



Center for Advancing
Correctional Excellence!
Criminology, Law & Society
George Mason University
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Process Measures at the Interface of Criminal Justice and Behavioral Health—Set 4: Access Measures and Systematic Responsivity (Systems Level)

JMHCP Learning Community: Research and Evaluation



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Insurance Enrollment

Percent of individuals **involved in the justice system** who are enrolled in health insurance

Percent of individuals **released from prison or jail** who are enrolled in health insurance

The **Affordable Care Act (ACA)** extended Medicaid eligibility to all adults whose annual income is less than \$16,243¹

- Up to 30% of individuals released from jails could enroll in Medicaid in states that expand the program²
- In 2011, 80% of former inmates in Massachusetts were continuously enrolled in Medicaid during the first year after their release¹

Which justice-involved individuals are eligible for coverage under the ACA?

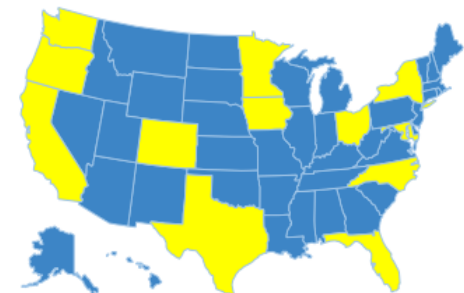
Status	Marketplace	Medicaid
Pretrial but not detained	Yes	Yes
Pretrial, detained	Yes, depending on specific plan requirements	No (unless he or she receives inpatient treatment outside the jail – see below)
Sentenced but not detained	Yes	Yes
Sentenced and incarcerated	No	No (unless he or she receives inpatient treatment outside the jail –

[http://www.naco.org/sites/default/files/documents/QandA-ACA%20Inmate%20Healthcare-OCT2014%20\(2\).pdf](http://www.naco.org/sites/default/files/documents/QandA-ACA%20Inmate%20Healthcare-OCT2014%20(2).pdf)



States Suspending Medicaid

Suspension of Medicaid Benefits upon Incarceration: At least 12 states have laws or administrative policies to suspend Medicaid enrollment of inmates.



- California
- Colorado
- Florida
- Iowa
- Maryland
- Minnesota
- New York
- North Carolina
- Ohio
- Oregon
- Texas
- Washington

<https://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf>

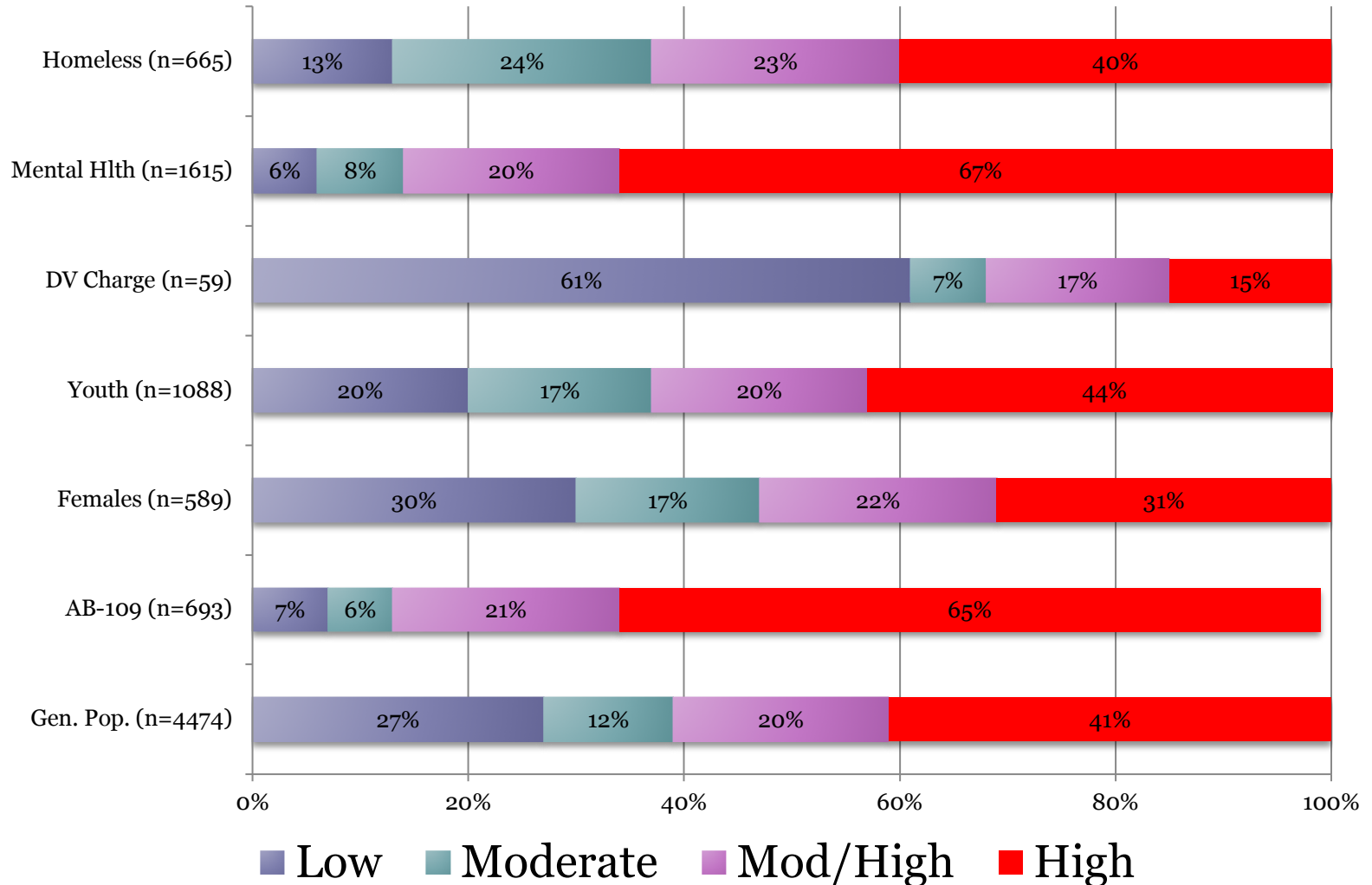
¹ <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/6/11/linking-released-inmates-to-health-care>

² http://www.chcs.org/media/Medicaid_Expansion_and_Jails_Fact_Sheet_032714.pdf

Systemic Responsivity

- Examine Characteristics of Different Probation Populations
- Examine Patterns of Rearrest Among the Population
- Examine Programs Used
- Assess Responsivity of the System

