



# The Impact of Medi-Cal Expansion on Adults Formerly Incarcerated in California State Prisons

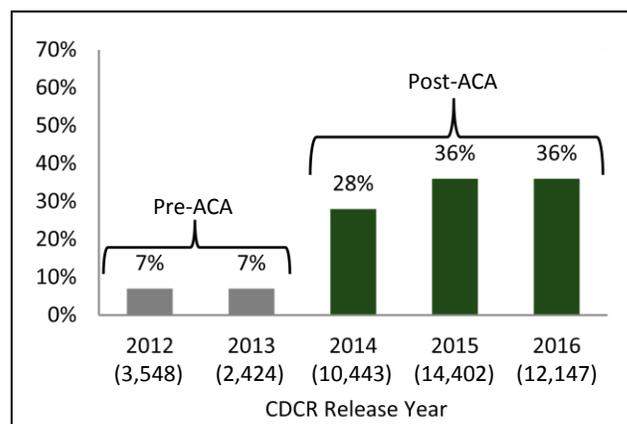
## Research Report – Executive Summary

November 2018

### Background:

Beginning in January 2014, California expanded the eligibility of the Medicaid program, Medi-Cal, increasing the income cut-off to 138% of the federal poverty level and allowing individuals without dependent children to enroll. ACA's Medi-Cal expansion opened up the health care system to many individuals who had never had access to affordable health care, such as the formerly incarcerated or at-risk of incarceration. In addition to expanding eligibility, the ACA established mental health and substance use disorder benefits as services covered as essential health benefits. Expanded eligibility and newly required essential health benefits highlight how access to health care services is not only a public health issue, but a public safety issue. Studies have shown the cost of state spending on incarceration has declined when individuals receive Medicaid services.

Figure 1. Percent of CDCR Release Cohort Receiving at Least One Medi-Cal Service, 2012-2016



Data Source: Analysis of CDCR and Medi-Cal 2012-2016 data from the CDCR/DHCS Medi-Cal Utilization Project

\*Numbers in parentheses represent the number of individuals receiving at least one Medi-Cal service during a CDCR release year.

### Research Study Purpose:

The California Department of Corrections and Rehabilitation (CDCR) partnered with the Department of Health Care Services (DHCS) to examine the impact of the ACA Medi-Cal expansion on the justice involved population. Specifically, this report examines the proportion of CDCR's formerly incarcerated that received Medi-Cal services between 2012 (Pre-ACA) and 2016 (Post-ACA), the services received, the time span to receive services post release, and the quality of services received by this population.

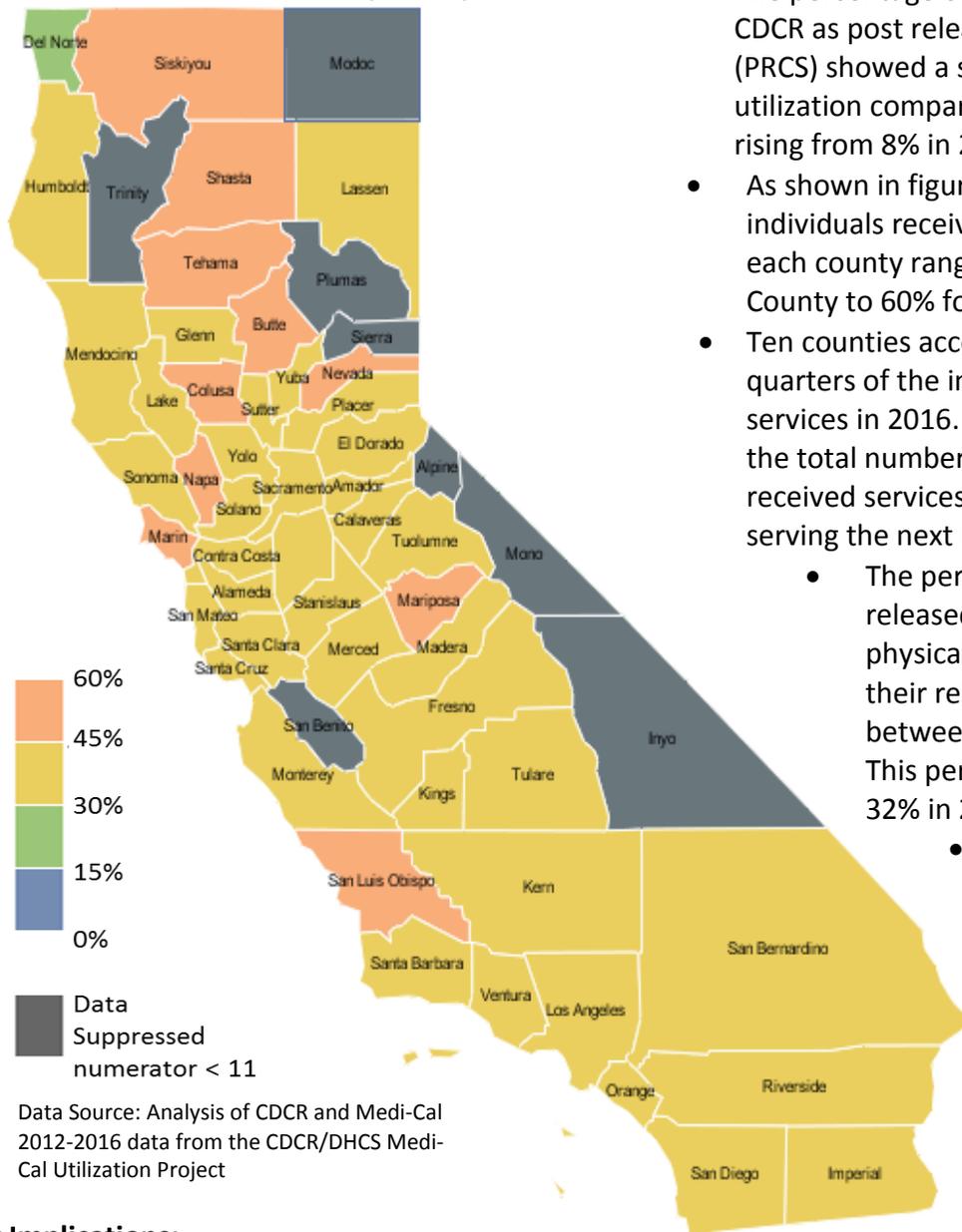
### Data and Linkage:

