15-minute Presentation

Title: Healthcare Utilization and Opioid Overdoses Among Post Release Justice-involved Massachusetts Medicaid Members: A 5-Year Review

Abstract
Background:
Justice-involved individuals are at high risk for opioid overdoses post-incarceration.
Methods:
Massachusetts Medicaid claims and state agency data: 2011-2015.
Results:
Nearly 80% of justice-involved persons with an opioid overdose (fatal or non-fatal) have co-morbid SUD and SMI diagnoses compared to 48% of justice-involved persons without an overdose. Among the dually-diagnosed, overdoses were double the Medicaid population overall. While overdose risks changed little post-release, service utilization increased. Evaluation/management services increased from 33% at 3-months to 56% at 12-months. Increased service use was also seen in the ED (22% to 44%), outpatient behavioral health (14% to 28%), inpatient behavioral health (3% to 8%), and substance use residential rehabilitation (4% to 10%).
Conclusion:
Understanding factors related to opioid overdoses and identifying gaps in service utilization are key.

Objectives
1. Participants will be able to identify risks associated with fatal or non-fatal opioid overdoses comparing at-risk Medicaid populations to the general Medicaid membership.
2. Participants will be able to identify service utilization gaps and opportunities to address those post-incarceration.
3. Participants will be able to describe costs associated with opioid overdoses among justice-involved persons compared to the general Medicaid membership with particular regard to persons with substance use disorders and/or serious mental illness.

Rationale/Importance
MassHealth members considered to be high risk (e.g., those experiencing homelessness, those with unstable housing, and those who were criminal justice-involved) are often in need to support services, especially among those with extensive behavioral health needs. As payment reforms continue to evolve under the umbrella of accountable care organizations, behavioral health community partnership models will be key for collaborating with health care providers, social service providers, and other resources in the community in order to perform care management, care coordination, and referrals to community and social supports. Our study initially developed an in-depth descriptive analysis of individuals with substance use disorders (SUD), significant mental illness (SMI) or both who identified as being at high risk for an opioid overdose. Understanding the service trajectory and outcomes of these target at-risk populations was deemed critical for Massachusetts Medicaid’s planning and prioritizing services to be conducted by community partners. Current analyses include assessing key behavioral health service indicators and the timing of services delivered both before and after an opioid overdose (i.e., ‘before’ for fatal overdoses and ‘before/after’ for non-fatal overdoses) to understand potential missed opportunities for intervention. As payors are actively making decisions about effective systems of care, they are particularly interested in understanding the need for community-based and residential services with an emphasis on those with housing instability and/or criminal justice involvement.