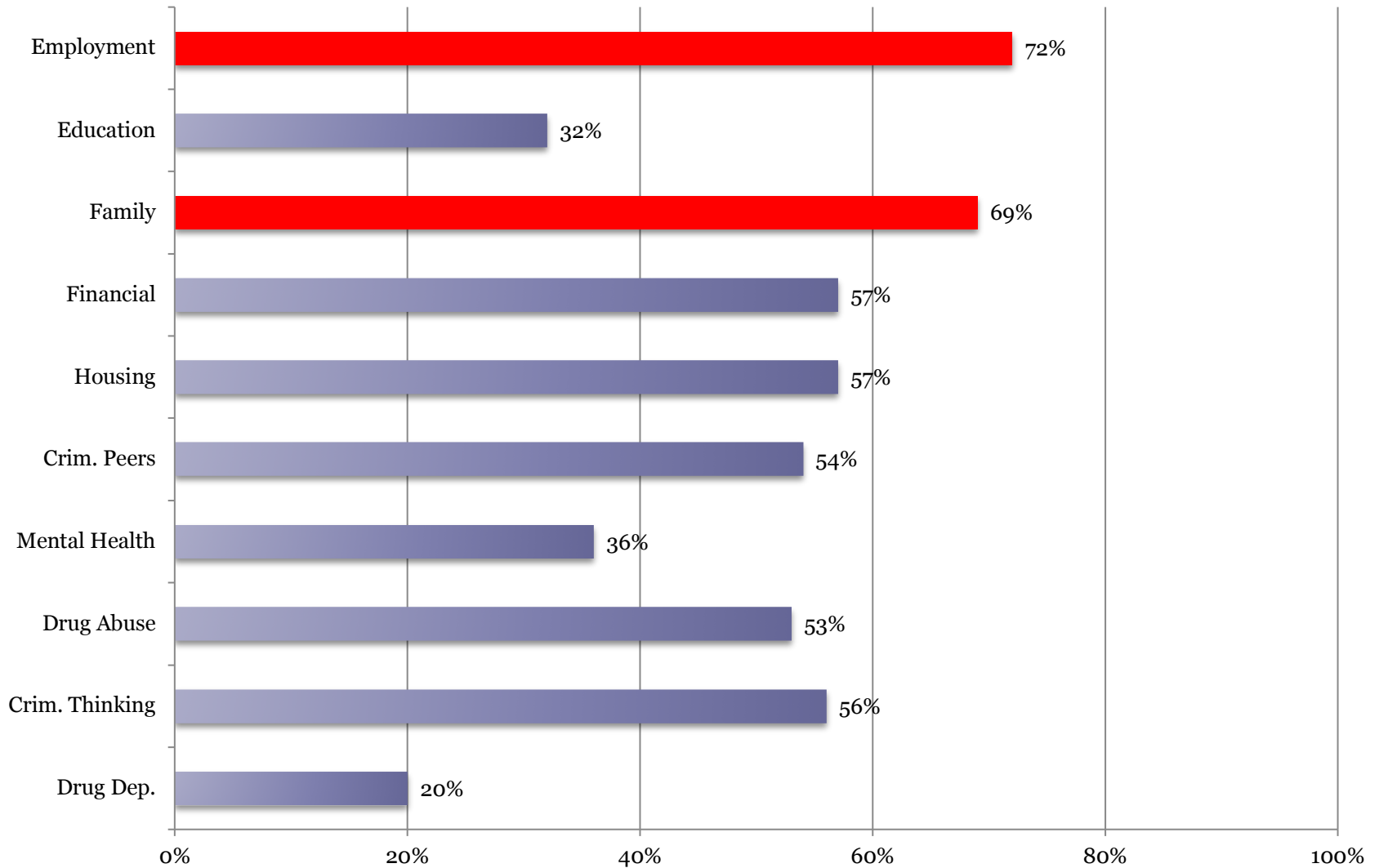
What are Client Types by Risk Level?



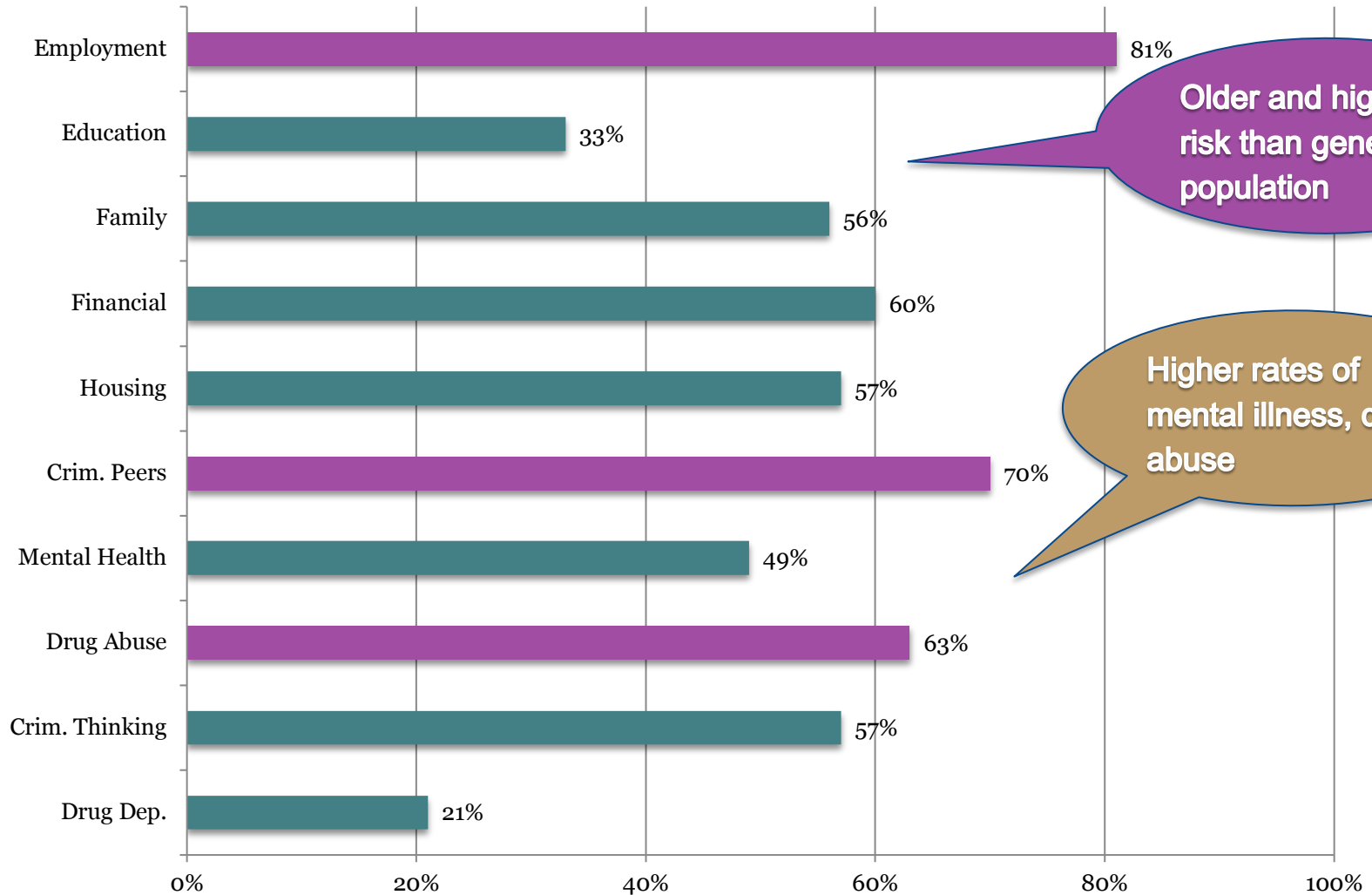
Populations with High Rates of Rearrest and/or Reconviction

	Rearrest	Reconviction	Difference
Overall Sample Mean	42%	13%	29%
AB-109	65%	30%	36%
Homeless	62%	21%	41%
Mental Health Disorder	54%	17%	37%
0-2 Stabilizers	53%	18%	35%
Substance Dependence	50%	16%	34%
Black/AA	49%	25%	24%
Youth (Age 16-27)	41%	13%	28%

What are the Probationer Needs?



