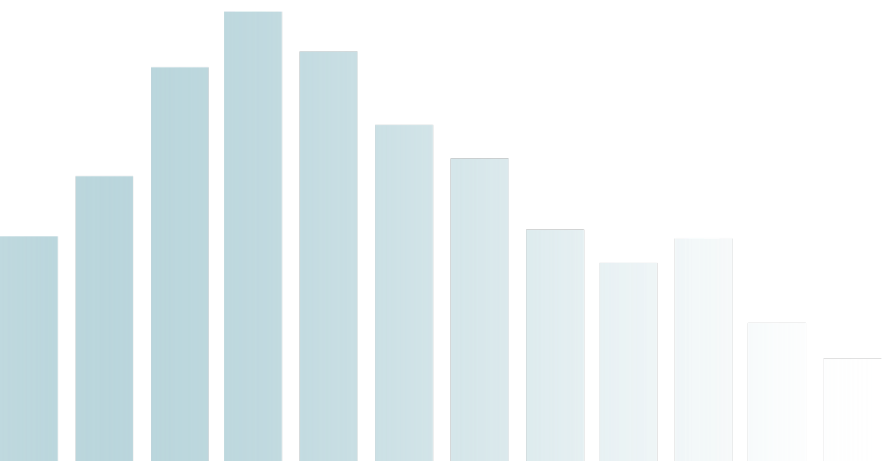
“I have been in the system over 30 years, and this experience I am having with this program is one of the best things in my life.

The advocate that I have treats me like my present, my past don't play a part in what it is that's going on today.

She looks at me as a person, she looks at me as someone that's trying to better themselves, and she doesn't bring up my past.”

– *CB*

Lessons Learned and Next Steps



Lessons Learned

- Communication between vendors and justice entities is key
 - Vendors need to outreach directly to prison discharge planners and probation officers; communication with leadership is insufficient
 - This outreach requires a lot of time and attention
- Individuals' need for community supports is sporadic
 - Many individuals require intensive supports immediately after release; some prefer to wait a week or two
 - Individuals' need for additional intensive supports as issues arise, not according to any predictable schedule
 - Most enrolled individuals prefer to check in via text or phone, some prefer to check in every day

Next Steps

1. **Waiver request** submitted to federal Centers for Medicare and Medicaid Services to add BH-JI community supports to the statewide MassHealth benefit; awaiting approval
2. **Procurement** issued to expand BH-JI to all counties statewide;* evaluation committee is currently reviewing bids; next step will be to contract with selected bidders
3. **Appropriation** included in Governor's FY22 budget to continue funding state share of BH-JI expenses; awaiting legislative approval
4. **Launch BH-JI statewide** in fall 2021, if steps 1-3 are completed

* Procurement is posted at this link. See especially the file "Attachment A Model Contract for BH-JI Supports."

<https://www.commbuys.com/bsa/external/bidDetail.sdo;jsessionid=4C36965B24CFE9DD98C72810E96576FD?bidId=BD-21-1039-EHS01-EHS02-57424&parentUrl=activeBids>

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