

Health reform long overdue for people leaving prison

BY GINA ANZALDUA
CONTRIBUTING COLUMNIST

More than 4,000 people leave Oregon state prisons each year, and many more are released from county jails. This population suffers from disproportionately high rates of untreated infectious and chronic disease, mental

health disorders and substance abuse problems. While state and county correctional facilities are legally obligated to provide basic health services to people in their custody, treatment typically ends

once they are released, since most lack health insurance. With the Affordable Care Act (ACA) in full effect as of Jan. 1. Hundreds of thousands of Oregonians who were previously uninsured will now have access to the care they need, including many people with criminal records.

The expansion of health insurance coverage among people leaving prisons and jails represents a watershed moment in state and local efforts to ensure both the good health and safety of our communities. The Affordable Care Act, by greatly expanding Medicaid eligibility and including mental health and substance abuse treatment as an essential benefit, provides an opportunity for state and county agencies to work together to meet the needs of their highest-risk populations. What's more, they can accomplish this without facing an additional financial burden, since the federal government will cover most of the cost of treating the new Medicaid enrollees, starting at 100 percent this year and gradually decreasing to a minimum of 90 percent in 2020.

Counties also have access to a new source of state funding established by last year's comprehensive public safety legislation, Oregon's House Bill 3194. As part of the Justice Reinvestment grant program, every county in Oregon is now eligible to receive money to invest in local programs and services aimed at diverting people from prison or helping people

successfully transition back into the community from prison. This year's grant awards range from \$50,000 for the smallest counties up to \$3.1 million for Multnomah County.

Prior to the policy changes brought on by the ACA, many people leaving prisons and jails were shut out of Oregon's Medicaid program because it excluded adults without children, regardless of income. Under the new law, adults with or without children whose household incomes fall below 138 percent of the federal poverty level (\$15,856 for a single person) qualify for the Oregon Health Plan, the state's version of Medicaid. This expansion has already resulted in nearly 150,000 new Medicaid enrollments statewide. In addition, many people who do not qualify for the state plan under the new guidelines will be able to receive a federal subsidy to help pay for private insurance. Adults with household incomes up to 400 percent of the federal poverty level (\$45,960 for an individual) are eligible for subsidies.

Nationally, public health researchers estimate that more than half of the people who are released from prison each year will be able to sign up for Medicaid or receive a health insurance subsidy thanks to the ACA. However, that figure may vary greatly from state to state; authorities from the Oregon Department of Corrections (DOC), for example, estimate that up to 95 percent of the people leaving their custody will qualify for health insurance under the ACA. The department recently hired a new staff position—Reentry Benefits Coordinator—to help determine Medicaid eligibility for people being released from their facilities.

It is particularly significant for this population that the ACA counts mental health and substance abuse treatment as an "essential health benefit." This means all public and private insurance plans are now required to provide a minimum level of coverage for these services.

Approximately 70 percent of Oregon DOC inmates struggle with substance abuse problems, and 50 percent have been diagnosed with a mental health disorder. According to a recent state audit, approximately half of the highest-risk

offenders with substance abuse problems who were released from prison between 2008 and 2011 received no treatment while incarcerated or during post-release supervision. Without access to treatment, these people often face insurmountable obstacles to successful reintegration and many end up back in prison, at an extraordinary cost to taxpayers and communities. After accounting for the added cost of covering treatment for all of the highest-risk offenders who were released during the study period, the audit estimated the state could have saved \$21 million in avoidable costs—both economic and human—if those individuals had received the treatment they needed.

While it is essential to hold people accountable for their crimes, it makes little sense to do so in such a way that almost guarantees they will fail after serving their time. Historically, funding limitations and program variability between counties have stood in the way of providing cross-the-board treatment for high-risk individuals in prison and under community supervision, but the ACA and HB 3194 together have created an unprecedented opportunity for state and local public safety officials to focus more resources in this area. By making investments up front in programs and services that help people recover from addiction and mental illness, obtain housing, and find steady employment, the folks in charge of keeping Oregon safe can make an impact far beyond the individuals they work with directly—indeed, we all stand to benefit.

Enrollment for Medicaid and private health insurance plans is now open through Cover Oregon, the state's health insurance exchange. For more information, call 1-855-268-3767 or visit coveroregon.com

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Gina Anzaldúa is the policy intern for the Partnership for Safety and Justice. PSJ is a statewide, non-profit advocacy organization dedicated to making Oregon's approach to crime and public safety more effective and just.

2014

by George Burdine

I speak for no one, I speak for everyone.
No resolutions for me at my age.
I surely once did.
I understand those that do,
For the hope of life and numbers (years) could change.
It is uplifting, short-term or long.
However the next year, it is coming
And we get to do it all over again.
Perhaps with family or friends,
By yourself or the dog or the plant.
Reflect or look ahead, it is up to you
If it really changes or stays the same.
Happy or hopeful is what we really want,
Even if it does last for two days.
Welcome to the human response to a global time of year.

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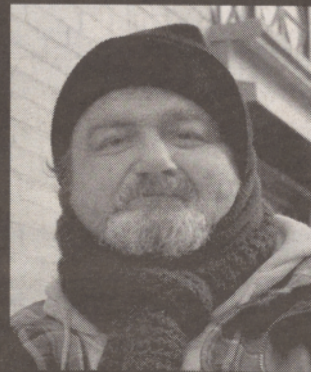
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