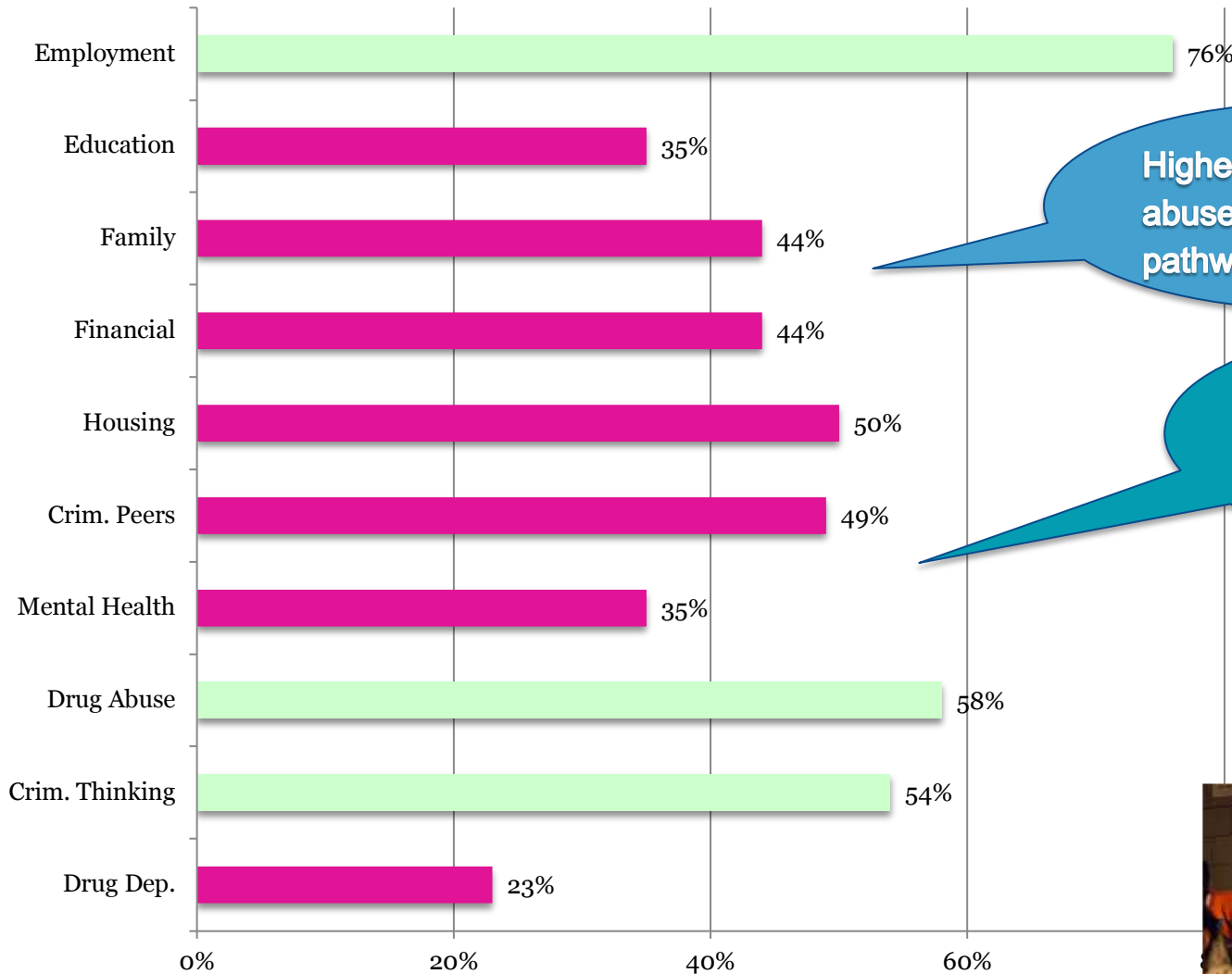
AB-109 Population Needs



Older and higher risk than general population

Higher rates of mental illness, drug abuse

Female Population Needs

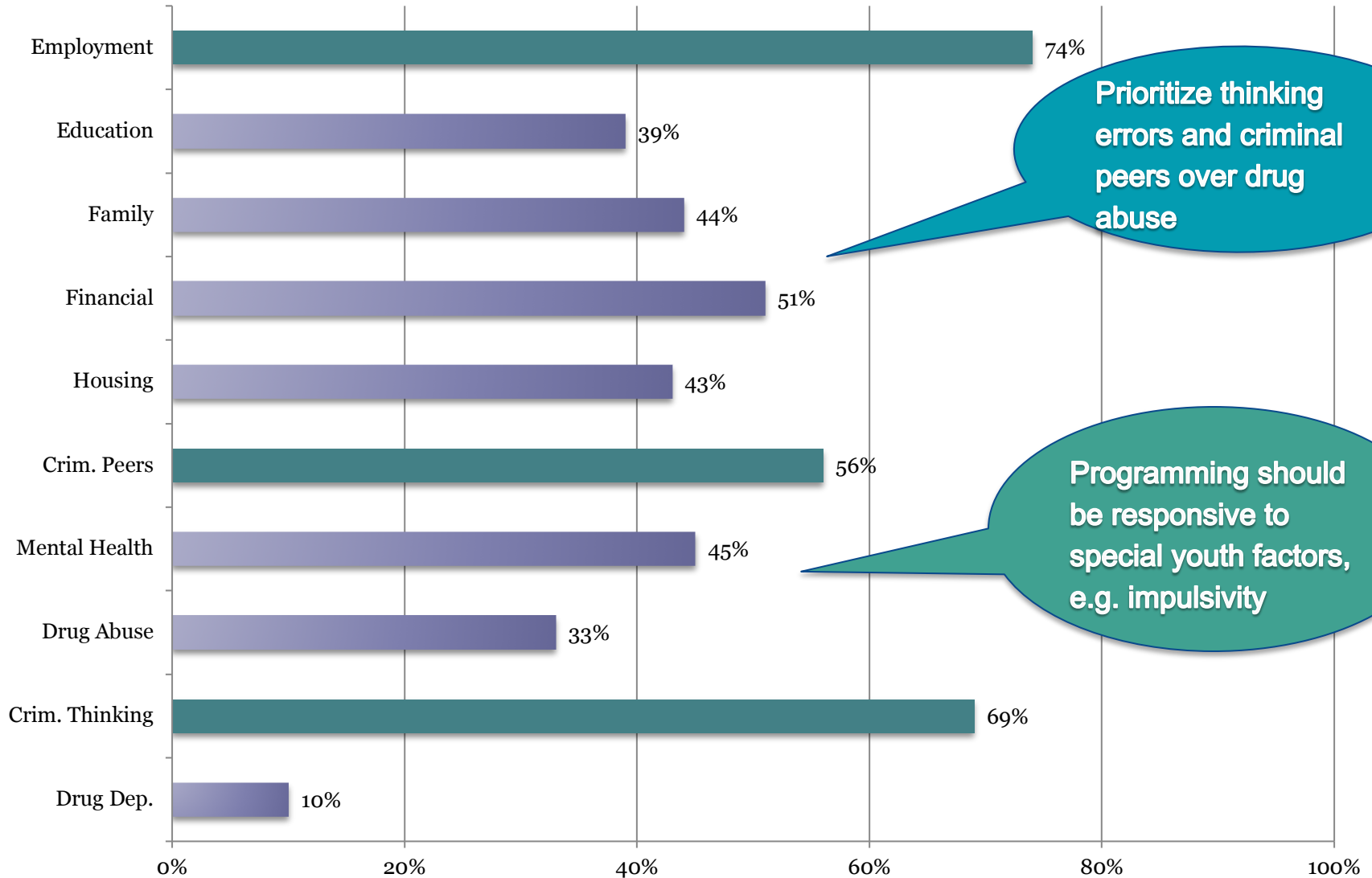


Higher rates of drug abuse; different pathways to offending

Where possible, conduct gender-specific groups



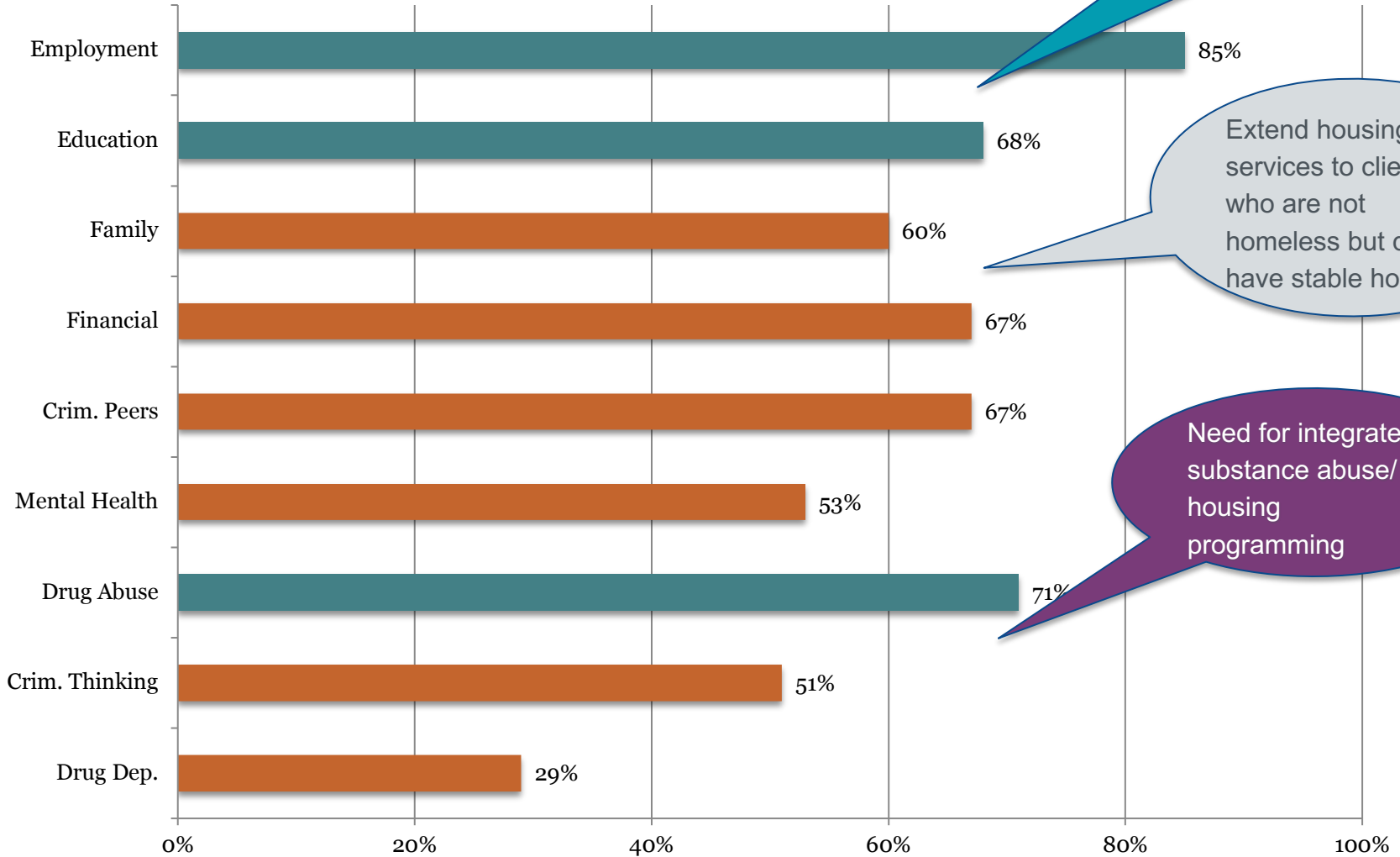
Youthful Adult Population Needs



