

COUNTY HEALTH COVERAGE
**ENROLLMENT
EFFORTS**
FOR CALIFORNIA'S
JUSTICE-INVOLVED POPULATIONS



Acknowledgements

Special thanks to Matt Bechelli who worked as a project consultant and provided most of the research and drafting for this report. We would also like to thank Jenny Montoya Tansey, Jessie Warner, and Kiwon Yoo who collected information for the initial 2014 survey.

About Californians for Safety and Justice

Californians for Safety and Justice is a nonprofit project of the Tides Center working to replace prison and justice system waste with common sense solutions that create safe neighborhoods and save public dollars. As part of that work, our Local Safety Solutions Project supports innovative efforts by counties to increase safety and reduce costs by providing toolkits, trainings, peer-to-peer learning and collaborative partnerships. LocalSafetySolutions.org



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THE OPPORTUNITY OF HEALTH COVERAGE

Potential to Expand Health Coverage to Justice-Involved Populations

California's implementation of the Affordable Care Act (ACA), including its expansion of Medi-Cal (the state's Medicaid program) for low-income childless adults, created an unprecedented opportunity for previously uninsured individuals to receive health coverage and access to health services. Among the newly eligible are many individuals with histories of criminal justice system involvement, including people in county jails or under the supervision of county probation departments. Criminal justice populations have high levels of physical and behavioral health care needs, and providing them with health coverage and services could improve individual health, public health, and public safety outcomes, as well as reduce health and criminal justice system costs.

California Counties Seize This Opportunity

In 2014, Californians for Safety and Justice conducted a statewide survey of California counties to learn about local efforts to provide jail and probation populations with health coverage application assistance. At the time of this initial survey, it was clear that providing health coverage to criminal justice populations was a priority for the majority of counties, most of which were in the early stages of planning or implementing their enrollment initiatives. Out of the 44 counties that responded to the 2014 survey, all 44 reported that they were actively providing or planning to provide application assistance to jail inmates, and 43 reported that they were actively providing or planning to provide application assistance to adult probationers. The results of this initial survey are discussed in more detail in "Health Coverage Enrollment of California's Local Criminal Justice Populations," available at [.safeandjust.org](http://safeandjust.org).

STUDY SHOWS FORMER INMATES EXPERIENCE HIGH MORTALITY RATES

A 2007 study by Ingrid Binswanger and her colleagues found that individuals released from prison have higher mortality rates than the general population. The study examined mortality data from over 30,000 former prison inmates in Washington State compared to a cohort of state residents from the general population. Binswanger found that the risk of death among former inmates was 3.5 times higher than the general population over a period of two years, and almost 13 times higher during the two weeks just after release. One of the most striking findings was that during this two-week period, former inmates' risk of death by drug overdose was 129 times higher than the general population. Homicide, suicide, and cardiovascular disease were other leading causes of death among former inmates. The findings underline the importance of establishing care for individuals immediately upon entering the community, and of establishing continuity of care between corrections and the community.¹

Counties Making Progress Across the State

Between October to December of 2015, Californians for Safety and Justice conducted follow-up outreach with counties to assess the progress that they have made in their enrollment initiatives, and to identify ongoing challenges and opportunities for improvement. The results from this follow-up outreach indicated that early interest in reaching out to criminal justice populations has been translated into meaningful action, characterized by ingenuity and collaboration across counties' health and criminal justice sectors. Selected findings from the follow-up outreach illustrate this progress:

- San Diego County reported that its jail and probation efforts enrolled a total of 3,509 individuals in Medi-Cal between July 2014 and September 2015.
- Santa Clara County reported that its jail-based enrollment initiative enrolled 2,255 individuals in Medi-Cal between April 2014 and early September 2015.
- El Dorado County reported that 100% of its jail population and 100% of its adult probation population have access to health coverage application assistance.
- Inyo County estimated that 100% of its AB 109 jail population, 100% of jail inmates with prescription medications, and 100% of inmates with mental health needs received application assistance. Inyo County also reported that an estimated 50-75% of its Probation Department's mandatory supervision and Post Release Community Supervision (PRCS) clients received application assistance.
- Marin County and Sonoma County both reported that 100% of individuals on formal probation, PRCS, and mandatory supervision receive application assistance upon request or when a need for coverage is identified.
- Placer County reported that 92% of its jail inmates who are within 90 days of release and 63% of its adult probation population received application assistance.
- Solano County reported that all sentenced jail inmates within 30 days of release are screened for Medi-Cal eligibility, and that individuals found to be eligible and without existing coverage received application assistance. Similarly, Solano County reported that 100 percent of its probation population is screened for eligibility and can receive application assistance where applicable.

