

PART 6

ADVANCING HEALTH EQUITY FOR PATIENTS IMPACTED BY THE CRIMINAL JUSTICE SYSTEM

Medical-Legal Partnership in Action - Webinar Series



APRIL 30, 2024
2 - 3 PM ET

MODERATOR



Bethany Hamilton, JD

Co-Director

National Center for Medical-Legal Partnership

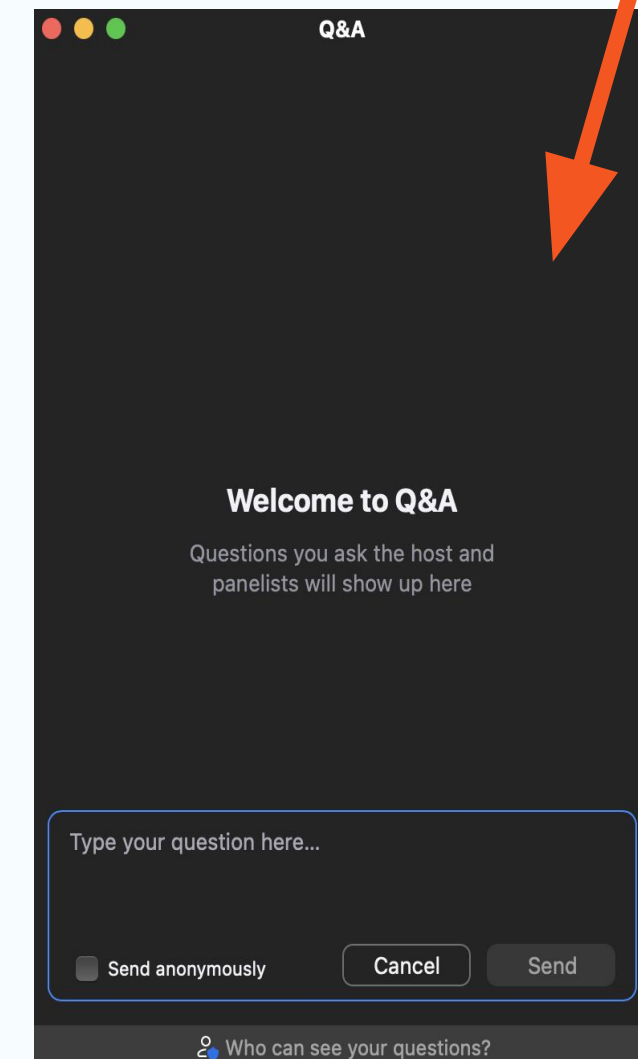
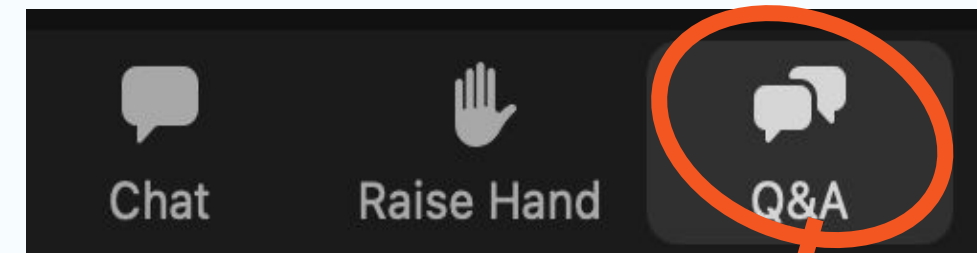
HRSA

Health Resources & Services Administration

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HOUSEKEEPING

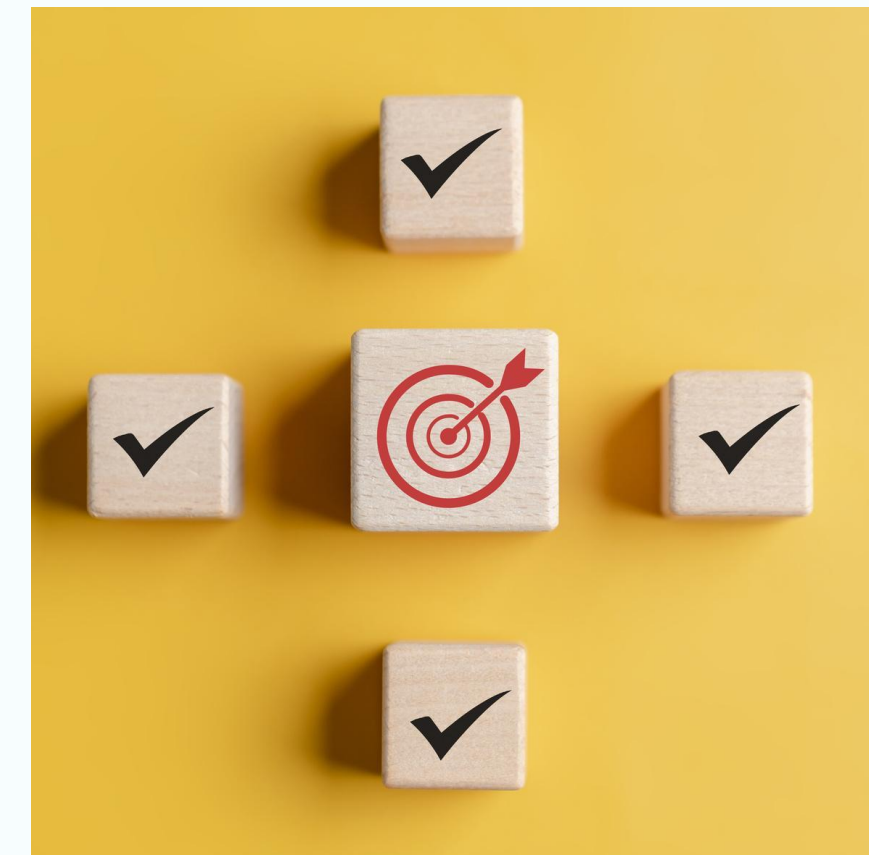
- Attendees are muted throughout the webinar.
- Type questions into **Questions & Answers pane**.
- To activate captions, select “Live Transcript” and “Show Subtitle.”
- This webinar will be recorded and shared at <https://medical-legalpartnership.org/mlp-resources/medical-legal-partnership-in-action-webinar-series/>
- Send a chat to the Hosts & Panelists for help.



LEARNING OBJECTIVES

This installment of the "MLP in Action" webinar series is designed to help the audience:

- ➔ Strengthen their cultural competency to effectively serve diverse populations
- ➔ Expand their comprehension of how medical-legal partnerships can enhance healthcare delivery models for specific demographic groups
- ➔ Identify opportunities to implement improved strategies for screening and addressing social risk factors that affect the health of patients involved in the criminal justice system.



ADVANCING HEALTH EQUITY FOR PATIENTS IMPACTED BY THE CRIMINAL JUSTICE SYSTEM

NEW HRSA FUNDING OPPORTUNITY

During Second Chance Month, HRSA Takes Policy Action, Releases First-Ever Funding Opportunity for Health Centers to Support Transitions in Care for People Leaving Incarceration

In alignment with the [White House Second Chance Initiative](#), HRSA is offering funding to health centers to provide crucial health services to individuals transitioning out of incarceration, focusing on primary care, mental health, and substance abuse treatment. Approximately **51 health centers** will implement strategies to:

- Reduce drug overdose risk
- Address mental health and substance abuse treatment needs
- Manage chronic conditions
- Prevent and treat infectious diseases like hepatitis C, HIV, and syphilis

Funds can also be used for case management addressing social determinants of health. This initiative aims to facilitate successful reentry into the community, enhancing public health and safety. It complements efforts by SAMHSA and other federal entities to expand substance abuse treatment and reentry services. A new Medicaid section 1115 waiver allows states to provide coverage for justice-involved individuals pre-release, addressing health concerns including substance abuse disorders. The [HHS Roadmap for Behavioral Health Integration](#) prioritizes engaging high-risk populations, including justice-involved individuals.

Applications are due on **June 10, 2024**, via [Grants.gov](#) and on **July 2, 2024**, via [HRSA Electronic Handbooks](#). Visit the [Health Center Program webpage](#) for more details.

DOJ Office for Access to Justice and Federal Bureau of Prisons are piloting a collaboration with Texas A&M School of Law and the Texas A&M Institute for Healthcare Access.

“For a select group of participants identified through the new Medical Legal partnership as needing additional assistance, **the pilot will focus on improving their access to disability benefits. Social Security benefits have been proven to lift more people out of poverty than any other government program.** Yet most disability benefit claims are denied at the application stage. This Medical Legal Partnership will bring together legal and medical professionals to help better identify the population of incarcerated individuals eligible for these benefits, and to support these individuals in obtaining the benefits for which they are eligible.”