Prioritize thinking errors and criminal peers over drug abuse

Programming should be responsive to special youth factors, e.g. impulsivity

Homeless Population Needs

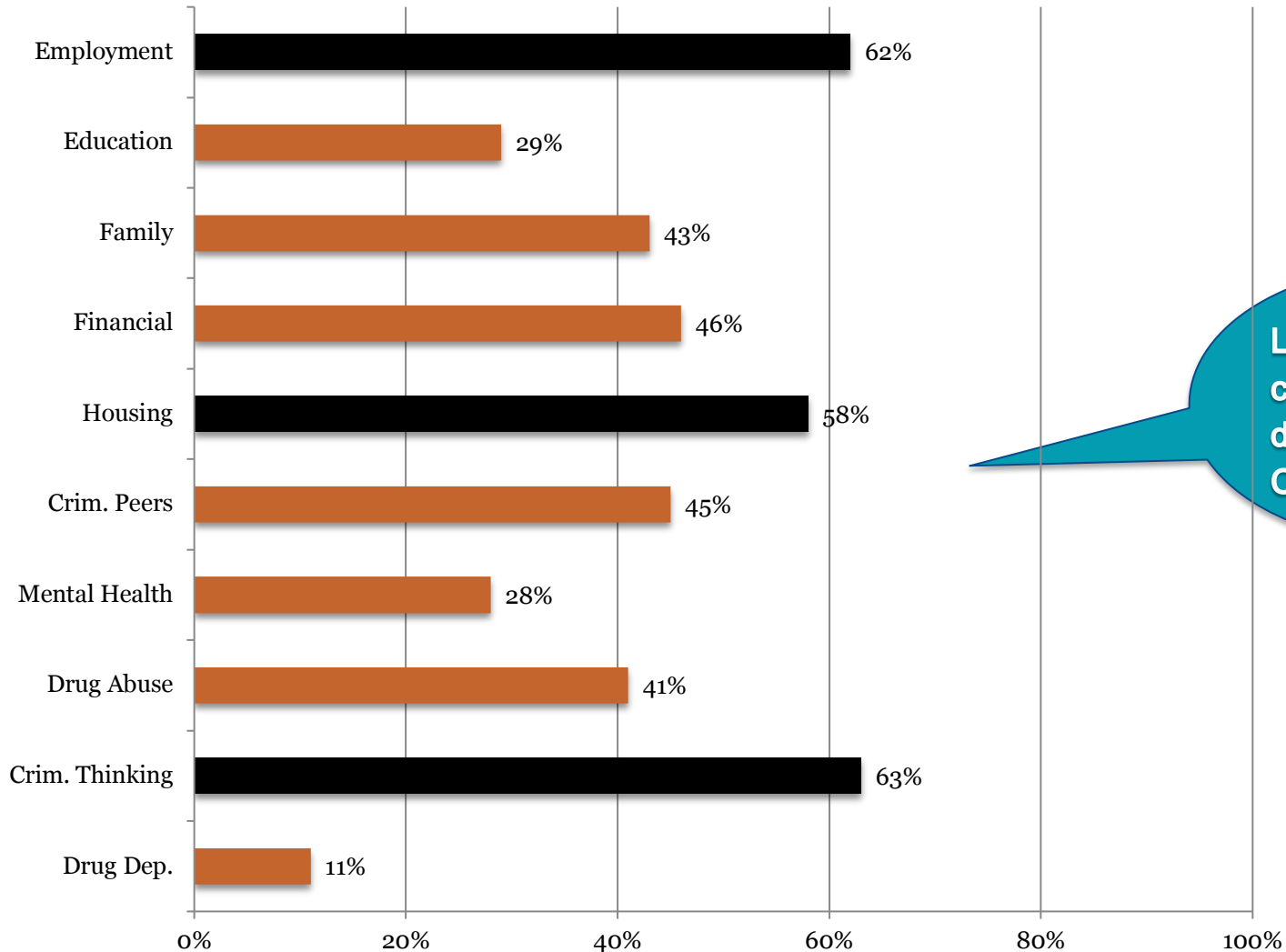


Majority have 0-2 stabilizers, multiple needs

Extend housing services to clients who are not homeless but do not have stable housing

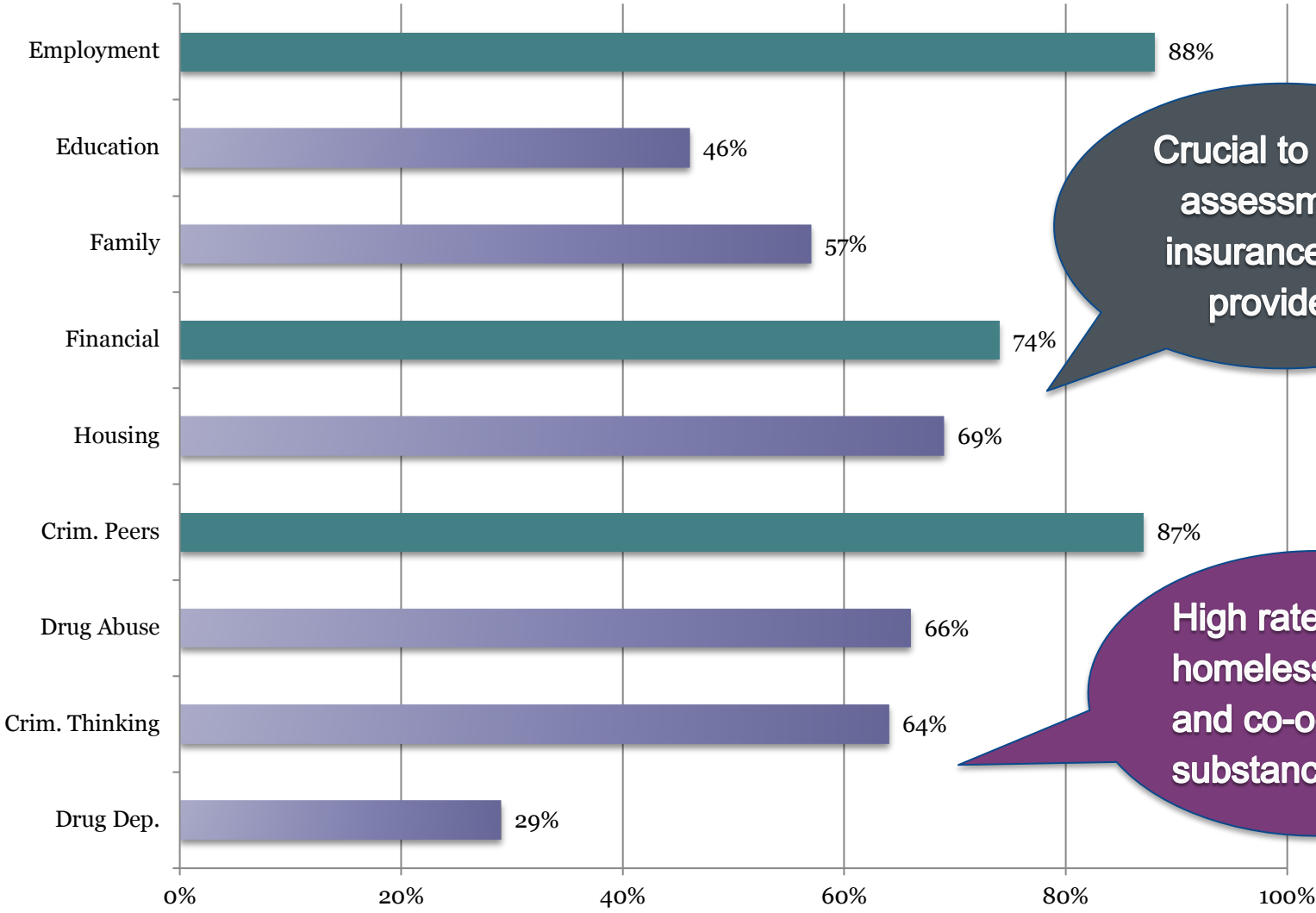
Need for integrated substance abuse/housing programming

