



COCHS
COMMUNITY
ORIENTED
CORRECTIONAL
HEALTH
SERVICES



**Nevada Department of
Health and Human Services**
DIVISION OF PUBLIC AND
BEHAVIORAL HEALTH



Nevada Court Presentation

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Initiatives for Justice-Involved Populations

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on Behavioral Health

COCHS Overview

- ➔ Founded in 2005 by the Robert Wood Johnson Foundation to **create a system of care between correctional and community health care services**, with a focus on jails, to better achieve public health and public safety goals.
- ➔ **Work in partnership** with communities, health care providers, and criminal justice professionals, policy makers, stakeholders and individuals by:
 - **Providing technical assistance to improve healthcare** and health information technology in ways that integrate jail and community health care
 - **Developing policies** at the federal, state and local levels to better **meet the healthcare needs of community members** who are temporarily displaced within correctional institutions
 - **Convening** stakeholders across the health and criminal justice systems to **find solutions** to the health crises that lead many people to cycle through the justice system.

COCHS' Goal: Build a System of Care for People Involved in the Justice System to Improve Health and Public Safety

- **Build** a stronger health care system and advance widely accepted health system goals
 - ✓ Coverage
 - ✓ Population & community health
 - ✓ Integration
 - ✓ Costs
- **Support efforts** to reform criminal justice systems, reduce recidivism, and improve public safety
- **Eliminate significant racial disparities** in the health and criminal justice systems



DHHS Overview

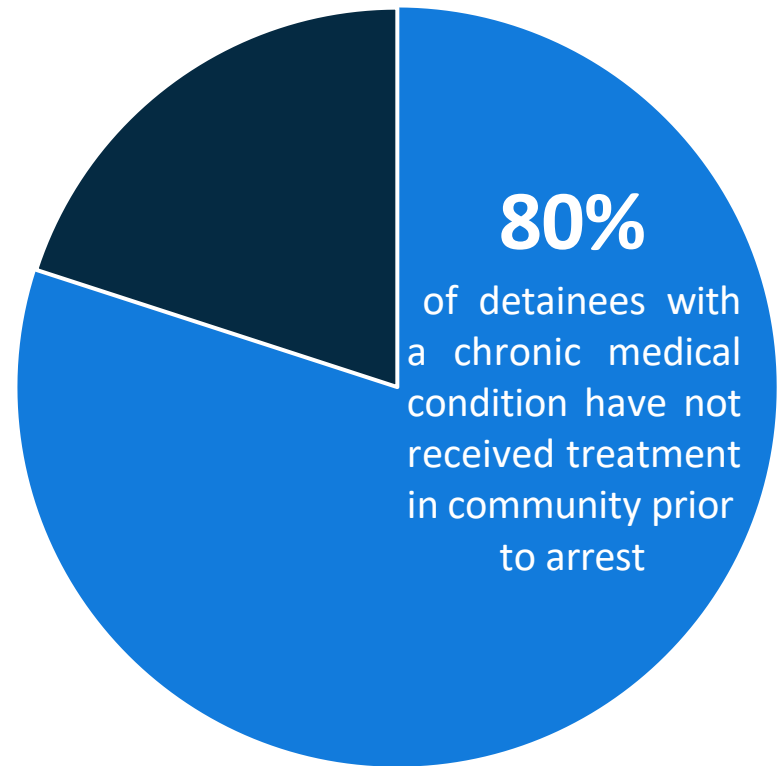


Mission Statement

- The Nevada Department of Health and Human Services (DHHS) promotes the health and well-being of its residents through the delivery or facilitation of a multitude of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.
- The Department is the largest in state government, comprised of five Divisions along with additional programs and offices overseen by the DHHS' Director's Office.

People Receive Care in the Jail. Medicaid can Change the Trajectory of this Care and Remedy Disparities

- Few people engaged with the justice system have received community treatment prior to entanglement with the justice system, and Medicaid could provide on-ramps to to the health system and an off ramp from the criminal-legal system.
- Medicaid in incarceration settings can help providers find challenging cases that would go unidentified due to lack of trust and engagement with the health system due to centuries of disparities



SOURCE: Massachusetts Department of Public Health, 2017

Medicaid's Role in the Criminal Justice System Has Evolved

Prior to ACA

- 90% of detainees had no health insurance

Since 2014

- Many justice involved people have become eligible for Medicaid (in expansion states)
 - In some states, 80-90% of people leaving incarceration are enrolled in Medicaid
 - ACA strengthened mental health and substance use disorder benefits
- Some states and localities are smoothing connections to Medicaid coverage and services at re-entry (OH, NM, AZ)

The Next Opportunity

- Creating continuous coverage across settings for people involved in the justice system that have faced historic racial and health disparities

A Key Missing Piece: Medicaid's "Inmate Exclusion" Isolates Correctional Health from the Health System as a Whole

The Inmate Exclusion

- Inmates may be enrolled in Medicaid -- but Medicaid will only cover inpatient stays that exceed 24 hours, not other services.
 - Exclusion established when Medicaid was created in 1965
 - Primary purpose was to prevent cost-shifting to federal government
 - Reflects the patchwork nature of US health coverage pre-2014, when most people were not eligible for coverage

Potential Drivers of Support in Revising Medicaid Policy with Respect to Criminal Justice

- Bipartisan interest in criminal justice reform, substance use disorder, and mental health
- COVID-19 continues to ravage jails and prisons
- Significantly increased awareness of the need to address health equity
- A national opioid crisis resulting in incarcerations and premature death
- Growing public recognition of role jails are playing in behavioral health
- Key stakeholders increasing advocacy efforts

Recent Legislation to Modify Inmate Exclusion Policy (as of May 2022)

Name	Year	Sponsor(s)	Description
Corrections Public Health and Community Re-entry Act	2018	Kuster (D-NH)	Would ensure MAT availability inside correctional facilities from pre-trial to release
Due Process Continuity of Care Act	2021	Cassidy (R-LA), Merkley (D-OR), Markey (D-MA)	Would ensure that pre-trial detainees are not removed from Medicaid
Humane Correctional Health Care Act	2021	Booker (D-NJ), Kuster (D-NH), Fitzgerald (R-PA)	Would repeal Inmate Exclusion and assess impact on Medicaid enrollment
Medicaid Reentry Act	2021	Baldwin (D-WI), Braun (R-IN), Whitehouse (D-RI), Brown (D-OH)	Would allow Medicaid to cover services provided to incarcerated individuals during the thirty days preceding their release from prison or jail
Kids Care Act (House bill)	2022	Hudson (R-NC), Kuster (D-NH), Hinson (R-IA)	Would remove Inmate Exclusion for pre-trial juveniles and require that correctional settings provide EPSDT services for eligible juvenile.

