

MassHealth Supports for Justice Involved Individuals (BH-JI and CSP-JI)

JUNE 2024

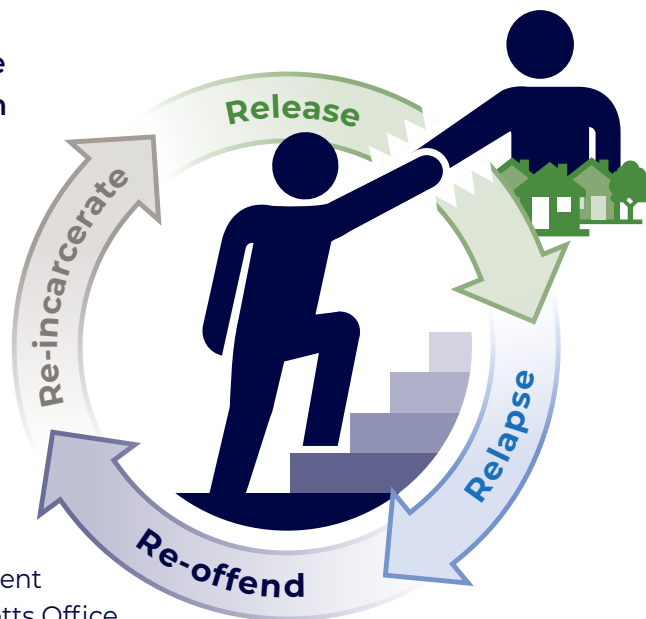
Incarcerated individuals are 10 times more likely to have a drug use disorder than the general population and, on average, approximately 35-45% of them have a history of mental health conditions.^{1,2}

In Massachusetts, residents with a history of incarceration are 120 times more likely to die from opioid overdose than the general population—and the risk is greatest in the first month after release.³ Additionally, individuals with severe mental illness are more likely to be incarcerated than hospitalized,⁴ especially low-income people of color.⁵

History

Behavioral Health Supports for Individuals with Justice Involvement (BH-JI) started through a partnership between the Massachusetts Office of Medicaid, MassHealth, and the Massachusetts Executive Office of the Trial Court. It is based on other re-entry programs in Massachusetts and across the country.

BH-JI was developed with the Massachusetts Parole Board, the Massachusetts Department of Corrections, Middlesex Sheriff's Office, Worcester County Sheriff's Office, and a range of other groups. Advice from the Council of State Governments—drawn from the Massachusetts Justice Reinvestment Working Group—and project support from UMass Chan Medical School's ForHealth Consulting also helped with the development of BH-JI.



In 2019, MassHealth began a state-funded demonstration to provide behavioral health supports for justice-involved individuals in Middlesex and Worcester counties. In 2021, the Executive Office of Health and Human Services (EOHHS) put out a request for responses from organizations that would go on to provide BH-JI supports statewide for justice-involved MassHealth-eligible individuals. MassHealth requested permission to launch similar community supports for members enrolled in MassHealth managed care, in what became the Community Support Program for Individuals with Justice Involvement (CSP-JI). CSP-JI services became effective September 1, 2022 and is now available for MassHealth Standard, CarePlus and Fee-for-Service.



BH-JI and CSP-JI Programs

BH-JI

Supports to assist justice-involved MassHealth-eligible members in navigating and engaging with health care services. Supports include in-reach and re-entry supports for individuals releasing from correctional institutions, as well as community supports post-release for members who are not already receiving CSP-JI services.

CSP-JI

A specialized CSP service to address the health-related social needs of members with justice involvement who are living in the community and have a barrier to accessing or consistently using medical and behavioral health services. CSP-JI includes behavioral health and community tenure supports.

Mission

BH-JI and CSP-JI are meant to:

- ✓ Help justice-involved people with their mental health and substance use needs
- ✓ Improve health, reduce deadly drug overdoses, and support successful health care use
- ✓ Connect people with health care and community services

Who Participates in the Program?

