

**DESCHUTES COUNTY
PUBLIC SAFETY COORDINATING COUNCIL MEETING**

Via ZOOM:

<https://us02web.zoom.us/j/88103424024?pwd=Wk5WaU5oWVZld3drSDY4ZlVNZ1ZTUT09>

Meeting ID: 881 0342 4024 Passcode: 736013


Tuesday, May 6, 2025; 3:30pm

Agenda

- I. Call to Order**
Chair Presiding Judge Wells Ashby
- II. Introductions**
Chair Presiding Judge Wells Ashby
- III. Membership**
Chair Ashby: New members and transitions
- IV. Public Comment**
Chair Ashby
- V. April 2025 Minutes** **Attachment 1**
Chair Ashby
Action: Approve April Minutes
- VI. Oregon's Medicaid Reentry Healthcare Program** **Attachment 2**
Rosanne Ashby, Rachael Lee
Discussion
- VII. Court Update**
Chair Ashby
Discussion
- VIII. Agency Updates and Other Business**
Chair Ashby

Reminder!

Meeting **agendas and materials** are now located here: <https://www.deschutes.org/meetings>.

	<p>Deschutes County encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible, please call (541) 388-6571 or send email to angie.powers@deschutes.org.</p> <p>Condado de Deschutes alienta a las personas cualificadas con discapacidad a participar en sus programas y actividades. Esta evento/ubicación es accesible para personas con discapacidad. Si necesita hacer arreglos para hacer posible la participación, llame al (541) 388-6571 o envíe un correo electrónico a angie.powers@deschutes.org.</p>
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OREGON
HEALTH
AUTHORITY

5/6/2025

**Reentry Health Care through the
Oregon Health Plan**

Local Public Safety Coordinating Council

Deschutes County

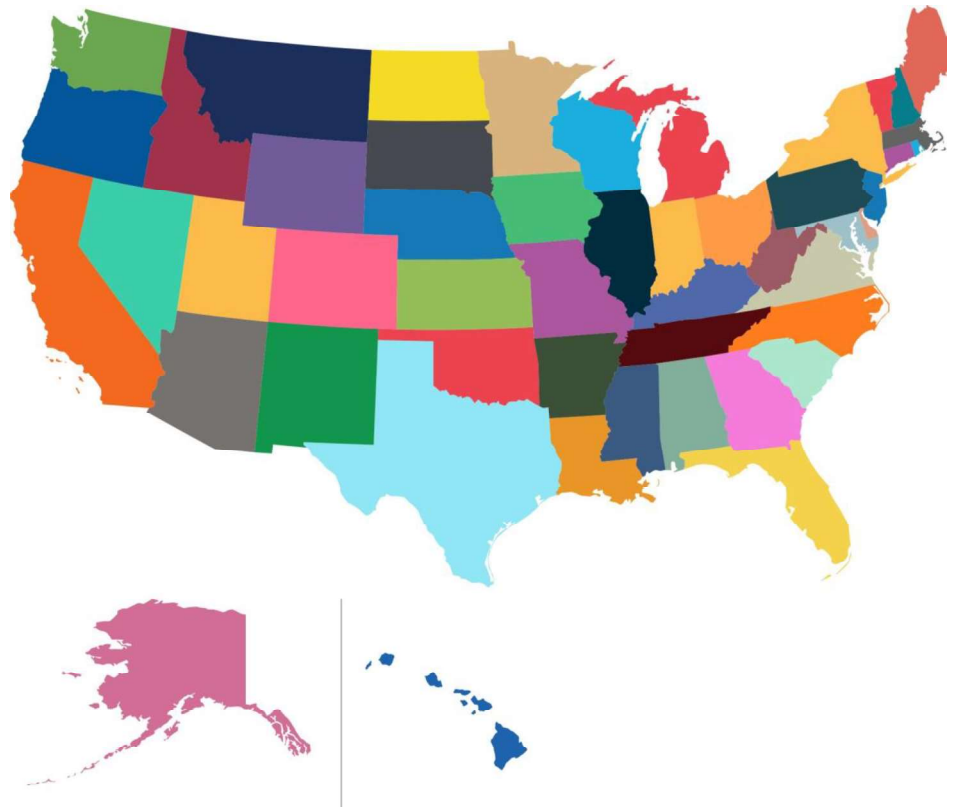
Today's Agenda

- 1 What is a Medicaid Waiver?
- 2 Expanding Medicaid Services in Jails, Prisons and Detention Facilities
- 3 Delivering Reentry Services to Individuals in Short-Term Stay Facilities
- 4 Funding, Implementation and Next Steps
- 5 Q&A



What is a Medicaid Waiver?

