

# US healthcare reform is a vehicle for decarceration

Daliah Heller, PhD MPH  
Clinical Professor  
City University of New York  
Graduate School of Public Health and Health Policy

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# Overview

- What is the health and healthcare status of the incarcerated?
- What is US healthcare reform and what does it have to do with incarceration?
- How could US healthcare reform reduce incarceration?

# What is the health status of incarcerated persons in the US?

- Substance use disorder > 50%
- Mental health > 65%
  - Serious mental illness ~ 10% - 25%
- Infectious disease
  - TB
  - STI
  - HIV / HCV
- Non-communicable disease
  - Hypertension / Asthma / Diabetes

# What is the healthcare status of incarcerated persons in the US?

- **Lack of coverage**
  - Before 2014, at least 80% lacked coverage at release (Butler, 2014; Patel et al, 2014; Rich et al, 2014)
  - At least one-third of incarcerated persons in jail are low- and very low-income single, child-less adults, before 2014 had few/no options for care (Cuellar & Cheema, 2014; Patel et al, 2014)
- **Lost coverage**
  - Up to 90% had no coverage coming in to jail/prison (Wang et al, 2008)
- **No regular healthcare provider**
  - > 75% have no regular primary care provider (Wang et al, 2010)

# What is US healthcare reform?

- **Patient Protection and Affordable Care Act of 2010**
- **3 principles, “the triple aim” of the Affordable Care Act**
  - Population health
  - Cost-effective
  - Quality
- **Key elements of the Affordable Care Act**
  - Parity coverage for behavioral health
  - Medicaid expansion to cover single, child-less adults
  - Healthcare coordination (primary, behavioral, specialty)
  - Healthcare network development and cost-sharing for patient outcomes

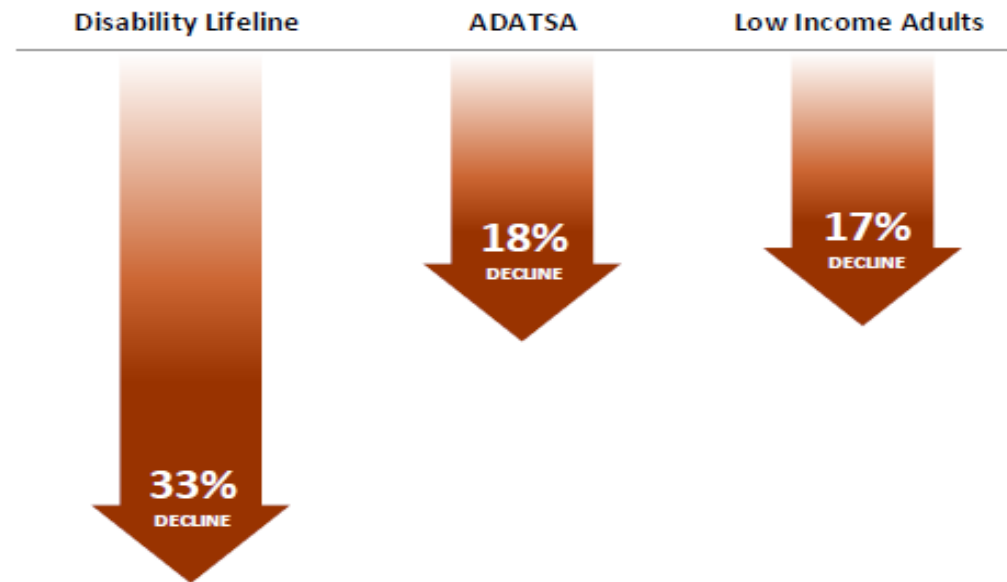
# Why does US healthcare reform have to do with incarceration?

- **↑ ACCESS** to care
  - Coverage
- **↑ AVAILABILITY** of care
  - Coordination / Integration / Networks
- **CARE** as part of the **SOCIAL SAFETY NET**
  - Care-case management
  - Incorporation of social determinants of health

# What is the evidence? Access for people who use drugs...

## Arrests decline significantly after alcohol/drug treatment

Decline in the number of arrests in the year following treatment relative to untreated comparison group



# What is the evidence? Access for people with serious mental illness...

People with Medicaid are arrested and detained less frequently

King County (N=5189) w SMI up to 365 post release					
	MEDICAID (N=3346, 65%)		NO MEDICAID (N=1843, 35%)		
	N	%	N	%	p-value
<b>SUBSEQUENT DETENTIONS</b>					
<b>0</b>	1079	32.3	531	28.8	<b>0.01</b>
<b>1 or 2</b>	1341	40.1	706	38.3	0.21
<b>3 or more</b>	926	27.7	606	32.9	<b>0.001</b>
<b>M +/- SD</b>	1.90+/-2.26		2.27+/-2.63		<b>0.001</b>
<b>TIME TO NEXT DETENTION</b>					
<b>within 30d</b>	687	20.5	441	23.9	<b>0.005</b>
<b>within 60d</b>	1059	31.7	658	35.7	<b>0.003</b>
<b>within 90d</b>	1295	38.7	814	44.2	<b>0.001</b>
<b>within 365d</b>	2287	67.8	1312	71.2	<b>0.01</b>
<b>M +/- SD</b>	102.16+/-95.23		93.39+/-92.20		<b>0.007</b>