This list is far from comprehensive, with nearly every responding county reporting progress in identifying and enrolling eligible individuals in jail and on probation. Moreover, compared to the results of the 2014 survey, the overall tone of the conversation seems to have changed: while efforts were initially regarded as restricted and experimental, there is now a sense that counties have incorporated outreach to criminal justice populations into their core missions.

The sustainability of these enrollment efforts, and of counties' health coverage outreach efforts in general, may be predicated on the continued availability of financial support from local, state, and federal sources, and on the continued commitment of county leaders from diverse sectors. However, given the level of success that counties have demonstrated so far, and their continued discussions around improving and refining their processes, it seems as though most California counties have committed to enrolling local criminal justice populations in health coverage now and in the future.

Challenges and Opportunities

Although counties have made progress providing health coverage application assistance to criminal justice populations, challenges remain, as do opportunities to translate health coverage into meaningful services and cost savings. This report discusses some of these challenges and opportunities, highlighting steps that counties are taking to address them.

Individuals in jail have high rates of health problems. For example, studies have estimated that:

- ✓ 67% of individuals in jail have a substance use disorder;²
- ✓ 15% of men and 31% of women in jail have a serious mental illness (such as schizophrenia, bipolar disorder, or major depression);³
- ✓ Compared to the general population, individuals in jail have elevated levels of hypertension, asthma, arthritis, and hepatitis.⁴

CONNECTIONS TO CARE

Enrolling justice-involved clients in health coverage is an important step toward improving health and criminal justice outcomes. However, coverage alone does not necessarily lead to access to services, particularly for individuals who lack experience navigating the health care system. In addition to application assistance services, many counties have developed processes to connect jail and probation clients to services in order to improve access and utilization, some of which are discussed below.

- In Marin County, a Certified Enrollment Counselor (CEC) from a community-based organization works with jail inmates and probation clients in order to establish coverage, connect individuals to services, and help them understand their benefits. The services that the CEC provides include scheduling appointments with providers; distributing bus passes and directions to help

clients reach provider appointments; screening and application assistance for CalFresh; and assistance obtaining free cell phones. Additionally, the CEC created a small reference card, which when folded is smaller than a credit card, containing important health coverage information (See Figure 1). The card, created specifically for Marin County's criminal justice populations, contains clients' Medi-Cal identification numbers, a list of providers that accept Medi-Cal and their phone numbers, advice on making appointments, a list of covered services, and other relevant information.

- In El Dorado County, staff from the Health and Human Services Agency (HHSA) meet with inmates in the jail prior to release in order to help them apply for health coverage. In addition to establishing coverage, the HHSA staff is