State Waivers & Programs

- In lieu of federal legislation that reforms or repeals the Inmate Exclusion Policy, states have applied for federal waivers to allow more flexibility in Medicaid eligibility/covered services
- As of 2019, 29 states have submitted and/or received 1115 waivers to allow states to test programs that expand eligibility/covered services for Medicaid-eligible inmates
 - Many states have used waivers to fund OUD/SUD treatment and community-based services for inmates upon release
 - Pennsylvania plans to use state opioid funds to expand capacity for specialty drug courts
 - Michigan and Alaska have proposed using federal funding to train drug court professionals in the efficacy of MAT
- AZ, CA, KY, MT, UT, VT, OR, MA, and WA have submitted 1115 waivers for all or part of the inmate exclusion.

Industry Support for Medicaid Reentry Reform

“The single step most likely to effect positive change in carceral health is to repeal Medicaid’s inmate exclusion. Medicaid coverage of people in jails and prisons would bring with it myriad changes that are the precursors to improved health.”

- **Aspen Health Strategy Group**, Reducing the Health Harms of Incarceration (2022)

Medicaid coverage in the 30-day pre-release time period would increase accountability for correctional healthcare and facilitate continuous access to care

- **NASEM**, Decarcerating Correctional Facilities During COVID-19 (2020)

“By allowing Medicaid assistance for eligible incarcerated individuals up to 30 days prior to their release, your bill would help to provide for critically needed health care services, care coordination activities, and linkages to care for such individuals.”

- **American Medical Association**, Letter of Support for Medicaid Reentry Act (2021)

Local Costs Diverted to Federal Medicaid Dollars

- Drug court services are overwhelmingly funded by local funds
- With the passage of any expansion of Medicaid eligibility or continuity legislation, many drug court services could be considered essential to the health and well-being of justice-involved Medicaid beneficiaries
- The following drug court services could potentially be reimbursed with federal CMS funds:
 - Pre-release inmate assessments
 - Case management services
 - Coordination with qualified healthcare or mental health providers

Increased Access to Services

- Consistent Medicaid coverage results in better access to physical and behavioral health services
- Medicaid also facilitates access to services beyond the doctors office, funding non-emergency transportation, vocational services, and supportive housing.
- This access reduces the impact of unmet physical, mental, and social needs on recidivism

MEDICAL NECESSITY

Nevada Medicaid 103.1 defines as

A health care service or product that is provided for under the Medicaid State Plan and is necessary and consistent with generally accepted professional standards to:

- diagnose, treat or prevent illness or disease;
- regain functional capacity;
- or reduce or ameliorate effects of an illness, injury or disability.

MEDICAL NECESSITY CONT.

The determination of medical necessity is made on the basis of the individual case and takes into account:

- a. Type, frequency, extent, and duration of treatment with scientifically based guidelines of national medical or health care coverage organizations or governmental agencies.
- b. Level of service that can be safely and effectively furnished, and for which no equally effective and more conservative or less costly treatment is available.
- c. Services are delivered in the setting that is clinically appropriate to the specific physical and mental/behavioral health care needs of the recipient.
- d. Services are provided for medical or mental/behavioral reasons rather than for the convenience of the recipient, the recipient's caregiver, or the health care provider.

Medical Necessity shall take into account the ability of the service to allow recipients to remain in a community-based setting, when such a setting is safe, and there is no less costly, more conservative or more effective setting.

Treatment Matching Based on Treatment Needs

	ASAM Level of Care Placement (3 rd Ed.)	LOCUS-Levels of Care
Level 0.5	Early Intervention	Basic services
Level 1	Outpatient Treatment	Outpatient Treatment
Level 2	2.1 Intensive Outpatient Treatment 2.5 Partial Hospitalization	Low Intensity Community Based Services
Level 3	3.1 Clinically Managed Low Intensity Residential 3.3 Clinically Managed Population-Specific High-Intensity Residential 3.5 Clinically Managed High-Intensity Residential 3.7 Medically Monitored Intensive Inpatient	High Intensity Community Based Services
Level 4	Medically Managed Intensive Inpatient	Medically Monitored Non-Residential
	Opioid Treatment Services	Level 5 Medically Monitored Residential
	Withdrawal Management Services	Level 6 Medically Managed Residential

Risk, Need, Responsivity Model

- **Risk**

Matching the likelihood that the individual might reoffend to the appropriate level of service.

- **Need**

Assessment of the individual's criminogenic needs and identify treatment based on those needs.

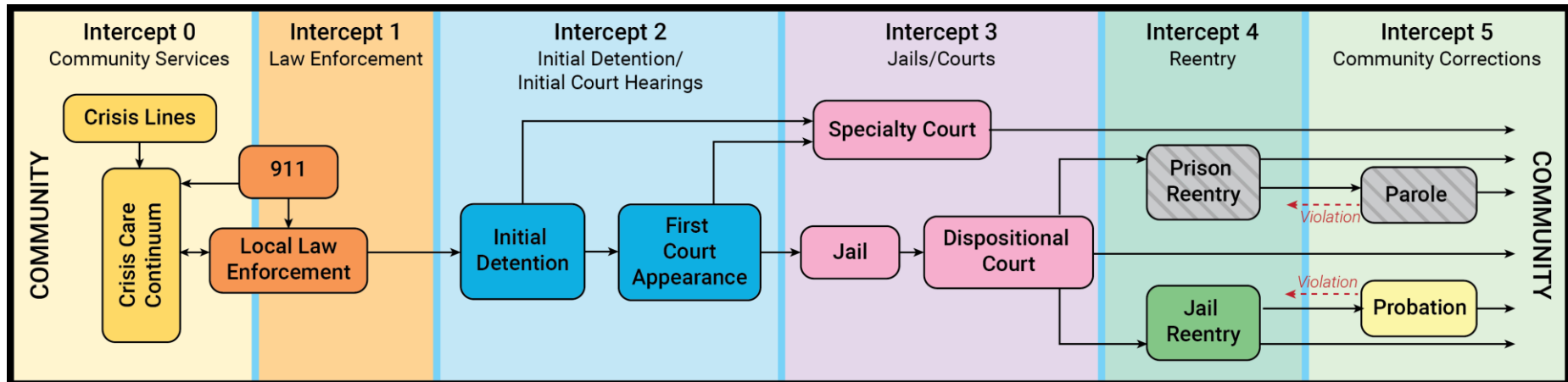
- **Responsivity**

Adapting treatment and intervention to the needs, motivations, and learning style of the offender.