# What is the evidence?

- **Tailored care for formerly incarcerated persons reduces re-incarceration**
  - Peer community health workers
  - Transitions Clinic
- **Social safety net for low-income communities**
  - **Healthcare is a human right**

# What's needed to make it happen? In the criminal justice system...

- **Improve jail/prison healthcare**
  - **Monitoring and enforcement** for standards of care (1976 Estelle v Gamble, violation of the 8<sup>th</sup> amendment as “cruel and unusual punishment...”)
  - Medication assisted treatment (OAT) for substance use disorders
  - Electronic healthcare records in jail/prison healthcare
- **Enroll current and formerly incarcerated persons in coverage**
- **Facilitate continuity of care from incarceration to community**
  - **Electronic healthcare records** in jail/prison healthcare
  - Suspend instead of terminating coverage
  - Peer community health workers
  - Direct relationships with community-based care, eg, Transitions Clinic, care management enrollment

# What's needed to make it happen? Inside the healthcare system...

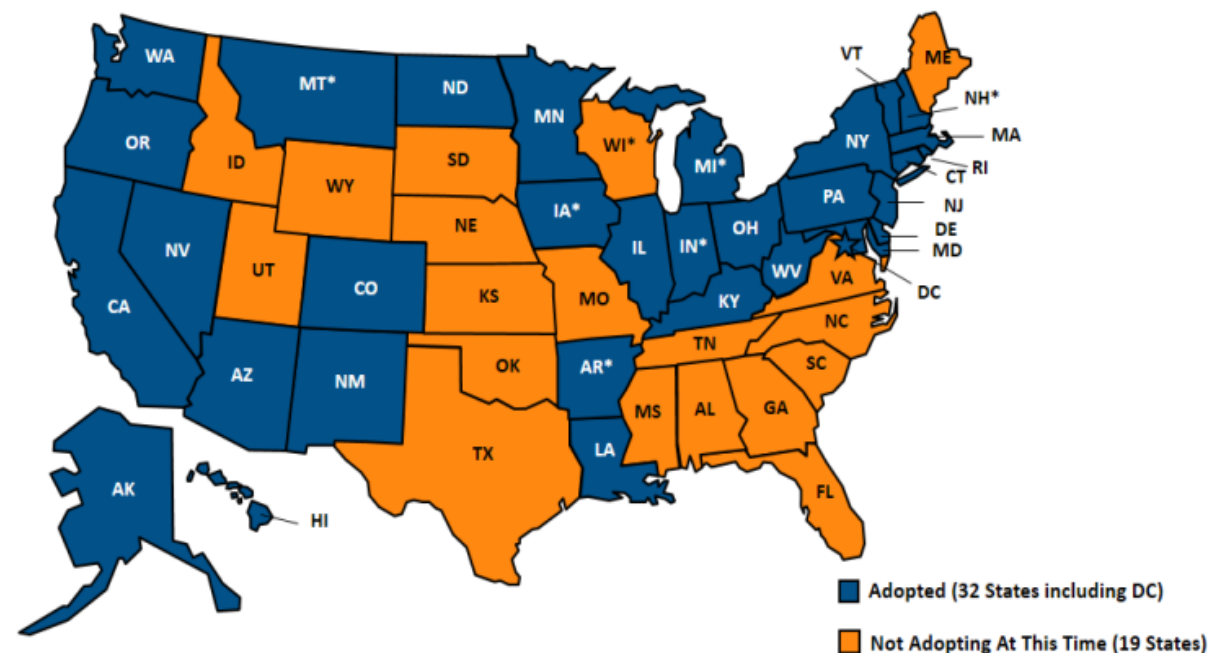
- **Build, expand, and improve capacity for behavioral health services**
  - Substance use disorder services → rehab model
  - Mental health services, including early intervention
  - Integration with primary care
  - Coordination from the emergency department
- **Promote community-based service integration** in developing healthcare networks
- **Maximize care management opportunities** to provide human/social services, eg, housing assistance, family assistance
- **Establish medical-legal partnerships**

# Is it working yet?

## Medicaid expansion happened in 2014

- Some states were early adopters
- Louisiana began July 1, 2016
  - Highest incarceration rate in the world
- 19 states still refuse to expand
  - Many among the highest US incarceration rates

Current Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. \*AR, IA, IN, MI, MT, and NH have approved Section 1115 waivers. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.  
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated July 7, 2016.  
<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

# Is it working yet?

## Challenges for enrollment and availability

- **Enrollment of justice-involved populations is up**
  - 64+ jail/prison-based enrollment programs in place (Bandara et al, 2015)
  - Un-insurance rate ↓ among justice-involved people with substance use disorders from 38% to 28% (Saloner et al, 2016)
- **Behavioral health system capacity is desperately needed**
  - Coverage ≠ treatment (Saloner et al, 2016)
- **Care management opportunities not yet widely recognized**

**Thank you!**

**Questions, comments, ideas?**  
**[daliah.heller@sph.cuny.edu](mailto:daliah.heller@sph.cuny.edu)**