- The federal government has a standard set of rules each state must follow to get funds for Medicaid.
- States can ask the federal government for permission to change their Medicaid rules. This waiver allows individuals to receive a limited Medicaid benefit while incarcerated.





Expanding Medicaid Services in Jails, Prisons, and Detention Facilities

Current Gaps & Reentry Health Care Goals

INCARCERATED INDIVIDUALS LOSE MEDICAID ACCESS

12.7x mortality rate two weeks post release from prison.

12.7x homeless rates for formerly incarcerated people

10% of incarcerated individuals in Oregon are Black, while Black individuals make up less than 2% of the state's total population.

70% of youth that exit foster care as adults are arrested at least once by age 26 nationally.

Major cost expenditures are associated with incarceration, recidivism, overdose, and other related negative outcomes.

GOALS FOR REENTRY HEALTH CARE

Increase coverage, continuity of coverage, and appropriate service uptake.

Improve access to care

Improve coordination and communication

Increase additional investments in health care and related services

Improve connections between carceral settings and community services

Reduce all-cause deaths

Reduce number of ED visits and inpatient hospitalizations

Sources: [1] [Release from Prison — A High Risk of Death for Former Inmates](#) | [3] [How Have States Addressed Behavioral Health Needs through the Justice Reinvestment Initiative?](#) | [4] [New study highlights opioid overdose risk following release from Oregon prisons — OPB](#) | [6] [The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf \(sentencingproject.org\)](#) | [7] [The-Color-of-Justice-Racial-and-Ethnic-Disparity-in-State-Prisons.pdf \(sentencingproject.org\)](#)

Expanding Medicaid into Carceral Settings

Oregon's pursuit of limited expansion of Medicaid to incarcerated and recently incarcerated individuals can increase positive health and social outcomes.



Current State

People who are incarcerated do not have Medicaid

- Once incarcerated, people lose Medicaid access due to federal law
- Upon release from carceral facilities individuals experience a coverage gap
- Gaps in coverage reduce access to health care; increase likelihood of negative health outcomes such as behavioral health (BH)/substance use challenges



Future State

Extending limited Medicaid eligibility to facilities to improve outcomes for marginalized populations

- Close the coverage gap and promote continuity of coverage upon release to improve physical and behavioral health outcomes
- Reduce health equity gaps in Oregon
- Reduce social and financial costs related to recidivism and other negative outcomes

Oregon's Reentry Health Care Program

Federal Consolidated Appropriations Act (FCAA)

Requires coverage of limited Medicaid services for some people who are incarcerated. Must begin no later than January 2026.

- Who it's for: **eligible people who are incarcerated and post-adjudication (sentenced)**
- **Is mandatory for all states**
- Requires Medicaid enrollment be offered 30-days before release to:
 - **Youth under age 21**
 - **Former foster care youth up to age 26**
- Includes:
 - Targeted case management
 - Medical, behavioral and dental screenings and diagnostic services

1115 Reentry Demonstration Waiver

Adds to FCAA and provides support for facilities to offer new services

- Who is it for: **All OHP eligible youth and adults who are incarcerated** can be offered Medicaid enrollment 90 days before release
- Begins January 1, 2026
- **Eligible Carceral Facilities must opt-in to participate**
- Includes:
 - Capacity building funds to prepare facilities to offer new services
 - Includes select Medicaid services such as medication assisted treatment (MAT), care coordination, and medication administration

Impacted Facilities

Eligible carceral populations are held across four types of institutions.

62 institutions with more than **20,000** beds may be included in carceral expansion.

(based on facility location and leadership for data collection we have 62 eligible facilities)

3,420 project OHP suspensions in 2023 upon entry to DOC Prisons.