DV Population Needs



Lower rates of criminal peers, drug abuse, lower CJ risk

Mental Health Population Needs

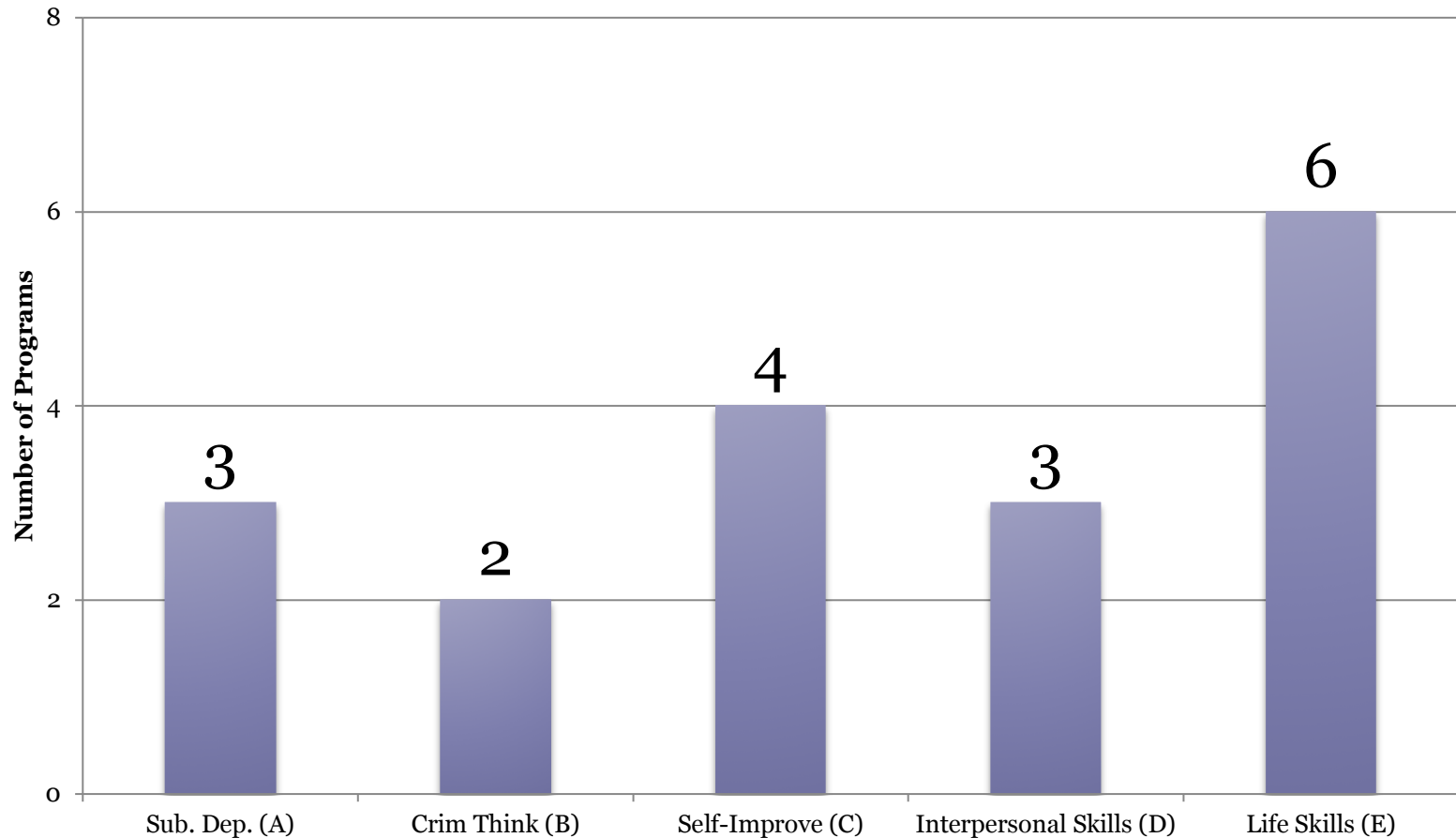


Crucial to link to assessment, insurance, MH providers

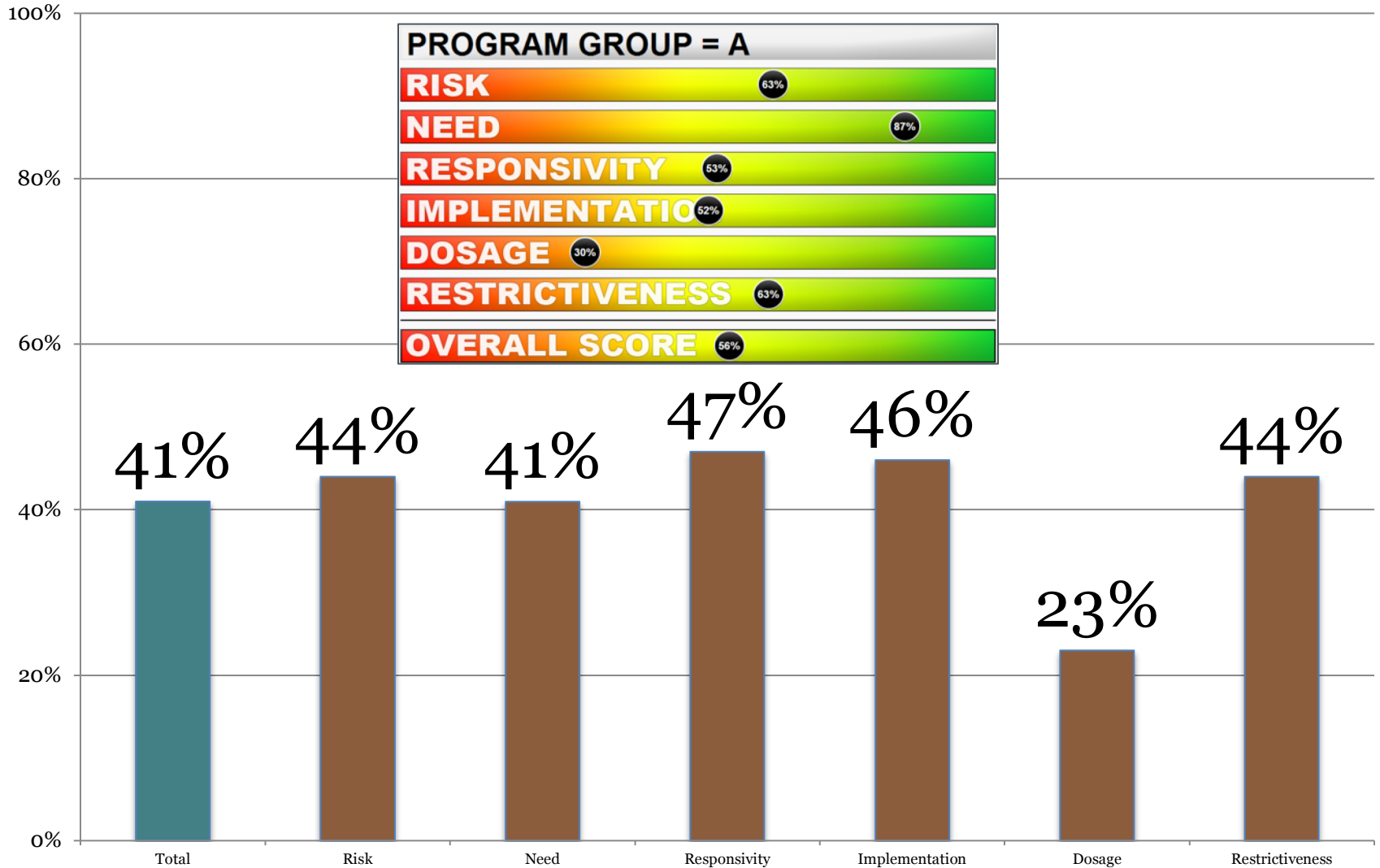
High rates of homelessness and co-occurring substance abuse

