

HEALTH COVERAGE ENROLLMENT OF CALIFORNIA'S LOCAL CRIMINAL JUSTICE POPULATIONS



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OVERVIEW: WHY ENROLL JUSTICE POPULATIONS?

A large proportion of the individuals that cycle in and out of the justice system do not have health insurance and suffer from chronic health problems, including mental illness and addiction disorders. These unresolved health problems contribute to recidivism – and high costs in the justice system.

The implementation of the Affordable Care Act in California has provided access to health coverage for many populations that historically had no such access, presenting a major opportunity to leverage federal funds to connect people in the justice system with treatment that can help to stop cycles of crime.

California's counties are seizing this opportunity. In June and July 2014, Californians for Safety and Justice, with assistance from the California State Association of Counties, surveyed counties about efforts to enroll local criminal justice populations into health coverage, including Medi-Cal. **Initial survey results included responses from 44 counties, comprising more than 96% of California's population.**

KEY FINDINGS

Clear commitment to enrollment opportunities

Every county that responded to the survey reported providing or actively planning efforts to provide enrollment assistance to individuals in their local jails. Of the counties surveyed, 70% (31) reported that they are currently assisting individuals in their jails to apply for health coverage. Ten are planning jail enrollment efforts slated to begin before the end of this year, and three more plan to assist inmates with applications beginning in 2015.

Similar numbers reported that they are assisting or planning to assist people on probation to apply for health coverage, with 70% (28) reporting that they are currently providing assistance with enrollment and 11 counties reporting that they are in the planning phases for probationer enrollment. Some counties are also targeting state parolees, misdemeanants and individuals in drug court and other specialty courts.

Collaboration across county agencies

Working collaboratively across different agencies, counties have adopted diverse strategies for justice system enrollment assistance based on local needs and resources. While eligibility workers and other county staff are helping submit applications in the majority of counties, some counties are partnering with local health clinics or other community-based organizations to provide assistance.

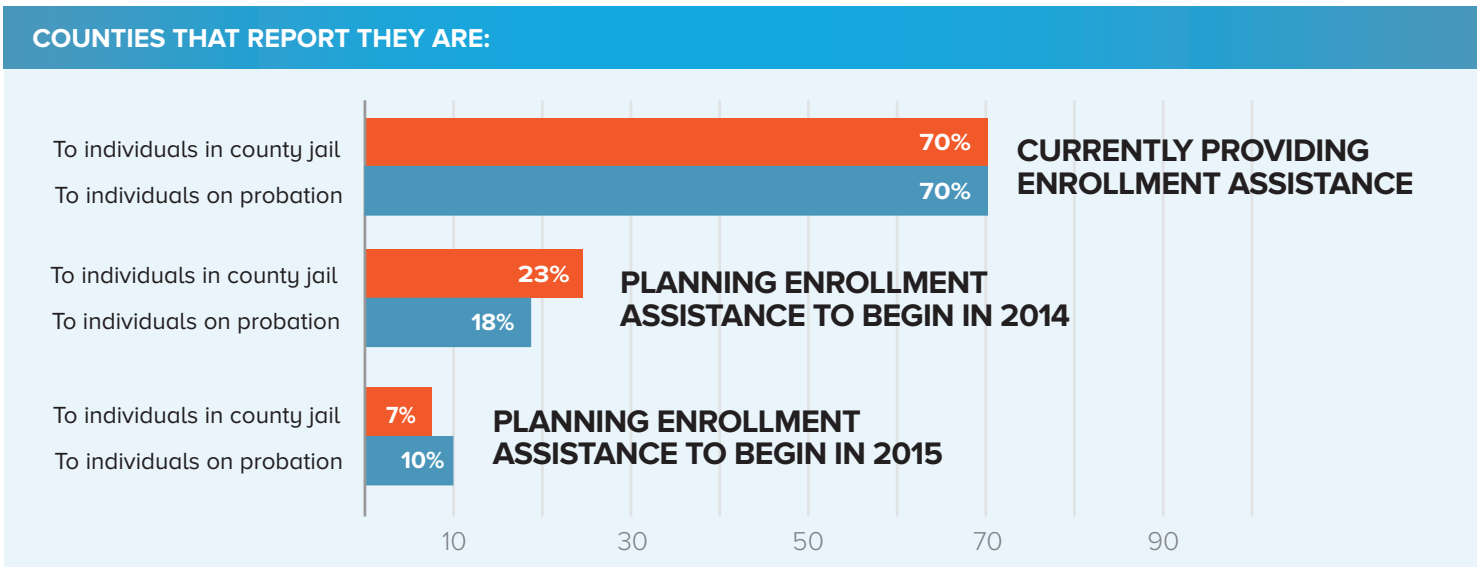
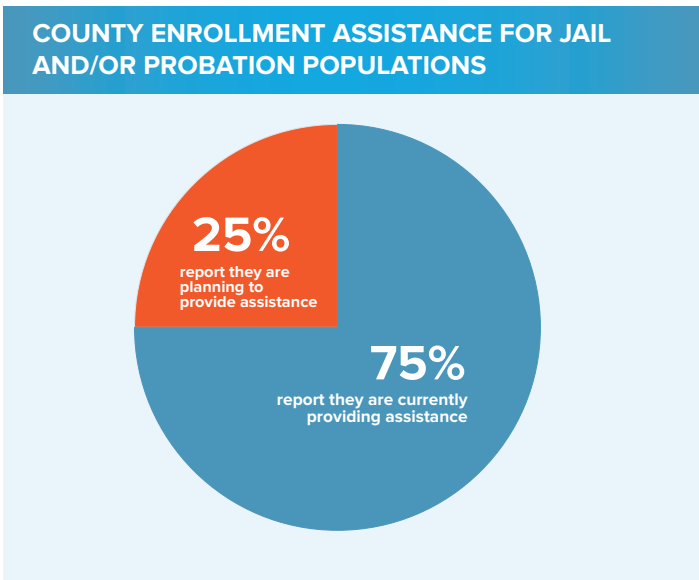
AB 109, other funds support innovation