FIGURE 1. THE “UNDERSTANDING YOUR MEDI-CAL BENEFITS IN MARIN COUNTY” CARD

<p>Understanding Your Medi-Cal Benefits in Marin County</p> 	<p>Important Information</p> <p>Medi-Cal I.D.</p>	<p>Which health centers near me accept Medi-Cal?</p> <p>San Rafael Marin Community Clinic P: 448.1500</p> <p>Ritter Center P: 457.8182</p> <p>Novato Marin Community Clinic P: 448.1500</p> <p>Bolinas Coastal Health Alliance P: 866.0124</p> <p>Larkspur Marin Community Clinic P: 448.1500</p> <p>Point Reyes Coastal Health Alliance P: 663.8666</p> <p>Stinson Beach Coastal Health Alliance P: 868.9656</p>	<p>Getting ready for your first doctor visit</p> <p>Call your chosen health center to make an appointment. Mention if you will be a new patient.</p> <p>We recommend that you arrive early to your appointment. Bring with you : 1) photo I.D.; 2) your Medi-Cal Card, if able; and 3) any medications you are currently taking.</p> <p>Consider taking some time before your appointment to make a list of key points you would like to talk with your doctor about during your visit. Hand this list to the provider when s/he enters the exam room.</p>	<p>Preparing for the Pharmacy</p> <p>During your visit your doctor provider may have prescribed you medication.</p> <p>If you are unsure which pharmacies can fill your prescription, make sure to ask your doctor during your visit.</p> <p>Bring your 1) prescription, 2) Medi-Cal card, and 3) photo I.D. with you to the pharmacy for pick-up.</p>
	<p>Primary Care Provider Name</p>	<p>Primary Care Provider Number</p>	<p>Pharmacy Name</p>	<p>Pharmacy Number</p>
<p>What to expect</p> <p>Marin County Health and Human Services will mail you:</p> <ul style="list-style-type: none"> • A letter asking if they need more information. • A benefits packet (if approved) outlining all of your Medi-Cal benefits. • A letter informing you how to choose a primary care provider/ doctor. • Annual redetermination letter for renewal. <p>Please check your mail often.</p> <p>If you change your address, please call: 415.473.3400.</p>	<p>What services does Medi-Cal cover?</p> <p>When provided at a location that accepts Medi-Cal, benefits include:</p> <ul style="list-style-type: none"> • Preventative services • Prescription drugs • Mental & behavioral health services • Substance use services • Dental services • Rehabilitative services • Emergency services • Outpatient services • Maternity and Newborn care • Laboratory services • And more... 	<p>Tips for choosing a doctor</p> <p>Your primary care provider (doctor) is often someone who manages your healthcare needs long-term, so it's important that you choose someone who you are comfortable with. Consider:</p> <ul style="list-style-type: none"> • Do I, or a family member, have any special needs? • Does my provider (or health center) have convenient office hours? • How far will I have to travel to see my provider? • Does a provider I've seen before accept Medi-Cal? • Which providers are accepting new patients? • Which provider invites me to take an active role in managing my medical care? 	<p>Call Marin County Human Services at 415.473.3400</p> <p>If your income or address changes, or you'd like more information about other programs you may qualify for.</p> <p>Hotlines & Services</p> <p>24 Hour Crisis Line P: 415.499.6666</p> <p>Housing Hotline P: 415.491.2345</p> <p>Center Point Treatment Services P: 415.4565.6655</p> <p>Community Resources Line P: 2-1-1</p>	<p>Have questions about how to make the most of your Medi-Cal benefits?</p> <p>The Certified Enrollment Counselor who helped you apply for Medi-Cal can also help you with any follow-up questions.</p> <p>CEC Contact: Jesse Anaya Program Coordinator Redwood Community Health Coalition E: janaya@rchc.net</p> <p>To receive more information about Medi-Cal, visit: Medi-cal.ca.gov or CoveredCA.com</p>

Source: Marin County Probation Department

periodically accompanied by staff from the El Dorado Community Health Center and other local providers in order to help clients establish community-based primary care services and to ensure that there is continuity of care between the jail and the community. Establishing these relationships prior to release can be very important, allowing individuals to successfully

navigate services immediately upon re-entering the community. Research shows that recently incarcerated individuals are at an elevated risk of injury, overdose, and death immediately after release from custody, demonstrating the importance of bridging the gap between custody and the community with treatment and supportive services.

MEDICATION ASSISTED THERAPY

Medication Assisted Therapy (MAT) is an evidence-based form of treatment that combines counseling (e.g. cognitive behavioral therapy) with medication in order to treat substance use disorders. Examples of medications used for MAT include buprenorphine, which is a treatment for opioid dependence (i.e. heroin, morphine, etc.); and Vivitrol, which is a treatment for opioid or alcohol dependence. Appropriate courses of MAT for Medi-Cal beneficiaries is potentially covered by California's Drug Medi-Cal Organized Delivery System, discussed in further detail below.

- In order to minimize the risk of harm from drugs and alcohol following release, multiple counties have implemented pilot programs to provide individuals with Vivitrol, an example of Medication Assisted Therapy. Vivitrol is an evidence-based medication that reduces cravings for alcohol and opioid drugs. A common feature of the county pilots is that treatment begins in custody and is continued after release in the community, where it is a Medi-Cal benefit for criminal justice populations.⁵ In Santa Cruz County, as in others, the monthly Vivitrol injections are coupled with patient education and other services in order to increase patients' success.