35,880 projected OHP suspensions in 2023 upon entry to County Jails & Juvenile Detention



State Prisons

13 facilities across the state holding ~**13,442** individuals



County Jails

30 facilities across the state holding about **6,582** individuals



Oregon Youth Authority

8 facilities across the state holding about **525** individuals



Juvenile Detention

11 facilities across the state holding about **298** individuals

*Tribal jails are also eligible, however currently Oregon does not have any open

Eligible Facility Types

62

Eligible carceral facilities in Oregon

All eligible facilities received **and completed** a Baseline Readiness Assessment

30

Adult county jails*

13

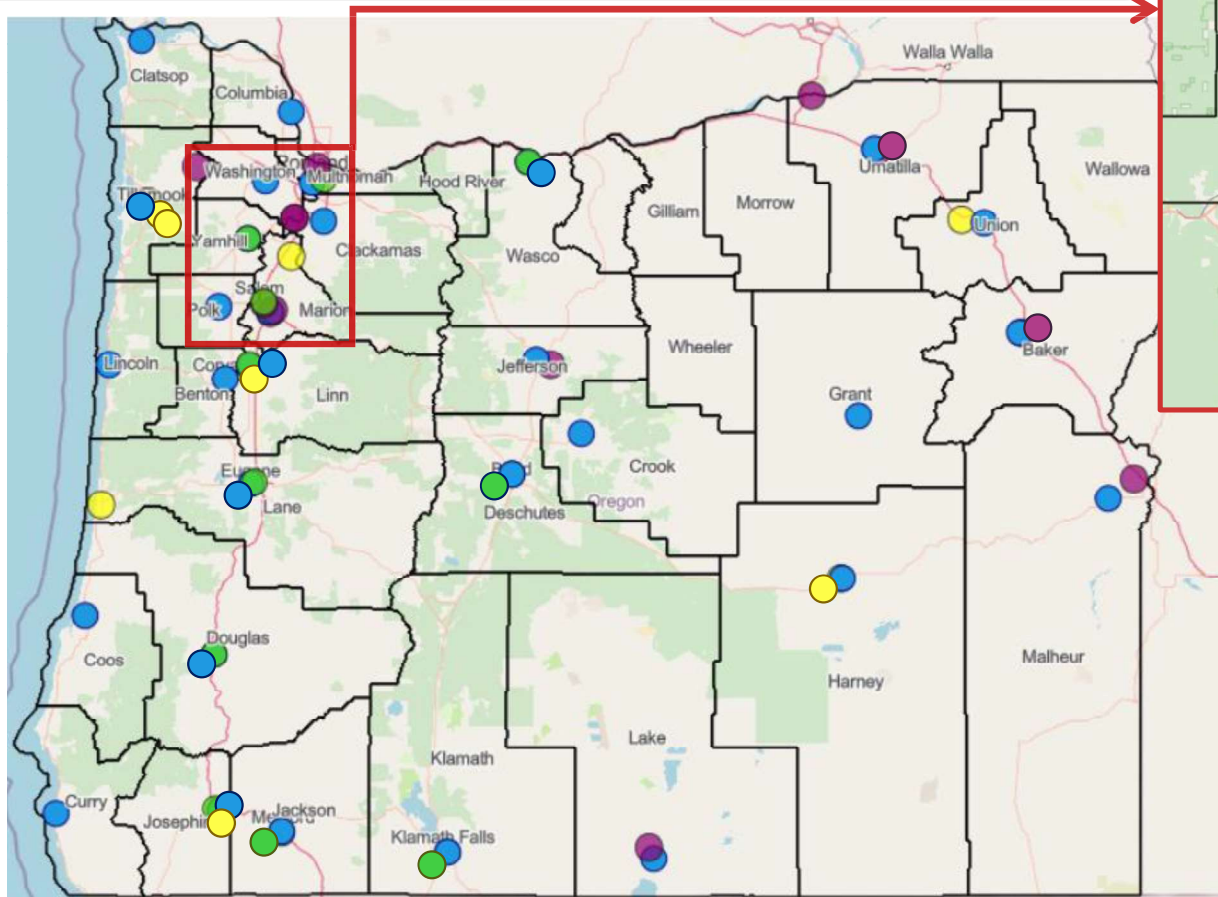
State Prison (DOC)

11

County Youth Detention

8

Oregon Youth Authority (OYA)**



North I-5 Corridor

*Multnomah County Jail and Inverness Jail were combined for the purposes of data collection.