--Acting Associate Attorney General Benjamin C. Mizer
[Justice Department Announces Medical Legal Partnership Project for Incarcerated Individuals \(April 19, 2024\)](#)

POLL QUESTION: LET'S FIND OUT WHO IS IN THE AUDIENCE TODAY.

What type of organization are you from?

- Health care
- Legal services
- Academia
- Other

Does your organization have an MLP?

- Yes
- No
- I don't know

How does your organization serve justice-involved populations?

- Health center based medical services
- Correctional facility based medical services
- Legal services through an MLP
- Other
- I don't know

SUBJECT MATTER EXPERT



Daniel Mistak

Director of Health Care Initiatives for Justice-Involved Populations
2023 Atlantic Fellow for Health Equity
Community Oriented Correctional Health Services

WHO AM I?

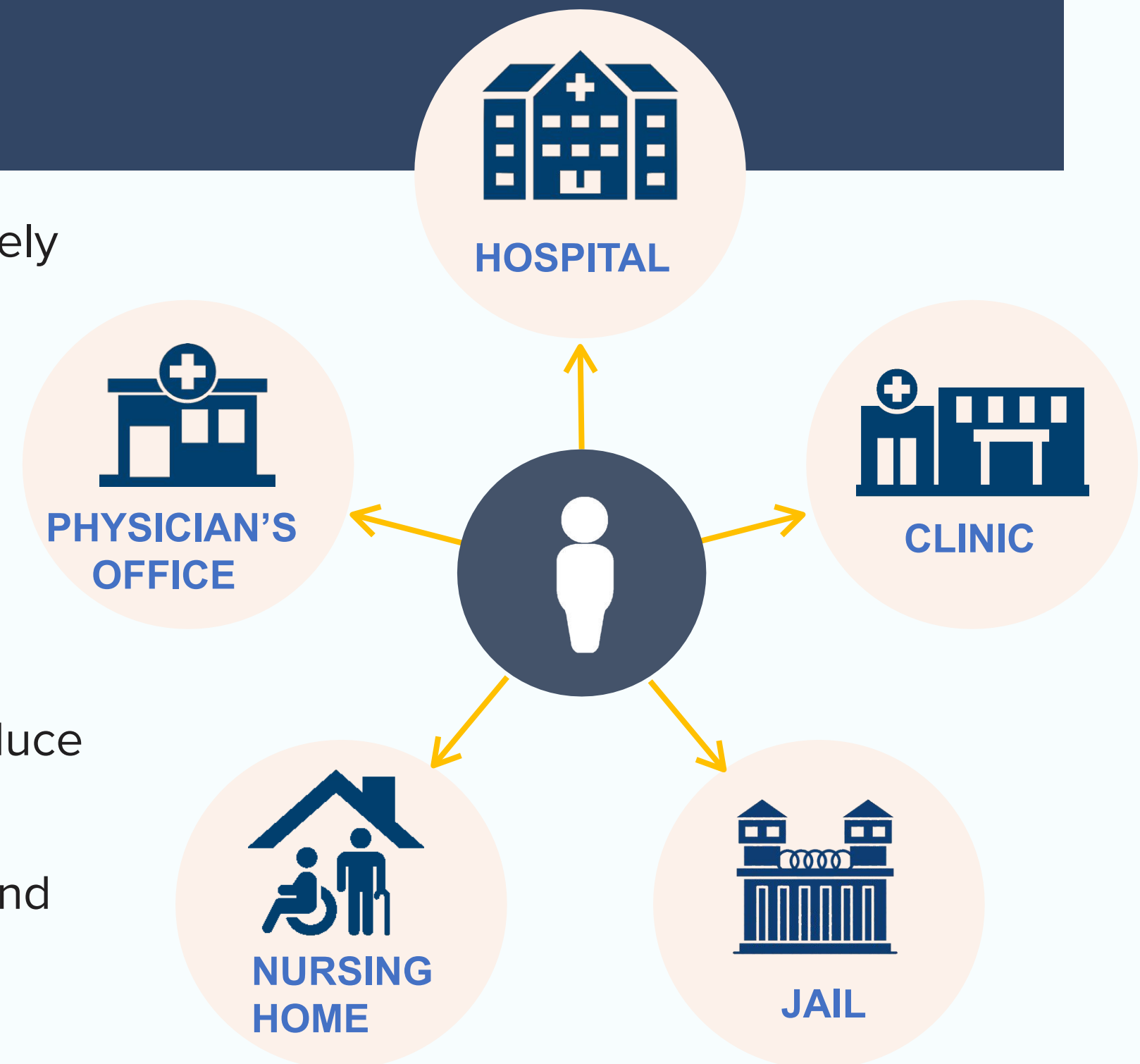


Daniel Mistak

- ❖ Former Legal Aid senior attorney
- ❖ Policy nerd torn between micro and macro change
- ❖ Product of the rust belt and deeply familiar with the relationship between poverty, incarceration, and health
- ❖ Optimistic cynic

COCHS' GOAL: BUILD A SYSTEM OF CARE FOR PEOPLE INVOLVED IN THE JUSTICE SYSTEM TO IMPROVE HEALTH AND PUBLIC SAFETY

- ❖ **Build** a stronger health care system and advance widely accepted health system goals
 - Coverage
 - Population & community health
 - Integration
 - Costs
- ❖ **Support** efforts to reform criminal justice systems, reduce recidivism, and improve public safety
- ❖ **Eliminate significant racial disparities** in the health and criminal justice systems



TODAY'S QUESTIONS (AND ANSWERS)

- ❖ Who is involved with the justice system?
 - It's way more people than you'd think
- ❖ What are the health and social outcomes for justice system involvement?
 - It negatively impacts almost every aspect of their lives
- ❖ How can we serve people involved with justice systems?
 - Get to know the macro and the micro

A NOTE ON HOW MY MLP WAS STRUCTURED

- ❖ Grant-funded MLP headquartered at a local Federally Qualified Health Center
- ❖ Through a Business Associate agreement, I was a “provider” in the FQHC’s electronic health system
- ❖ Patients could call the FQHC and be given an appointment during my time there
- ❖ Warm handoffs when not with clients
- ❖ No notes made in the EHR besides “met with client”
 - All case notes were in LegalServer

Who is justice involved?

THE CURRENT STATE

- ❖ The United States is the **number one** incarcerator in the world
 - **25%** of the world's incarcerated population is in the United states
- ❖ **2 million** people are in some sort of detention
- ❖ **10.6 million** people got to jail each year
- ❖ At least **1 in 4 people** who go to jail will be arrested again within the same year — often those dealing with poverty, mental illness, and substance use disorders, whose problems only worsen with incarceration.
- ❖ **7.2 million** people are on probation, parole, or another community supervision.
- ❖ In 2014, an estimated **65 million** people had some criminal record.

PEOPLE WHO ARE INCARCERATED ARE DISPROPORTIONATELY LOW INCOME

Median annual incomes for incarcerated people prior to incarceration & non-incarcerated people ages 27-42, by race/ethnicity & gender, 2014

