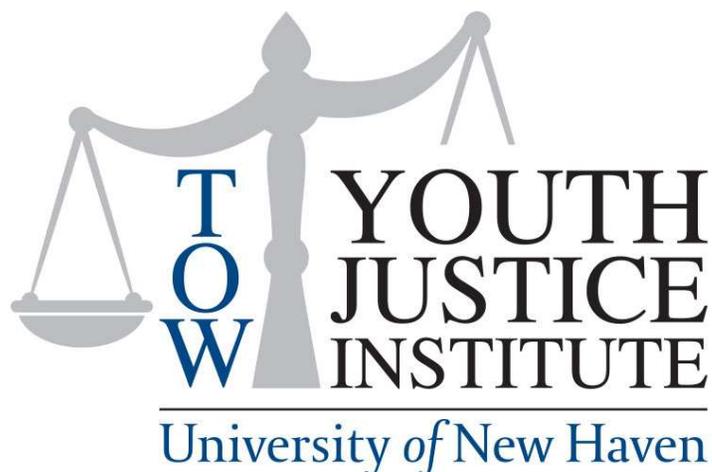


# ***Juvenile Justice Policy and Oversight Committee***

***April 18, 2024 Meeting***

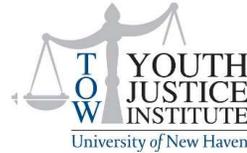
**2:00 PM – 3:30 PM**

LOB- 300 Capitol Ave Hartford, Room 2C / Hybrid



**[SCAN TO SUBMIT YOUR ATTENDANCE](#)**

# Opening Remarks



- Welcome and Introductions – Rep. Toni Walker and Undersec. Daniel Karpowitz
  - Approval of March 2024 Meeting Minutes
  - Announcements
- Overview of Meeting- Erika Nowakowski, Tow Youth Justice Institute

# Meeting Agenda



Department of Social Services; Medicaid  
Waiver Presentation

William Halsey, Deputy Director of Medicaid and Division  
Health Services, DSS;  
Alexis Mohammed, Integrated Care Unit, DSS

CEW Spotlight Presentation

Iliana Pujols, Policy Director, CTJA;  
Janeen Reid, Executive Director, FCYE

JJPOC 2024 Workgroup Workplans

JJPOC Workgroup Chairs



# Justice-Involved 1115 Waiver

April 18, 2024



# Justice-Involved (JI) Waiver History and Background

There is a long-standing prohibition in Medicaid that precludes Medicaid reimbursement for services provided to incarcerated individuals. This is known as the “inmate exclusion.”

In January 2023, California received approval from the Centers for Medicare and Medicaid Services (CMS) to waive the inmate exclusion rule with agreed-upon rules and procedures. In June 2023, Washington received approval for their waiver.

Currently, 84 states have submitted applications to CMS. California’s, Washington’s and, just recently, Montana’s have been approved.

In 2018, Congress passed the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), which required the U.S. Department of Health and Human Services to guide states on how to seek 1115 demonstration authority to waive the inmate exclusion to improve care transitions to the community for incarcerated individuals.

CMS has advised states to align JI waiver applications with what has already been authorized under the California and Washington models if states want an expedited review of their applications.

# Connecticut's Waiver Application

- Connecticut will request waiver authority, via an amendment to the Substance Use Disorder 1115 Demonstration Waiver, to design and implement a “Reentry Demonstration” that provides:
  - Medicaid coverage for eligible individuals in the state correctional system, including all correctional centers (jails and courthouses), and correctional institutions (prisons), and juvenile facilities.
  - Eligible individuals include those with behavioral health needs, including mental health disorders and substance use disorder (SUD), certain other health conditions, and detained youth.
  - Coverage period of up to **90 days** immediately prior to release from the correctional system.
- An initial targeted benefit package to include case management services, medication-assisted treatment for SUD, a 30-day supply of medications upon release, and certain other supportive services being implemented in subsequent phase-ins.

# Demonstration Goals

- Consistent with CMS' goals as outlined in the April 17, 2023, State Medicaid Directors' letter, Connecticut's specific goals for the reentry demonstration are to:
  - Increase coverage, continuity of coverage, and appropriate service uptake through assessment of eligibility and availability of coverage for benefits in carceral settings just prior to release;
  - Improve access to services prior to release and improve transitions and continuity of care into the community upon release and during reentry;
  - Improve coordination and communication between correctional systems, Medicaid systems, including administrative services organizations, and community-based providers;
  - Increase investments in health care and related services, aimed at improving the quality of care for beneficiaries in carceral settings and in the community to maximize successful reentry post-release;
  - Improve connections between carceral settings and community services upon release to address physical health, behavioral health, and health-related social needs (HRSN);
  - Reduce deaths in the near-term post-release; and
  - Reduce the number of emergency department (ED) visits and inpatient hospitalizations among recently incarcerated Medicaid beneficiaries through increased receipt of preventive and routine physical and behavioral health care.