Program Availability

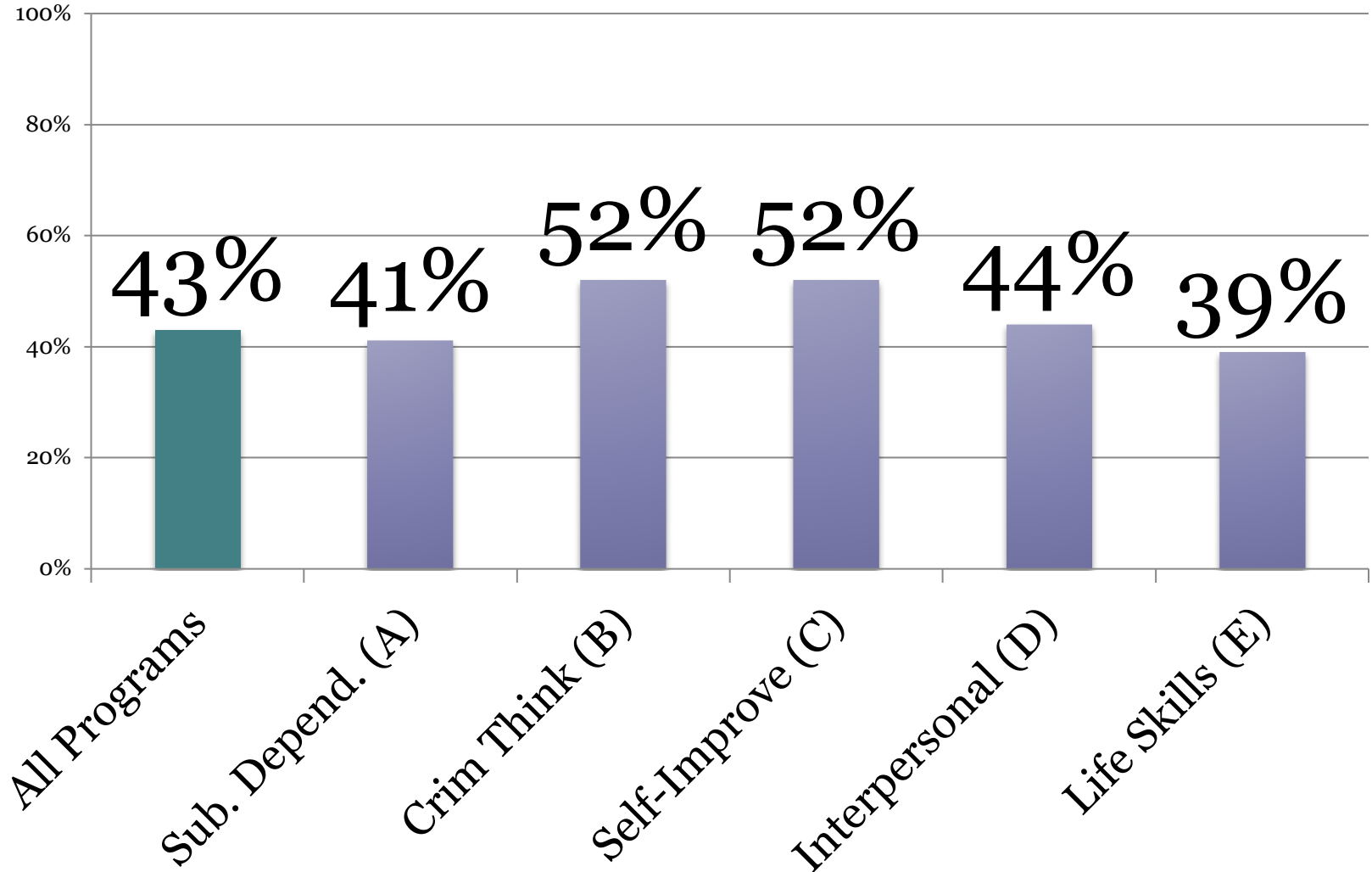
Current Distribution



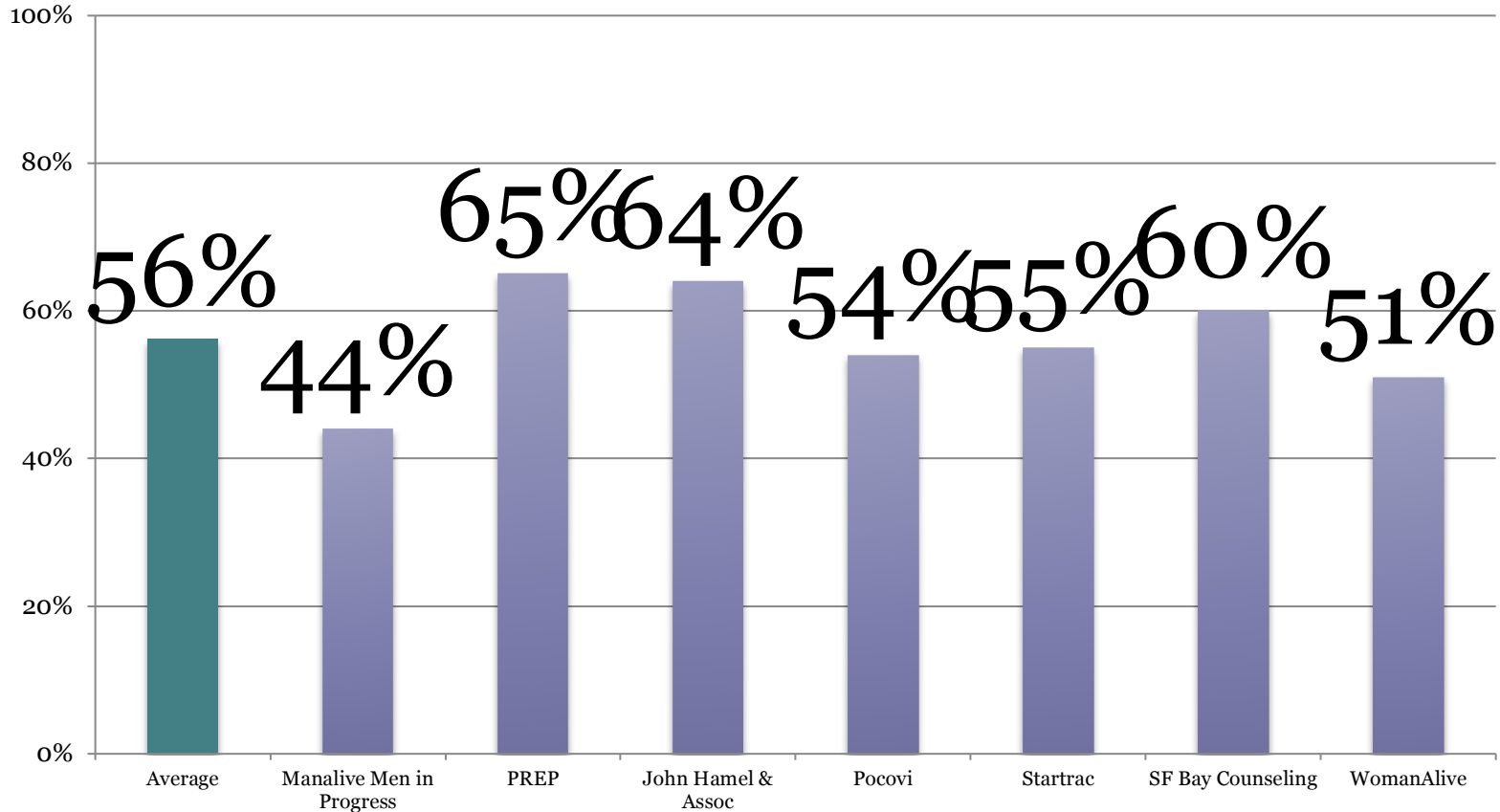
Program Tool Scores by Domain



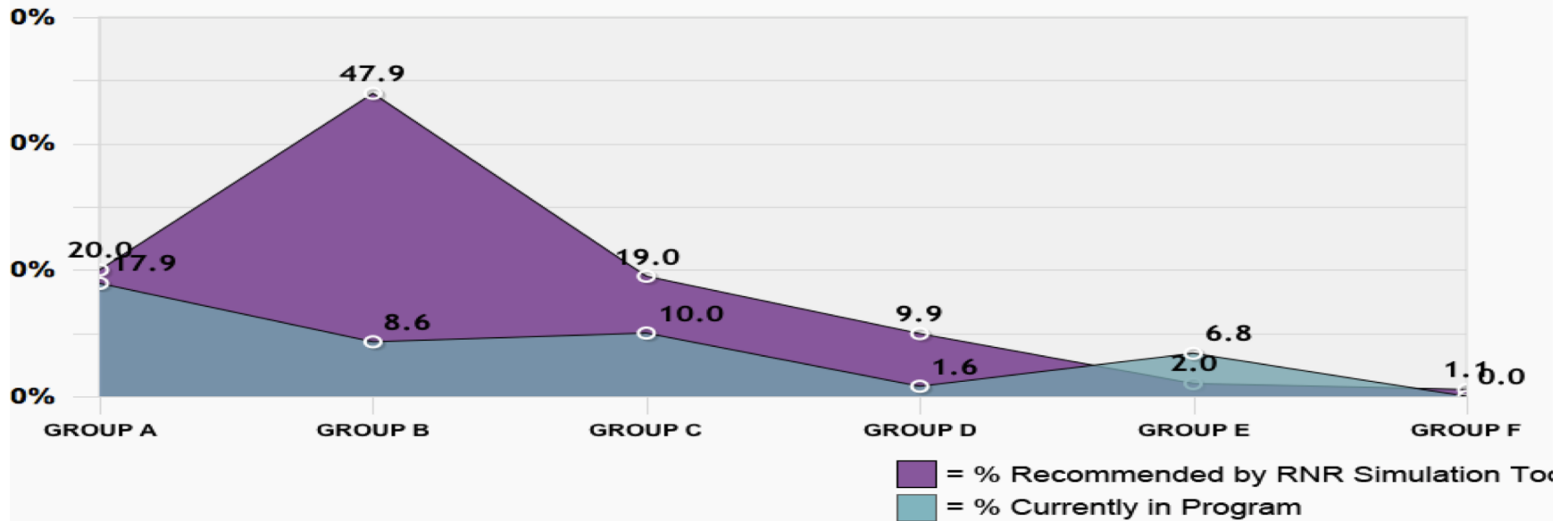
Program Tool Total Scores by Group



Domestic Violence Programs

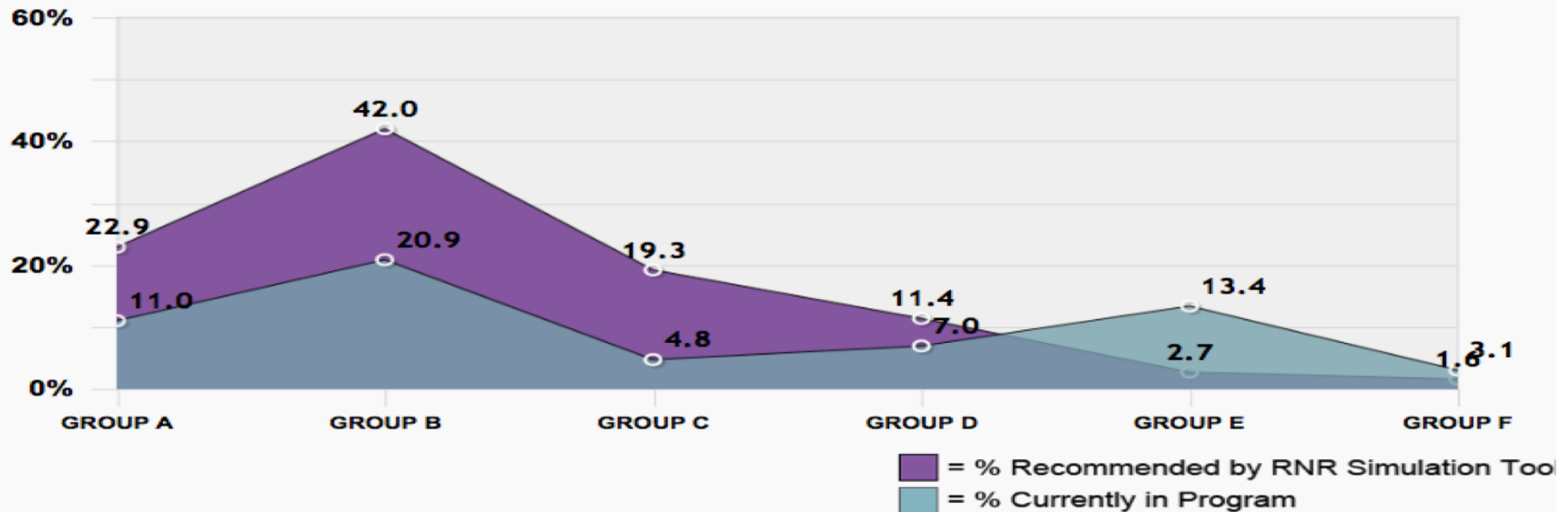


ADP Estimated Responsivity Rate



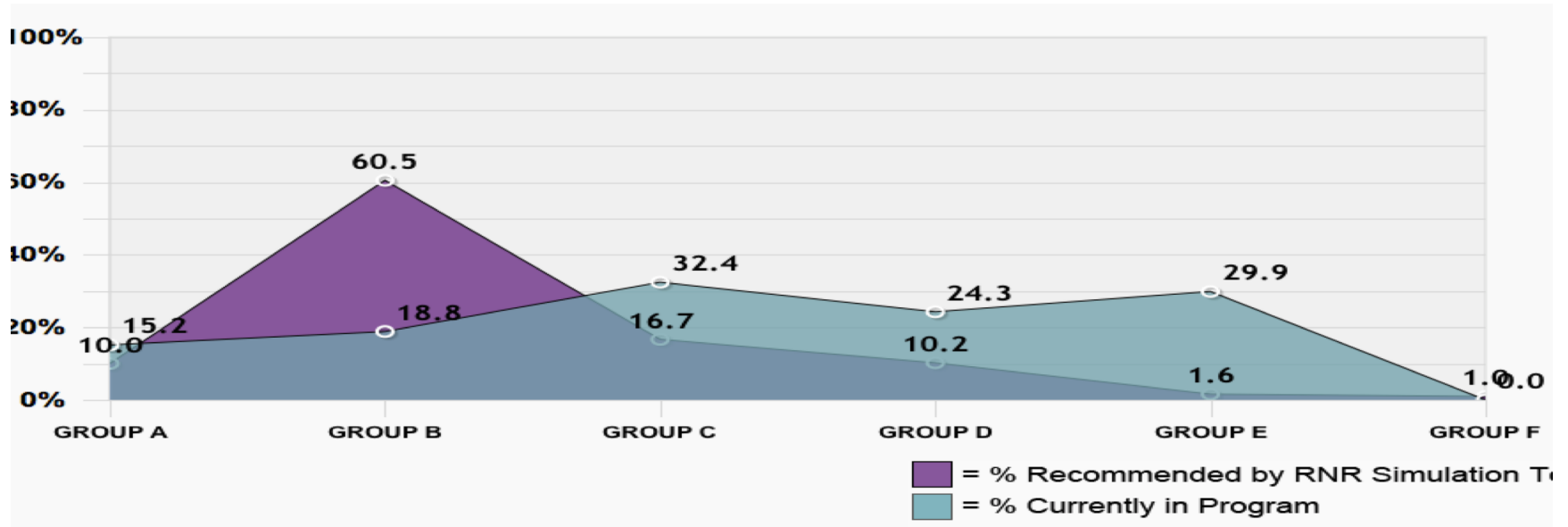
- Greatest unfulfilled needs are cognitive restructuring programs, mental health, co-occurring disorders, and substance abuse

Responsivity Rate for Females



- Higher rates of substance dependence than males; similar need for cognitive restructuring, mental health, co-occurring disorders programs
- Limited gender-specific treatment available