Innovation and new initiatives require funding, and counties are therefore tapping into a range of sources to support their enrollment efforts, from federal Medicaid outreach funds to Public Safety Realignment dollars. Of the 33 counties who are currently working to enroll people in jails or on probation, **70% are using AB 109 dollars to fund all or part of the effort.**

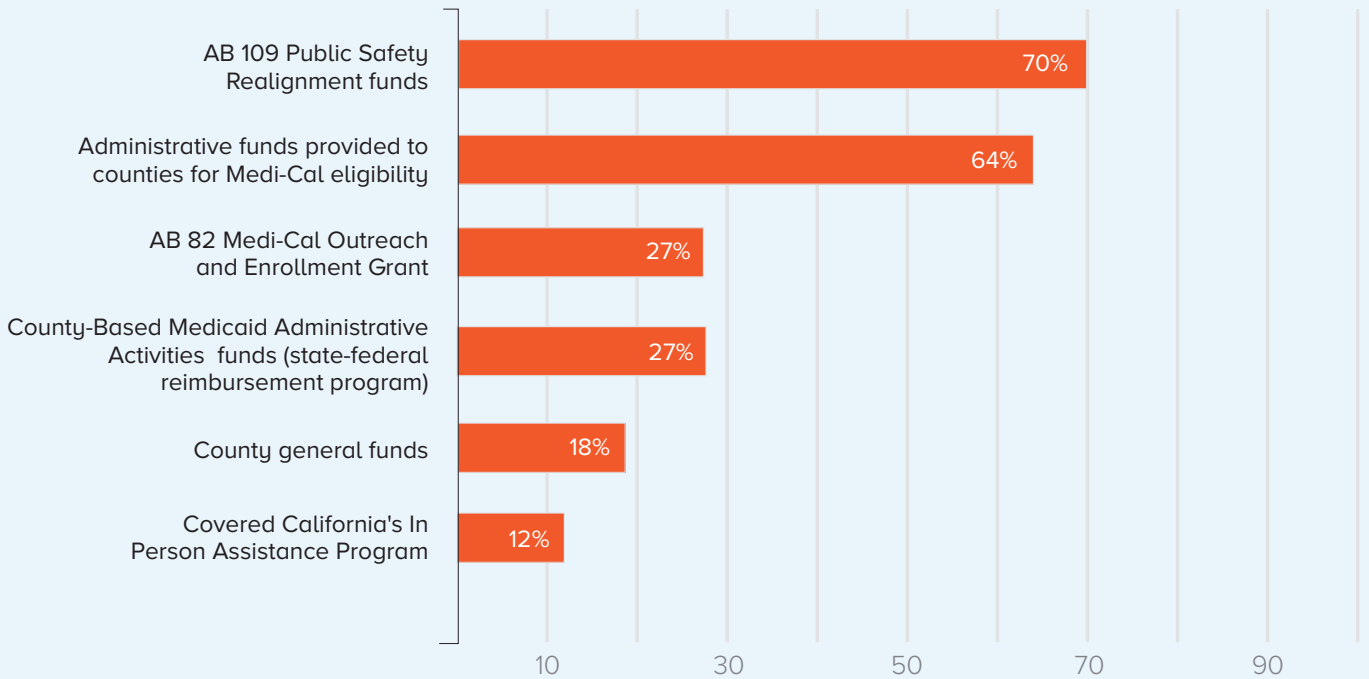
Some counties have opted to concentrate their efforts on particular populations, such as mentally ill individuals, while others have scaled up efforts in an attempt to reach their entire eligible population.

Access can lead to treatment

County efforts do not stop with enrollment; many counties also reported innovative programs to help connect individuals to treatment options covered by insurance. For example, Sacramento County reported that their probation department is working with county public health nurses so that once eligibility has been determined, each individual released to probation from state prison or the local jail can get assessed and connected to health services. In Alameda County, the health services department is contracting with community clinics to connect individuals leaving county jail directly to treatment providers in their communities.