Treatment matching is an essential component — Nevada Risk Assessment System (NRAS) can be used for treatment matching and determining level of supervision whether incarcerated or in the community.

Where Could Medicaid Make a Difference?

- SAMHSA's Sequential Intercept Model provides an insight into the spaces across the justice system that could be transformed by reliance on the health system.



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Intercept 0

- Intercept 0 is the general set of community services that support people so that they never enter into the justice system to begin with. Medicaid's role could be strengthened in ways that ensure people have their needs met and never enter into the justice system
 - Medicaid-funded school-based health centers reduce reliance on police for behavioral health needs and changes the decision-making structure for children and teens in needs of behavioral health support, reversing the decision-making that lends itself to disparities in school settings
 - Housing support—paid for through Medicaid-supported housing services to help families stay in their homes and appeal unfavorable housing decisions
 - Mental Health Support—supported through a full array of flexible Medicaid-funded services, included residential treatment where appropriate. These services can be achieved through a series of waivers that will allow for advocates to work with the State to create culturally appropriate mixes of services

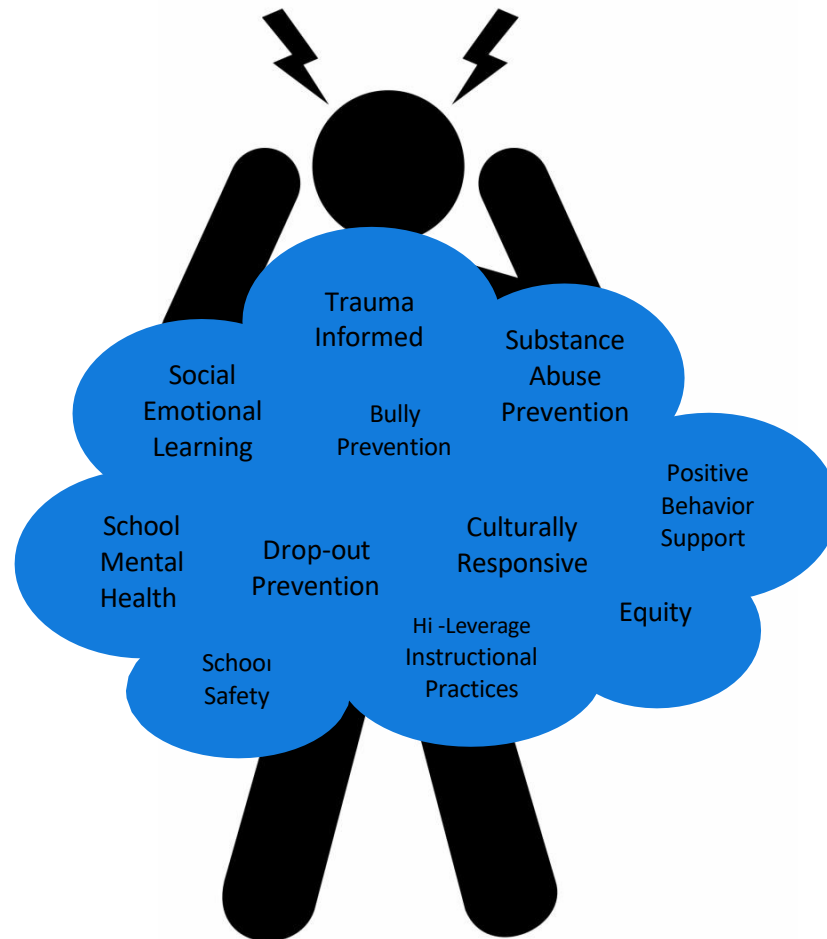
Intercept 0-Deflection/Community Services

Deflection: Optimizes community crisis services. Law enforcement can assist with a “warm hand-off” to local crisis care services. Goal is to connect people with treatment or services instead of arresting or charging them with a crime.

Examples of deflection services in Nevada:

- Crisis Call Centers: 988 and 911
- Crisis Continuum of Care
- Crisis Response Teams (CRT)
- Mobile Crisis Teams/Mobile Outreach Safety Teams
- Crisis Intervention Training for Law Enforcement
- Overdose Education and Naloxone Leave Behind Programs
- Homeless Outreach Teams

Multi-Tiered System of Support



A. Greenwald, University of Nevada Reno; Used with permission (2022)

Multi-Tiered Systems of Support



Improved Student Outcomes

academic performance

(Horner et al., 2009)

social-emotional competence

(Bradshaw, Waasdorp, & Leaf, 2012)

social & academic outcomes for SWD

(Lewis, 2017; Tabin, Horner, Vincent, & Swain-Bradway, 2012)

reduced bullying behaviors

(Ross & Horner, 2009; Waasdorp, Bradshaw, & Leaf, 2012)

decreased rates of student-reported drug/alcohol abuse

(Boggs, Kittelman, McIntosh, & Haselton, 2015; Bradshaw et al., 2012)



Reduced Exclusionary Discipline

office discipline referrals

(Bradshaw, Mitchell, & Leaf, 2010; Bradshaw et al., 2012; Horner et al., 2009)

suspensions

(Bradshaw, Mitchell, & Leaf, 2010)

restraint and seclusion

(Reynolds et al., 2016; Simonsen, Britton, & Young, 2010)



Improved Teacher Outcomes

perception of teacher efficacy

(Kehm & McIntosh, 2012; Ross, Romer, & Horner, 2012)

school organizational health and school climate

(Bradshaw, Koth, Bevans, Jalongo, & Leaf, 2008; Bradshaw, Koth, Thornton, & Leaf, 2009)

perception of school safety

(Horner et al., 2009)

School-Wide Positive Behavior Interventions and Supports

A. Greenwald, University of Nevada Reno; Used with permission (2022)



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Supportive Housing/Tenancy Supports