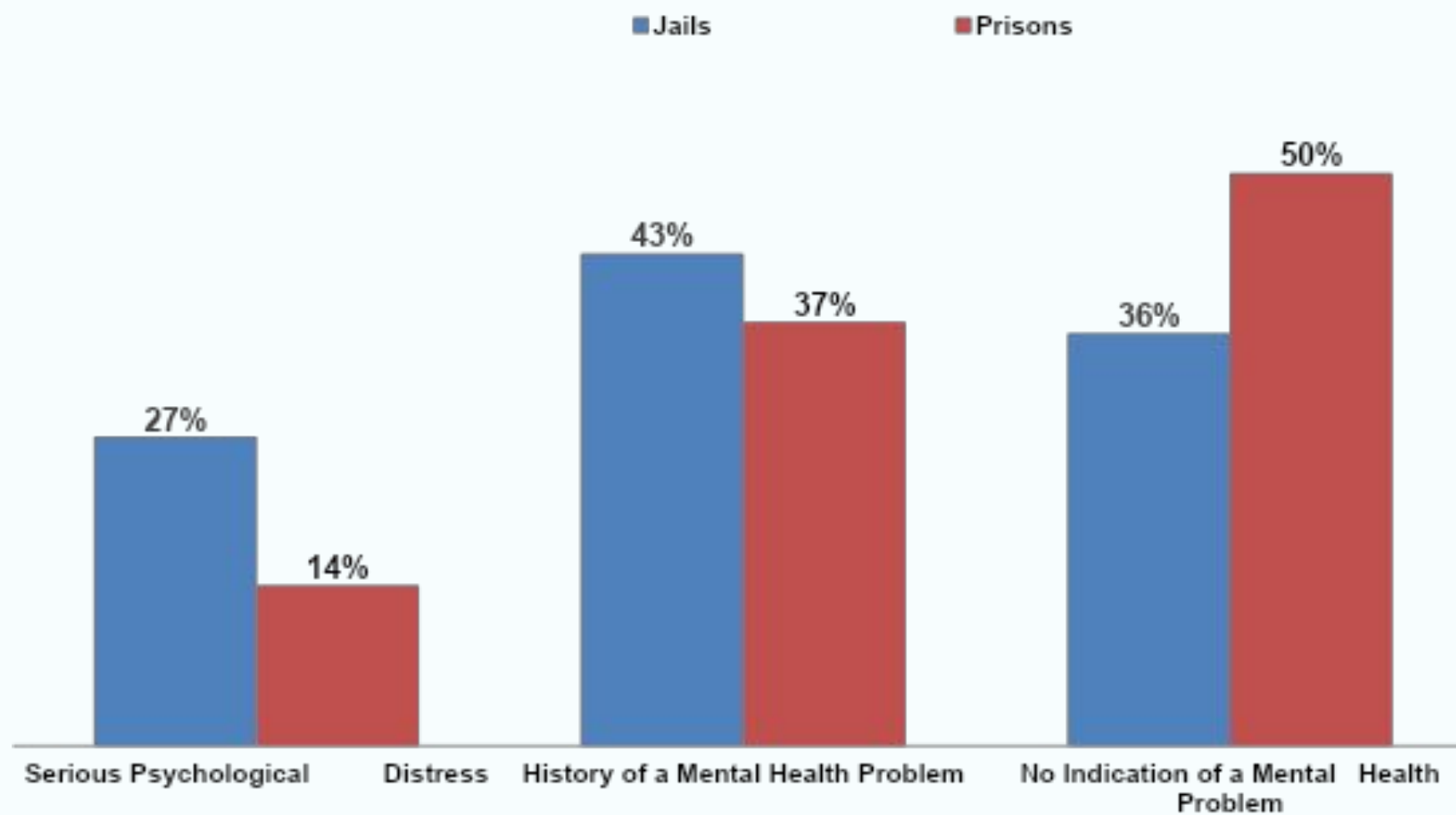
	Incarcerated people (prior to incarcerations)		Non-incarcerated people	
	Men	Women	Men	Women
All	\$19,650	\$13,890	\$41,250	\$23,745
Black	\$17,625	\$12,735	\$31,245	\$24,255
Hispanic	\$19,740	\$11,820	\$30,000	\$15,000
White	\$21,975	\$15,480	\$47,505	\$26,130

In addition, justice-involved people:

- Face high rates of unemployment, unstable housing and homelessness
- Generally have lower rates of education and literacy than do other populations

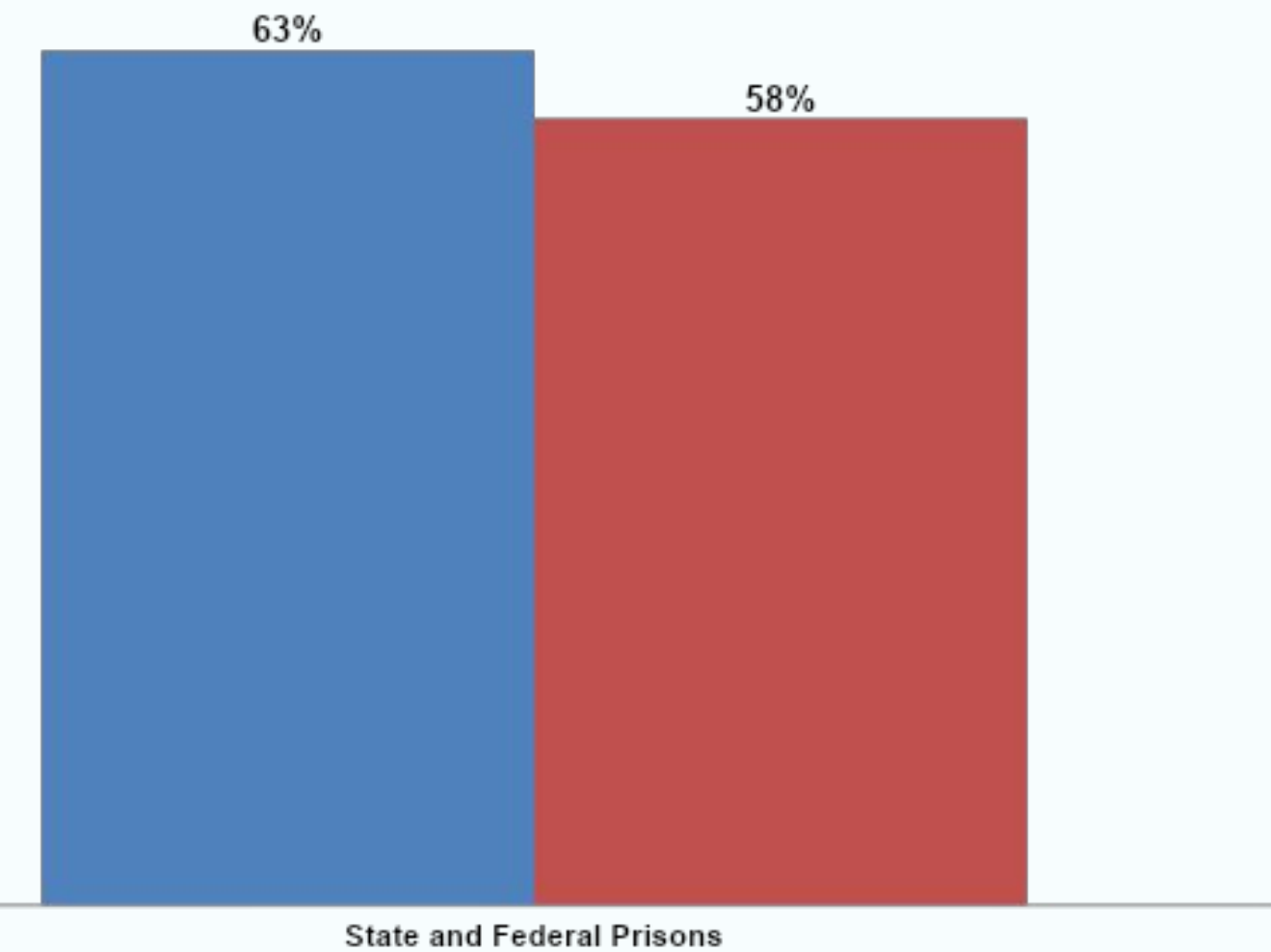
JUSTICE-INVOLVED POPULATIONS FACE HIGH RATES OF SUBSTANCE USE DISORDER AND MENTAL HEALTH CONDITIONS

Mental Health Status of People in Prisons and Jail by type, 2011-2012



Meets clinical criteria for drug dependence or abuse, 2007-2009:

