



## **How Strengthening Health Care at Reentry Can Address Behavioral Health and Public Safety: Ohio's Reentry Program**

Ohio has been a national leader in connecting people leaving prison to health and behavioral health care services. Its reentry program demonstrates the impact that stronger connections to services at reentry can have on substance use disorder and mental health, and the potential to improve public safety by reducing recidivism. The Medicaid Reentry Act, which was introduced in the House by Representatives Tonko (D-NY), Turner (R-OH) and Sensenbrenner (R-WI), passed the House of Representatives in May as part of coronavirus response legislation. If enacted, the Act would spread stronger reentry approaches across the country, providing a new tool to address the opioid epidemic and improve the national COVID-19 response. This paper describes the Reentry Act and the impact of the Ohio program based on evaluation results and the experiences of people who participated in the program.

### **Enacting the Medicaid Reentry Act Would Expand Access to and Financing for Reentry Services**

The Reentry Act would authorize Medicaid to cover health and behavioral health services to people who are incarcerated in the 30 days prior to release. Across all states, the Reentry Act would cover health care services in prisons, jails and juvenile justice facilities during the last thirty days of incarceration. This would increase access to mental health and substance use services during incarceration and enhance coordination with and connections to community providers post-release. It would also expand access to testing and treatment for COVID-19. This coverage would bring with it an additional financing source, including federal Medicaid matching funds, for existing and new services. For most incarcerated beneficiaries, the federal matching rate is 90 percent. For more information on the Reentry Act, see <https://cochs.org/medicaid/reentry-act/>.

### **Ohio's Experience: Reentry Programs Connect People to Needed Treatment, Improve Mental and Physical Health, and Address Recidivism**

Ohio is at the leading edge of a number of states that have taken steps to strengthen reentry through Medicaid, including to address the need for mental health and substance use treatment.<sup>i</sup> Ohio connects people to health services as they prepare to return to communities. Ohio provides education and enrollment assistance to Medicaid beneficiaries who are imprisoned and care management for people with significant health needs before they are released.<sup>ii</sup> Enrollees select managed care plans prior to release to promote continuity of care post-release.<sup>iii</sup> The program served 22,000 people as of 2018.<sup>iv</sup> In Ohio, the Reentry Act would expand on this program by not just providing care management but also Medicaid benefits pre-release and by providing services in jails as well as prisons. Ohio's program, while more limited than the Reentry Act, demonstrates the impact that stronger Medicaid approaches at reentry can have.

In 2018, Ohio published evaluation results for the program, including an analysis of administrative data and a survey of and interviews with program participants.<sup>v</sup> Key findings are below; where they are relevant to a specific finding, quotes from program participants appear in italics. The program:

**Successfully connected people to behavioral health, substance use disorder, and other forms of treatment.** Nearly 95 percent people in the pre-release program with a primary diagnosis of opioid use

disorder received some form of treatment. Additionally, more than three quarters of these beneficiaries with a primary behavioral health diagnosis received behavioral health medication. The state also reported high rates of connecting people to medication for cardiovascular disease, high cholesterol, congestive heart failure and other chronic conditions.

- *“Medicaid helps me stay out of trouble and stay in treatment, and pays for counseling and groups. If I didn’t have it, I wouldn’t be clean right now.”*
- *“Medicaid provides mental health care and without [Medicaid] it is impossible to survive.”*

**Decreased the likelihood of recidivism, according to program participants.** Two thirds of pre-release program respondents said that participating in Ohio’s program made it less likely that they would return to prison or jail. In past research elsewhere in the country, connecting people with acute behavioral health needs who are likely to be at risk for justice involvement to treatment can reduce arrests and costs.<sup>vi</sup>

- *One participant said, “[Life was] a rollercoaster ride but now [because of Medicaid] I have balance and stability. My therapist sees it, my case manager sees it, my pastor sees it, and everyone I associate with sees it. And I’m still getting better, this is the first time I’ve been out over a year and a half in 10 years, I’ve hit my mile marker and I have no intent on going back.”*
- *Another reported: “...I’ve had seven prison numbers over 10 years, the longest in the past that I’ve stayed out was a year or a year and a half. Next month I hit my two-year mark. And this is only because I’m on Medicaid.”*

**Promoted participants’ physical and mental health.** Nearly 94 percent of participants described the program as benefitting their physical health; approximately 85 percent said it benefitted their mental health. And just under nine out of every 10 participants reported that having Medicaid made it easier for them to get substance use treatment.