Nevada Medicaid developing Supportive Housing/Tenancy Support Services under the 1915(i) Waiver Authority

- Provide Care Management
- Provide assistance in daily living skills and maintaining housing
- Helps individuals moving from homelessness to housed
- Provides critical support for individuals with disabilities, including behavioral health

Behavioral Health Continuum of Care

- State Plan and Authority
 - Establishes coverage for physical and behavioral health services
- Managed Medicaid
 - Must cover all state plan services, have options for adding benefits
 - Does not cover all Medicaid recipients
- Demonstration Programs for Service Expansion and Enhancement
 - CCBHC, SUPPORT Act, Mobile Crisis
- 1115 SUD Waiver Authority-Anticipated Approval Date January 2023
- 1115 SMI/SED Waiver Authority-Tentative
- Children's Behavioral Health Services
 - Coverage through State Plan and Early, Periodic Screening, Diagnostic, and Treatment

Coordinated Crisis Continuum: National Guidelines



Crisis Center (someone to talk to — 988)



Crisis Mobile Team Response (someone to respond)



Crisis Receiving and Stabilization Services (a safe place for help)



Essential Crisis Principles and Practices (best practices)

Crisis Call Center Hubs



- Operate **every moment of every day**.
- Be **staffed with clinicians** overseeing clinical triage **and other trained team members** to respond to all calls received.
- Answer **every call**
- Assess **risk of suicide** in a manner that meets National Suicide Prevention Lifeline standards and **danger to others** within each call.
- Coordinate **connections to crisis mobile team services** in the region.
- Connect individuals to facility-based care through **warm hand-offs** and **coordination of transportation** as needed.

988 Crisis Line-Call, Chat, or Text for Help

- 988 is a direct three-digit line to connect to trained counselors who will open the door for millions of Americans to seek the help they need.
- An easy-to-remember and easy-to-dial number will make it easier to reach people in emotional crisis.

CALL 911

If you need fire,
police, or an
ambulance



Call 988

if experiencing a
behavioral health
crisis or suicidality

Mobile Crisis Teams



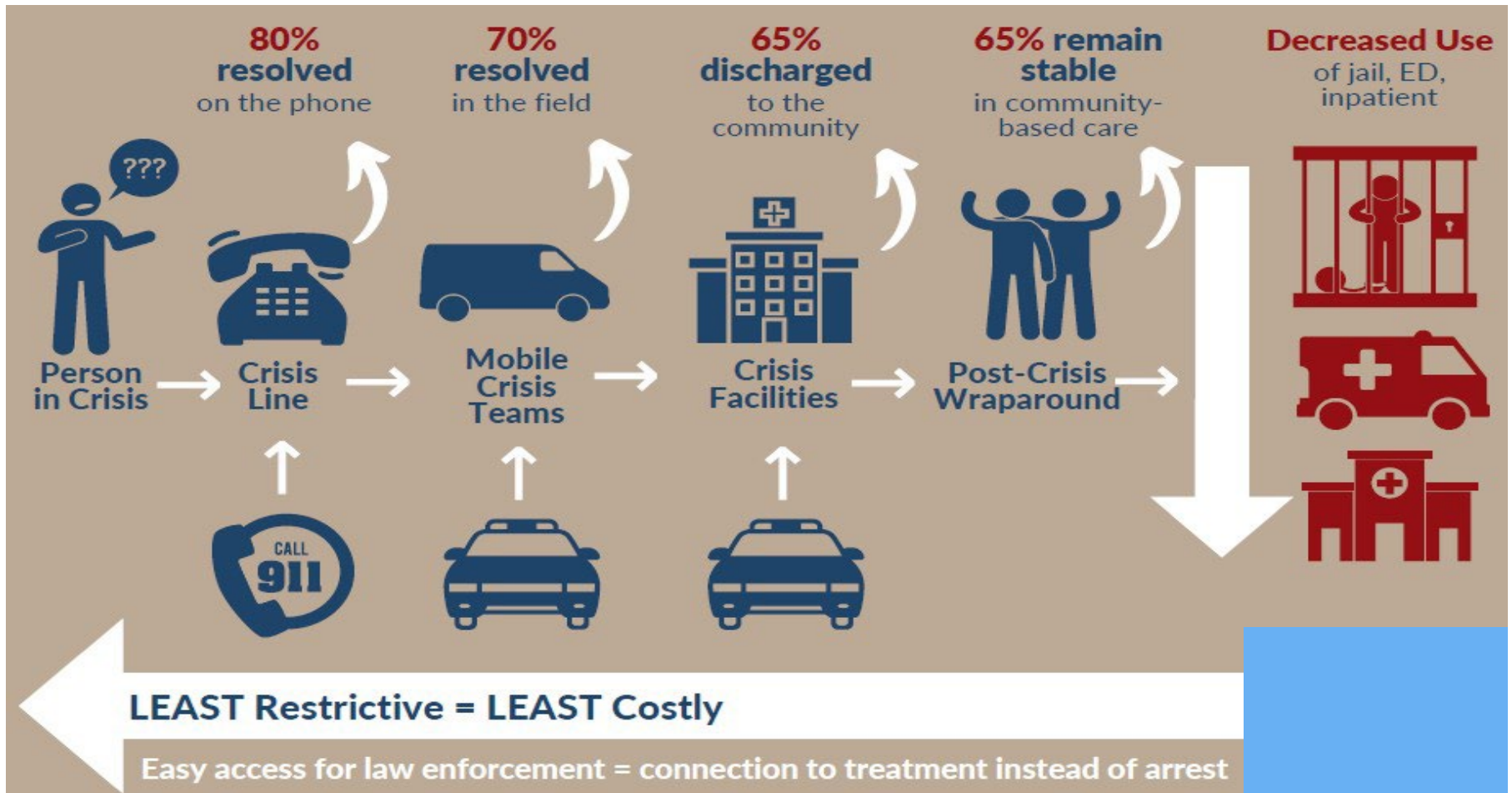
- Include a **licensed and/or credentialed clinician** capable of assessing the needs of individuals within the region of operation.
- Respond **where the person is** (home, work, park, etc.) and **not restrict services** to select locations within the region or particular days/times.
- Connect individuals to facility-based care as needed through **warm hand-offs** and **coordinating transportation** when and only if situations warrant transition to other locations.