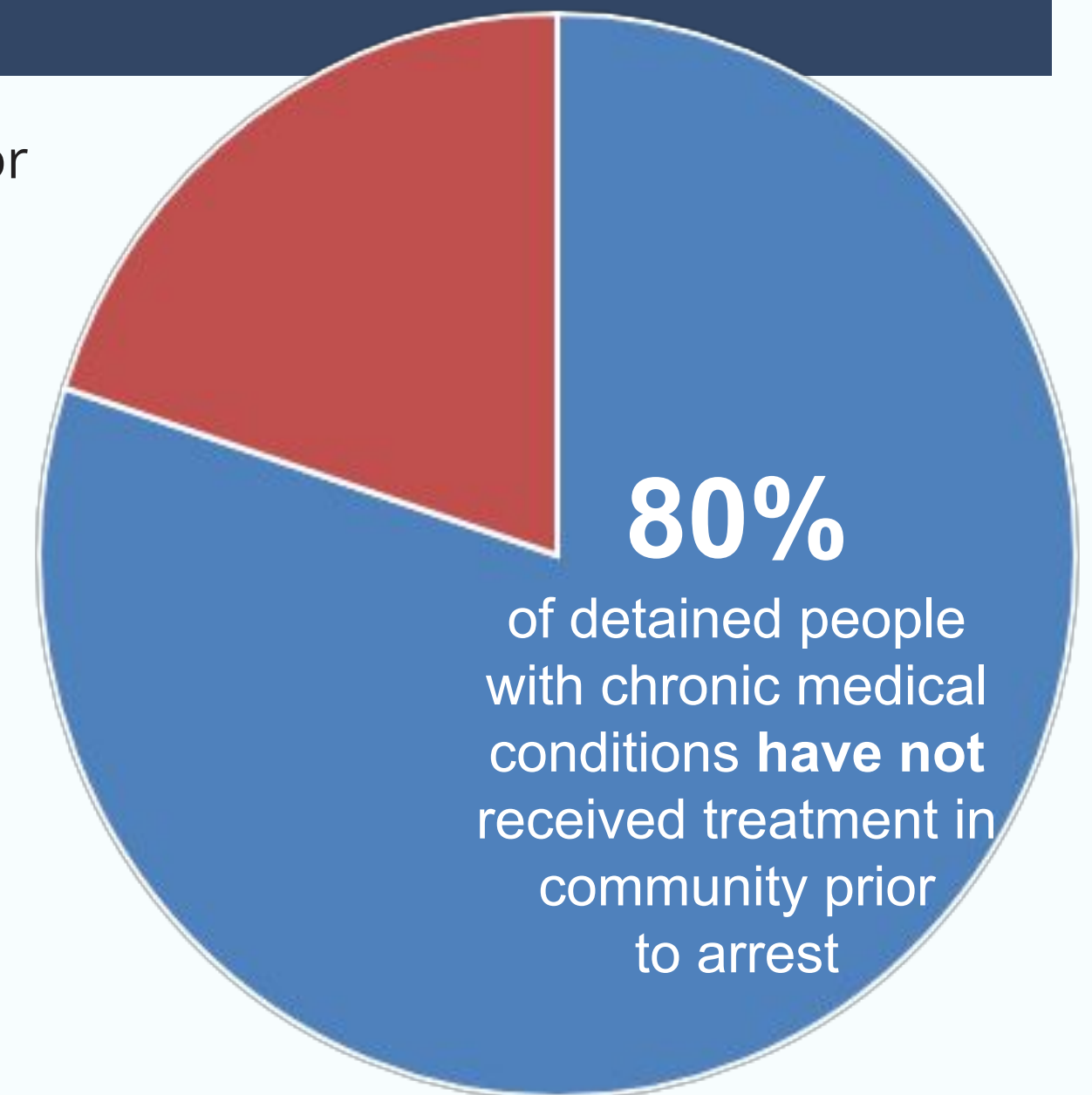
■ Sentenced in Jail ■ Prison



SOURCE: Bureau of Justice Statistics, National Inmate Survey, 2011-12. Bureau of Justice Statistics, Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007-2009.

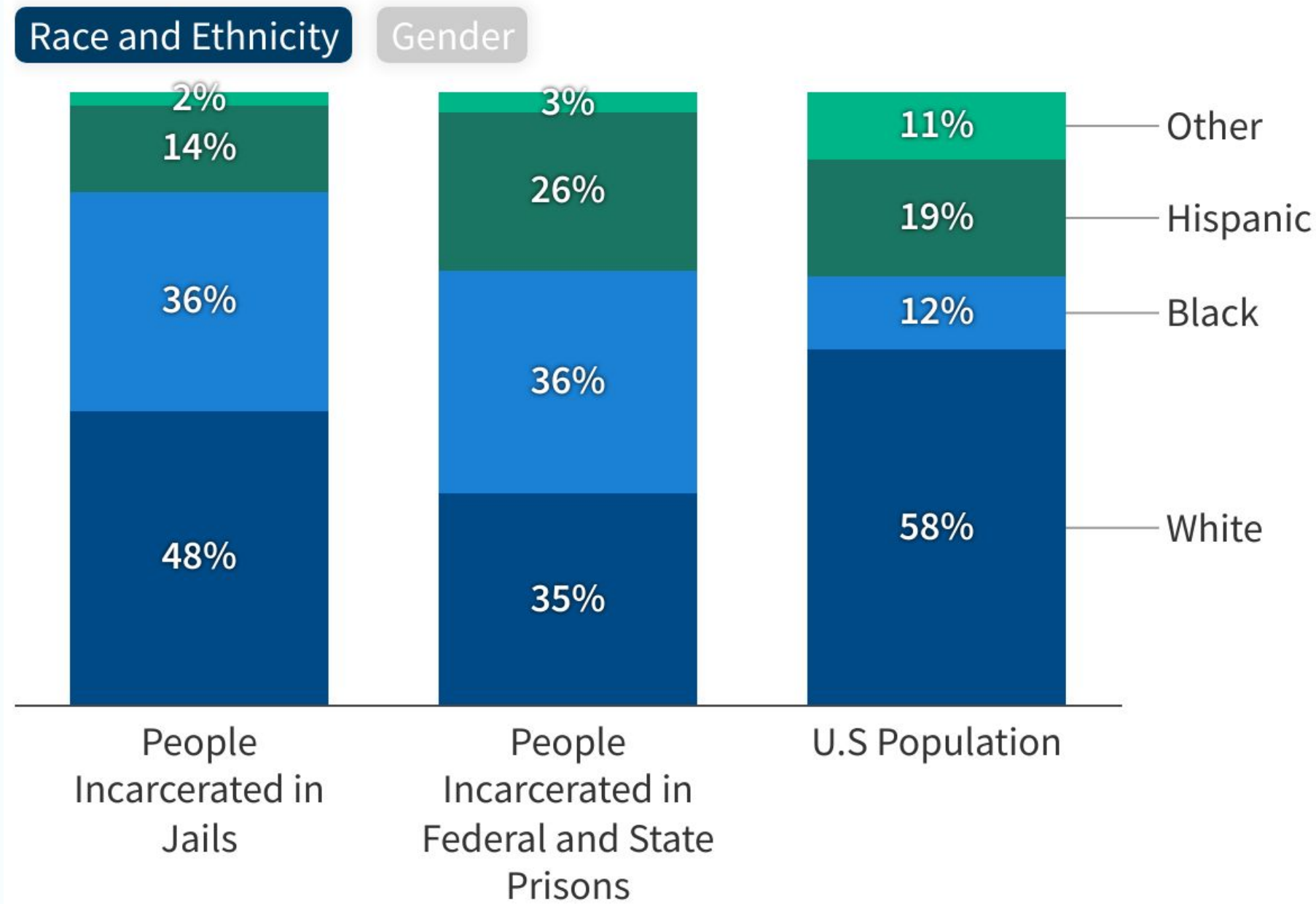
ACCESS TO CARE AND OUTCOMES FOR PEOPLE INVOLVED IN THE JUSTICE SYSTEM NEED IMPROVEMENT

- ❖ **Fewer than one in 10 people** who are arrested and test positive for substance use have received any treatment in the previous year
- ❖ People leaving incarceration are:
 - **More likely to die** from all causes, including heart disease, homicide, suicide, cancer, and accidents
 - 12 times more likely to die in the **two weeks** following release
 - 120 times more likely to die of an **overdose** post-release (in Massachusetts and elsewhere)