# Proposed Services

## Three core services that must be operational at the start of the waiver:

- Transitional case management (pre- and post-release)
- Medication-assisted treatment (MAT) for substance use disorder
- 30-day supply of medications upon release

## Additional services to be implemented in subsequent phase-ins:

- Physical and behavioral health clinical consultation
- Laboratory and radiology services
- Services by community health workers, to the extent covered under the Medicaid State Plan, including those with lived experience
- Family planning services, including contraceptives and other birth control
- Other services such as medications and medication administration; screening for common health conditions, such as blood pressure, diabetes, hepatitis C, and HIV; rehabilitative or preventive services, including those provided by community health workers; treatment for hepatitis C; and health-related social needs such as housing supports

# Health-Related Social Needs (HRSN)

- CT is requesting to cover certain housing related services and supports for the justice-involved population upon reentry to the community:
  - One-time transition and moving costs (e.g., security deposit, first month's rent, utility activation fees, movers, relocation expenses, pest eradication, pantry stocking, and the purchase of household goods and furniture);
  - Housing deposits to secure housing, including application and inspection fees and fees to secure needed identification;
  - Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators, and refrigeration units as needed for medical treatment and prevention;
  - Medically necessary home accessibility modifications and remediation services such as ventilation system repairs/improvements and mold/pest remediation

# Target Population

## Youth

- All detained youth (under age 19) who are Medicaid eligible – no demonstrated health care need is required

## Adults

- Medicaid eligible
- Meet one of the following health care need criteria:
  - Mental Illness
  - Substance Use Disorder
  - Chronic Conditions/Significant Clinical Condition
  - Intellectual or Developmental Disability
  - Acquired Brain Injury, including Traumatic Brain Injury
  - HIV/AIDS
  - Pregnant/Postpartum

# Services Are Needed

- Approximately 12,000 adults are released from correctional facilities each year
  - It is estimated that 85% of adults will meet the waiver's medical needs criteria
- Approximately 650 adolescents are released from juvenile and community residential centers per year
- According to a 2023 Connecticut Sentencing Commission data report\*:
  - 95.5% of the incarcerated population had at least one or more of the following:
    - A history of mental health disorders,
    - An active mental health disorder requiring treatment,
    - A history of substance use disorder, or
    - An active substance use problem requiring treatment.
  - 80.8% of the incarcerated population had either an active mental health disorder requiring treatment, or an active substance use disorder requiring treatment; 24.5% of the population had both.

\*Connecticut Sentencing Commission. "Mental Health Disorders in Connecticut's Incarcerated Population." (2023)

# Waiver Application vs. Implementation Plan

- California received approval in January 2023 and plans to implement in November of 2024
- Washington received approval in June 2023 and has requested an extension on the submission of their implementation plan
- Montana received approval in February 2024

## **Waiver Application Submission:**

- This is step 1 of numerous steps to secure authority from CMS to implement these services
- Connecticut to submit the waiver application early 2024 to get in the queue as soon as possible

## **Implementation Plan:**

- CMS has at least 90 days to review the waiver application, but it is very likely that there will be extensions based on multiple questions that the state is likely to receive during the review process
- While the application is under review and after formal approval of the waiver, the state agencies will continue to conduct in-depth stakeholder meetings to inform the implementation plan
- The state will continue to seek stakeholder input after the submission of the state's application to CMS

# Federal Budget Neutrality

- CMS requires 1115 demonstration waivers to be budget neutral to the federal government on a per member per month (PMPM) basis
- Any new federal revenue derived from this waiver must be reinvested back into the service system to improve transition services and community-based services for the population
- Under Reentry 1115 waivers, CMS allows states to treat service costs for residents of a correctional facility as if those costs were allowable under Medicaid (called hypothetical costs). The state is not liable for caseload growth for JI services and is held to an aggregate cap for administration and HRSN.