- *One participant, reporting that Medicaid provided access to psychological services and surgery, said: “It’s been a godsend to me. It really has.”*
- *“With me overall, everything is better... My physical appearance is better. My stomach interior problems are addressed... and when forgoing Medicaid, it’s years if not decades of foregoing doctors. But now I see one about every three months.”*

**Helped participants care for family members post-release.** More than two-thirds of survey respondents said the program made it easier to care for other family members. More than three-quarters of respondents were parents.

**The state’s evaluation credits the program with promoting mental health and fostering integration into the community, among other achievements.** In 2018, Ohio’s evaluation of the reentry program concluded that the program “results in greater health care stability, a higher probability of workforce participation, a lessening of socioeconomic stress, a more positive outlook for mental health improvement, and better integration back into the community.”<sup>vii</sup>

**The program also buttressed Ohio’s corrections budget.** Strengthening Medicaid’s role at reentry population reduced the state’s corrections budget by \$20 million. New Mexico, which also has a strong reentry approach, has also reported savings.<sup>viii</sup>

Ohio's experience indicates that stronger reentry approaches can help connect people to treatment for a range of conditions, including mental health and substance use treatment, and help people transition back to communities. The Reentry Act would build on this promising work in Ohio and expand it to other states.

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<sup>i</sup> Martha Plotkin and Alex Blandford, "Critical Connections: Getting People Leaving Prison and Jail the Mental Health and Substance Use Treatment They Need," Bureau of Justice Assistance, National Reentry Resource Center, Justice Center of the Council of State Governments,

<https://bja.ojp.gov/sites/g/files/xyckuh186/files/publications/Critical-Connections-Full-Report.pdf>

<sup>ii</sup> Vikki Wachino and Samantha Artiga, How Connecting Justice Involved People to Medicaid Can Help Address the Opioid Epidemic," Kaiser Family Foundation, June 2019, <http://files.kff.org/attachment/Issue-Brief-How-Connecting-Justice-Involved-Individuals-to-Medicaid-can-Help-Address-the-Opioid-Epidemic>.

<sup>iii</sup> Jesse Janetta, Jane B. Wishner, and Rebecca Peters, Ohio's Medicaid Pre-Release Enrollment Program," The Urban Institute, January 2017, [https://www.urban.org/sites/default/files/publication/88051/ohio\\_medicaid\\_1.pdf](https://www.urban.org/sites/default/files/publication/88051/ohio_medicaid_1.pdf)

<sup>iv</sup> 2018 Ohio Medicaid Released Enrollees Study: A Report for the Ohio Department of Medicaid," Ohio Department of Medicaid, 2018. <https://medicaid.ohio.gov/Portals/0/Resources/Research/OMRES-Final-Report.pdf>

<sup>v</sup> "2018 Ohio Medicaid Released Enrollees Study: A Report for the Ohio Department of Medicaid" and "2018 Ohio Medicaid Released Enrollees Study: Administrative Review," Ohio Department of Medicaid, 2018.

<https://medicaid.ohio.gov/Portals/0/Resources/Research/OMRES-Final-Report.pdf>

<sup>vi</sup> Washington State Department of Social and Health Services, Research and Data Analysis Division, "Chemical Dependency Treatment, Public Safety: Providing chemical dependency treatment to low income adults results in significant public safety benefits," February 2009.

<https://www.dshs.wa.gov/sites/default/files/rda/reports/research-11-140.pdf>

<sup>vii</sup> Ibid.

<sup>viii</sup> Wachino and Artiga, et al.