Responsivity Rate for Young Adults

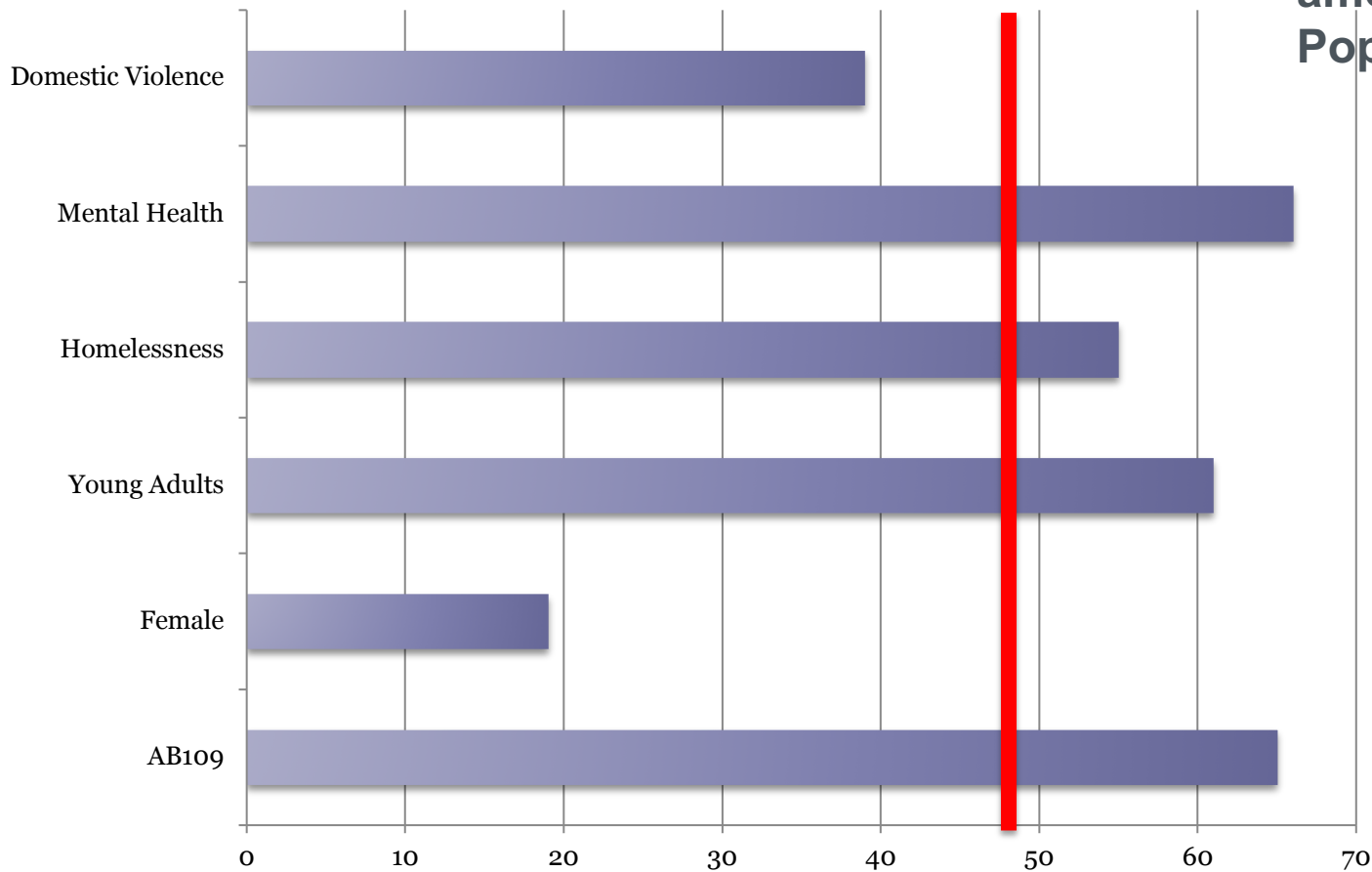


- APD clients age 18-27: lower rates of substance dependence; VERY high rates of criminal thinking, resulting in pronounced gap

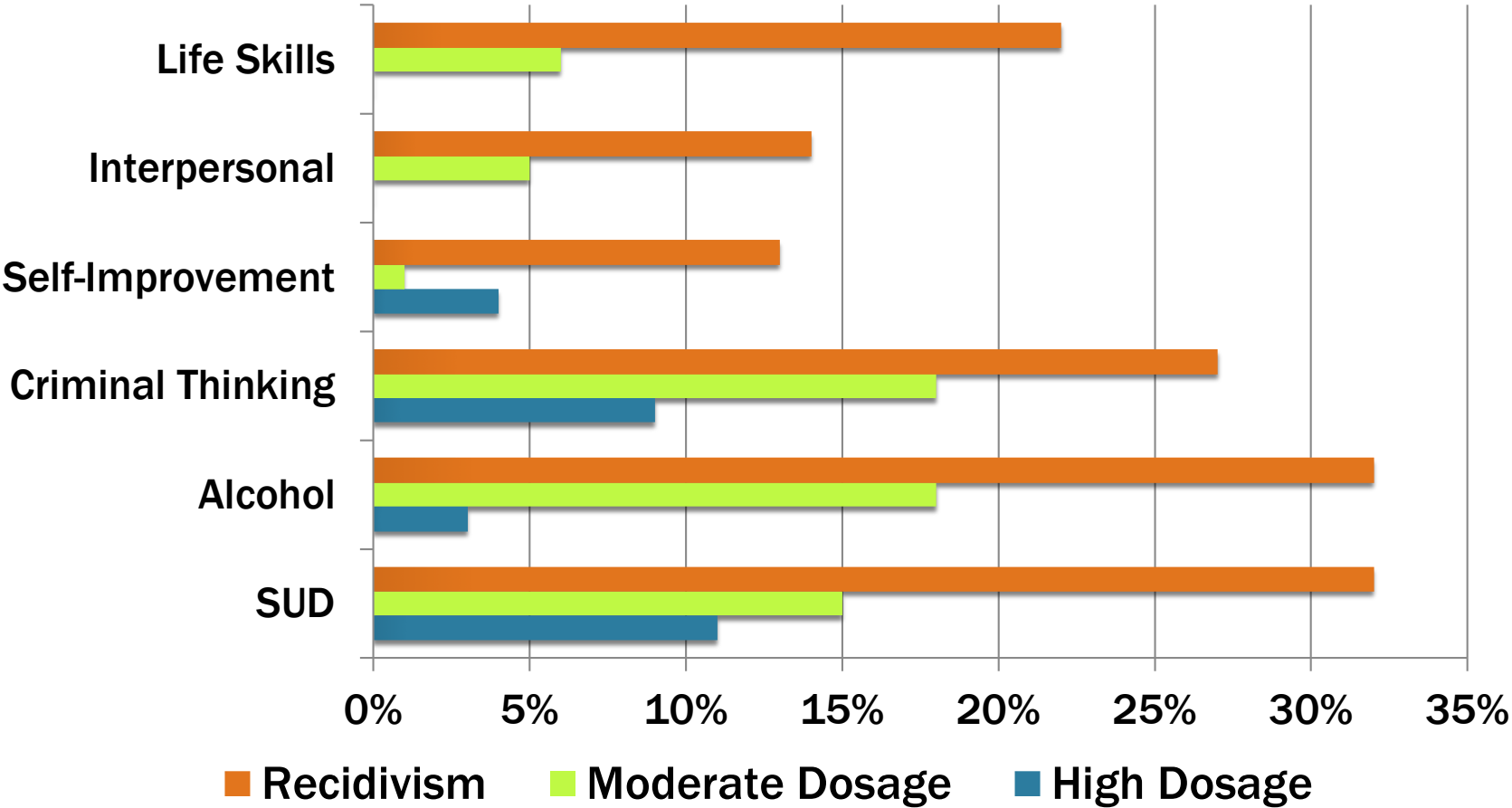
Responsivity Rate in Cognitive Restructuring

Green Bar= Available Programming for General Population

Red Bar=Need for Programming among General Population



Population Needs & Recidivism Rates



Why do we need process measures?

- Holds systems accountable
 - If you do not screen, you can assess or place with fidelity
 - If people do not have insurance, then the programming options are limited
- Some measures can be “warning signs”
 - Engagement predicts reduction in rearrest (Garnick, et al 2014)
 - Treatment Completion predicts reduction in recidivism (Wexler, et al 1998)
- Systems improvements can be earmarked!