



## JUVENILE JUSTICE REFORM:

### ***Medicaid and Protection of At-Risk Youth***

Access to needed healthcare, including behavioral health, is critically important in reducing the risk of recidivism among youth released from detention and residential placement.<sup>1,2,3</sup> The majority of juvenile offenders when screened at detention and similar facilities (up to 75%) struggle with mental illness and other medical conditions, including but not limited to drug addiction, symptoms of trauma, anger, anxiety, depression, and suicidal ideation.<sup>4,5,6</sup> Given that the vast majority of justice-involved youth are eligible for Medicaid,<sup>6</sup> much needed services could be financed by reducing delays in Medicaid enrollment following release. Delays in securing Medicaid significantly impede the reentry process, whereas Medicaid services have the potential to successfully reintegrate prior offenders into communities, preventing recidivism and enhancing public safety.

A number of evidence-based programs that reduce recidivism and generate cost-savings can be made eligible for Medicaid reimbursement, including Functional Family Therapy<sup>7,8</sup> and Multisystemic Therapy.<sup>9,10</sup> Despite the potential for treatment to aid successful reentry and reduce recidivism, many state agencies automatically terminate Medicaid benefits for detained youth and youth placed in juvenile correctional facilities,<sup>4</sup> or allow coverage to lapse during confinement.<sup>6</sup> Very few state agencies attempt to automatically re-enroll Medicaid eligible youth,<sup>4</sup> even for those youth previously enrolled in Medicaid. Terminating Medicaid enrollment upon juvenile detainment or custody requires significant staff time, costs, and delays to secure re-enrollment (which can take 90 days or longer following release).<sup>11,12</sup> Such delays mean that many youth lapse in their psychosocial or medication treatments, which can reverse progress made during confinement and increase youths' risk of reoffending.<sup>11</sup>

Automatic termination of Medicaid enrollment, rather than suspension, is guided by a common misconception about regulations that the federal agencies are attempting to correct.<sup>13</sup> In fact, regulations permit states to suspend Medicaid coverage while the juveniles are incarcerated and reinstate such coverage immediately upon release. Nevertheless, state agencies have been slow to respond. Consequently, prior offenders' continuity in mental health treatment and, in turn, overall public safety are affected by this misunderstanding of regulations over this federal resource. This exacerbates disparities in access and opportunities across communities, making rehabilitation or recidivism, therefore crime or safety, more or less likely depending on where one lives. Legislation that seeks to improve continuity in care via Medicaid enrollment (or re-enrollment) during transitions from institution back into communities, such as efforts around the At-Risk Youth Medicaid Protection Act,<sup>14</sup> has potential to improve fiscal and governmental responses to these issues.

### Highlights

- Access to behavioral and mental health services can reduce recidivism among juvenile offenders, which saves tax dollars and enhances public safety.
- Medicaid has the potential to fund effective services that reduce recidivism, and it is likely that many juvenile offenders are eligible for Medicaid.
- Many states and communities terminate Medicaid enrollment upon youths' confinement, which disrupts reentry and adds administrative burden for processing reenrollment.
- Suspending rather than terminating Medicaid enrollment can improve continuity of care that aids youths' successful reintegration into the community.

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## References & Resources

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