

# A Vision for Substance Use Disorder Treatment: Engagement through the Criminal Justice System

Gabrielle de la Guéronnière,  
Legal Action Center

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# What We'll Discuss Today

- Core components to consider in developing a system of SUD care that engages the criminal justice-involved population
  - Building a System that Promotes Health Insurance Eligibility Screening and Enrollment throughout the Criminal Justice System
  - Improving Coverage for and Access to SUD and MH Care
  - Promoting Continuity of Care
  - Supporting Integrated Care
  - Fostering Innovation through Medicaid
- What are the major opportunities presented?
- What are the related challenges we should understand?
- What should we anticipate might be next?

# Component #1: Health Insurance Eligibility Screening and Enrollment

- Building a system that enrolls all eligible people in health insurance and promotes continuous coverage
  - Opportunity of leveraging the Medicaid expansion—90 percent federal dollars
  - Despite prohibition against federal Medicaid dollars paying for health care for incarcerated people, ability to screen and enroll in appropriate coverage at all intercepts of the criminal justice system
    - Need to systematize and incorporate into regular procedures
    - Ability for people's Medicaid to be suspended while incarcerated, minimizing coverage lapses as they move between parts of the criminal justice system and the community
      - Learning from the experiences of other states
    - Importance of health insurance/Medicaid coverage for front-end diversion and to make reentry to the community successful
    - Discussions at the federal level

## Component #2: Improving Coverage for and Access to SUD and MH Care

- Strengthening coverage for and access to the full continuum of SUD and MH care
  - Period of transformative change for SUD and MH care
    - History of poor commercial coverage of/access to MH and SUD benefits: impetus for the 2008 MHPAEA (the federal parity law)
    - Variable and mostly poor (particularly for SUD services) Medicaid coverage of SUD and MH services
      - Lack of provider billing as a result; reliance on Block Grants and other safety net programs
    - Many newly eligible Medicaid beneficiaries have MH and SUD care needs
  - Required MH and SUD coverage at parity with other medical/surgical benefits—60 million people gained parity and other MH/SUD coverage protections
    - Need to leverage the federal laws, and ensure their strong enforcement, to address gaps in coverage including for MAT and other parts of the continuum and to strengthen network adequacy
    - New action at the federal level

## Component #3: Promoting Continuity of Care

- Strengthening continuity of care for people in the criminal justice system
  - Growing focus on creating systems that provide continuous access to care and support people moving between the criminal justice system and the community
  - Importance of building the infrastructure of the SUD care system
    - Supporting a strong health workforce and building capacity
  - Need for safety net programming to continue to close gaps
  - Importance of ensuring there is culturally competent care that meets the complex health care needs of justice-involved individuals
  - Examining components of successful models
    - Role of peers
    - Potential for partnerships with corrections, payors and MH/SUD service providers
    - Role of in-reach

## Consideration #4: Supporting Integrated Care

- Initiatives aimed at seamless provision of physical, MH and SUD care
  - Focus on high-utilizers of health care: better meeting these individuals' needs and decreasing related costs for expensive, often ineffective episodes of care
  - Financial incentives for large health care systems that can better manage individuals' chronic health care needs
  - Need to promote health information exchange and use data to measure performance, demonstrate effectiveness and incentivize quality care
  - Need for justice-involved individuals and their service providers to be fully included in broader health care delivery initiatives: health homes, ACOs, etc.
  - Need to ensure that there is a match between the services and medications their program participants need, what is covered by insurance, and what is available in the community
  - Improved health and criminal justice outcomes, cost savings to both systems

## Consideration #5: Fostering Innovation through Medicaid

- Attempts at the federal level and in the states to modernize Medicaid in light of new requirements through the ACA, the MH/SUD parity law, and other policy drivers
  - Recognition by CMS that the justice-involved population is increasingly the Medicaid population
  - Work to clarify existing policies about Medicaid coverage for people in different parts of the criminal justice system
  - Wholesale policy change at the federal level is slow: use of waivers and demonstration projects is a way to test new things
    - Areas of focus: implementation of the MH/SUD Parity rule, opioid crisis, expanding access to residential SUD treatment, proposed waivers

# Opportunities and Potential Next Steps

- Critical need for health and criminal justice decision-makers and stakeholders to continue close work together
  - Continued work between the State Medicaid agency, the SSAs for SUD and MH, the State health insurance exchange board and community care providers with corrections and other justice system decision-makers and stakeholders
- Learning from early adopters, sharing best practices, and shaping existing models to work for each part of the system
- Tracking and leveraging federal policy changes and dollars but building what works and is needed in Delaware