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM

When considering the potential impact that connecting criminal justice populations to substance use treatment could have on health and public safety outcomes, California may be entering an era of unprecedented opportunity. The state recently received federal approval to develop a new Medi-Cal substance use treatment system known as the Drug Medi-Cal Organized Delivery System (DMC ODS). Compared to California's existing Drug Medi-Cal program, the DMC ODS will feature many dramatic changes, including less-restrictive eligibility and a wider array of covered services. Counties must opt into the DMC ODS, and according to the Department of Health Care Services (DHCS), 53 counties expressed initial interest in participating.⁶

One of the most important newly covered services is residential treatment. Historically, the availability of publicly-funded residential substance use treatment in California and nationwide has been extremely restricted due to a federal law known as the Institutions for Mental Diseases (IMD) exclusion, which bars Medicaid from reimbursing services provided in residential behavioral health facilities with more than 16 beds.⁷ California's agreement with the federal Centers for Medicare and Medicaid Services allows counties that opt into the DMC ODS to include residential substance use disorder services, effectively creating an exception to the IMD exclusion for DMC ODS beneficiaries.⁸ Combined with the expansion of Medi-Cal eligibility, the DMC ODS will make residential and outpatient substance

use treatment available to many low-income individuals in California, including those who have been involved with the criminal justice system, for the first time.

Given the high prevalence of substance use disorders among criminal justice populations, as well as the lack of housing opportunities for people reentering the community from jail, the DMC ODS represents a major opportunity to improve both public health and public safety. In fact, in designing the new system, the state recognized the importance of connecting criminal justice populations to these services. For example, whereas most Medi-Cal beneficiaries will be limited to two nonconsecutive 90-day residential treatment stays per year, criminal justice populations are potentially eligible for longer stays.⁹

In addition to providing opportunities for counties to connect individuals to needed services, the DMC ODS represents an opportunity for substantial county cost-savings. According to Marin County, the Probation Department currently spends more than one million dollars per year to provide outpatient and residential substance use disorder services to its clients. According to a preliminary analysis, Marin County reported that reimbursing services through the DMC ODS could reduce that expenditure by half. As counties begin implementing the DMC ODS, further opportunities to reduce county health care and criminal justice system costs are likely to be identified throughout the state.

COST SAVINGS IN THE COMMUNITY

Prior to the ACA, most individuals reentering the community from jails in California and nationwide were uninsured, as most were not eligible for Medi-Cal and did not have individual or employer-sponsored health insurance. One study estimated that 90% of individuals returning to the community from the San Francisco County Jail had no health insurance.¹⁰ Because California law mandates that counties provide health care to uninsured individuals with no other source of care,¹¹ it is likely that a substantial portion of the costs of community-based health care services provided to justice-involved individuals has historically been funded by the counties. As a result, enrolling justice-involved individuals in Medi-Cal, which is funded by the federal government and the state, presents an opportunity for counties to save resources that can be reinvested in other services.

Santa Clara County conducted an analysis in order to help quantify the benefits of its jail-based enrollment efforts. Prior to the ACA, many uninsured individuals in Santa Clara received health care by enrolling in county-funded programs. The Santa Clara County CEO's office estimated the cost savings generated by its jail enrollment initiative by comparing enrollment data from the county welfare office with records from the Santa Clara Valley Medical Center (SCVMC, the county's public hospital), the county Department of Alcohol and Drug Services (DADS), and the county mental health treatment system.

The CEO's office analyzed a sample of 692 clients who were enrolled in Medi-Cal through the jail-based initiative between March and December of 2014 — a subset of the 2,255 individuals who were enrolled between April 2014 and September 2015. Of those 692 individuals, 126 received hospital services

FIGURE 2. SANTA CLARA COUNTY COST SAVINGS ESTIMATES

Service	Cost	Savings	Percent Saved
Hospital	\$715,057	\$361,843	50.6%
Mental Health	\$391,358	\$151,400	38.7%

(including outpatient, inpatient, and emergency services), generating approximately \$715,057 in hospital costs. Records showed that SCVMC billed \$361,843 of those costs to Medi-Cal, while the remainder was billed to Medicare, commercial health plans, and other sources. Of the total costs, only \$1,011 was charged to county-funded programs, which likely would have shouldered the majority of the costs billed to Medi-Cal if the patients had not been eligible and enrolled.

The estimated savings extended to behavioral health services as well. Out of the sample of 692 individuals, the CEO’s office identified 96 clients who received mental health services through the county system, including outpatient, inpatient, and emergency services. The services totaled \$391,358 in costs, for which the county received an estimated \$151,400 in reimbursement from Medi-Cal.