**Jackie Winters and Oak Creek were combined for the purpose of data collection.

Facility Type

- County Jail
- State Prison (DOC)
- County Youth Detention
- Oregon Youth Authority (OYA)

Service Levels

Service Levels	Service Level 1 FCAA	Service Level 2 1115 Reentry Demonstration	Service Level 3 1115 Reentry Demonstration
Services	<ul style="list-style-type: none"> • OHP coverage screening and application assistance • Incarceration date notification • Release date notification to support unsuspension and reactivation of benefits • Targeted case management • Screenings and diagnostics in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements 	<ul style="list-style-type: none"> • Pre-release planning and additional case management services • Medication-assisted treatment (MAT) through medications to treat substance use disorders in addition to behavioral counseling or peer support • 30 days of medications in hand at release (<i>as clinically appropriate</i>) 	<ul style="list-style-type: none"> • Diagnostic services including lab and radiology services • Traditional Health Worker (i.e., peers) Services • Limited clinical consultation services • Prescribed medications and medication administration • Family Planning Services and supplies
Impact to Carceral Facilities	<p>Required for all facilities - <i>eligible population is individuals who are post-adjudicated up to age 21 or former foster care youth up to 26</i></p>	<p>Optional but <u>required for facilities to be eligible for capacity building funds</u> – <i>eligible population is anyone who is incarcerated and eligible for OHP (level 2 &3)</i></p>	<p>Not required, but reimbursed by Medicaid</p>



Delivering Reentry Services to Individuals in Short-Term Stay Facilities

Delivering Reentry Services to Individuals in Short-Term Stay Facilities

Incarcerated Individuals may be held at carceral facilities for a 'short-term'

While facilities are expected to deliver Reentry Health Care Services within the 90 days prior to release, County jails and juvenile detention facilities hold people who are in custody for shorter periods of time (pre-trial).

Average length of stay:

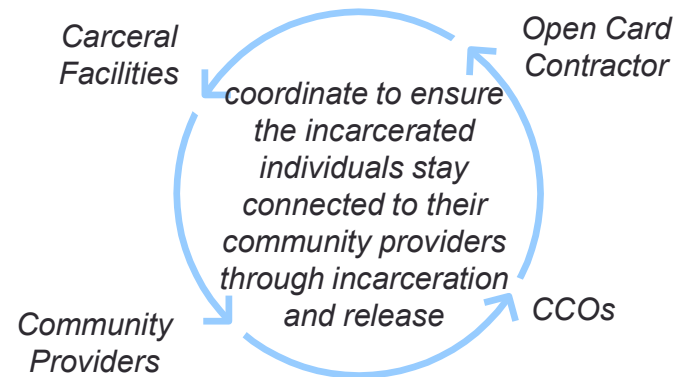
County Jails: 17 days

Juvenile Detention Facilities: 10-12 days



Short-Term Model

The State has developed a **short-term model**, that outlines how carceral facilities, the open card contractor, CCOs, and community providers work together to coordinate and provide care to provide the maximum extent of reentry services.