Appendix Figure 1

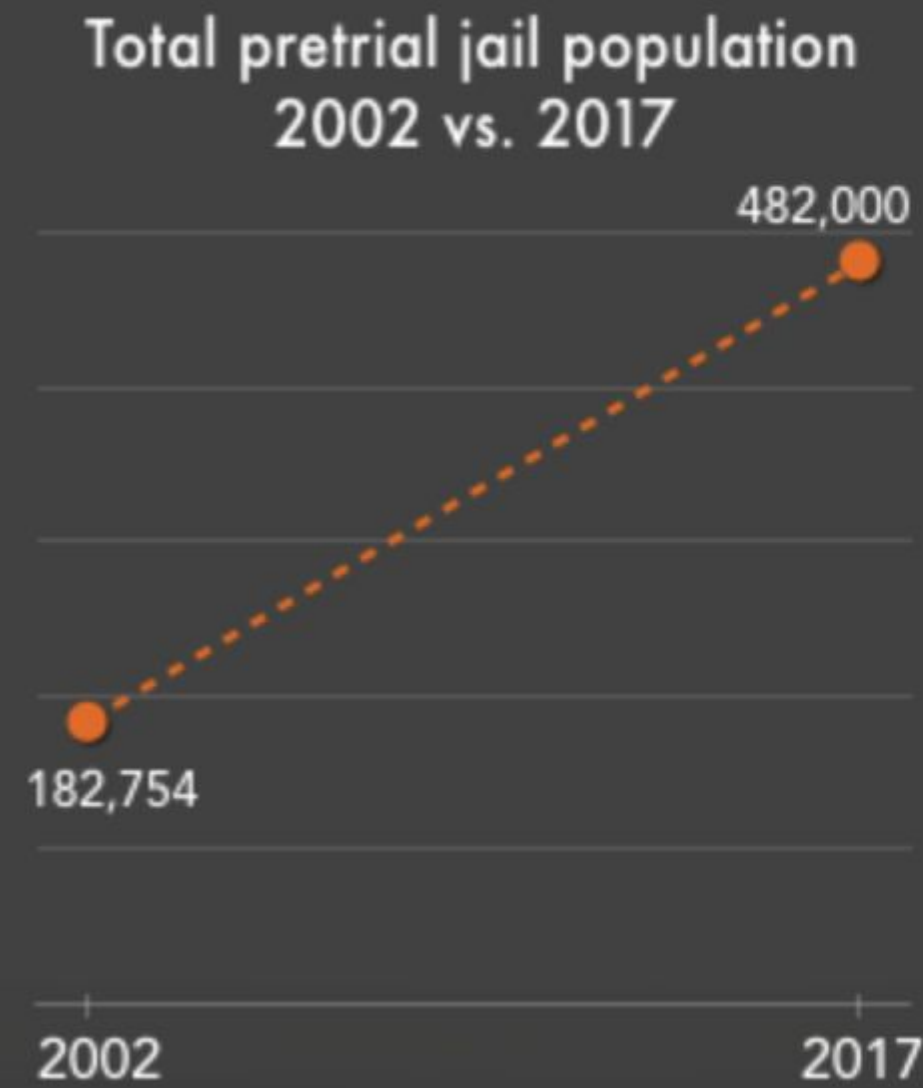
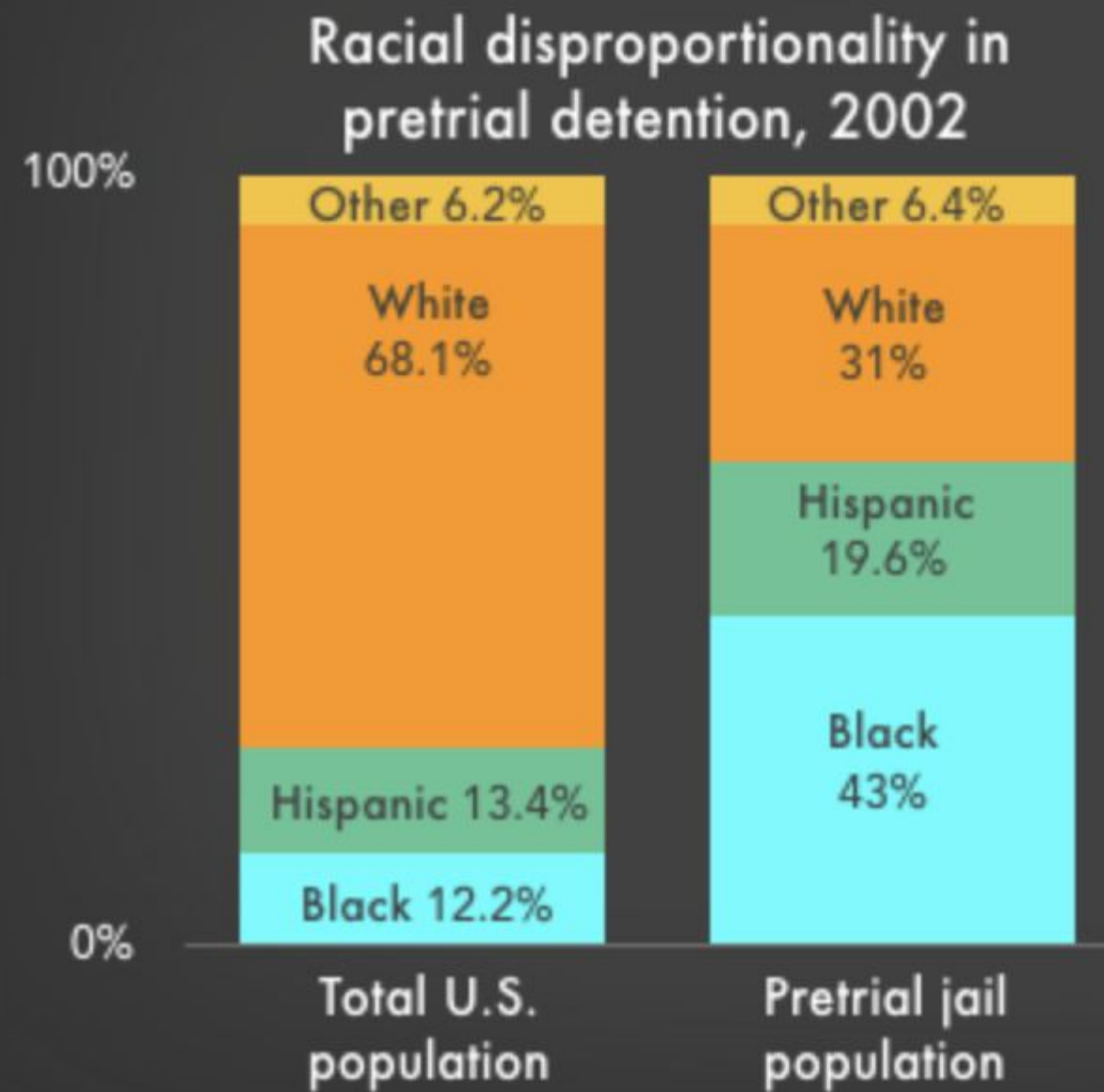
People Who Are Incarcerated by Gender, Race and Ethnicity, 2022



Note: Data for Jail inmates as of June 2022; Data for Prisoners as of December 31, 2022. White, Black, and Other groups include people of non-Hispanic ethnicity only.

Source: Jail Inmates in 2022 – Statistical Tables, U.S. Department of Justice, December 2023; Bureau of Justice Statistics, Prisoners in 2022 – Statistical Tables, U.S. Department of Justice, November 2023. KFF Analysis of 2022 American Community Survey, 1-Year Estimates.

Pretrial populations, disproportionately Black and Hispanic, have more than doubled over 15 years



A note about the data:
 While unconvicted pretrial populations have grown to make up almost two-thirds of jail populations nationally, no national data have been collected since 2002 to assess how racial disparities in pretrial detention have changed.

Sources: Bureau of Justice Statistics, *Profile of Jail Inmates 2002*, Table 1 & *Jail Inmates in 2017*, Table 3

