

## Reduce Preventable Emergency and Inpatient Utilization

### Expand Community-Based Behavioral Health Services for Justice-Involved People

People with behavioral health conditions are overrepresented in the criminal justice system.<sup>1</sup> Substantial state investments have sought to improve outcomes for justice-involved<sup>2</sup> people with behavioral health challenges, both while they are incarcerated and after they are released. Cross-departmental collaborations have increased the number of justice-involved people enrolled onto Medi-Cal, but additional work is needed. A key next step is to **proactively target justice-involved people for linkages to behavioral health services through warm handoffs.**

Justice-involved beneficiaries access multiple types of health care services through Medi-Cal, but behavioral health care is a particularly crucial part of successful reentry and reintegration. There are three systems through which justice-involved people access Medi-Cal funded behavioral health services: the mild-to-moderate mental health system operated by Managed Care Plans, the specialty mental health system operated by county behavioral health through Mental Health Plans, and county substance use disorder services primarily provided through the Drug Medi-Cal Organized Delivery System. People who access specialty mental health services meet medical necessity criteria and have higher levels of mental health need relative to people with mild-to-moderate need.

This analysis presents the rates at which justice-involved enrollees released in 2016 from California Department of Corrections and Rehabilitation (CDCR) state prisons and enrolled onto Medi-Cal utilized outpatient specialty mental health services and/or emergency and inpatient services with primary behavioral health diagnosis in 2017.<sup>3</sup> These baseline findings are essential to understanding the impact of current and future policy changes.<sup>4</sup>

Emergency and inpatient utilization is one indicator of access to care and care coordination, as some emergency and inpatient services could have been prevented through timely primary and behavioral health care. Identifiers of mental health and substance use treatment are taken from CDCR data. CDCR's Correctional Clinical Case Management System (CCCMS) designation is comparable to a mild-to-moderate mental health distinction, and the Enhanced Outpatient Program (EOP) designation is comparable to a distinction of severe mental illness.

**Table 1: Behavioral Health Need Among Justice-Involved Enrollees in 2016**

	n	%
No Identified Behavioral Health (BH) Need	6,557	24%
Substance Use Disorder (SUD) Only	10,243	38%
Correctional Clinical Case Management System (CCCMS) Only	1,708	6%
CCCMS with SUD	3,545	13%
Enhanced Outpatient Program (EOP) Only	347	1%
EOP with SUD	640	2%
Unknown	4,202	15%
Total	27,242	100%

**Approximately 1 in 5 justice-involved enrollees had identified need for mental health treatment.**

<sup>1</sup> Bureau of Justice Statistics, 2017. "Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12."

<sup>2</sup> In general, the justice-involved population includes youth and adults who are currently incarcerated in state and local facilities, on community supervision (parole or probation), in alternative custody (conditional release), participating in pre-trial or post-plea diversion programs, and individuals who in the past have experienced any of these situations.

<sup>3</sup> The Department of Health Care Services and California Department of Corrections and Rehabilitation have partnered through the Council on Criminal Justice and Behavioral Health to conduct the Medi-Cal Utilization Project with the goal of improving health outcomes for justice-involved people.

<sup>4</sup> While this analysis uses the most current available data and presents utilization rates among people released from CDCR facilities in 2016, investments that have been made since 2017 to connect justice-involved people to services are not reflected in this analysis.

**Figure 1: Outpatient Specialty Mental Health and Emergency/Inpatient Behavioral Health Utilization in 2017**

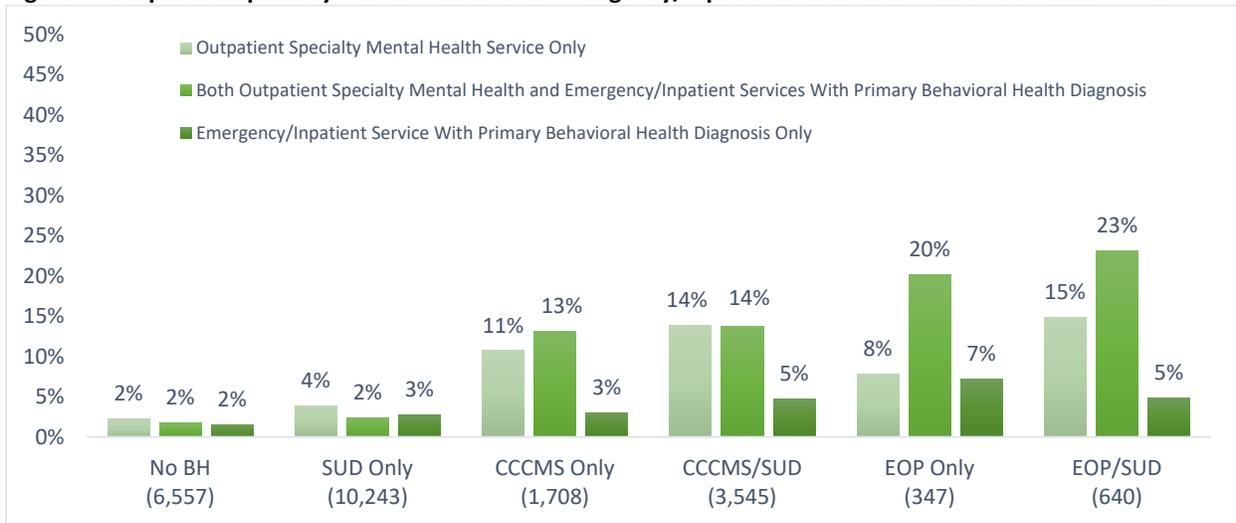


Figure 1 indicates that fewer than 1 in 3 justice-involved enrollees accessed outpatient specialty mental health services through Medi-Cal. Results from data analysis show high rates of emergency/inpatient service utilization across all categories. People with serious mental illness had the highest rates of emergency/inpatient service utilization. Overall, these findings indicate that justice-involved people are not consistently receiving the outpatient behavioral health services they need to manage their conditions.

**About 20% of justice-involved people with behavioral health need accessed emergency or inpatient services.**

### How Can We Improve Behavioral Health Care for Justice-Involved People?

**Connect justice-involved people with behavioral health challenges to appropriate services.** People with serious mental illness should be prioritized for warm handoffs between correctional health care providers and community behavioral health providers. Direct communication between providers, communication with counties, and connections across delivery systems are essential.

**Tailor interventions to the unique and complex needs of justice-involved people.** Service delivery systems must have not only the capacity but also the expertise to deliver tailored interventions. Effective interventions will consider the preferences of justice-involved people, as well as the stigma they often face.

**Provide behavioral health treatment in primary care settings.** Justice-involved people may be more likely to access behavioral health treatment when services for mental health and substance use disorder services are co-located and integrated with primary care and physical health treatment.

**Ensure provision of services across the continuum of care, including for people with serious mental illness.** Residential treatment can function as alternatives to incarceration if people decompensate post-release.

**Engage justice-involved people in behavioral health services by including peers and mentors in service delivery.** Community health workers with lived experience in the criminal justice system can help build trusting relationships and help justice-involved people to navigate a fragmented service delivery system.

**Remove barriers to accessing care.** Unstable living situations, inconsistent access to transportation, and low or unpredictable incomes can pose barriers to care. Alongside other funding sources, Medicaid funding must continue to be leveraged as a tool to help people meet their basic needs.