# Federal Budget Neutrality

- All 1115 Medicaid Demonstration waivers are required to be budget neutral to the federal government
  - Budget neutrality means the estimated federal costs under the waiver cannot exceed the estimated cost of the services without the waiver
  - How is this possible when we plan to spend more money, which means the federal government will ultimately spend more money on services?
  - Under the JI waiver, CMS allows states to consider JI costs as hypothetical – as if the state already had the waiver in place – when establishing budget neutrality
- Simple example:
  - Assume the state is currently spending \$10 million on transition care management services for the JI population through state-only funding
  - Under the waiver, those transition care management services become reimbursable under Medicaid, and thus the federal share of those costs is about \$9 million (assuming HUSKY D federal reimbursement at 90%).
  - For budget neutrality purposes, CMS allows the state to include the \$10 million as hypothetical costs, as if we had the waiver, and thus, for the purposes of budget neutrality, the \$9 million in federal costs is under the \$10 million threshold

# Consolidated Appropriations Act

- As part of the Consolidated Appropriations Act, 2023, Congress included sections 5121 and 5122 to address Medicaid and CHIP requirements for certain Medicaid and CHIP beneficiaries who are incarcerated.
- For purposes of Sections 5121 and 5122, an eligible juvenile means the term defined in section 1902(nn) of the Act:
  - A Medicaid eligible individual who is under 21 years of age; and
  - An individual between the ages of 18 and 26 who is eligible for Medicaid under the mandatory former foster care children group.

## Consolidated Appropriations Act: Section 5121

- Under section 5121, state Medicaid and CHIP programs are required to have a plan in place and in accordance with such plan cover:
  - **In the 30 days prior to release**, or within one week or as soon as practicable after release, **certain screenings and diagnostic services** in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements for Medicaid or the approved CHIP state plan, including behavioral health screenings or diagnostic services to **eligible juveniles who are post adjudication** in public institutions; and
  - **Targeted case management services for Medicaid in the 30 days prior to release and for at least 30 days following release for Medicaid, and case management services otherwise available under the approved CHIP state plan in the 30 days prior to release.** This includes referrals to appropriate care and services in the geographic region of the home or residence for the eligible juvenile, where feasible.
- Section 5121(c) also aligns CHIP rules with existing Medicaid rules regarding suspension rather than termination of coverage while a child is an inmate of a public institution and related requirements regarding redeterminations of coverage.

## Consolidated Appropriations Act: Section 5122

- Under section 5122, **States will have the option to provide Medicaid coverage** (of all services to which an eligible juvenile would be entitled absent the inmate exclusion) to eligible juveniles who are inmates of a public institution during the initial period pending disposition of charges and receive federal financial participation (FFP) under Medicaid for such services that are provided.
- Additionally, **in CHIP**, instead of applying the eligibility exclusion at section 2110(b)(2)(A) of the Act, **States will have the option to consider children who are inmates pending disposition of charges as eligible for CHIP** during that time.

# Reentry Success Plan\*

- Recommendation #1: Coordinate and Expand Reentry Supports (YES)
- Recommendation #2: Expand Access to Mentorship
- Recommendation #3: Improve Education Transition Planning and Monitoring
- Recommendation #4: Provide Access to Meaningful Vocational and Employment Opportunities
- Recommendation #5: Address Mental Health Service Gaps and Substance Use Treatment and Recovery Supports
- Recommendation #6: Increase and Expand Transition Supports
- Recommendation #7: Address Barriers to Transportation
- Recommendation #8: Expand Access to Housing
- Recommendation #9: Improve the use of Restorative Justice
- Recommendation #10: Develop a Quality Assurance System and Identify Key Funding Sources for the Reentry Success Plan
- \**"The Connecticut Reentry Success Plan: Recommended Strategies for 2024-2027"*

# Justice-Involved Waiver – Public Hearings and Public Comments

- Written comments were accepted between January 9, 2024, through February 8, 2024
- Three public hearings were held between January 12<sup>th</sup> and February 6<sup>th</sup>
- Connecticut received 38 comments from 10 separate parties between the three public hearings and written comments from the public
- All written comments and responses posted to [\*\*1115 Justice-Involved Demonstration Waiver--Public Hearings and Public Comments \(ct.gov\)\*\*](#)

# Justice-Involved Dedicated Webpage

- For more information on the Justice-Involved waiver please visit [1115 Justice-Involved Demonstration Waiver \(ct.gov\)](#)

# Resources

**CMS Press Release:** <https://www.cms.gov/newsroom/press-releases/hhs-releases-new-guidance-encourage-states-apply-new-medicaid-reentry-section-1115-demonstration>