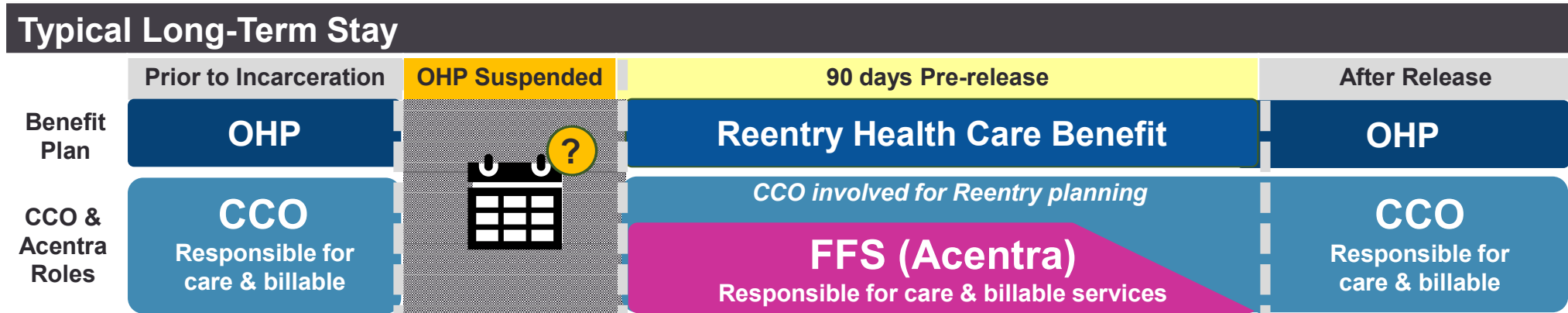
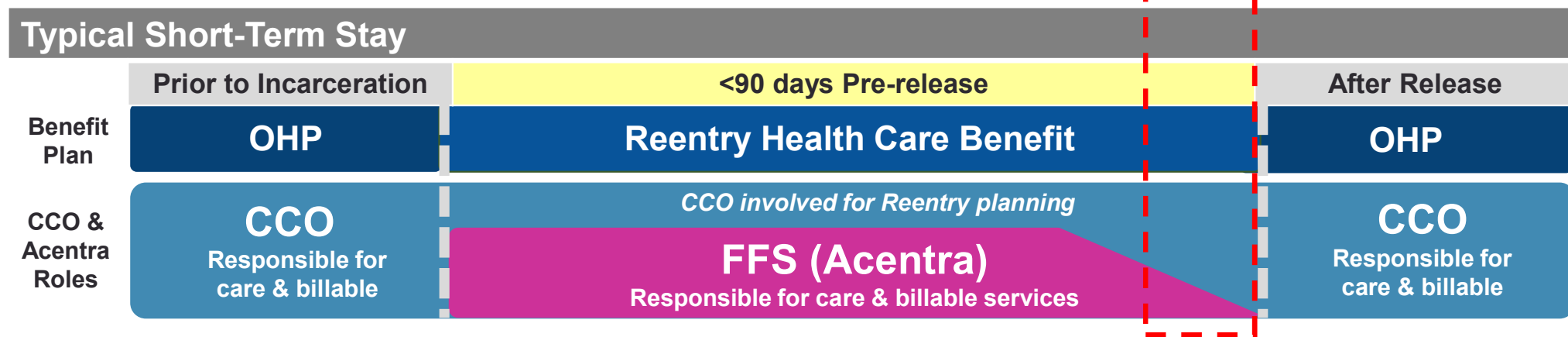




Funding, Implementation and Next Steps

Update: Primary Payer Model

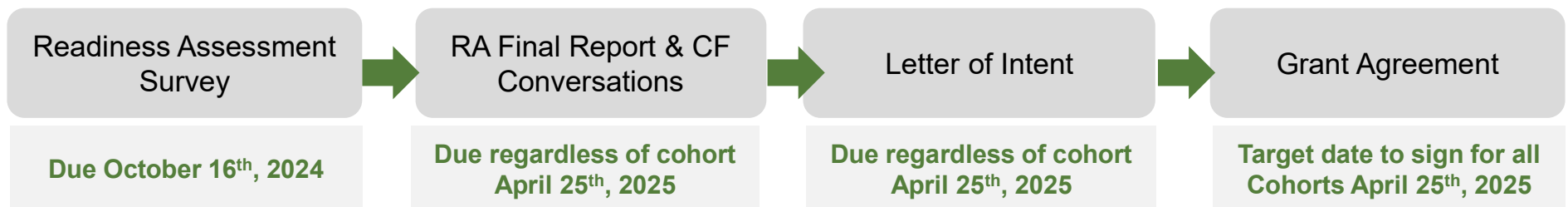
Assumption: Individual on OHP prior to incarceration and CCO member



Capacity Building Funds Are Available to Carceral Facilities and Community Based Organizations

Capacity Building Funds are available to provide **one-time start-up funding** to carceral facilities for the planning and launch of Reentry services.

In the first phase of grant award funding each county facility can request **up to \$1.5M** in funding.



*Additional information regarding phase 2 funding timelines and actions will be shared at a later date.

