Expanding Health Coverage in California: County Jails as Enrollment Sites

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California has made progress, but millions are still uninsured

- Under the Affordable Care Act (ACA), more than two million Californians gained coverage in 2014
- But more than four million Californians continued to lack comprehensive health insurance
- And as more people gain coverage, those who remain uninsured are harder to reach with traditional enrollment strategies
Major changes to health and corrections policy have created opportunities and incentives

- The ACA extends Medi-Cal eligibility to single adults without dependent children
  - 35% of those newly eligible for Medicaid may have correctional contact
- The legislature allocated funds (AB 82) for targeting hard-to-reach groups to increase enrollment
  - Including those under state and county correctional supervision
- Under public safety realignment, county criminal justice systems are focused on successful reentry
  - Health coverage could be important component
Outline

- Who is still uninsured in California?
- County jails as sites of enrollment
- Designing enrollment assistance programs
Young adults are disproportionately uninsured
Younger men are particularly likely to lack health coverage

Remaining Uninsured

Total Population

- Males, 18 to 44
- All other
Uninsured rates are also high for adults with low levels of education and income.
Highly disadvantaged young men are much more likely to be uninsured.
Outline

- Who is still uninsured in California?
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California has a large county jail population

- On any given day in 2014, county jails in California housed about 80,000 inmates
- There is significant turnover in the jail population
  - California’s county jail system could have more than a million admissions in a year
- Multi-County Study provides new source of information on jail inmates in California
Jail inmates tend to be younger adults . . .

![Graph showing age distribution of jail inmates and adult population.](image-url)
... and they are predominantly male and non-white
Insurance enrollment assistance could help on many levels

- Jail inmates have more physical and behavioral health needs than the general population.
- Health coverage could be part of a comprehensive reentry strategy.
- Enrolling inmates could lower correctional costs:
  - Could improve healthcare provision within jail systems and reduce recidivism.
- Evidence suggests that a majority of the jail population is eligible for Medi-Cal.
Medi-Cal could be even more helpful to the correctional population than in the past

- Managed care plans are focused on better integrating physical and behavioral health
- Redesigned Drug Medi-Cal program provides substance use disorder services
- Other programs provide case management, social services to beneficiaries with high needs
  - Whole Person Care pilot programs
  - Health Homes for Patients with Complex Needs
  - PRIME projects targeting high-risk populations
Outline

- Who is still uninsured in California?
- County jails as sites of enrollment
- Designing enrollment assistance programs
Counties must decide how best to provide enrollment assistance to jail inmates

- Funding sources vary for enrollment programs
- Counties have differing relationships across agencies
- Targeting groups for enrollment assistance involves trade-offs
  - Size of population vs. intensity of assistance
  - Focus on those with physical or behavioral health needs
Most who were in a county jail in 2014 had only one contact.
There is more time to enroll sentenced inmates, but they are a much smaller group.
Looking forward

- Continued enrollment expansion will require additional outreach strategies
- County correctional systems are still adjusting to new responsibilities under realignment
- Counties face decisions and trade-offs in developing enrollment assistance programs in jail systems
- Identifying effective enrollment strategies can help improve reentry and reduce recidivism
Notes on the use of these slides

These slides were created to accompany a presentation. They do not include full documentation of sources, data samples, methods, and interpretations. To avoid misinterpretations, please contact:

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Thank you for your interest in this work.
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