Data from approximately 176,000 individuals released from CDCR between 2012 and 2016 was linked to DHCS Medi-Cal eligibility and administrative claims data. Sixty-eight percent of individuals, or approximately 119,000 CDCR formerly incarcerated, were found to have at least one enrollment month in Medi-Cal between 2012 and 2016.

### Key Findings:

- Figure 1 highlights the increase in the percent of CDCR's formerly incarcerated receiving a Medi-Cal service between 2012 (pre-Medi-Cal expansion) and 2016 (post-Medi-Cal expansion) from 7% to 36%.
- 49% of individuals designated as Correctional Clinical Case Management System (CCCMS)<sup>i</sup> received at least one Medi-Cal service in 2016, this was an increase from 14% in 2012.
- The percentage of Enhanced Outpatient Program (EOP)<sup>i</sup> designees released from CDCR who received at least one Medi-Cal service increased from 22% in 2012 to 52% in 2016.
- Individuals released on parole showed increases in Medi-Cal utilization, growing from 6% in 2012 to 34% in 2016.

**Figure 2. Percentage of CDCR Release Cohort Receiving at Least One Medi-Cal Service by County, 2016**



Data Source: Analysis of CDCR and Medi-Cal 2012-2016 data from the CDCR/DHCS Medi-Cal Utilization Project

**Key Findings continued:**

- The percentage of individuals released from CDCR as post release community supervision (PRCS) showed a slightly larger increase in utilization compared to paroled individuals, rising from 8% in 2012 to 38% in 2016.
- As shown in figure 2, the percentage of individuals receiving Medi-Cal services within each county ranged from 29% for Del Norte County to 60% for Butte and Nevada County.
- Ten counties accounted for roughly three-quarters of the individuals who received services in 2016. Los Angeles served 27% of the total number of formerly incarcerated who received services in 2016, with San Bernardino serving the next largest at 9%.
  - The percentage of individuals released from CDCR who accessed a physical health service in the year of their release increased markedly between 2013 (6%) and 2014 (26%). This percent continued to increase to 32% in 2015 and 31% in 2016.
    - In the first year of the ACA Medi-Cal expansion (2014), the percentage of CDCR’s formerly incarcerated receiving their first Medi-Cal service from an Emergency Room increased to 25%, however, this percentage declined slightly to 21% in 2016.

**Policy Implications:**

In CCJBH’s 2017 Annual Report, we note that CCJBH has made concerted efforts to better understand how the ACA’s Medi-Cal expansion is working to support prevention, diversion and reentry efforts for individuals experiencing significant behavioral health challenges (mental health and substance use disorders). This study supports CCJBH efforts. Findings from this study provide research evidence to bolster many of the ACA specific recommendations made in the CCJBH 2017 Annual Report. In particular, this paper reinforces the need for having a better system that allows for immediate use of health benefits when exiting CDCR as well as a warm handoff between CDCR’s health care system and a provider selected by individuals prior to leaving CDCR .

<sup>i</sup> Enhanced Outpatient Program (EOP) is defined by CDCR as a mental health service designation applied to severely mentally ill inmates receiving treatment at a level similar to day treatment services. Correctional Clinical Case Management System (CCCMS), another category within CDCR’s mental health designation, facilitates mental health care by linking inmate/patients to needed services.