**State Medicaid Director Letter 23–003:** <https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf>

**California Waiver Special Terms and Conditions for the Demonstration:** <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-cal.pdf>

**The Kaiser Commission on Medicaid and the Uninsured:** <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-cal.pdf>

**Connecticut Sentencing Commission. “Mental Health Disorders in Connecticut’s Incarcerated Population” (2023):** [Mental-Health-Disorders-in-Connecticuts-Incarcerated-Population-1.pdf \(ctsentencingcommission.org\)](https://www.ctsentencingcommission.org/Mental-Health-Disorders-in-Connecticuts-Incarcerated-Population-1.pdf)

# Questions?



# COMMUNITY EXPERTISE WORKGROUP

## Spotlight Presentation

April JJPOC Meeting, 2024





# BACKGROUND

The Community Expertise Workgroup (CEW) was created in 2019 as a work group of the JJPOC. This work group was created with the intent of supporting youth, parents, and community members to build the capacity, skills, and confidence to engage in the ongoing work of the JJPOC.



# MEMBERS

## Connecticut Justice Alliance



Youth-adult partnership using organizing, advocacy, and policy tools to protect the rights, futures, and well-being of potentially, currently, and formerly incarcerated youth

## Full Circle Youth Empowerment



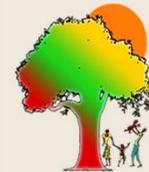
Empower, support and encourage marginalized youth, in Fairfield County, to become self-sufficient and successfully transition into adulthood

## Center for Children's Advocacy

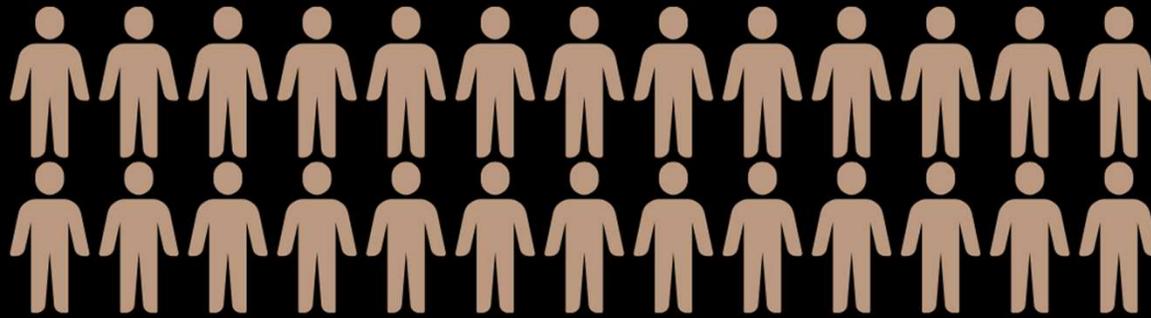


Provides legal representation and advocates for system reforms to ensure at-risk children's basic needs are met and they receive appropriate services from all systems

## AFCAMP Advocacy for Children



Educate, empower, and engage parents and community to improve the quality of life for children at risk of education inequity or system involvement



IN TOTAL, THE CEW HAS ABOUT 26 ACTIVE MEMBERS  
ENGAGING IN THE WORK OF THE JJPOC IN A RANGE OF  
CAPACITIES



## ALIGNED AREAS OF INTEREST

All CEW organizations share the following aligned areas of interest:

- Removing youth from DOC
- Investing in mental health services
- Raising the minimum age of arrest
- Developing effective diversionary programs
- Supporting families of incarcerated youth
- Improving conditions of confinement
- Expansion and investment of re-entry services
- Addressing root issues to divert kids away from the legal system
- Organizing to transform youth justice policies and practices
- Implementing effective restorative justice statewide as a best practice for all juvenile matters



## CEW 24-25 PRIORITIES

There are 3 goals the CEW is focusing on this year:

1. Appoint youth to fill the newly created voting seats passed in last year's legislation
2. Build leadership capacity for directly impacted youth, families, and community members
3. Engage incarcerated youth and directly impacted families and community members in the ongoing work of the JJPOC





# WHAT WORK IS THE CEW DOING TO ACHIEVE ITS GOALS?

1

- Working to identify youth interested that reside in Rep. Fishbein and Rep. Stafstrom's district to initiate recommendation
- Engaging youth to participate in the JJPOC meetings