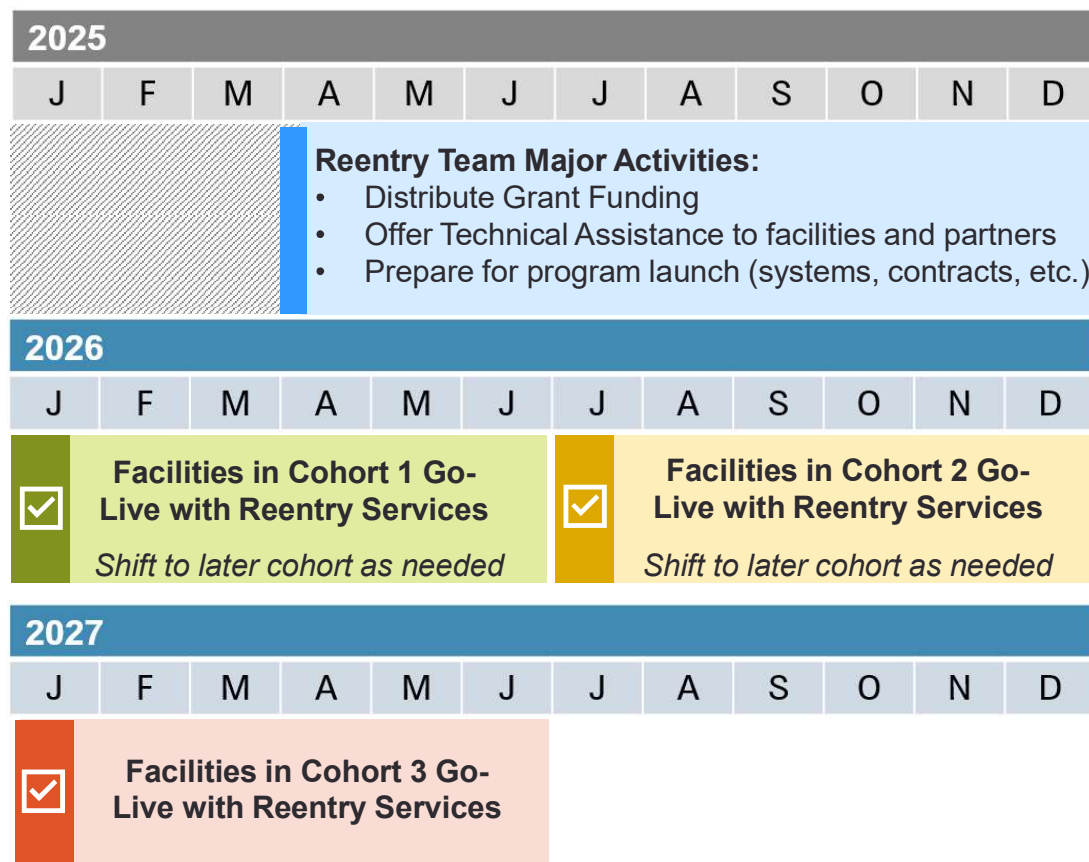
Reentry Health Care Program Timeline

We are planning for 3 cohorts and go-live dates:

Cohort 1	Cohort 2	Cohort 3
1/1/26	7/1/26	1/1/27

We are working with facilities to determine what go-live date works best.

Note: These are target dates and facilities may also go-live on a **rolling basis** depending on their needs.



Ongoing Activities | Carceral Facilities

Where We've Been

September 2024 – January 2025



Facilities (62 of 62) completed the online **Baseline Readiness Assessment** asking questions about the facility's current capabilities across key service areas.

Local health providers completed a survey asking questions about the carceral facilities they currently collaborate with or are interested in working with.



OHA analyzed and **validated** results to inform preliminary go-live cohorts.

Where We Are

Now



The team has been helping facilities complete the **Readiness Assessment Reports, Financial Proposals, and Letters of Intent**.

These materials enable facilities to assess the Capacity Building Funds required to address needs and choose their preferred service level and cohort.



Facilities are formalizing partnerships with local health providers.

Where We're Headed

April 2025 – Onwards



Confirming facilities participation and their Service Levels.

