

# Correctional Health: State Prison Inmate Health Costs and Strategies to Improve Re-entry

5 Slide Series, Volume 42

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**The Menges Group**

# State Prisons and Inmate Population in Each Medicaid Expansion State

State	# State Prisons	# Inmates as of Dec 31, 2012
Alaska	15	2,974
Arizona	16	38,402
Arkansas	18	14,615
California	34	134,211
Colorado	25	20,462
Connecticut	20	11,961
Delaware	13	4,129
Hawaii	8	3,819
Illinois	48	49,348
Indiana	22	28,822
Iowa	9	8,686
Kentucky	15	21,466
Louisiana	10	40,170
Maryland	28	21,281
Massachusetts	18	9,999

State	# State Prisons	# Inmates as of Dec 31, 2012
Minnesota	15	9,938
Nevada	10	12,744
New Hampshire	4	2,790
New Jersey	13	23,225
New Mexico	11	6,574
New York	59	54,073
North Dakota	5	1,512
Ohio	32	50,876
Oregon	21	14,801
Pennsylvania	25	50,918
Rhode Island	7	1,999
Vermont	9	1,516
Washington	12	17,254
West Virginia	15	7,027
<b>Total 29 States</b>	<b>537</b>	<b>665,592</b>

Data source for # of inmates: *“Prisoners in 2012: Trends in Admissions and Releases, 1991–2012,”* U.S. Department of Justice, September 2014.

This source report shows there are 1,314,906 inmates at state prisons as of December 31, 2016. Almost exactly half of these persons (50.6%) were inmates in Medicaid expansion states.

This source also shows that 581,374 persons were released from state prisons during the entirety of CY2012.

These figures exclude inmates in county jails and Federal prisons.

# Volume of Persons Released from State Prisons in Medicaid Expansion States

- Per the data shown on previous slide, approximately 650,000 persons are inmates in state prisons in jurisdictions where Medicaid expansion has been implemented.
  - Based on nationwide ratio of the number of released individuals to the baseline inmate population, we estimate that just under 300,000 state prison inmates are released to the community across the Medicaid expansion states annually.
- Nearly all state prisoners in Medicaid expansion states are eligible for Medicaid at the point of release.
- Important opportunities exist to design and deliver tailored care coordination to these individuals within Medicaid's benefits structure. States are increasingly recognizing the opportunities Medicaid coverage offers to support successful re-entry, reduce recidivism and improve population health.

# Examples of Care Coordination Components

- Take full advantage of known upcoming release date to conduct planning activities to facilitate an inmate's effective transition
  - Line up Medicaid eligibility and, where applicable, enrollment into a Medicaid MCO and selection of a primary care provider
  - Establish individualized care plan regarding action steps that will occur upon release (including facilitating ongoing clinical care and communication with the ex-inmate, justice system personnel, caregivers, and key providers)
    - Comprehensive assessment of clinical needs, medication regimen, etc. as well as family/community supports and established provider relationships
    - Schedule initial appointments with key providers (PCP, behavioral health and substance abuse specialists/programs, etc.)
  - Initiate relationship with care coordinator -- an employee of an MCO, the Medicaid agency, or a contractor working with the Medicaid agency)

# Potential Program Evaluation Components

- Initiative can be piloted rather than immediately implemented on a large scale (e.g., for persons being released from selected facilities)
- Impact evaluation can include assessment of Medicaid's total cost (and component costs) for target population versus identified control group. Other evaluation metrics can include recidivism, participant satisfaction, employment rate, etc.
- Medicaid spending for this tailored care coordination program will largely involve Federal dollars (currently the Federal share of Medicaid Expansion enrollee costs is 95% for medical services and 50% for program administration)
- Net savings may well occur strictly within confines of Medicaid
- Favorable state fiscal impacts may also occur through reduced crime and recidivism (lowering future correctional health outlays), as well as increased state revenue through employment

# 5 Slide Series Overview

Our 5 Slide Series is a monthly publication whereby we briefly discuss/address a selected topic outside the confines of our client engagements. We strive to create new information in each edition – through our own data tabulations and/or through conveying our ideas and opinions.

To be added to our list to receive these as they are published (or to be removed), please email us at [jmenges@themengesgroup.com](mailto:jmenges@themengesgroup.com) or call 571-312-2360.

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