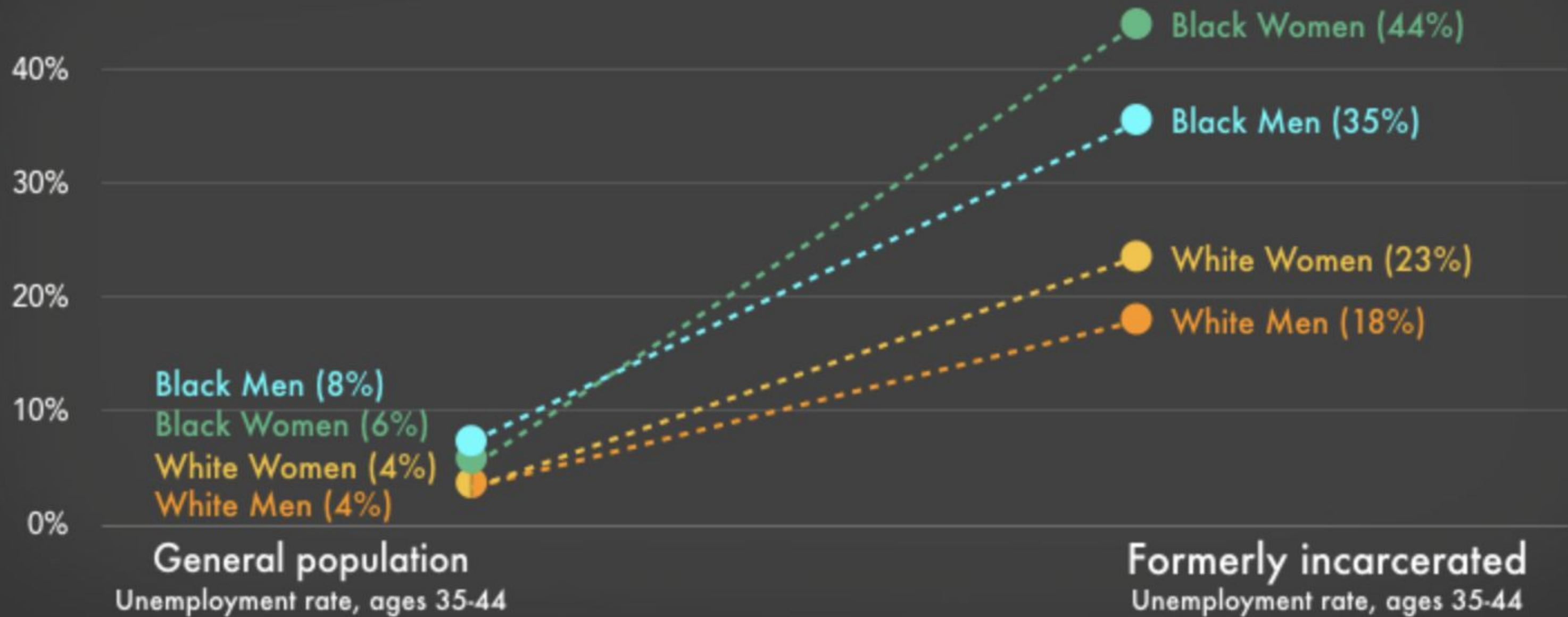
SUMMARY

- ❖ Many people you're serving *may already* be involved with the justice system.
- ❖ People involved with the justice system have critical health needs
- ❖ The justice system disproportionately impacts the poor and people of color
- ❖ The challenges are getting worse, not better.

JUSTICE-SYSTEM INVOLVEMENT: A HIDDEN SOCIAL DETERMINANT OF HEALTH

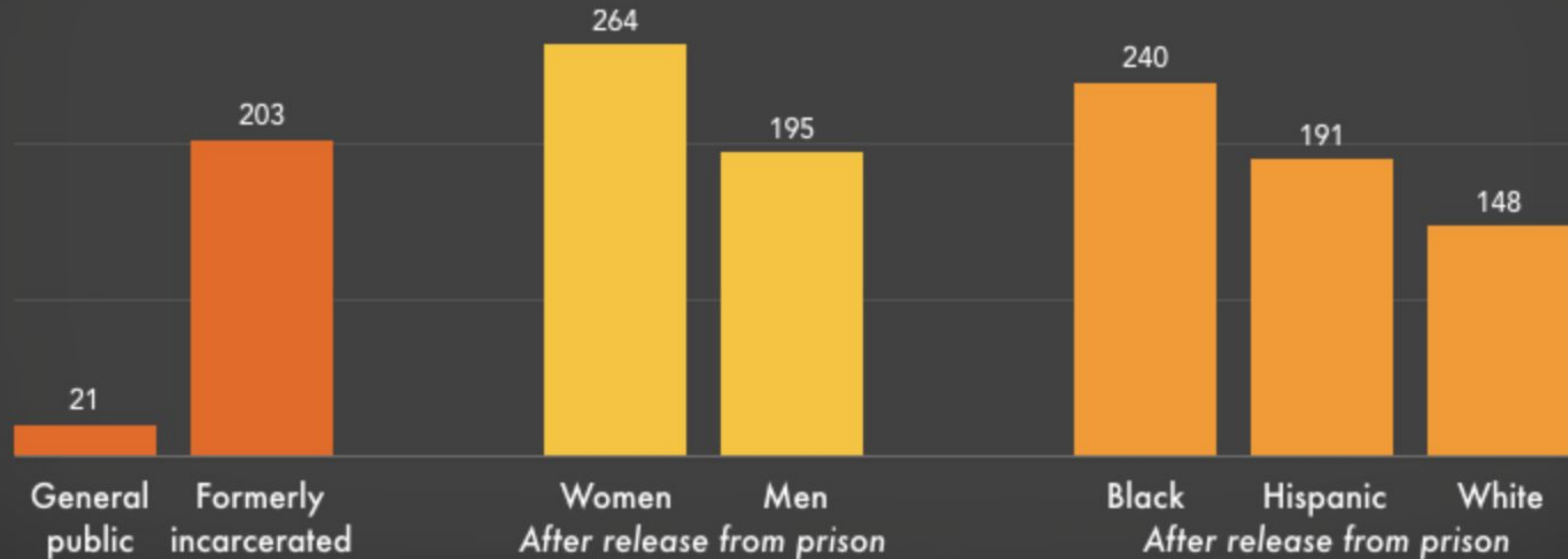
- ❖ Involvement with the justice system has significant impacts on families, children, and the individual who is entangled
- ❖ Medical legal partnerships can help undo some of the health-harming collateral consequences of justice involvement
 - Unemployment barriers
 - Benefits barriers
 - Family law consequences
 - Weaponization of justice system involvement

The "prison penalty" in unemployment disproportionately punishes formerly incarcerated Black men and women



Formerly incarcerated people have very high rates of homelessness, especially women and people of color

Number of homeless per 10,000 people in each category in 2008
(the most recent year data for formerly incarcerated people are available)



Sources & data notes: www.prisonpolicy.org/reports/housing.html

DISPARITIES IN FAMILY COURT OUTCOMES

- ❖ Black, Hispanic and Native Americans have worse outcomes in the child welfare system when compared with their representation in the general population.
- ❖ These systems echo the system outcomes that occurred when Black families were separated through the slave trades and when Native American populations were separated from their children in order to attend schools to “civilize” the children.
 - The next slide describes the disproportionate outcomes for racial and ethnic minorities.

Table 1. Disproportionality Compared to Total Population, 2014*

Race (Non-Hispanic)/ Ethnicity	% of Total Child Population	% of Children Identified by CPS as Victims	RDI	% of Children in Foster Care	RDI	% of Children Entering Foster Care	RDI	% of Children Exiting Foster Care	RDI	% of Children Waiting to Be Adopted	RDI	% of Children Adopted With Public Agency Involvement	RDI
American Indian/ Alaska Native	0.9%	1.3%	1.5	2.4%	2.8	2.3%	2.7	2.1%	2.4	1.9%	2.2	1.5%	1.7
Asian	4.8%	0.9%	0.2	0.5%	0.1	0.6%	0.1	0.7%	0.1	0.4%	0.1	0.4%	0.1
Black or African-American	13.8%	22.6%	1.6	24.3%	1.8	22.4%	1.6	23.2%	1.7	23.1%	1.7	19.4%	1.4
Native Hawaiian/ Other Pacific Islander	0.2%	0.2%	1.0	0.2%	0.9	0.2%	1.1	0.2%	1.2	0.1%	0.6	0.2%	0.9
Hispanic (of Any Race)	24.4%	24.0%	1.0	22.5%	0.9	21.9%	0.9	21.8%	0.9	23.6%	1.0	22.1%	0.9
White	51.9%	46.4%	0.9	43.4%	0.8	46.1%	0.9	45.6%	0.9	43.2%	0.8	48.5%	0.9
Two or More Races	4.1%	4.7%	1.1	6.8%	1.7	6.4%	1.6	6.5%	1.6	7.7%	1.9	8.0%	2.0

*Each RDI cell is associated with the percentage cell to its left.

Sources: Total child population data were obtained from the U.S. Census Bureau (www.census.gov/popest). Victimization data were obtained from the U.S. Department of Health and Human Services (HHS) via *Child Maltreatment 2014* (<http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2014>). Other data were obtained from the HHS AFCARS Report #22 (<http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22>).

Summary

Justice system involvement impacts almost every social aspect of someone's life—regardless of whether someone is ever convicted

Macro and Micro:
**Where can medical legal
partnerships make a difference?**

MACRO: THE POLI-SEE-SAW

- ❖ Researchers have demonstrated the **see-saw effect**, where **investment in punitive policies come during periods of disinvestment in social services and vice-versa**.
 - See, Loïc Wacquant, *Punishing the Poor* (2009).
- ❖ A study looking across 18 developed countries, showed a negative link between the share of national income devoted to the welfare state on the one hand, and the number behind bars on the other.
 - All seven of the nations most given to incarceration (US inclusive) have below-average welfare spending; and
 - All but one of the eight countries with the lowest prison population spend atypically heavily on welfare.
 - David Downes and Kirstine Hansen, *The Relationship Between Welfare Spending and Imprisonment (2005)* (available at https://www.crimeandjustice.org.uk/sites/crimeandjustice.org.uk/files/Welfare_and_Punishment_webversion.pdf).

