



Connecting Youth

to Substance Use and Mental Health Treatment Upon Release from Detention

This brief is for public safety leaders, state Medicaid agency personnel, and policymakers who work on issues related to youth, juvenile justice, and behavioral health. It explains how states can expedite the Medicaid application process for youth being released from detention and provides examples of how some states have achieved this using a Section 1115 Medicaid waiver.

What are the behavioral healthcare needs of youth in the juvenile justice system?

Children and teens involved in the juvenile justice system have high rates of substance use and mental health disorders:

- 78 percent of youth aged 10 to 17 taken into custody had offenses that were tightly linked to alcohol and other drug use.¹
- 50-70 percent of youth in the juvenile justice system have a diagnosable behavioral health disorder, compared to 9-13 percent of the general population.²
- A majority of detained youth who have a mental health disorder have a co-occurring substance use disorder.³

To address their substance use and mental healthcare needs, these individuals require services while detained and after release.

What challenges do they face in getting services after release?

Jurisdictions seeking ways to connect detained youth to care are likely to face a common barrier—the requirement for parental income information on a Medicaid application. This information can be very difficult to come by at all, and even more difficult to obtain in a timely manner. Often, by the time social workers are able to contact a parent and obtain the information, a youth already has been discharged, and the opportunity for enrollment in time to facilitate care during the transitional period has passed. Many youth are discharged without being enrolled in Medicaid.

Medicaid enrollment prior to release increases the likelihood of engagement in services upon return to the community. Increased continuity of care supports efforts to reduce recidivism and healthcare costs among this population.

How can this barrier be addressed?

Under a Section 1115 Medicaid waiver, states can request that the federal Centers for Medicare & Medicaid Services (CMS) waive certain rules and regulations, permitting coverage of non-traditional services, settings, and/or populations. By including a request to waive the requirement for parental income information on Medicaid applications, which exists under Section 1902(a)(17) of the Social Security Act, justice personnel can enroll youth into Medicaid prior to release, aiding in their ability to connect them to treatment in the community following release.

Several states—including Florida,⁴ Iowa,⁵ Maryland,⁶ and New York⁷—have received approval from CMS to waive this requirement for various identified youth populations in their 1115 waiver applications. States wishing to waive the requirement for detained youth can model a request after these states' waivers, and simply adapt it to youth being released from juvenile detention centers.



To learn more about 1115 waivers, visit the Centers for Medicare & Medicaid Services' website at www.cms.gov.

About the Center for Health and Justice at TASC

TASC, Inc. (Treatment Alternatives for Safe Communities) provides evidence-based services to reduce rearrest and facilitate recovery for people with substance use and mental health issues. Nationally and internationally, TASC's Center for Health and Justice offers consultation, training, and public policy solutions that save money, support public safety, and improve community health.

TASC's Medicaid Policy Series is designed to help leaders maximize the opportunities of Medicaid expansion in order to more swiftly and effectively connect justice populations to healthcare services in the community. The lead author of the series is TASC Administrator of Medicaid Policy and Program Development Sherie Arriazola.

For further information, or to find out about TASC's consulting services, contact:
Ben Ekelund, Administrator of Consulting and Training
bekelund@tasc.org or 312.573.8337

Endnotes

- ¹ National Center on Addiction and Substance Abuse. (2004). *Criminal neglect: Substance abuse, juvenile justice and the children left behind*. New York: Columbia University. Retrieved from <http://www.centeronaddiction.org/addiction-research/reports/substance-abuse-juvenile-justice-children-left-behind>.
- ² Schubert, C. A. & Mulvey, E. P. (2014). *Behavioral health problems, treatment, and outcomes in serious youthful offenders*. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Retrieved from <http://www.ojjdp.gov/pubs/242440.pdf>.
- ³ Teplin, L. A., Abram, K. M., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 60(11).
- ⁴ Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services. (2014). *Demonstration approval*. Retrieved from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/fl/fl-family-planning-ca.pdf>.
- ⁵ Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services. (2016). *Demonstration approval*. Retrieved from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ia/ia-family-planning-network-ca.pdf>.
- ⁶ Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services. (2013). *Demonstration approval*. Retrieved from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/md/md-healthchoice-ca.pdf>.
- ⁷ Centers for Medicare & Medicaid Services, U.S. Department of Health & Human Services. (n.d). *Expenditure authority list: Partnership plan Medicaid section 1115 demonstration*. Retrieved from https://www.health.ny.gov/health_care/managed_care/appextension/partnership_plan/docs/pp_expend_authority_list.pdf.