Crisis Stabilization Centers

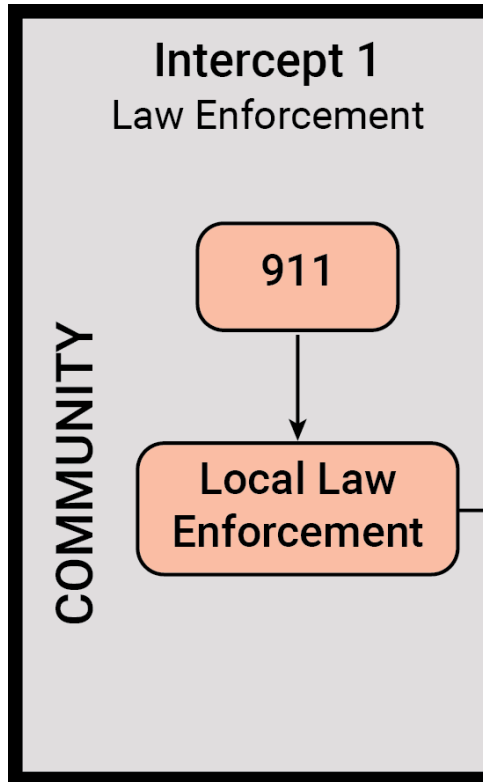


- Accept **all referrals**
- Not require medical clearance prior to admission but rather **assessment and support for medical stability** while in the program
- Design services to **address mental health** and **substance use** crisis issues
- Employ the capacity to **assess physical health needs** and deliver care with an identified pathway to transfer to more **medically staffed services**
- **Staffed at all times** with a multidisciplinary team to meet the needs of individuals experiencing **all levels of crisis**
- Offer **walk-in** and **first responder** drop-off options
- Structure that offers capacity to **accept all referrals** at least 90% of the time with a **no rejection policy** for first responders
- Screen for suicide risk and complete comprehensive **suicide risk assessments** and **planning**
- Screen for violence risk and complete comprehensive **violence risk assessments** and **planning**

988 is the Foundation for Crisis Care



Intercept 1- Law Enforcement



- Medicaid offers support for new diversion opportunities.
 - Crisis lines and dispatch services that respond to mental health crises rather than one-size-fits-all police dispatch
- By relying on Medicaid and health systems first, rather than as an afterthought, beneficiaries can receive referrals in accordance with a state Medicaid plan
 - Medicaid-supported crisis response from social workers on crisis intervention teams
 - Law Enforcement Assisted Diversion
 - Jail-door deflection to services informed by Medicaid-funded assessments

Intercept 1 - Diversion Pre-Arrest/Pre-Booking

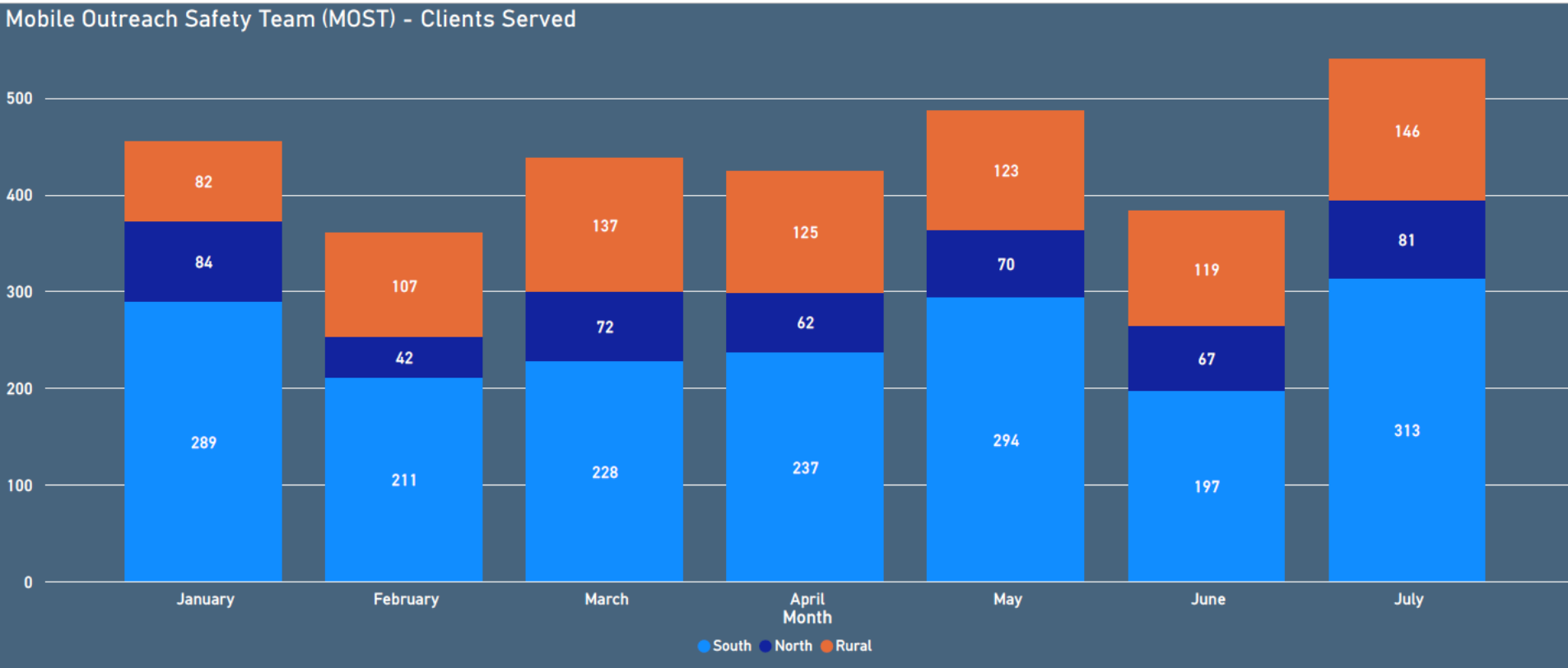
Diversion: Performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail.