MY HYPOTHESIS:

- ❖ Expanding access to spending on public goods will shrink our spending on carceral systems
- ❖ The challenge: very few vehicles for entitlement programs
- ❖ The solution: Medicaid

HEALTH-RELATED SOCIAL NEEDS AND MEDICAID

- ❖ Medicaid state flexibility enables tailored support for a wide array of social needs.
- ❖ From housing and food insecurity to transportation and beyond, Medicaid can play a pivotal role.
- ❖ Medicaid's flexibility could extend to funding innovative initiatives like medical-legal partnerships (MLPs).
 - This will require understanding the Medicaid waiver process, communicating effectively with health policy personnel, and recognizing your value to health professionals.
- ❖ If MLPs can learn to work with Medicaid, then MLPs can go where Medicaid goes.

MEDICAID'S ROLE IN THE CRIMINAL JUSTICE SYSTEM HAS EVOLVED



- ❖ 90% of detainees had no health insurance
- ❖ Many justice involved people have become eligible for Medicaid (in expansion states)
 - In some states, 80-90% of people leaving incarceration are enrolled in Medicaid
 - ACA strengthened mental health and substance use disorder benefits
- ❖ Some states and localities are smoothing connections to Medicaid coverage and services at re-entry (OH, NM, AZ)
- ❖ Creating continuous coverage across settings for people involved in the justice system

MEDICAID'S "INMATE EXCLUSION" ISOLATES CORRECTIONAL HEALTH FROM THE HEALTH SYSTEM AS A WHOLE

The Inmate Exclusion

- ❖ Inmates may be enrolled in Medicaid -- but Medicaid will only cover inpatient stays that exceed 24 hours, not other services.
 - Exclusion established when Medicaid was created in 1965
 - Primary purpose was to prevent cost-shifting to federal government
 - Reflects the patchwork nature of US health coverage pre-2014, when most people were not eligible for coverage
 - The inmate exclusion creates a micro effect where many people leave jails and prisons without Social Security and Medicaid

MEDICAID WAIVERS CAN PROVIDE A MAJOR CHANGE TO HOW OUR HEALTH AND JUSTICE SYSTEMS RELATE

- ❖ On April 17, 2023, CMS released a State Medicaid Director Letter (SMDL), “**Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.**”
 - **Beneficiary eligibility:** Flexible, but often targeted to MH/SUD
 - **Facility eligibility:** Flexible and decided by state (e.g., jail, prison, juvenile justice facilities, reentry centers) but *should not include* federal facilities.
 - **Benefit package:** Broad flexibility about what states can request full set of benefits or targeted benefits, but must include:
 - Medication assisted therapy
 - 30 days of bridge medication
 - Case management
- ❖ Waivers will happen **state by state**, and rollout will be slow.

Covered Benefit	Description
Case Management to Assess and Address Physical and Behavioral Health Needs, and Health-Related Social Needs (HRSN)	<p>Pre-release case management is a required reentry service to assess and address physical and behavioral health needs and HRSNs.</p> <p>Care managers are expected to conduct a comprehensive needs assessment; develop a care plan; ensure a warm handoff to post-release care manager (if different); conduct referral activities for post-release such as scheduling appointments and connect individuals to services upon reentry into the community; and provide on-going monitoring and follow-up activities to ensure the care plan is implemented.</p>
Medication Assisted Treatment (MAT)	<p>MAT is a required minimum service for all types of SUD as clinically appropriate, with accompanying counseling. CMS defines MAT as medication in combination with counseling/behavioral therapies, as appropriate and individually determined, and should be available for all types of SUD (e.g., both opioid and alcohol use disorders), as clinically appropriate.</p> <p>Coverage of MAT under a state plan includes all U.S. Food and Drug Administration–approved medications for opioid use disorder, including buprenorphine, methadone, and naltrexone, and acamprosate and naltrexone for alcohol use disorder.</p>
30-day Supply of All Prescription Medications At Point of Release	<p>Provision of clinically-appropriate medication(s) upon release may be as either a pre-release demonstration service or as a post-release Medicaid service furnished outside the scope of the demonstration.</p>

MICRO OPPORTUNITIES

- ❖ People involved with justice systems need support like any other client.
 - Family law, custody
- ❖ When working with clients with justice-system involvement there are also special areas of interest:
 - Expungement, housing discrimination, health privacy issues, discontinuation of services and benefits
- ❖ As more justice system 1115 waivers are passed, there will be new areas of advocacy:
 - Denial of Medicaid benefits despite a waiver being in place.

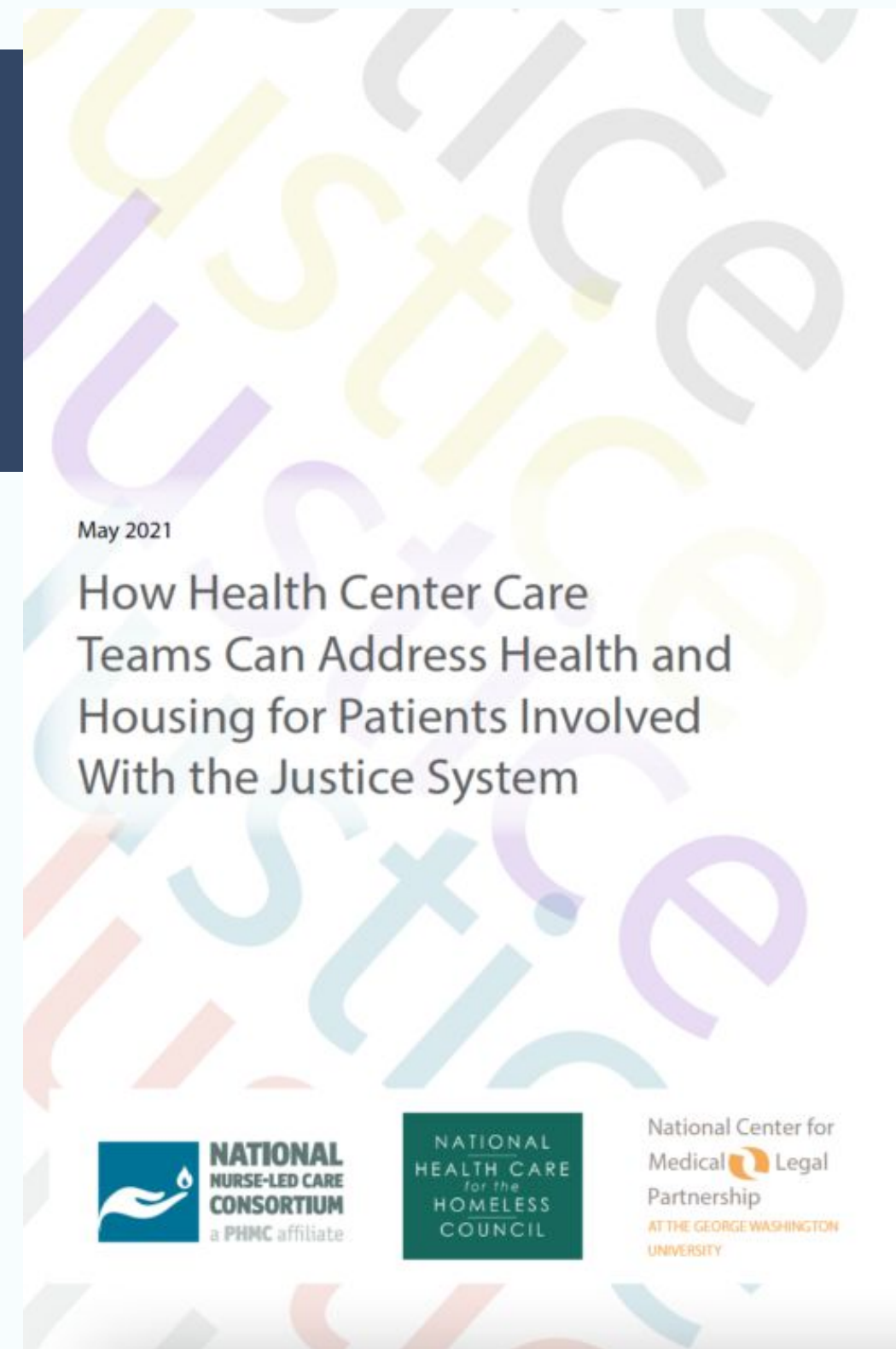
RECAP

- ❖ People involved with the justice system have serious unmet needs, and health and justice system disparities compound one another
- ❖ Funding opportunities through flexible Medicaid waivers can support people's health-related social needs (HRSN)
- ❖ Understanding and working with Medicaid can unlock new funding, and as Medicaid's reach extends, MLPs can ride the wave

**Please submit questions
using the **Q&A** function.**

RESOURCES

How Health Center Care Teams Can Address Health and Housing for Patients Involved With the Justice System