COUNTIES (CURRENTLY PROVIDING ENROLLMENT ASSISTANCE) REPORT USING THE FOLLOWING SOURCES TO FUND PART OR ALL OF THESE EFFORTS:



PAVING THE WAY: ASSEMBLY BILL 720

An important precursor to the health enrollment efforts counties are undertaking today was the enactment in 2013 of a law authored by California Assemblymember Nancy Skinner (and sponsored by Californians for Safety and Justice). AB 720 created a framework for counties to enroll people who are currently incarcerated in county jails in Medi-Cal prior to being released from jail. Specifically, AB 720:

- ✓ Requires that for people who come into county jail already enrolled in Medi-Cal, their coverage be suspended and then reactivated upon release, rather than terminated (consistent with federal recommendations and similar to what California has been doing for years with juveniles in county facilities);
- ✓ Gives counties authority to apply for Medi-Cal on behalf of individuals in county jail for purposes of receiving federal funds for inpatient services needed while incarcerated; and
- ✓ Clarifies that status as an inmate does not preclude county social service agencies from processing an individual's Medi-Cal application.

Enrollment ushers in savings

Counties are already beginning to see results, both in terms of successful enrollments and cost savings. Yolo County, which has focused on leveraging Medi-Cal to pay for behavioral health treatment for individuals on probation – treatment that had previously been funded entirely by the county – has recorded savings so far in 2014 of more than \$100,000.

Challenges remain

Despite significant progress, counties also face challenges as they attempt to leverage federal health reform opportunities in their justice systems. For example, counties reported that to effectively address untreated mental health and addiction, additional resources are needed to fund ongoing case management and to address housing needs. A number of counties reported that current limitations on residential drug treatment impacted their ability to place individuals into treatment programs. In addition, state Medi-Cal systems need upgrades in order to efficiently process applications from individuals in local jails.

Promising progress – with more to come

The early results of this survey show that California's counties are leading the way in delivering what Californians overwhelmingly support in public opinion surveys: health solutions for health problems, including investments in treatment to prevent crime related to mental illness and addiction.

EXAMPLES OF COUNTY INNOVATIONS

Counties reported on a range of promising practices, including innovative solutions to make enrollment processes more efficient, to increase enrollment and to connect individuals to covered treatment. Examples include:

As part of an overall health and wellness initiative that includes behavioral health treatment, parenting classes and other programs, **Shasta County** is offering individuals in county jail two days of credit for completing a Medi-Cal application.

Placer County is using data from social services, booking and probation systems to pre-fill health coverage applications for individuals in the county jail, making the process markedly more efficient (sometimes requiring nothing more than a signature from the applicant).

San Diego County got an early start on jail-based enrollment by signing up incarcerated individuals for their Low Income Health Program in 2013. As part of the effort to grow and enhance that effort, individuals in the county jail

will attend an educational workshop about Medi-Cal and the Affordable Care Act, designed to increase participation and individuals' ability to navigate the health care system. After learning about the benefits and application process, they meet with eligibility workers to complete applications.

In addition to providing direct enrollment assistance to individuals with longer jail stays, **Merced County** is providing referrals to social services to pretrial individuals that are released before they can see an eligibility worker. This enables the county to reach a higher proportion of individuals cycling in and out of jail.

Yolo County has partnered with three local clinics to enroll its probation population into health coverage. The effort began with three months of intensive efforts to enroll the entire high-risk caseload. On a rotating basis, each of the clinics sends a certified enrollment counselor to the probation office to assist uninsured probationers with their applications.

Through its Reentry Resource Center, **Santa Clara County** provides assistance with health coverage applications, case management and follow-up for individuals leaving jail, people on community supervision and state parolees. On-site social services staff make the Reentry Center a convenient single point of entry for services.

Los Angeles County, home to the nation's largest jail and probation populations, is hard at work building collaborative and scalable enrollment models. Probation is using a combination of social services eligibility workers and enrollment counselors from community clinics to reach probationers at field offices throughout the county. In the jail, custody assistants collaborate with social services to submit applications, and nurses assist with discharge planning and connection to community treatment services.

About Californians for Safety and Justice

Californians for Safety and Justice (www.SafeandJust.org), a project of the Tides Center, is a nonprofit working to replace costly, ineffective approaches in our justice system with common sense solutions that create safe neighborhoods and save public dollars. Partnering with experts from around the state, our **Local Safety Solutions Project** provides direct support to counties interested in using innovative approaches to increase safety and reduce justice system costs.

This includes our **Health Matters** program, which is dedicated to supporting counties in learning how health reform can reduce justice system costs and increase public safety, specifically how they can increase health coverage enrollment and access to care for jail and probation populations.

To learn more, contact Jenny Montoya Tansey: jenny@safeandjust.org.

Acknowledgements

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Additionally, many partners helped make this survey and brief possible. They include:

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