Using Medicaid Reentry Waivers To Expand Access To Substance Use Disorder Services: Three Leading Rural County Initiatives

HARP
THE HEALTH AND REENTRY PROJECT

More than half of the states are building continuity of care as people return to the community after incarceration using Medicaid 1115 reentry waivers. One goal of these waivers is to expand access to services for people with substance use disorder (SUD) and facilitate their safe transitions back to communities. Rural jails face unique operational and programmatic challenges when implementing SUD services under their state's reentry waiver program. To better understand how rural jails are addressing these challenges, HARP interviewed representatives from three local facilities in rural counties in Washington state and Maine.

Reentry waivers allow Medicaid to cover a targeted set of services for individuals starting up to 90 days before their release from jail or prison. Pre-release services include case management to assess and address physical and behavioral health needs, medication assisted therapy for SUD, and a 30-day supply of medications upon release.

Rural jails are typically smaller than urban jails, with smaller budgets and fewer staff; expanding access to SUD services can thus be challenging within existing resources. Rural jails are also more likely to be located in "service deserts" (geographic areas that lack access to community service providers), so engaging community-based resources can be challenging as well. While telehealth can expand the reach of scarce community services, limitations on technology and other infrastructure can restrict its use in many rural jails.

To successfully implement reentry waivers, rural jails (like other correctional facilities) must:

- Deliver pre-release case management and SUD services
- Identify and cultivate partnerships with providers in the community to facilitate referrals for post-release medical and SUD services

The case studies below highlight the approaches, resources, and partnerships three rural county jails in Washington and Maine are using to provide services.

KITTITAS COUNTY, WASHINGTON

State reentry waiver status
Approved

County population
48,000 individuals

Average daily jail census
123 individuals

Average length of stay
Approximately 3 days

PRE-RELEASE CASE MANAGEMENT SERVICES

The Kittitas jail reentry team consists of a senior jail deputy and a reentry navigator employed by the jail's contracted medical provider. These positions are partially funded by capacity-building funds provided by the Washington State Health Care Authority as part of the 1115 reentry Initiative. The reentry team connects Medicaid-eligible individuals to Reentry Targeted Case Managers provided by the managed care organizations (MCO)[1].

These case managers conduct telehealth visits for interested, eligible individuals within the first two to three days of their jail stay. Individuals have at least one contact with the case manager before release unless they are released before it can be scheduled. The reentry team also provides individuals with a release guide that includes information regarding Medicaid, their MCO, and other resources in the community.

PRE-RELEASE SUD SERVICES

Jail medical services are provided by CompassDirect Healthcare. Its SUD services include withdrawal assessments upon intake, substance use screenings, and provision of medication-assisted treatment (MAT) for individuals with an opioid use disorder (OUD) or medication for alcohol use disorder. For OUD treatment, the jail offers sublingual medications, extended-release injectable buprenorphine, and methadone, depending on the appropriate level of care and treatment plan.

Kittitas jail also contracts with the community provider Comprehensive Healthcare and several other service providers to offer individual mental/behavioral health treatment through case management, individualized therapy, crisis management, and prescription medications.

CONNECTIONS TO POST-RELEASE SERVICES

Before release, individuals are offered the option of continuing services post-release. Individuals may continue case management in the community through their MCO's Reentry Targeted Case Manager.

1 MCOs are organizations that contract with a state Medicaid agency to organize service delivery, contract with providers, and finance a specific set of health care services to Medicaid enrollees and manage costs, utilization, and quality.

KITSAP COUNTY, WASHINGTON

State reentry waiver status
Approved

County population
276,000 individuals

Average daily jail census
399 individuals

Average length of stay
29 days

PRE-RELEASE CASE MANAGEMENT SERVICES

Unlike Kittitas jail, which relies on MCO case managers, Kitsap jail has two reentry specialists on staff who provide case management services to individuals pre-release. These specialists, a reentry coordinator and a contracted medical staff member, are responsible for developing the post-release care plan with the individual, which a provider signs off on.

PRE-RELEASE SUD SERVICES

The jail's correctional health vendor, Everhealth, provides pre-release healthcare services under its contract with the county. Everhealth provides a comprehensive intake assessment, which includes assessment of medical and behavioral health needs, a range of medical services, and in-custody mental health counseling. Everhealth provides MAT during jail stays, including new inductions and dosing for patients. Jail staff are responsible for transporting the methadone to the jail.

Community providers West Sound Treatment Center and Kitsap Recovery Center provide comprehensive, on-site SUD treatment and referrals to SUD treatment at release.