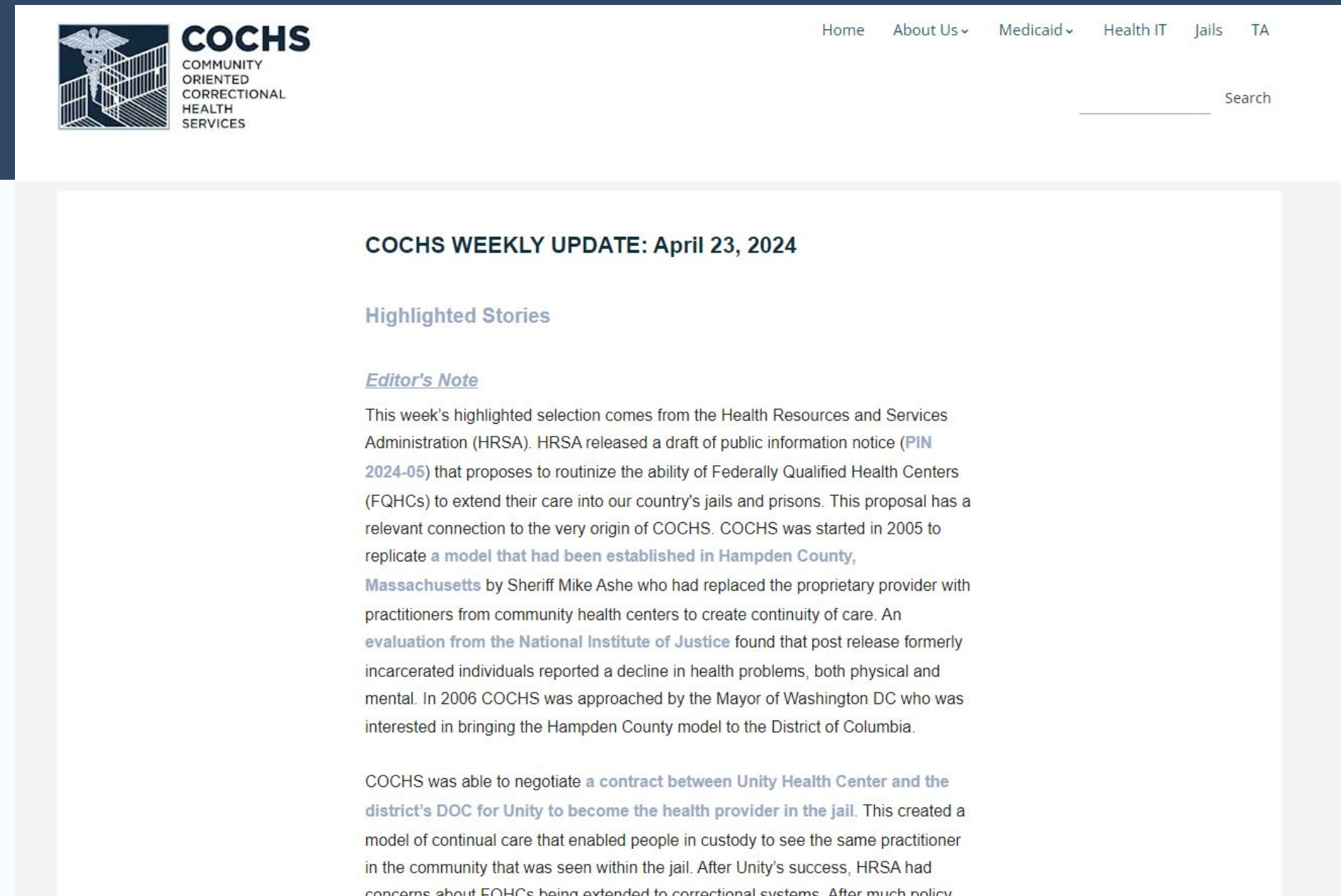


<https://medical-legalpartnership.org/mlp-resources/justice-system-involved-issuebrief/>

RESOURCES

HRSA Draft PIN 2024-05

Health Center Program Policy
Guidance Regarding Services to
Support Transitions in Care for
Justice-Involved Individuals
Reentering the Community



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COCHS WEEKLY UPDATE: April 23, 2024

Highlighted Stories

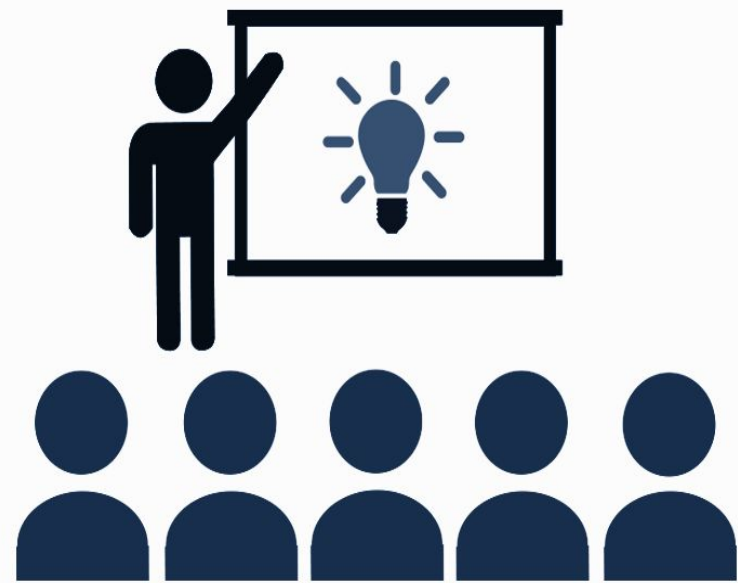
Editor's Note

This week's highlighted selection comes from the Health Resources and Services Administration (HRSA). HRSA released a draft of public information notice (**PIN 2024-05**) that proposes to routinize the ability of Federally Qualified Health Centers (FQHCs) to extend their care into our country's jails and prisons. This proposal has a relevant connection to the very origin of COCHS. COCHS was started in 2005 to replicate **a model that had been established in Hampden County, Massachusetts** by Sheriff Mike Ashe who had replaced the proprietary provider with practitioners from community health centers to create continuity of care. An **evaluation from the National Institute of Justice** found that post release formerly incarcerated individuals reported a decline in health problems, both physical and mental. In 2006 COCHS was approached by the Mayor of Washington DC who was interested in bringing the Hampden County model to the District of Columbia.

COCHS was able to negotiate **a contract between Unity Health Center and the district's DOC for Unity to become the health provider in the jail**. This created a model of continual care that enabled people in custody to see the same practitioner in the community that was seen within the jail. After Unity's success, HRSA had concerns about FQHCs being extended to correctional systems. After much policy

<https://cochs.org/weekly-update-2024-04-23/>

HAPPENING SOON. RSVP NOW!



Prepare for **Pride Month 2024** by creating a tool to promote LGBTQIA+ health access and equity!

Join us for an engaging four-part Learning Collaborative (LC) designed as a workshop to equip health centers and their partners with the knowledge, skills, and tools needed to address health disparities within the LGBTQIA+ community.

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER
A PROGRAM OF THE PENWAY INSTITUTE

National Center for Medical Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

PRIDE MONTH 2024 WORKSHOP

CREATE A NEW TOOL TO PROMOTE LGBTQIA+ HEALTH ACCESS AND EQUITY

May 7, 14, 21, & 28, 2024 | 2-3 PM ET

Link to register
<https://www.surveymonkey.com/r/KFNVDCK>

<https://medical-legalpartnership.org/learning-opportunities/>

HAPPENING SOON. RSVP NOW!

HEALTH CENTER MLP PLANNING, IMPLEMENTATION & PRACTICE WEBINAR SERIES



FEBRUARY - JUNE 2024



National Center for Medical  Legal Partnership
AT THE GEORGE WASHINGTON UNIVERSITY

- ❖ Crafting Effective Trainings to Strengthen the Health Center MLP Workforce
 - June 6, 2024 at 1 - 2.30 PM ET
- ❖ Ditch the Pitch: Building Effective Messaging for Different Medical-Legal Partnership Audiences
 - June 13, 2024 at 1 - 2.30 PM ET

Led by **Kate Marple**, Principal Consultant of **Who Tell the Story?** and former Communications Director of the National Center for Medical-Legal Partnership

https://medical-legalpartnership.org/mlp-resources/pipwebinarseries_2024/

THANK YOU



Please take a moment to complete our survey!

<https://www.surveymonkey.com/r/SYGWMJM>

A link to the survey is also in the chat