2

- Accessing youth in facilities for programming and informational pipeline
- Leading youth-led community based advocacy projects
- Developing a strong youth-adult partnership model that prepares young leaders to participate in spaces like the JJPOC
- Engaging youth in legislative session

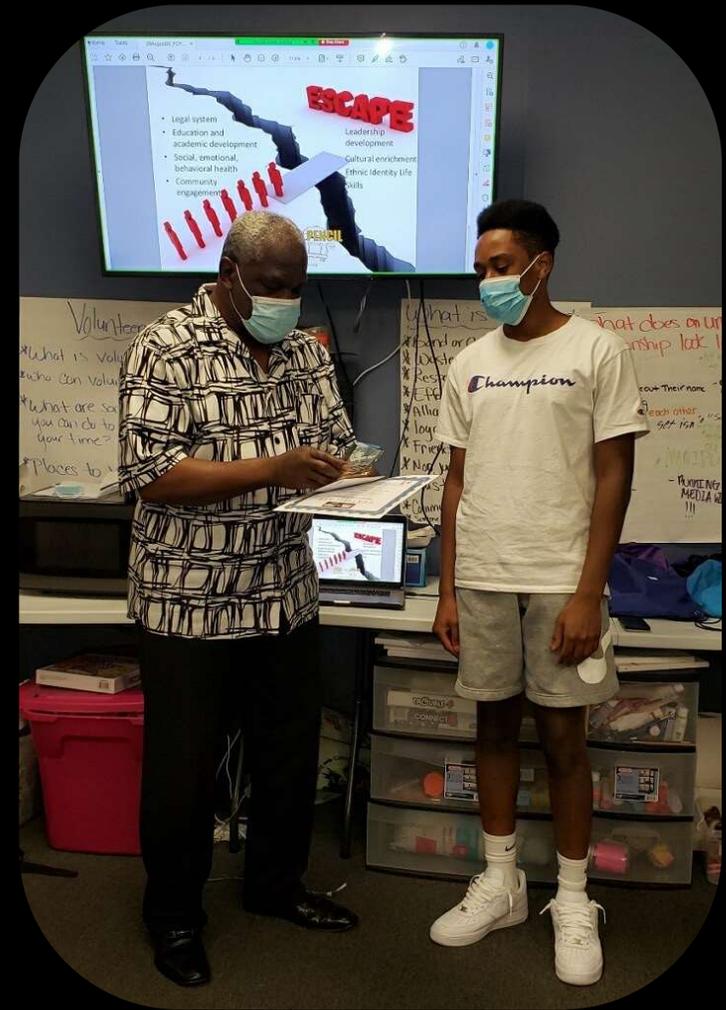
3

- Host ongoing discussions with incarcerated youth to inform the ongoing work of the JJPOC and organization priorities
- Recruiting directly impacted members to support and engage
- Working with Laura Furr, JJPOC consultant, to develop strong CEW framework



# HOW CAN THE JJPOC SUPPORT THE CEW GOALS?

The following slides include ways the JJPOC members, workgroups, and subcommittees can help the CEW accomplish its goals.





## GOAL 1:

### APPOINT YOUTH TO FILL THE NEWLY CREATED VOTING SEATS PASSED IN LAST YEAR'S LEGISLATION

1. Facilitate communication with Rep. Fishbein and Rep. Stafstrom to appoint youth recommended by the CEW to fill the vacant member seats
2. Work with the CEW to identify preferred criteria for nominated youth





## GOAL 2:

# BUILD LEADERSHIP CAPACITY FOR DIRECTLY IMPACTED YOUTH, FAMILIES, AND COMMUNITY MEMBERS

1. Work with DOC, JBCSSD, and the CEW to maintain consistent access to facilities and programs where youth are held
2. Support CEW members with ad-hoc training on JJPOC workgroup priorities and related topics





## GOAL 3:

### ENGAGE INCARCERATED YOUTH AND DIRECTLY IMPACTED FAMILIES AND COMMUNITY MEMBERS IN THE ONGOING WORK OF THE JJPOC

1. JJPOC members continue serving as youth partners to support the engagement of youth currently attending the JJPOC
2. Work with the DOC, JBCSSD, and the CEW to get incarcerated youth virtually engaged in the JJPOC and its workgroups
3. Supporting CEW members to train and prepare incarcerated youth to engage in the JJPOC and its workgroups





“

## Nothing about us without us

communicates the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy

”





# THANK YOU!

Please feel free to contact the CEW co-chair or TYJI for any interest in supporting the work of the CEW or any further discussion.