21% are Black or African American**

18% are of Hispanic or Latino origin**

58% are between 19 and 39 years of age*

87% are male

Nearly one-third have a history of being homeless*

Nearly 80% have a mental health condition*

More than one-quarter have a severe disability*

Over 50% have a diagnosis for alcohol use disorder*

Over 50% have a diagnosis for opioid use disorder*

More than 15% had an overdose diagnosis prior to enrolling in BH-JI*

Eligibility & Program Overview

Individuals eligible for BH-JI/CSP-JI:

- ✓ Are Massachusetts Medicaid (MassHealth) eligible, and
- ✓ Have a mental health and/or substance use disorder, and
- ✓ Are being, or were recently, released from incarceration or are on probation or parole, and
- ✓ Are at risk of re-offending

Individuals may be referred to BH-JI/CSP-JI by Justice Entities, their MassHealth Plans or Providers, Community Organizations, or they may self-refer.

BH-JI/CSP-JI Programs:



Conduct assessments



Help individuals develop person-centered support plans and make and keep appointments



Help with accessing services, benefits, and other supports



Support social connectedness



Provide a warm hand-off to post-program supports

Identification & Enrollment

- Identify justice-involved individuals who have substance use and/or mental health conditions
- Educate individuals on how to access supports
- Conduct group and individual in-reach sessions in correctional facilities (in-person or via telehealth)
- Conduct Bio-Psycho-Social needs assessment
- Develop support plan
- Coordinate releases with providers, other supports



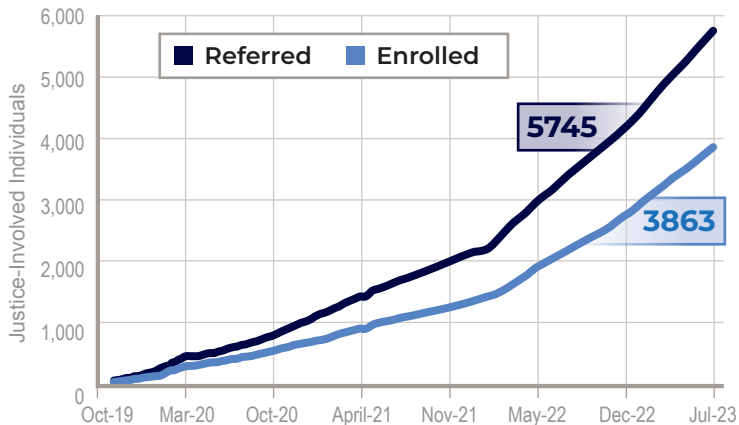
Community Supports

- Trained staff provide intensive supports:
 - Plan to meet on day of release
 - Up to daily contact for first month, then as needed
 - Coordinate with providers, other supports
 - 24-7 on-call support
- Develop and implement support plan
- Assist with making and keeping appointments
- Assist with accessing social services, benefits, and other supports
- Provide warm hand-off to post-program supports



Program Outcomes

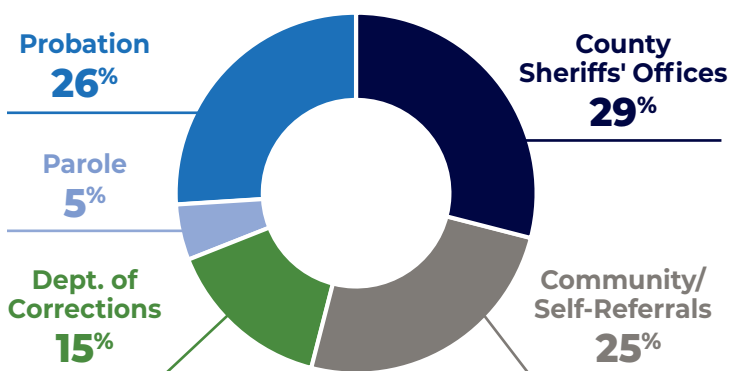
Total Referred and Enrolled, September 2019 to June 2023



As of June 2023, **5,745 individuals had been referred** and **3,863 individuals had been enrolled**.

Referrals from Justice Entities to BH-JI began in Sept. 2019, rapidly increased through March 2020, and then slowed during the pandemic's initial months. After Justice Entities and BH-JI vendors made pandemic-related changes, referrals recovered to their pre-pandemic levels. BH-JI expanded from Middlesex and Worcester counties to all Massachusetts counties in February 2022 and the referrals increased proportionately. Participation in BH-JI is voluntary. Approximately two-thirds of referred individuals ultimately enroll and participate for five months, on average.