Moreover, 162 clients who were enrolled in Medi-Cal through the jail-based initiative subsequently

accessed county-funded outpatient substance use treatment services. However, only 15 of those clients had their services billed to Medi-Cal, underscoring the importance of educating patients and providers alike about eligibility among justice-involved populations. If substance use disorder services for all of the enrolled clients had been billed to Medi-Cal, the county likely would have realized significant savings.

The sample of 692 clients analyzed suggests that the county’s jail-based enrollment initiative, which has enrolled well over 2,000 individuals, has likely generated major savings. Santa Clara County’s analysis makes it clear that jail enrollment efforts can have a significant cost-savings impact throughout counties’ health care systems by alleviating county expenditures for community-based services for recently released individuals. An additional source of savings – inpatient hospital services provided to inmates while in custody – is discussed next.

HOSPITAL BILLING: MAJOR SAVINGS ON THE NEAR HORIZON

Historically, counties have used general funds (often sharing costs with contracted correctional health care providers) to pay for hospital services for inmates, leaving them exposed to high costs and financial uncertainty. For example, the average cost of hospitalizing a patient in California in 2014 was approximately \$2,774 per day, according to the Kaiser Family Foundation,¹² and individual surgical procedures can cost tens or hundreds of thousands of dollars.¹³

Fortunately, California counties will soon be able to seek Medi-Cal reimbursement for many — if not the vast majority — of inpatient hospital costs for inmates. Although federal Medicaid funding cannot be used for services provided to jail and prison inmates while they are in correctional facilities, federal law does allow Medicaid to pay for services provided to inmates who are hospital inpatients in non-correctional medical facilities. The

federal government explained this opportunity in a 1997 guidance letter, but most inmates were not eligible for Medicaid at the time.¹⁴ However, since the passage of the ACA, jurisdictions across the country have been implementing processes to enroll eligible inmates and bill Medicaid for the applicable inpatient services.

In 2010, California implemented the Medi-Cal Inmate Eligibility Program (MCIEP), establishing processes to bill Medi-Cal for state prisoners' inpatient hospital services.¹⁵ Counties, too, will be able to seek Medi-Cal reimbursement for jail inmates' applicable hospital services, both prospectively and retroactively, although guidelines detailing the specifics of the reimbursement process have not been promulgated to date.

EXPANDING EFFORTS

The majority of counties that have implemented jail enrollment initiatives have focused their efforts on reaching out to sentenced inmates and inmates with known release dates. Focusing on these individuals allows counties to coordinate efforts between Sheriffs' Offices and county welfare departments, and also helps counties target Medi-Cal enrollment to coincide with re-entry. However, an ongoing challenge will be expanding the pool of jail inmates who receive health coverage application assistance beyond these initial target groups.

Approximately 62% of all jail inmates in California (out of a total jail population that has fluctuated between 69,000-83,000 individuals in recent years) are not sentenced, and as a result have uncertain release dates that are influenced by multiple variables.¹⁶ For example, depending on an individual's charge, his prior history, his ability to post bail, the discretion of the prosecution and judiciary, and the capacity of the jail, an individual might be released from custody at any number of times between arrest and eventual sentencing. As a

result, it can be challenging to provide pre-sentenced jail inmates with health coverage application assistance prior to release from custody.

It is possible that many individuals who are released from jail without receiving application assistance will be able to enroll in health coverage on their own or through assistance provided by probation departments, county welfare departments, and community-based organizations. Similarly, as we go forward, it will be increasingly possible that newly arrested individuals who are eligible for Medi-Cal will already be enrolled. Nevertheless, jail-based enrollment initiatives that ignore individuals with uncertain release dates exclude a large number of eligible individuals who could benefit from health coverage and improved access to health care services.

Despite the aforementioned challenges, several counties reported initiatives designed to reach individuals with uncertain release dates.

