



CALIFORNIA  
HEALTH  
POLICY  
STRATEGIES, L.L.C.

## **Reentry Health Policy Project Report and Policy Briefs**

**September 2019**

The Reentry Health Policy Project is working to (1) identify state and county-level policies and practices that impede the delivery of effective health and behavioral health care services for formerly incarcerated individuals who are medically fragile (MF) and living with serious mental illness (SMI), as they return to the community; (2) find best practices that can be replicated at the state and local level; and (3) offer actionable recommendations for policy-makers and stakeholders to consider.

The Project is managed by California Health Policy Strategies LLC (CalHPS), and has received support from the California Health Care Foundation and L.A. Care.

The first phase of the project focused on the California Department of Corrections and Rehabilitation (CDCR), and three counties: San Diego, Los Angeles, and Santa Clara. This research led to the publication of a report in January 2018. The findings and recommendations were based on input from policy-makers, practitioners, and stakeholders.

- [\*\*Full Report: Meeting the Health and Behavioral Health Needs of Prison and Jail Inmates Returning from Custody to their Community.\*\*](#)
- [\*\*Overview of Key Findings: Presentation\*\*](#)

### **Policy Briefs**

The following policy briefs present specific findings or recommendations that were addressed in the full report.

- [\*\*The Evolving Landscape of Criminal Justice and Health Policies\*\*](#) for Medically Fragile and Seriously Mentally Ill Inmates Reentering the Community.
- [\*\*Eligibility Establishment\*\*](#) to help reduce the structural barriers that hinder an individual's ability to receive care based on insurance status at the time of their release.

- [Care Coordination and Service Delivery](#) to reduce barriers to a smooth transition into county level care post-incarceration.
- [Maximizing Federal Financial Participation \(FFP\)](#) to open up funding opportunities available primarily due to the Affordable Care Act.
- [Release of Information \(ROI\)](#) to facilitate client data sharing across agency to promote communication and collaboration from the state to the county levels.
- [Residential and Outpatient Treatment Capacity for Individuals with Co-Occurring Disorders \(CODs\)](#) to ensure an adequate supply of qualified service providers, licensing, and certifications.
- [Housing](#) for SMI and MF reentry populations.
- [Evaluation](#) of programs and services for people in reentry.

### Additional Policy Briefs

The following policy briefs provide a deeper level of research and analysis on many of the topics addressed in the 2018 report.

- [Improving the Effectiveness of SSI/SSDI Advocacy Programs for Jail Incarcerated Populations.](#) (August 2019). Estimates that about 16,000 jail inmates maybe potentially eligible and should be prioritized for assistance. Reviews best practices and considers opportunities for \$25 million in budget for the Housing and Disability Advocacy Program (HDAP).
- [Shifting the Paradigm for Mental Health Diversion: The Impact and Opportunity of AB 1810 and SB 215.](#) May 2019. Legislation enacted in 2018 creates the opportunity for a fundamental paradigm shift that could dramatically improve care and reduce homelessness for Californians who have a mental illness and are arrested and prosecuted in the criminal justice system. These new laws establish a process for diversion by placing them into mental health treatment programs in lieu of prosecution.

- **[Supporting the Prison and Jail Reentry Population: A Strategy for Reducing Unsheltered Homeless Population in California.](#)** A White Paper submitted to the California Homeless Coordinating and Financing Council. April 2019. This paper draws the connection between homelessness and incarceration, noting that 70% of the unsheltered homeless population report a history of incarceration; 13% - about 12,000 individuals – are currently on probation or parole.
- **[Co-Occurring Mental Health and Substance Use Disorder \(COD\) Treatment Coordination Models.](#)** March 2019. This policy brief focuses on the coordination of treatment of co-occurring mental health and substance use disorders (CODs) for individuals returning to the community following incarceration. The gold standard for integrated services is when clients experience treatment as seamless, with a consistent clinical approach, philosophy, and set of interventions and recommendations from a joint clinical team. When this happens, the need to negotiate with separate clinical teams, programs, or systems disappears.
- **[Medicaid Managed Care Plans and Reentry: A review of how other states are using Medicaid plans to improve reentry of prison and jail inmates.](#)** (January 2019).
- **[Improving Reentry for Prison and Jail Inmates - Recommendations to the Department of Health Care Services Coordinated Care Assessment Project](#)** (December 2018) Issues include: suspension of benefits, retention of managed care plan, plan selection prior to release, use of CalHEERS, warm handoff for medically fragile from prison, 30-day supply of medication upon release, and access to county mental health for parolees.
- **[Adult Reentry Grant Program: Overview and Recommendations for the Implementation of \\$50 million grant program administered by the Board of State and Community Corrections.](#)** (November 2018) The 2018-19 State Budget Act includes a \$50 million appropriation to establish a new Adult Reentry Grant (ARG). This program provides significant resources to support the reentry of state individuals being released from prison who need housing and assistance in transitioning back to the community.

**[How Many Individuals Received Psychotropic Medication in California Jails: 2012-2017](#)** (January 2018) This policy brief uses data from the Board of State and Community Corrections (BSCC) to estimate the number of jail inmates who receive psychotropic medication and assess the relative representation of this group among the jail population. To provide a measure of the prevalence of mental illness in jail, we reviewed data from 45 counties that completed the BSCC Jail Profile Survey from March 2012 to February 2017. We used the receipt of psychotropic medications as an indicator of serious mental illness.

*Also related media coverage: Use of Psychotropic Medication Soars in California Jails:* Kaiser Health News Reporter Anna Gorman documents a 25% increase in the number of California jail inmates receiving psychotropic medications over the past five years based on the CalHPS study. The article has appeared in the [Washington Post](#), [U.S. News and World Report](#), [Kaiser Health News](#), and other news outlets.

- [Unsheltered Homeless in California – Justice System Involvement & Mental Illness](#) (November 2018) This report estimates the number of unsheltered homeless individuals who have histories criminal justice system involvement and who report that they have mental health issues or illness. Estimates are based on on Point-in- Time homelessness survey results from the three largest counties -- San Diego, Orange, and Los Angeles -- from 2017 and 2018.
- [New Funding Opportunities for Reentry & Justice-Involved Individuals: Mental Health, Housing and Diversion.](#) (September 2018) Overview of new funding provided in the 2018-19 state budget for programs aimed at addressing the pressing mental health and homelessness crisis, and new options for diversion. Also referenced are funding opportunities in the 2016-2017 and 2017-18 Budget Act. These new programs create a unique opportunity for leveraging state and local resources that may help meet the treatment and housing needs serve reentry and justice-involved individuals.
- [Whole Person Care Pilots Focusing on the Reentry Population: Overview of County Plans](#) (June 2018)The Whole Person Care (WPC) Pilot program is designed to coordinate health, behavioral health, and social services to improve the health outcomes of Medi-Cal beneficiaries who are high utilizers of the healthcare system. This policy brief describes efforts in counties that targeted the reentry population.