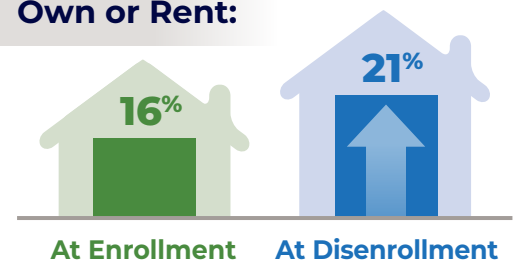
Referrals by Source, September 2019 to June 2023*



Referral source data for 4,950 individuals.
Source: BH-JI/CSP-JI Vendor Data

Improvements in Housing Stability Over Time

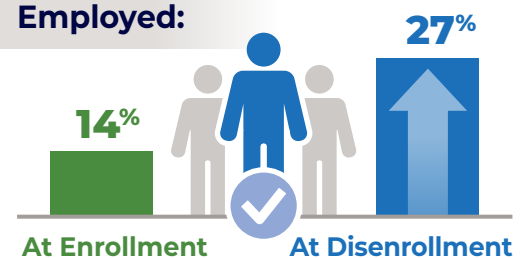
Own or Rent:



Housing status at enrollment and disenrollment for 1,420 and 1,060 individuals respectively. Source: BH-JI vendor data, February 2022 to June 2023

Improvements in Employment Over Time

Employed:



Employment status at enrollment and disenrollment for 2,061 and 1,377 individuals respectively. Source: BH-JI vendor data, February 2022 to June 2023

Participation in Behavioral Health Services in the Six Months following Enrollment

50% of health care costs were for behavioral health services

Approximately **three-quarters** had an outpatient behavioral health visit and approximately one-half of these had their first visit within 19 days of enrollment

29% received medication-assisted treatment



14% received diversionary behavioral health services, including substance use detoxification, clinical stabilization, and rehabilitation services



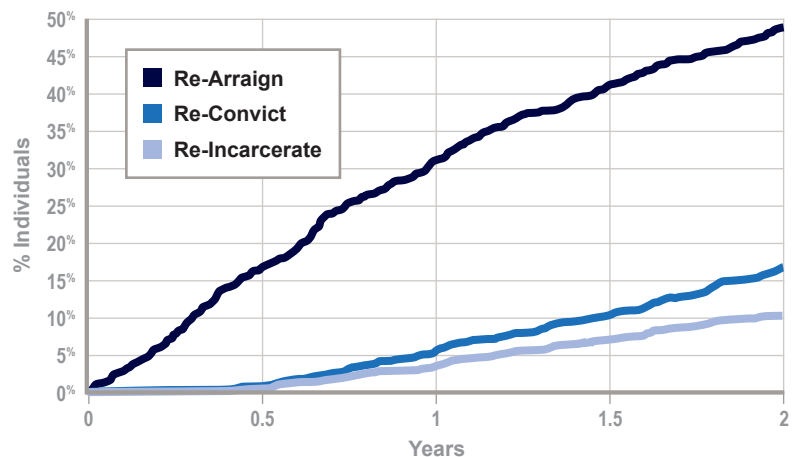
Source: MassHealth claims from September 2019 to May 2023

Recidivism Analysis

BH-JI/CSP-JI individuals were recently incarcerated and have a high risk of committing a new offense and being re-convicted or re-incarcerated. For this analysis, three recidivism events were identified: re-arraignment, re-conviction, and re-incarceration. A re-arraignment occurs when an individual is newly arraigned after being referred to BH-JI/CSP-JI. A re-conviction occurs when an individual is convicted for an offense that was arraigned after the individual was referred to BH-JI/CSP-JI. A re-incarceration occurs when an individual is incarcerated for an offense that was arraigned after the individual was referred to BH-JI/CSP-JI. BH-JI/CSP-JI individuals were matched with Probation Department Court Activity Record Information (CARI) to identify recidivism events and the respective dates of the events.

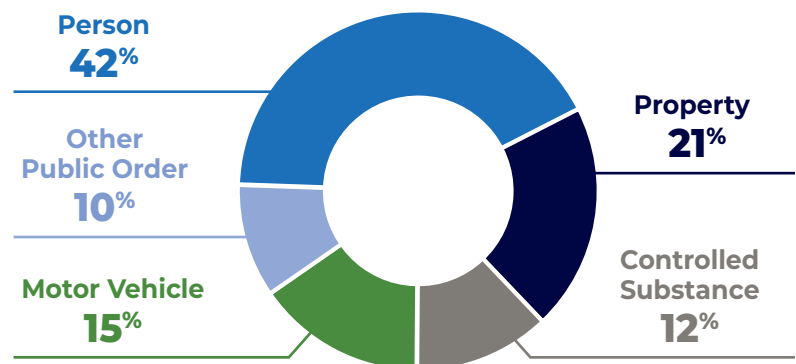
Among the 801 individuals that were referred to BH-JI between September 2019 and March 2021, the two year recidivism rates were the following: re-arraignment, 48.9%; re-conviction, 16.7%; and re-incarceration, 10.1%.