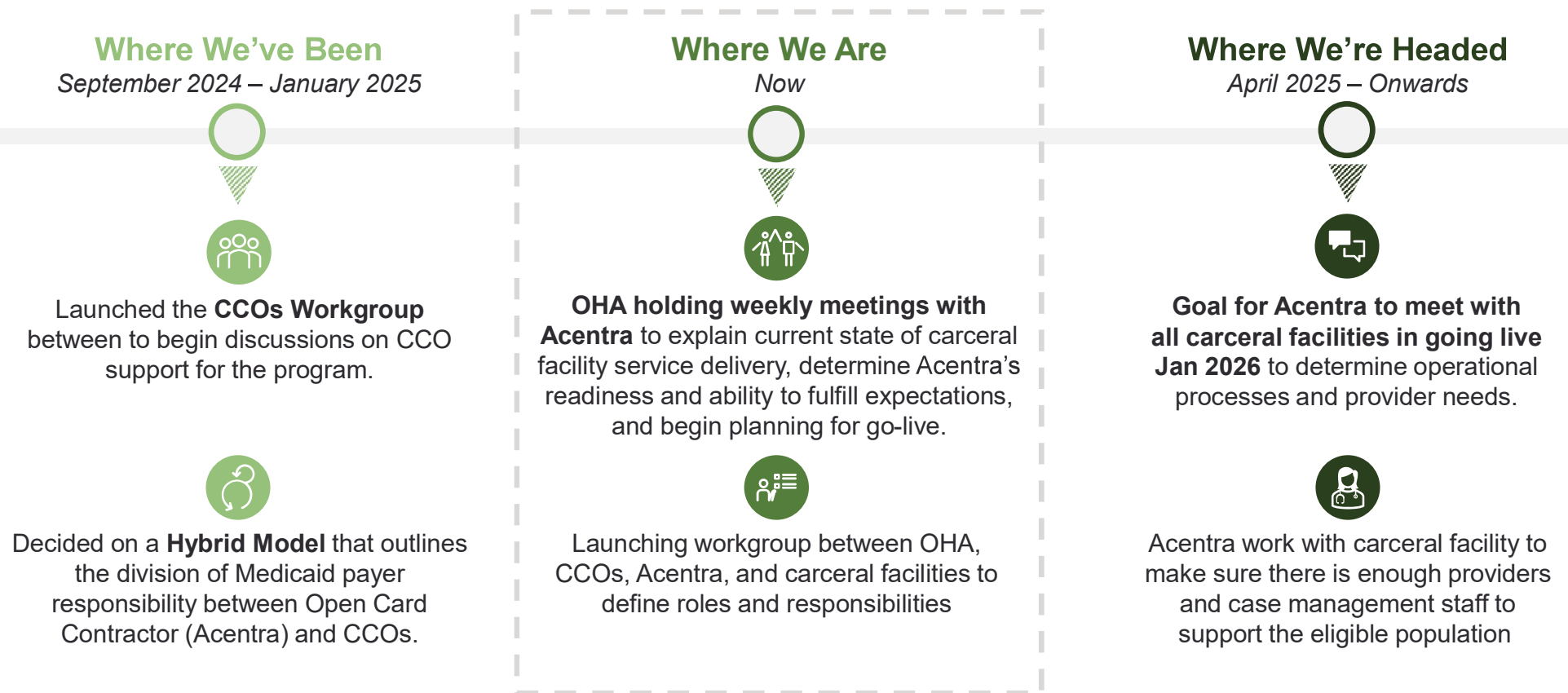


Approving Grant Agreements/Interagency Agreements and **distributing Capacity Building Funds**.



Ongoing technical assistance, engagement, and implementation support.

Ongoing Activities | CCOs and Open Card Contractor (Acentra)



Q&A



Additional Resources



Reentry Health Care Program Website (Now Live!)

To learn more about the program visit the Reentry Health Care Program website:

- <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Reentry.aspx>

For more information specific to **Carceral Facilities and Partners**:

- <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Reentry-Info.aspx>



Publicly Available Technical Assistance Documents

Can be found under the '*Technical Assistance*' dropdown on the [Reentry Health Care Website for Facilities and Partners](#)

- Current Available TA documents include:
 - [Service Definitions](#)
 - [Short-Term Model for Delivering Reentry Services](#)
 - [Medicaid Enrollment Technical Assistance Guide](#)

The Reentry Health Care Website will be updated with additional TA Documents ongoing.

Thank you!

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Chelsea Egbert at chelsea.egbert@oha.oregon.gov or 503-945-5772 (voice and text). We accept all relay calls.



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