

## How Ohio's Medicaid Expansion Can Keep People Out of Jail and Save Money

### Introduction

The 40 year *War on Drugs* has come at a tremendous cost – in human lives and to our local budgets.

Despite repeated attempts at reform, Ohio is still one of the nation's leading incarcerators. Many of those who cycle in and out of our criminal justice system are uninsured and struggling with mental health or substance use issues. Ohio's recent Medicaid expansion<sup>1</sup> offers a way for these people to receive the treatment they need to stay out of jail for good and contribute to society.

Research shows that:

- 90% of those entering local or county jails and detention centers are uninsured.<sup>2</sup>
- 64% of those in jail had a recent "mental health problem."<sup>3</sup>
- Rates of substance abuse are seven times higher in jail populations than in the general public.<sup>4</sup>
- 60% of those in jail live at or below poverty level.<sup>5</sup>
- 63% of people on probation are unemployed or not in the labor force.<sup>6</sup>
- 80% of those in prison had a history of substance abuse.<sup>7</sup>
- 90% of those in prison are eligible for Medicaid.<sup>8</sup>

### Facts about Medicaid Expansion

Medicaid is a federal program administered by the states that provides health insurance to people who meet certain criteria. **Before** January 1, 2014, low-income, childless adults under 65 and without a disability were not eligible for Medicaid. **Now they are.**<sup>9</sup>

Medicaid will cover a number of services for newly eligible people, including emergency care; mental health, substance abuse, and behavioral health treatment; intensive outpatient care; and chronic disease management.

To encourage enrollment, the federal government will pay 100% of healthcare services in Medicaid expansion states for newly eligible people from 2014 through 2016, gradually decreasing to 90% in 2020 and beyond.<sup>10</sup>

There is no deadline for Medicaid enrollment; people can apply in person through their county Department of Job and Family Services or online at [benefits.ohio.gov](http://benefits.ohio.gov).

### How can increasing access to healthcare reduce costs at the local level?

Local courts, jails, and probation departments that develop procedures to screen and enroll people for Medicaid-funded treatment will divert them away from costly, locally funded treatment.

## How can increased healthcare access increase public safety?

Enrolling people with criminal convictions in Medicaid will not only save money – it will give law enforcement and healthcare officials the necessary tools to close the revolving jailhouse door, increase public safety, and save the lives of Ohioans. Research shows that treatment can reduce criminal activity by up to 80% and reduce arrests up to 64%.<sup>11</sup>

“Medicaid expansion could make the most positive contribution to criminal justice reform that I’ve seen in nearly 40 years,” said Gary Mohr, director of the Ohio Department of Rehabilitation and Correction.<sup>12</sup> In an effort to reduce prison incarceration rates, the ODRC is working to enroll all people scheduled for release from state prisons into Medicaid.

## Here’s how we can help people access treatment:

- Jails can develop procedures to identify people scheduled for release and assist them with enrollment.
- Pre-trial options can be expanded for people likely to be referred to court-ordered treatment. Instead of delaying treatment for people who need it, we should divert them to Medicaid-funded treatment while they are in pre-trial status. This would allow people to access the treatment they need and save costly jail beds.
- Local probation departments can screen and enroll people for Medicaid, divert those eligible toward Medicaid-funded treatment, and help support successful re-entry. This allows local probation departments to connect people with the help they need while freeing up locally funded treatment dollars.

The ACLU of Ohio is working to end unnecessary and costly criminalization. Join us in support of ending the over-use of incarceration and increasing healthcare access for those who need it most.

<sup>1</sup> See <http://www.advisory.com/daily-briefing/resources/primers/medicaidmap>

<sup>2</sup> Wan, E. A., White, M.C. Jamison, R. Goldenson, J, et al. (2008) Discharge planning and continuity of health care: findings from the San Francisco county jail. American Journal of Public Health 98 (12): 2182-2184

<sup>3</sup> See <http://www.bjs.gov/content/pub/pdf/mhppji.pdf>

<sup>4</sup> Aileen B. Rothbard, "Effectiveness of a Jail-Based Treatment Program for Individuals with Co-Occurring Disorders," Behavioral Sciences & the Law 27 (2009): 643-54

<sup>5</sup> See <http://bjs.ojp.usdoj.gov/content/pub/pdf/pji02.pdf>

<sup>6</sup> See <http://www.samhsa.gov/data/2k10/231Parole2k11Web/231Parole2k11.htm>

<sup>7</sup> See <http://www.toledoblade.com/Featured-Editorial-Home/2014/03/16/Slow-the-revolving-door.html>

<sup>8</sup> See <http://www.dispatch.com/content/stories/local/2014/04/20/states-inmates-going-on-medicaid.html>

<sup>9</sup> ACA, §2001. The legislation establishes eligibility at 133% of FPL, but with a 5% income disregard, essentially making 138% FPL the eligibility limit

<sup>10</sup> See <http://www.urban.org/uploadedpdf/412772-Expanding-Medicaid-in-Ohio-Report.pdf>

<sup>11</sup> Center for Substance Abuse Treatment. The National Treatment Improvement Evaluation Study (NTIES). Substance Abuse and Mental Health Services Publication No. SMA-97-3156. 1997

<sup>12</sup> See <http://www.toledoblade.com/Featured-Editorial-Home/2014/03/16/Slow-the-revolving-door.html>