Recidivism among BH-JI Individuals



Recidivism data for 801 individuals. Source: Probation Department CARI data

1 Year Re-Arraignment Offense Types among BH-JI Individuals



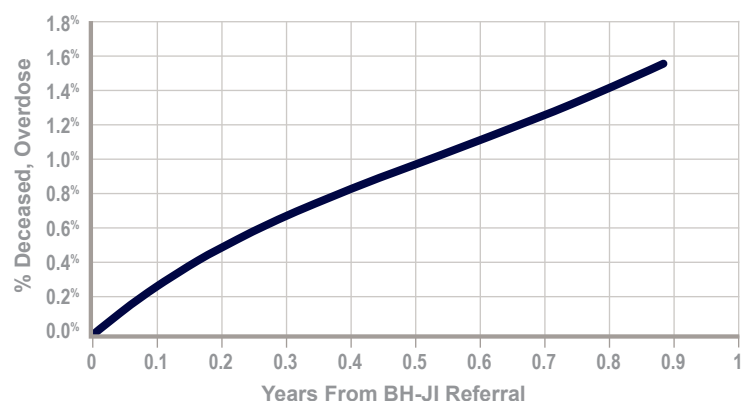
Re-arraignment data for 637 individuals. Source: Probation CARI data

Overdose Analysis

Approximately 71 percent of BH-JI/CSP-JI individuals have a diagnosis for substance use disorder and many are at risk for a fatal overdose. For this analysis, BH-JI/CSP-JI individuals were matched with Massachusetts Department of Public Health (DPH) vital records to identify deaths caused by drug poisoning and the respective dates of death.⁶ DPH data for 2022 and 2023 are preliminary.

Among the 1,524 individuals that were referred to BH-JI between September 2019 and March 2022, the one-year overdose death rate was 1.6%.

Cumulative Overdose Death Rate, First Year after Referral to BH-JI



Overdose data for 1,524 individuals. Source: Massachusetts DPH vital records data. DPH data for 2022 and 2023 are preliminary

What BH-JI/CSP-JI Enrolled Individuals Say



*"I have been in the system for over 30 years and **the experience I have with this program is one of the best things in my life.** The advocate treats me like my present; my past doesn't play a part in what is going on today. She looks at me as a person, she looks at me as someone trying to better myself, and she doesn't bring up my past."*

*"When you come home, the most important thing I would say is getting all your mental health stuff correct. You know talking to somebody, getting the treatment you need, if you need it... **Without her (the navigator's) help, I probably would have already violated parole and would have been back in prison.**"*

*I am an addict and alcoholic in recovery. Before BH-JI, I was incarcerated with little hope for my future... Today my life is amazing and the cloud on my future has lifted. I see exactly where I am going... **Thank you is simply not enough; but I hope that my continued success shows these two individuals [BH-JI staff] and programs like BH-JI, how truly grateful I am.** My hope is that with the continued support of these programs, they will help the many individuals who are still suffering and in need of guidance and assistance to move forward in their recovery and their daily lives.*



New MassHealth Initiatives

The following new initiatives will improve access to services among BH-JI/CSP-JI individuals and other justice-involved individuals.

The federal Medicaid Inmate Exclusion Policy (MIEP) excludes incarcerated individuals from receiving Medicaid services. Massachusetts recently received approval for pre-release services as part of the Massachusetts Medicaid 1115 waiver demonstration. Once implemented, it will provide coverage for certain Medicaid services for eligible adults and youth in their last 90 days in a correctional setting pre-release.

BH-JI vendors convene bi-monthly regional implementation meetings in their respective support areas. Justice entities, managed care entities, state agencies, and other providers and agencies participate and discuss outreach, referral, and coordination methods and share updates and progress.

MassHealth and Massachusetts Probation Services collaborated to develop an agreement for many program managers and pre-trial staff to be trained as Certified Application Counselors (CACs). These CACs help justice-involved individuals to apply for health insurance benefits, enroll in health plans, and maintain insurance coverage.