CONNECTIONS TO POST-RELEASE SERVICES

The jail's reentry staff arrange for post-release case managers to meet on-site once a week with an individual pre-release to do a warm handoff to the post-release case manager. The majority of post-release reentry and medical services, including MAT, are provided by Peninsula Community Health Services (PCHS). If the individual is released on a weekday, PCHS can also provide a same-day appointment and transportation from jail so there is no gap in treatment. PCHS is a Federally Qualified Health Center and received grant funding from the Health Resources & Services Administration's Quality Improvement Fund – Transitions in Care for Justice-Involved Populations to support its work with individuals reentering communities after incarceration.

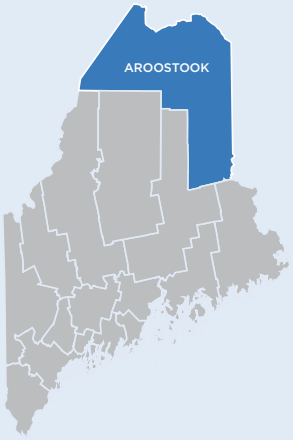
AROOSTOOK COUNTY, MAINE

State reentry waiver status
Pending[2]

County population
67,000 individuals

Average daily jail census
90–100 individuals

Average length of stay
varies widely, from 1–2 days to over a year



PRE-RELEASE CASE MANAGEMENT SERVICES

Two Maine Department of Human Services Intensive Case Managers provide pre-release case management to individuals in the Aroostook County jail. They visit the jail daily and serve individuals with significant mental health conditions, including those with co-occurring SUDs. Most individuals in the jail have either a mental health condition or co-occurring mental health and SUD conditions.

PRE-RELEASE SUD SERVICES

Aroostook jail staff identify an individual's medical and SUD needs during an intake assessment. Through the county, the jail contracts with Alternative Correctional Healthcare to provide a range of medical and SUD services, including prescribing buprenorphine for OUD, to address issues identified during the assessment.

Given the prevalence of SUD, the jail has implemented a withdrawal protocol to address withdrawal through a rapid buprenorphine initiation process and use of a "comfort packet" for individuals experiencing uncomfortable withdrawal symptoms.

CONNECTIONS TO POST-RELEASE SERVICES

Individuals with a qualifying mental health condition or co-occurring mental health and SUD conditions can also receive case management services post-release. The Intensive Case Managers and the Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) program provide many individuals released from the jail with transportation assistance at release and links to ongoing treatment.

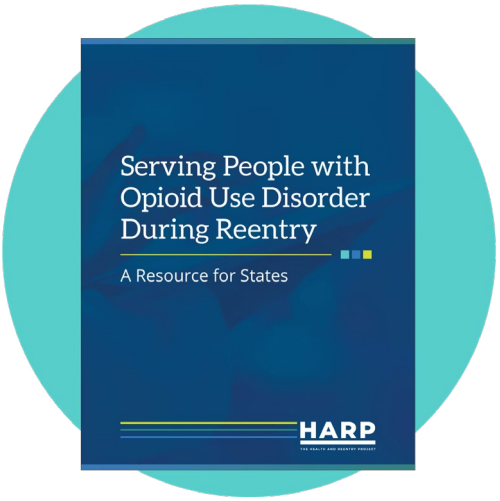
Post-release, individuals can continue to receive assistance from Alternative Correctional Healthcare to bridge the gap between incarceration and the community. Individuals with SUD can be referred to OPTIONS for connection to outpatient services, including ongoing MAT and harm-reduction services. OPTIONS attempts to link folks to other providers for medical services.

2 Maine's waiver proposal is under review by the Centers for Medicare & Medicaid Services. Aroostook is among several rural jails offering case management and medical services pre-release to individuals with mental health conditions in these facilities.

The experiences of these rural jails demonstrate that implementing Medicaid 1115 reentry waivers can be done by building local systems that can identify individuals' needs, initiate SUD services during incarceration, and connect people to care after release. Although each jail has developed a different approach based on its staffing, community resources, and state context, all rely on partnerships with correctional health providers, Medicaid managed care organizations, community treatment providers, and state agencies to support continuity of care.

These case studies also illustrate that rural jails can expand access to SUD treatment despite limited resources by adapting implementation strategies to local circumstances. State capacity-building investments, dedicated reentry staff, coordinated case management, and warm handoffs to community providers help address the operational challenges posed by small facilities, short lengths of stay, and limited access to behavioral health services. As more states implement Medicaid reentry waivers, the experiences of these rural counties offer practical examples of how local partnerships and flexible service models can support successful reentry and improve continuity of care for people returning to their communities.

Visit HARP's "Serving People with Opioid Use Disorder During Reentry" toolkit to learn more about how states and counties are leveraging 1115 reentry waivers to expand access to treatment for people with SUD at reentry.



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