Examples of Diversion Programs in Nevada:

- Law Enforcement Intervention for Mental Health and Addiction (LIMA)
- Mobile Crisis Teams
- Mobile Outreach Safety Teams (MOST)/Co-responder Models
- Crisis Response Teams (CRT)
- Civil Protective Custody/Protective Custody
- Crisis Stabilization Centers
- Crisis Triage Centers

Mobile Outreach Safety Teams

- Co-Responder Model with Behavioral Health and Law Enforcement
- Dispatched through 911 and back-channel



Law Enforcement Telehealth Virtual Crisis Care

The agencies participating in the program are the:

- Carson City Sheriff's Office,
- Eureka County Sheriff's Office,
- Elko Police Department,
- Humboldt County Sheriff's Office,
- Lander County Sheriff's Office,
- Lincoln County Sheriff's Office,
- Mesquite Police Department,
- Washoe County Sheriff's Office,
- West Wendover Police Department,
- White Pine County Sheriff's Office,
- Winnemucca Police Department.

Under the Virtual Crisis Care program, law enforcement officers in the field can call the crisis response team at Avel eCare to request a safety assessment.

Officers then provide the person needing help with a tablet for a video consult. Once the crisis response team completes the assessment and communicates with law enforcement, they work to establish follow-up care with local mental health resources.

Law Enforcement Intervention for Mental Health and Addiction (LIMA)

LIMA is a partnership between Clark County 8th Judicial District and Las Vegas Metropolitan Police Department funded by the Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention.

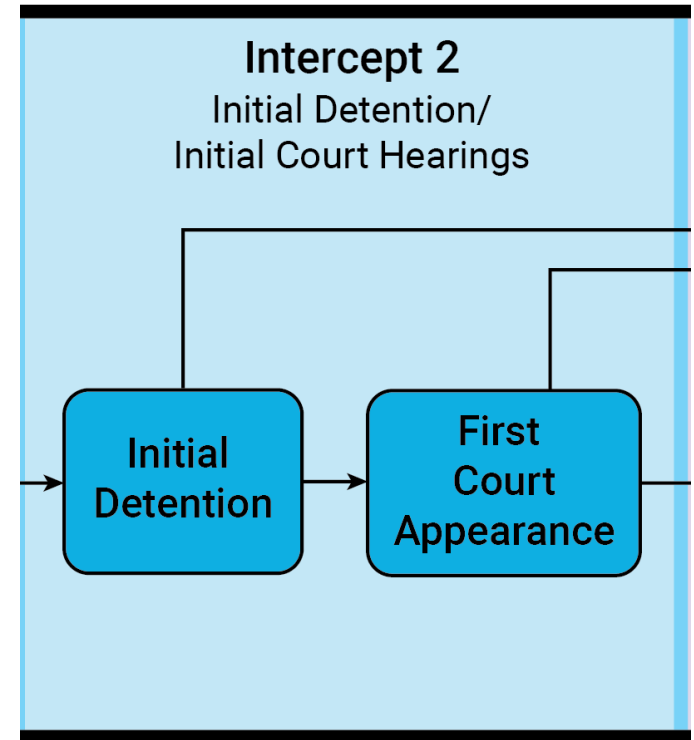
Participants are referred to services based on their needs including:

- Withdrawal Management/Detoxification services*
- Treatment services (all levels of care including co-occurring service)*
- Collaborative case management
- Weekly/bi-weekly meetings with case manager
- Connect client to temporary/transitional housing and permanent housing*
- Assistance with securing vital documents
- Assistance to establish positive support system

*Programs certified by federal Substance Abuse Prevention and Treatment Agency (SAPTA)

Intercept 2-Initial Detention and Court Hearings

- Medicaid at Intercept 2 can improve evaluation and provision of needs and improve the function of the justice system
 - Improved coordination with the health system for competency evaluation and restoration to competency in the community
 - Opportunities for health plans and community providers to intervene at arraignment to improve chances of being released on their own recognizance
 - Use of peer support to improve appearance at arraignment and reduce likelihood of incarceration
 - Support for screenings and referral into mental health diversion programs



Intercept 2-Initial Detention and Court Hearings Cont.

Diverts individuals into community-based services after booking. Depends heavily on evidence-based screening and assessment tools to determine risk, needs, and responsivity variables.

Examples of Detention Programs in Nevada:

- Forensic Assessment Services Triage Teams (FASTT)
- Pre-trial Community Supervision Programs
- Pre-sentencing Investigation Reports

Forensic Assessment Services Triage Teams (FASTT)

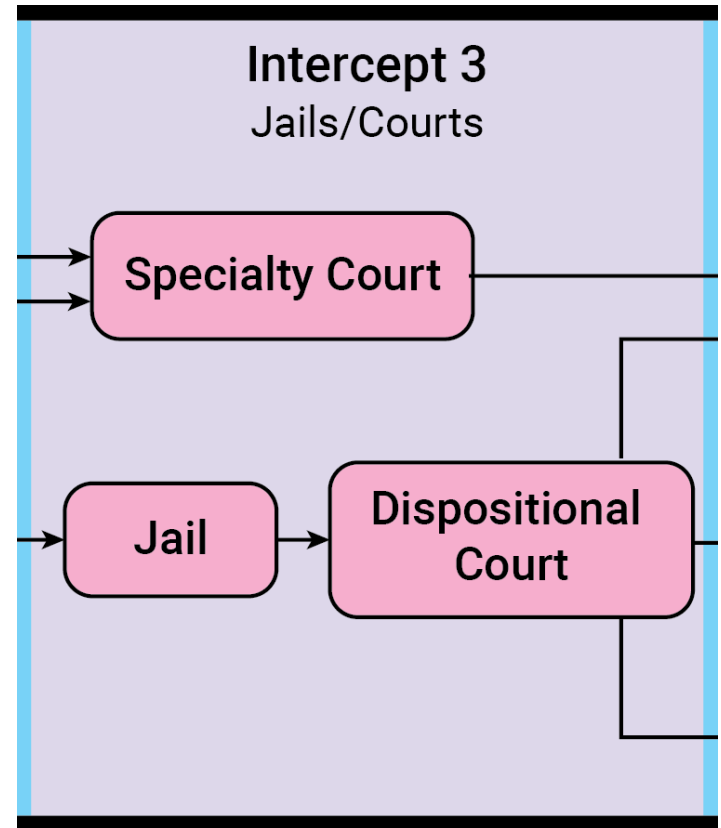
FASTT programs in Douglas, Lyon, Churchill, and Carson City are partnerships between local jails and community providers funded by the Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention.