Agencies/Providers and their Support Areas (MA county/counties)

Agencies providing both BH-JI and CSP-JI Services:

1. **Advocates, Inc.** (Essex and Middlesex)
2. **Bay State Community Services, Inc.** (Plymouth)
3. **Behavioral Health Network, Inc.** (Hampden)
4. **Center for Human Development** (Berkshire, Hampshire, and Franklin)
5. **Community Counseling of Bristol County, Inc.** (Bristol)
6. **Gavin Foundation, Inc.** (Suffolk)
7. **Gosnold, Inc.** (Barnstable, Dukes and Nantucket)
8. **Open Sky Community Services** (Worcester)
9. **Riverside Community Care, Inc.** (Norfolk)

CSP-JI Providers:

1. **Community Caring clinic** (Suffolk and Hampden)
2. **Community Health Clinic** (Central MA/Worcester)
3. **Fathers' Uplift** (Suffolk)
4. **High Point Treatment Center** (Bristol)
5. **Steppingstone** (Bristol)
6. **Vinfen** (Middlesex)
7. **Volunteers of America** (Norfolk)

BH-JI/CSP-JI Program Supporters

Partners:



Vendors:



Massachusetts Sheriff's Offices:



Definitions

History of Being Homeless:

For the purpose of describing BH-JI/CSP-JI individuals, this is estimated as the percentage of BH-JI/CSP-JI individuals with a MassHealth member record indicating homelessness or a record of MassHealth service utilization with an associated diagnosis of homelessness.

MassHealth Standard:

A MassHealth coverage group offered to eligible individuals, families, and people with disabilities. Covered services include medical services (inpatient, outpatient, and other medical services), mental health and addiction services, long-term services and supports, adult day health and adult foster care, and transportation services.

MassHealth CarePlus:

A MassHealth coverage group that offers a broad range of health care benefits to adults who are not otherwise eligible for MassHealth Standard. There may be some limits. Covered services include medical services (inpatient, outpatient, and other medical services), mental health and addiction services, nursing facility services, home health, and transportation services.

MassHealth Fee-for-Service: MassHealth offers benefits on a Fee-for-Service (FFS) basis or through managed care plans. Under the FFS model, MassHealth pays providers directly for each covered service received by an eligible MassHealth member.

Mental Health Conditions:

For the purpose of describing BH-JI/CSP-JI individuals, this is estimated as the percentage of BH-JI/CSP-JI individuals utilizing MassHealth services with an associated mental health condition diagnosis. Examples diagnoses include bipolar disorder, major depressive disorder, post-traumatic stress disorder, and attention deficit hyperactivity disorder.

Severe Disability:

This is estimated as the percentage of BH-JI/CSP-JI individuals who are eligible for MassHealth based on not being able to engage in any substantial gainful activity because of a medically determinable physical or mental disability.

More information on BH-JI/CSP-JI can be found at <https://www.mass.gov/bhji>

For more information, contact:

Emilia Dunham,
BH-JI Program Director
Emilia.E.Dunham@mass.gov

Recommended citation:

Gettens, J., London, K., Dupuis, M., Ferreira, E., Luo, C., and Richards, J. (2024). MassHealth Supports for Justice Involved Individuals (BH-JI and CSP-JI). UMass Chan Medical School, ForHealth Consulting.

Graphic design by Kim Kamins.

Citations:

- ¹ Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). Drug use, dependence, and abuse among state prisoners and jail inmates, 2007–2009. U.S. Department of Justice.
- ² Bronson, J., & Berzofsky, M. (2017). Indicators of mental health problems reported by prisoners and jail inmates, 2011–2012. Bureau of Justice Statistics.
- ³ Department of Public Health. (2017). An assessment of fatal and nonfatal opioid overdoses in Massachusetts (2011–2015).
- ⁴ Aufderheide, D. (2014). Mental illness in America's jails and prisons: Toward a public safety/public health model. Health Affairs Blog.
- ⁵ Subramanian, R., Delaney, R., Roberts, S., Fishman, N., & McGarry, P. (2015). Incarceration's front door: The misuse of jails in America. Vera Institute of Justice.
- ⁶ Massachusetts Department of Public Health. (2023). Registry of Vital Records and Statistics. 2023. Death Records, 2019–2023.