What Incentives are Needed to Ensure Establishment of Effective PPS In-reach Programs into Jails and Prisons?

There are many reasons for engaging those involved in the criminal justice system in behavioral health and primary care. These include overwhelming rates of mental disorders and substance use disorders coupled to widespread disengagement from community health care following correctional release. Persons leaving jails and prisons likely show a bimodal distribution in terms of Medicaid utilization. One subgroup (by virtue of untreated severe and complex behavioral and medical conditions) contribute to high ED use and avoidable hospitalizations. The other subgroup is highly disengaged from health care. This subgroup includes many patients who have not enrolled in available insurance and those who are low Medicaid users. Both groups warrant engagement in care. Once released from jail or prison, this population often goes underground and lost to follow-up. For these reasons, pre-release care coordination and transition into community behavioral health programs and primary care, including assistance with social determinants of health, represent a vital point for intervention for those re-entering the community from jails and prisons. The question is what will incentivize PPSs to establish programs that are sufficiently robust to address the huge number of persons being released from jails and prisons? One view suggests that existing DSRIP incentive might be sufficient. Specifically, engaging those leaving jails and prisons will help DSRIP reduce ED visits and hospitalizations. Engaging this population in care will help reach a large number of uninsured persons and those with very low Medicaid utilization. In theory, these incentives might be sufficient to motivate each PPS to establish robust jail and prison in-reach programs. An alternative view suggests that additional incentives might be needed during early phases of in-reach programs designed to facilitate care transition and re-entry into the community. This view suggests that targeted incentives for in-reach will be needed to overcome the major cultural and logistical barriers to establishing in-reach programs within these facilities. Specifically, the culture of prisons and jails is starkly different than the culture of many behavioral health and primary care programs. Creating trust between correctional staff and community programs takes time, effort, and persistence. In addition, the sheer volume of prison and jail inmates re-entering the community across New York State poses a major logistical and resource issue. Many inmates are distrustful of institutions - engagement takes persistence through warm face-to-face engagement by peers and others familiar with correctional culture. However, scaling relative small existing in-reach programs will pose a major challenge and investment of resources. Given these challenges, substantive, targeted incentives might be needed during these early phases to ensure that PPS programs across the state invest sufficient resources and effort in establishing collaborative in-reach programs with jails and prisons across the state.

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