- In Los Angeles County, custody assistants employed by the Los Angeles Sheriff's Department collaborate with personnel from the county Department of Public Social Services (DPSS) to provide application assistance to inmates who request it, regardless of custody status. Additionally, inmates who do not receive application assistance while in custody (because of a short stay, because they did not request it, or for some other reason) have the opportunity to receive assistance upon release through the jail's Community Re-entry and Resource Center, which is staffed by a dedicated DPSS worker. This approach could reach individuals who are released without notice or shortly after booking without relying on advance notice and scheduling.
- Ventura County introduced a different approach to reach individuals who do not stay in jail for extended periods of time by presenting educational health coverage information at arraignment courts and by providing application assistance at the Public Defender's office. These efforts are designed to reach individuals who are released on their own recognizance directly from court or who otherwise do not receive application assistance while in jail.
- Some counties with relatively small jail populations are able to provide application assistance to all inmates, regardless of their length of stay or sentencing status. For example, Eligibility Specialists from Placer County's Department of Health and Human Services meet with inmates directly in the jail's housing units and attempt to reach pre-trial as well as sentenced populations.

OTHER INNOVATIONS

Just as no two county health and criminal justice systems are identical, health care enrollment efforts in each county can differ as well. Counties throughout the state developed innovative solutions to meet their particular needs, some of which may be applicable statewide.

- **Video Conferencing:** Many counties provide application assistance to jail inmates by facilitating in-person appointments with staff from county agencies and/or community-based organizations. While this approach has achieved a high level of success in many counties, it can utilize large amounts of staff time and limit staff flexibility. Solano County has minimized the burden on its Health and Social Services (HSS) staff by using online video-conferencing. Rather than relying on in-person meetings, inmates talk to Eligibility Workers through the jail facilities' video-enabled computer centers. As a result, the HSS staff can direct their time toward assisting more clients and processing more applications.

- **Data and Information Sharing:** Many counties reported that they have developed formal and informal information-sharing arrangements between Sheriffs' Offices, Social Services agencies, and other stakeholders in order to expedite application assistance efforts. For example, Sacramento County established a committee consisting of the Sheriff's Office, the Probation Department, the Volunteers of America, the Department of Human Assistance, and the County Executive Office in order to determine the duties of each entity. These stakeholders jointly developed a Memorandum of Understanding to formalize an information-sharing agreement, which was approved by the County Counsel.

FUNDING FOR ENROLLMENT OUTREACH

Many counties' enrollment initiatives for criminal justice populations have been funded in part by resources made available to the counties through AB 82 (2014). The bill authorized DHCS to disburse \$12.5 million donated by The California Endowment — as well as an additional \$12.5 million in federal matching funds — to counties for purposes of Medi-Cal outreach and enrollment activities for hard to reach populations, including criminal justice populations.¹⁷ Additionally, the state passed SB 18, authorizing DHCS to disburse funding to support Medi-Cal renewal efforts. Although counties are able to automatically renew Medi-Cal enrollment for most individuals, they occasionally need to verify information in order to renew some cases, which can be supported by the SB 18 funding.¹⁸

FREE OUTREACH MATERIALS AVAILABLE SPECIFICALLY FOR JUSTICE-INVOLVED POPULATIONS:

In response to feedback from many counties about the difficulty in finding outreach materials that are effective in reaching out to justice-involved populations, Californians for Safety and Justice developed a series of seven posters (four in English, three in Spanish) that emphasize the importance of enrollment and the benefits of Medi-Cal specifically for justice-involved individuals and their families. The posters were designed to be placed in probation offices, jails, reentry centers and other facilities. In addition to the posters, Safe and Just has also developed a 3 minute animated video on Medi-Cal eligibility and benefits (also in English and Spanish). The video is heavily subtitled so it can be muted and aired on closed-circuit TVs in local jails or probation offices. These posters and videos are available free of charge at safeandjust.org/Local-Safety-Solutions/Health-Matters/Medi-CalOutreach.

CONCLUSION

The snapshot of county efforts that Californians for Safety and Justice acquired through its outreach in late 2015 revealed that California counties have continued to build upon their early efforts to provide health coverage for criminal justice populations. In addition to reaching greater numbers of individuals, counties have also looked beyond enrollment, implementing processes to ensure that coverage is translated into meaningful access to services – an area that will continue to require attention from county stakeholders.

Despite the progress and the potential for new services on the horizon, many jail inmates throughout the state are not receiving application

assistance because of their uncertain release dates and relatively brief jail stays. In addition to building new connections to care, counties can make further progress by expanding their efforts to reach these populations.

With their progress to date, California counties have led the nation in efforts to improve access to health care for criminal justice populations. By continuing to expand and improve their efforts, California counties have a unique opportunity to realize the ambitious goal of helping individuals lead safe and healthy lives in the community while simultaneously improving public health, improving public safety, and reducing county costs.

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