Janeen Reid, Full Circle Youth Empowerment: [jreid@fcyecenter.org](mailto:jreid@fcyecenter.org)



# Incarceration Workgroup

## Co-Chairs: Sharmese Walcott & Tammy Nguyen-O'Dowd

### Strategic Priorities

- Regular review of DOC Chemical Agent Reports
- CT Reentry Success Plan: Oversee and monitor plan construction
  - Expansion of credible messengers
  - Workforce alignment recommendation
- Status Update of JBCSSD Implementation Plan

### Governance Structure - Subgroups

- Commissary
  - Update on PBIS implementation
  - Status Update on increase in indigent threshold and implementation of comparable JBCSSD quantity and quality hygiene care packages
- Reentry
  - Reentry Success Plan Quality Assurance Framework Development
  - Reentry Success Plan Funding Section Development

### Project Deliverables

- Reentry Subgroup Fiscal and QA Framework due November 1, 2024

# Education Workgroup

## Co-Chairs: Amy Vatner & Robyn Porter

### Strategic Priorities

- Regular Updates from DCF-JJEU
- Follow Up on 2018 legislation involving C-TECS
- Receive regular Updates from 119K Commission and School Discipline Collaborative
- CSDE Updates on Alternative Education Opportunities report, and 2022 legislation

### Governance Structure - Subgroups

- Truancy
  - Review past legislation and redesign measuring success
- Suspension and Expulsion
  - SB 380 Update
    - Review Violent and Sexual Nature Statute, for Pre-k-2
  - Standards for interventions during in-school suspensions

# Racial and Ethnic Disparities Workgroup

## Co-Chairs: Hector Glynn & Derrick Gordon

### Strategic Priorities

- Partner with the Education Workgroup regarding JJEU oversight
- Partner with the Diversion Workgroup on re-imaging Diversion
- Receive updates from CCA's local RED Workgroup Meeting Updates
- Continue the development of the Equity Dashboard
  - Discuss additional measures
  - Regular in-depth data review of towns and cities in CT

### Project Deliverables

- Equity Dashboard Guidebook, development in partnership with Center for Children's Law and Policy (CCLP)

# Diversion Workgroup

## Co-Chairs: Lisa Simone & Thea Montanez

### Strategic Priorities

- Build off of work to date with emphasis on infrastructure & standardization
- Expand stakeholder engagement
- Develop near term, tangible resources for cities and towns

### Governance Structure - Subcommittees

- Alternatives to Arrest
  - Pre-arrest Diversion Plan - Due July 1, 2024
- Raise the Age
  - Identify data collection points to understand impact of raising the age from 7 to 10 years old
- Truancy
  - Transition to Education Committee with participation from Diversion Workgroup member(s)

### Project Deliverables

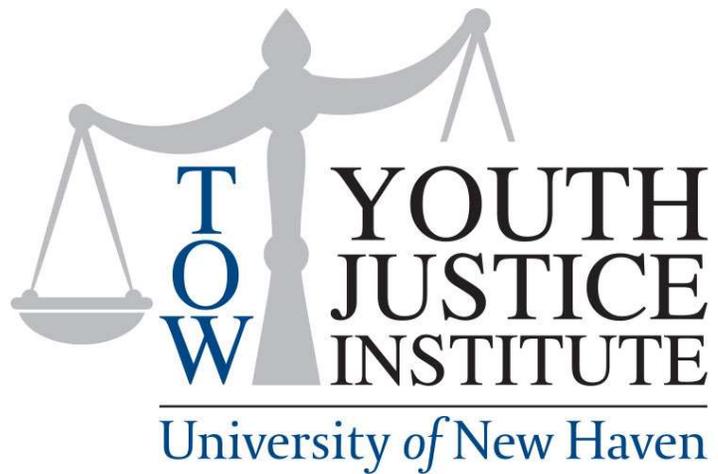
- Diversion Playbook, development in partnership with Center for Children's Law and Policy (CCLP)
- CYSA's JRB Pilot Update - July JJPOC Meeting
- CYSA's JRB and YSB Outcome data - July JJPOC Meeting

# Cross Agency Data Sharing Workgroup

Co-Chairs: Brian Hill & Maurice Reaves

## **Strategic Priorities**

- Support Workgroups with Agency Data Requests
- Support agencies with JJPOC spotlight presentations
- Discuss P20WIN and Equity Dashboard projects and capacity



Next Meeting  
**May 16, 2024**