Participants are referred to services based on their needs including:

- Substance use disorder treatment*
- Mental health treatment
- Collaborative case management
- Connect client to temporary/transitional housing and permanent housing*
- SAPTA-Certified Providers

Intercept 3—Jails and Courts

- Medicaid in jails and courts can create opportunities to support clinical decision-making in the justice system rather than judicial bias
 - A drug court relying on clinical decision-making would deploy harm reduction models, rather than abstinence models. Crafted appropriately, this can provide a protection of sensitive treatment data.



Intercept 3 - Court/Jail-Based Care

Post-booking, these programs divert individuals into community-based services through jail or court processes and programs. The goal of these programs is to ensure treatment for substance use and co-occurring disorders.

Examples of court/jail-based programs in Nevada:

- Jail-based Withdrawal Management
- Opioid Treatment Programs
- Behavioral Health Treatment Programming
- Medication Management
- Specialty Courts (Medication-Assisted Treatment [MAT], Drug, Family Drug, Youth Offender, Veterans)

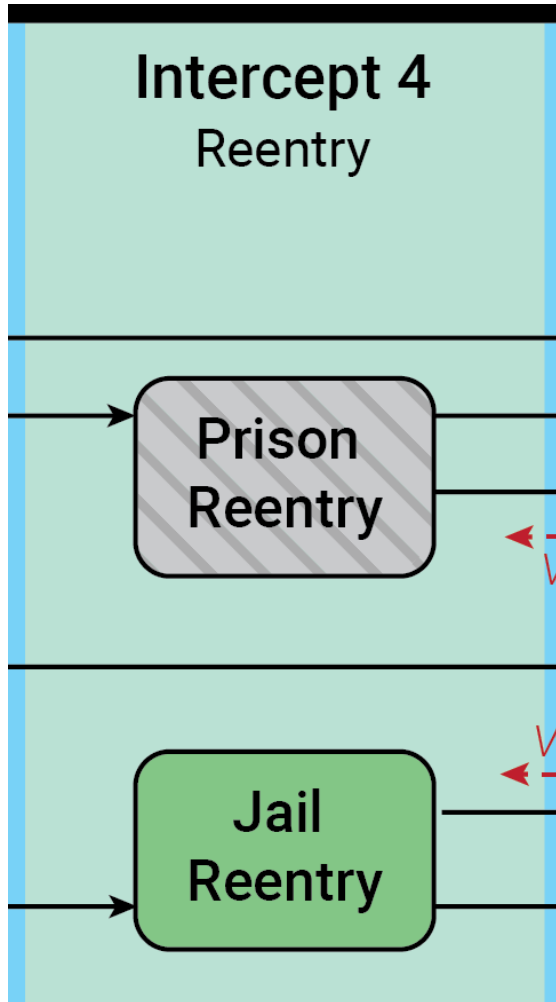
Washoe County Detention Center

Under the direction of Sheriff Balaam, the Washoe County Detention Center has developed Nevada's first and only Opioid Treatment Program (OTP). This program offers all three FDA-approved medications for the treatment of Opioid Use Disorder.

Participants are offered:

- Screening for opioid use and risk for withdrawal assessment for opioid use disorder
- MAT initiation for withdrawal symptoms
- Medication as maintenance treatment
- Referrals for continuity of care for maintenance therapy and recovery supports
- **Enrolls in Medicaid prior to release**

Intercept 4—Reentry



Medicaid’s presence in the jail creates a new constellation of rights and services that were not available before.

- Reach-in services to prepare people for reentry
- Continuity of care for medication assisted therapies and other medications
- Right to specialist providers if deemed medically necessary
- Higher quality health services provided at a Medicaid standard with rights to grievance and appeal within the health system

Intercept 4 - Re-entry

Re-entry services involve linkage and referral to community-based services and supports as individuals integrate back into the community. Eligibility determinations and benefit enrollment are considered best practices to ensure individuals have access to insurance, housing, food, and employment opportunities upon re-entry.

Examples of Re-entry Programs in Nevada:

- Medicaid/Temporary Assistance for Needy Families (TANF)/Supplemental Nutrition Assistance Program (SNAP) eligibility and enrollment
- 8th Judicial District Re-entry Court
- Residential Treatment
- Transitional Living Programs

8th Judicial District Re-Entry Court

In partnership with the Nevada Department of Corrections, the 8th Judicial District established a grant-funded re-entry court to reduce the occurrences of overdose and relapse in individuals re-entering the community following release from prison.

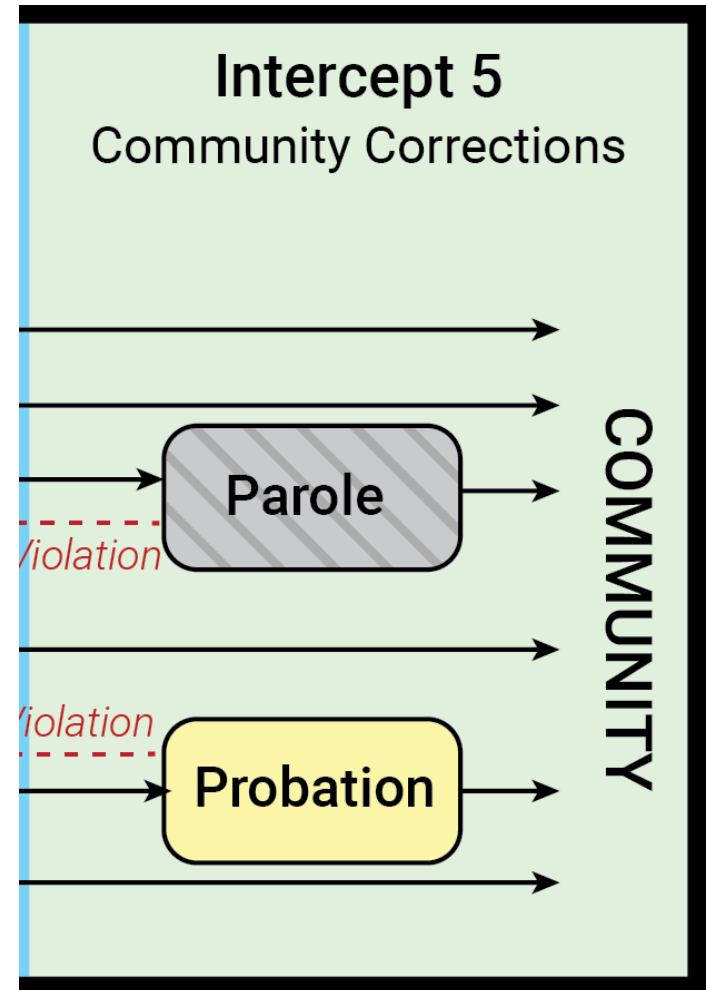
Participants are referred to services based on their needs, including:

- MAT
- Treatment services (all levels of care including co-occurring service)*
- Collaborative case management
- Connect client to temporary/transitional housing and permanent housing*
- Assistance with securing vital documents
- Assistance to establish positive support system

*SAPTA-certified programs

Intercept 5—Community Corrections

- Transformation of Probation and Parole systems by reliance on health systems.
- Case management services can be provided by case managers driven by clinical decision making rather than by the criminal-legal decision-making processes of probation and parole.



