

# Strengthening behavioral health for people leaving incarceration and for people experiencing psychosis

*Coordinated support for people leaving jails and prisons will reduce preventable deaths, improve continuity of care, advance racial equity and strengthen public safety.*

## Challenges

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Each year, approximately 5,000 to 6,000 people are released from Minnesota state prisons, and an estimated 100,000 people cycle through county jails. When people reenter the community, their risk of dying from an overdose is more than 15 times higher than the general population for people leaving jail, and over 28 times higher for people leaving prison. Improving support during this high-risk transition period can prevent deaths, improve health outcomes and reduce recidivism.

Meanwhile, three of every 100 people will experience an episode of psychosis in their lifetime, with potentially debilitating symptoms. Untreated psychosis lowers the chances of recovery or reduced symptoms. Early intervention is critical and can change lives.

## Proposals

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The first proposal provides services to youth and adults leaving incarceration for 90 days after release, when the risk of preventable overdose and suicide deaths peaks. Minnesota is already working on a Medicaid demonstration project to provide health services in prisons and jails for 90 days before community reentry. Pending federal approval, a Medicaid benefit for pre- and post-release case management will begin in January 2028, helping to bridge the gap between incarceration and community stability.

The second proposal creates a new Medicaid benefit, Coordinated Specialty Care, for people experiencing early episodes of psychosis or a serious mental illness. Coordinated Specialty Care is an evidence-based model that promotes access to care and shared decision-making among specialists, the person, and family members.

## Why It's Important

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Minnesota doesn't currently have a Medicaid benefit for coordinated case management during the critical transition from incarceration to community. For people leaving prisons and jails, interruptions in care and unmet needs fuel preventable deaths, health inequities and recidivism.

Creating a Medicaid benefit for people leaving incarceration will reduce preventable overdose and suicide deaths, improve continuity of care by linking people to benefits and providers before release, advance racial equity for Minnesotans disproportionately impacted by incarceration, and strengthen public safety by supporting successful reentry. The proposal reflects the priorities of the Reentry Services Work Group and aligns with Minnesota's Medicaid Reentry Demonstration project.

### Health needs of youth in the juvenile justice system

A 2023 federal law mandates a new Medicaid service for youth in jails and prisons, including screening and case management services. The current proposal includes services tailored for incarcerated youth with complex physical and/or behavioral health needs, including annual preventive health visits.

Many incarcerated youth have significant health care needs, including tuberculosis, dental problems and sexually transmitted infections such as HIV. About two-thirds of justice-involved youth have a diagnosable mental health condition or substance use disorder. Untreated behavioral health needs for youth contribute to the likelihood of future offenses. Early treatment of youth mental health and substance use disorders has been shown to effectively divert youth out of the justice system.

### Coordinated Specialty Care for psychosis

For people within a couple of years of first experiencing psychosis or a serious mental illness, Coordinated Specialty Care has been shown to reduce hospitalizations and symptoms and improve education, employment rates, social connections and relationships. Individuals receiving Coordinated Specialty Care are more likely to stay engaged in treatment and have a higher quality of life. Some people who receive early treatment may never experience another episode of psychosis. For others, recovery means the ability to live a fulfilling and productive life while managing symptoms.

Currently, Coordinated Specialty Care teams in Minnesota rely largely on grant funds, limiting the scope of the service. Creating a Medicaid benefit will ensure that care is accessible statewide, increase the number of people served and allow new providers to offer care. Providing Coordinated Specialty Care as a Medicaid benefit will also streamline administration and improve the state's ability to monitor services provided.

## For More Information

[Federal Compliance: Access to Services for Incarcerated Individuals](#)  
[Increasing Mental Health Supports: Coordinated Specialty Care Medicaid Benefit](#)