

**Second Chance Act and Health
Care Reform:
*Increasing Access to Reentry
Services for Justice Involved?***

International Community Corrections Association

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Health and Behavioral Health are Important Components of Reentry

- Disproportionately high rates of chronic disease and behavioral health disorders
 - One-half of men and two-thirds of women diagnosed with chronic physical health conditions
- Increased risk of death in the first two weeks after release is **12-fold**
 - Drug overdose, cardiovascular disease, homicide, and suicide
- Lack of health insurance is a significant problem
 - 75% had no public or private health insurance 2 to 3 months after community reentry

Health Care can Impact Reentry Outcomes

- Increase self-efficacy
- Reduce risk behaviors
- Reduce crimes (particularly those that are drug-related),
- Reduce infection rates in the community
- Reduce use of urgent and emergency care and community costs
- Improve health and well-being
- Increase periods of time in the community

The Second Chance Act

- Public Law 110-199 signed into law on April 8, 2008
- Authorizes **\$165 million** for reentry programs in fiscal years 2009 and 2010
- Purpose: to help states and communities reduce recidivism
- Creates a National Reentry Resource Center





the NATIONAL REENTRY RESOURCE CENTER

- Authorized by the Second Chance Act and administered by the Bureau of Justice Assistance, U.S. Department of Justice
- Provides education, training, and technical assistance to states, tribes, territories, local governments, service providers, non-profit organizations, and corrections institutions working on prisoner reentry
- Launched by the Council of State Governments Justice Center in October 2009

2010 SCA Grant Program Application Results

<i>FY10 Grant Program</i>	<i>Applications</i>	<i>Grants</i>	<i>Amount</i>
Adult Demonstration (101)	145	52	\$27 million
Juvenile Demonstration (101)	39	14	\$8 million
Reentry Courts (111)	9	9	\$2.6 million
<i>Family-Based Substance Abuse Treatment (113)</i>	36	23	\$7 million
Evaluate and Improve Education in Correctional Facilities (114)	12	1	\$2.5 million
Technology Career Training Demonstration (115)	44	7	\$5 million
<i>Substance Abuse & Criminal Justice Collaboration (201)</i>	77	22	\$12 million
Adult Mentoring (211)	613	50	\$14 million
Juvenile Mentoring (211)	214	9	\$5 million
Total	1189	187	\$82 million

Second Chance Act: Behavioral Health Services

- Significant number of the State and local demonstration grants include mental health and addiction services
- 45 Family-based and co-occurring treatment grants:
 - **\$7 million in funding** for 23 Family-based substance use disorder treatment grantees
 - **\$12 million in funding** for 22 Co-occurring substance use and mental health disorder treatment grantees

Second Chance Act: Family-based Treatment Grantees

- Sacramento County Sheriff's Department
- San Francisco Sheriff's Dept.
- Executive Office of the Governor of Delaware
- Florida Department of Corrections
- Hillsborough County (FL) Board of County Commissioners
- Cook County (IL) Sheriff's Office
- Illinois Department of Corrections
- Indiana Department of Correction
- Floyd County Fiscal Court (KY)
- Kentucky Department of Corrections
- Washington County (MD) Health Department
- Massachusetts Department of Correction
- Bolivar County Regional Correctional Facility (MS)
- St. Louis Metropolitan Police Department
- New Hampshire Department of Justice
- New Jersey Department of Corrections
- Rutherford County (NC)
- Multnomah County (OR)
- Allegheny County Department of Human Services (PA)
- Rhode Island Department of Corrections
- City of Dallas (TX)
- Virginia Department of Corrections
- Washington State Department of Corrections

Second Chance Act: Co-occurring Disorder Treatment Grantees

- Alabama Department of Mental Health/Substance Abuse Services Division
- San Francisco Sheriff's Department
- Colorado Division of Criminal Justice
- Orange County (FL)
- Cook County (IL) Circuit Court
- McLean County (IL)
- Kentucky Department of Corrections
- Boston Public Health Commission
- Network 180 Grand Rapids, Kent County (MI)
- Minnesota Department of Corrections
- Ramsey County (MN)
- Sullivan County (NH)
- New York City Office of the Criminal Justice Coordinator
- Suffolk County (NY) Criminal Justice Coordinating Council
- Gaston County (NC)
- Alcohol Drug Addiction and Mental Health Services Board of Cuyahoga County (OH)
- Ohio Department of Rehabilitation & Correction
- Ohio Department of Youth Services
- Wind Hollow Foundation, Inc. (OK)
- Washington County Community Corrections (MD)
- Tennessee Department of Mental Health and Dev. Disabilities
- Mental Health Mental Retardation of Tarrant County (TX)

Affordable Care Act: Medicaid Expansion

- Expands Medicaid eligibility up to 133 percent of the federal poverty level
- Beginning in 2014, Medicaid coverage must include prescription drugs, and mental health and substance abuse services.
- All **newly eligible** Medicaid beneficiaries will have some level of mental health and substance abuse coverage

Why is Medicaid Expansion Important?

- Currently, many justice-involved people do not qualify for Medicaid unless they meet stringent requirements.
- Individuals with SUD's and justice involved traditionally not Medicaid eligible.
- If they do have Medicaid, often does not include addiction treatment.

Key Considerations

- Are your state officials, including criminal justice system officials, engaged in conversations about implications of Medicaid expansion for justice-involved?
- What should benefit package should look like to address complex and multiple health needs of justice-involved?
- Are effective outreach and enrollment strategies being developed?
- Do Medicaid suspension and termination practices and policies minimize barriers to resuming access?
- Are you working with Federally Qualified Health Centers or other local providers?

State Examples of Cross-System Collaboration

- In New Jersey, New York, Pennsylvania and Washington, cross-system collaboration is already occurring:
 - All four States have cross-system and cross-agency task groups to improve services coordination
 - Three states have worked with local welfare and Medicaid to ensure expedited re-enrollment for eligible individuals upon jail release.
 - In one state, criminal justice-sponsored programs identify people with SMI, fast-track their enrollment in Medicaid and link people to a broader range of community-based services upon release.

Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grants

- **Mental Health Block Grant** - \$400 million for mental health service systems.
- **Substance Abuse Prevention and Treatment Block Grant** – \$1.8 billion for substance abuse treatment and prevention services.
 - In many states represents a primary source of substance abuse prevention and treatment funding, particularly for justice involved.
- Discussions are beginning about role of these block grants in context of health care reform.

Summary

- SCA and Medicaid expansion present an opportunity to expand access to health and behavioral health services to individuals who are justice involved
- Particularly important for newly eligible individuals with addiction disorders who historically have not qualified for Medicaid
- State and local cross-system conversations need to start now

Resources

- National Reentry Resource Center:
www.nationalreentryresourcecenter.org
- Legal Action Center: www.lac.org
- Community Oriented Correctional Health Services:
<http://www.cochs.org/>
- Alliance for Health Reform:
<http://www.allhealth.org/index.asp>
- Health and Human Services Healthcare Reform Website:
<http://www.healthcare.gov/>

Thank you!

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