Intercept 5 - Community Corrections

Community correction programs integrate community-based criminal justice supervision through Parole and Probation with additional treatment and recovery services. The goal of these programs is to support re-entry into the community and reduce the risk for recidivism.

Parole and Probation

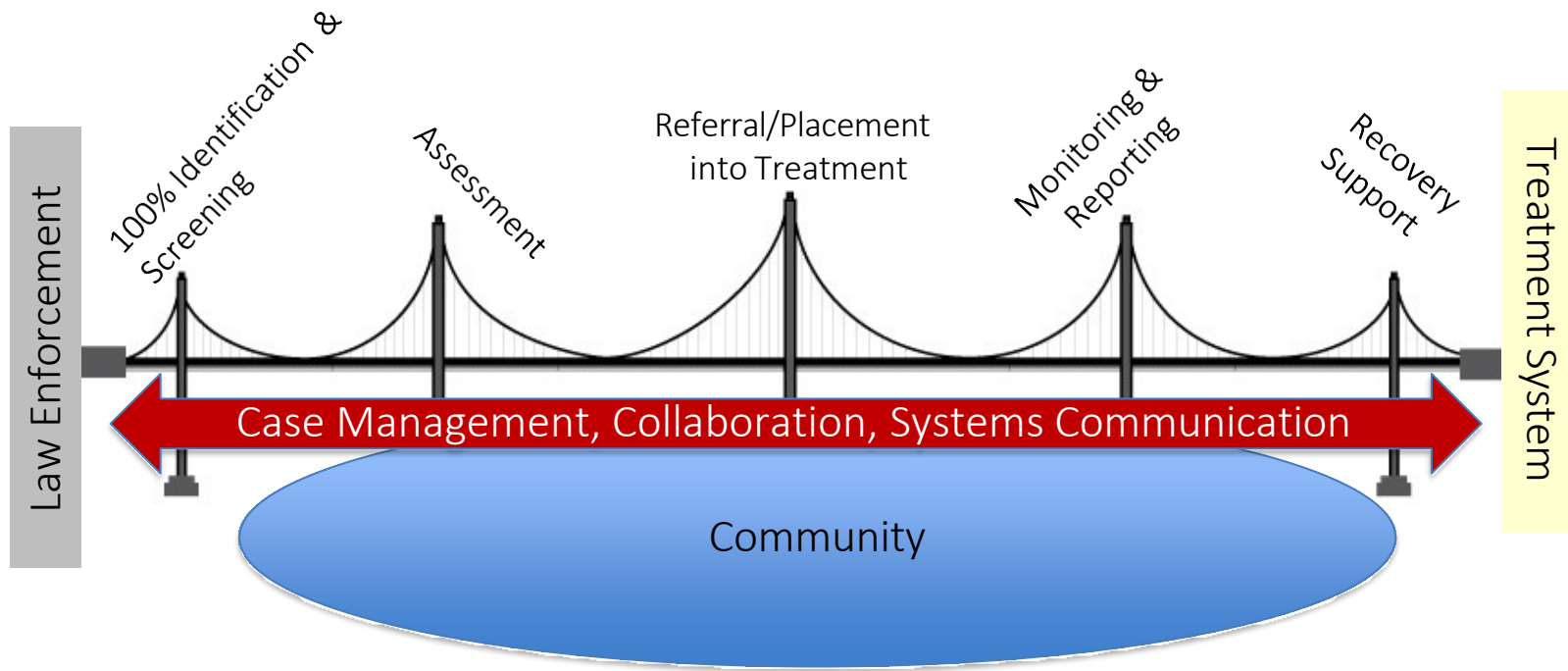
- training requirements on evidence-based practices;
- requirements for the petition for early discharge of a person from parole;
- requirements for re-entry planning and coordination with state agencies; and
- ensuring consuming alcohol/positive drug test cannot be the sole reason for a revocation of supervision.

Medication Assisted Treatment Re-Entry Court

- Began 12/07/2018
- In the last year (02/15/2021-02/14/2022) we have served 98 people in MAT Re-Entry Court and 25 people have graduated.
- Since the inception of the program, Re-Entry Court has served 148 total participants and 50 graduates have successfully completed the program
- Of 52 open cases, the NRAS scores for the participants leaving Nevada Department of Corrections and entering the Court program are: 2 very high risk, 17 high risk, 3 low, 1 low/moderate, and 24 moderate risk and two did not complete the NRAS before entering the program.
- MAT Re-Entry Court has treated 43 participants on Medically Assisted Treatment (MAT) 1 Methadone, 27 Buprenorphine, and 15 Vivitrol. Additionally, 17 clients that graduated or were discharged from MAT Re-Entry Court that relapsed sought out MAT treatment and started services, due to the knowledge and connection from being a part of the MAT Re-Entry Court.

The Pathways to Treatment

The TASC Model



A Way of Connecting Different Systems



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Acronyms

- Crisis Response Teams (CRT)
- Forensic Assessment Services Triage Teams (FASTT)
- Food and Drug Administration (FDA)
- Law Enforcement Intervention for Mental Health and Addiction (LIMA)
- Medication-Assisted Treatment (MAT)
- Mental Health (MH)
- Mobile Outreach Safety Teams (MOST)
- Nevada Risk Assessment System (NRAS)
- Opioid Treatment Program (OTP)
- Substance Abuse Prevention and Treatment Agency (SAPTA)
- Serious Mental Illness (SMI)
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Thinking Actively in Social Context (TASC)