

Expanding Treatment: How the Affordable Care Act Can Impact Criminal Justice Systems

July 29th, 2013
3:00-4:00 p.m. ET

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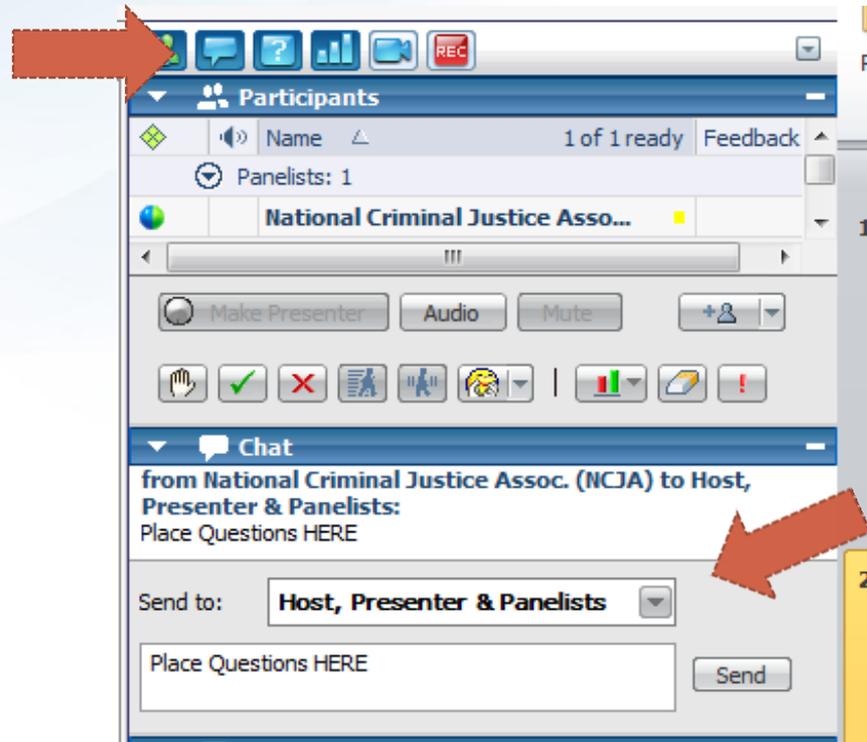
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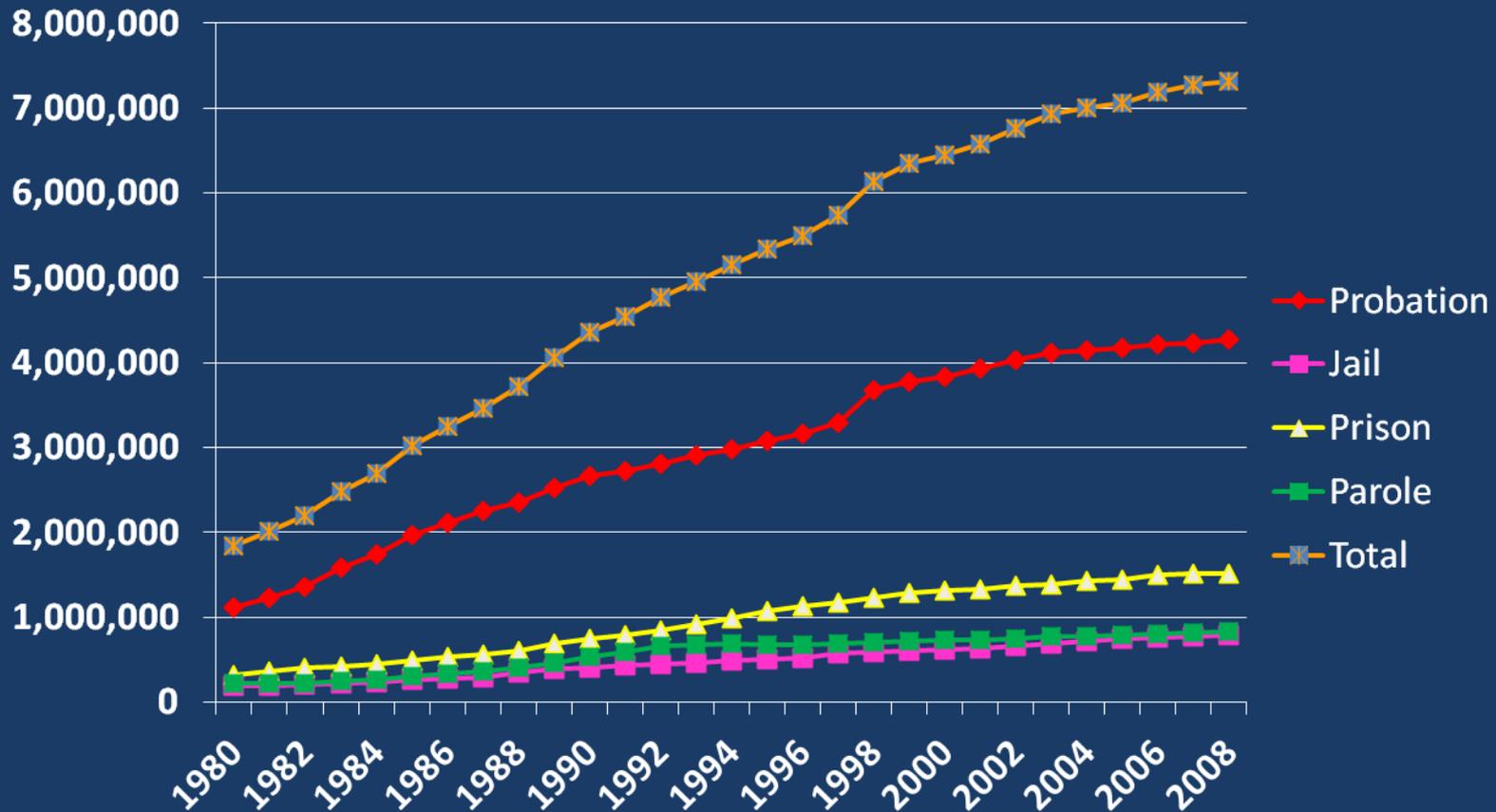
What We'll Cover Today

- Where does implementation of health reform intersect with the justice systems interests?
- Role of Justice Administering Agencies in facilitating cross-system planning
- Examples of proactive planning going on now to leverage these resources in Illinois

Expanding Treatment: How the Affordable Care Act Can Impact Justice Systems

Presented to the National Criminal Justice Association
Webinar - July 29, 2013

Adults Involved in CJS in the U.S.



Sources: Bureau of Justice Statistics, Correctional Surveys, as reported by the Pew Trust, "One in 31" (2009).

IASC INSTITUTE FOR CONSULTING AND TRAINING

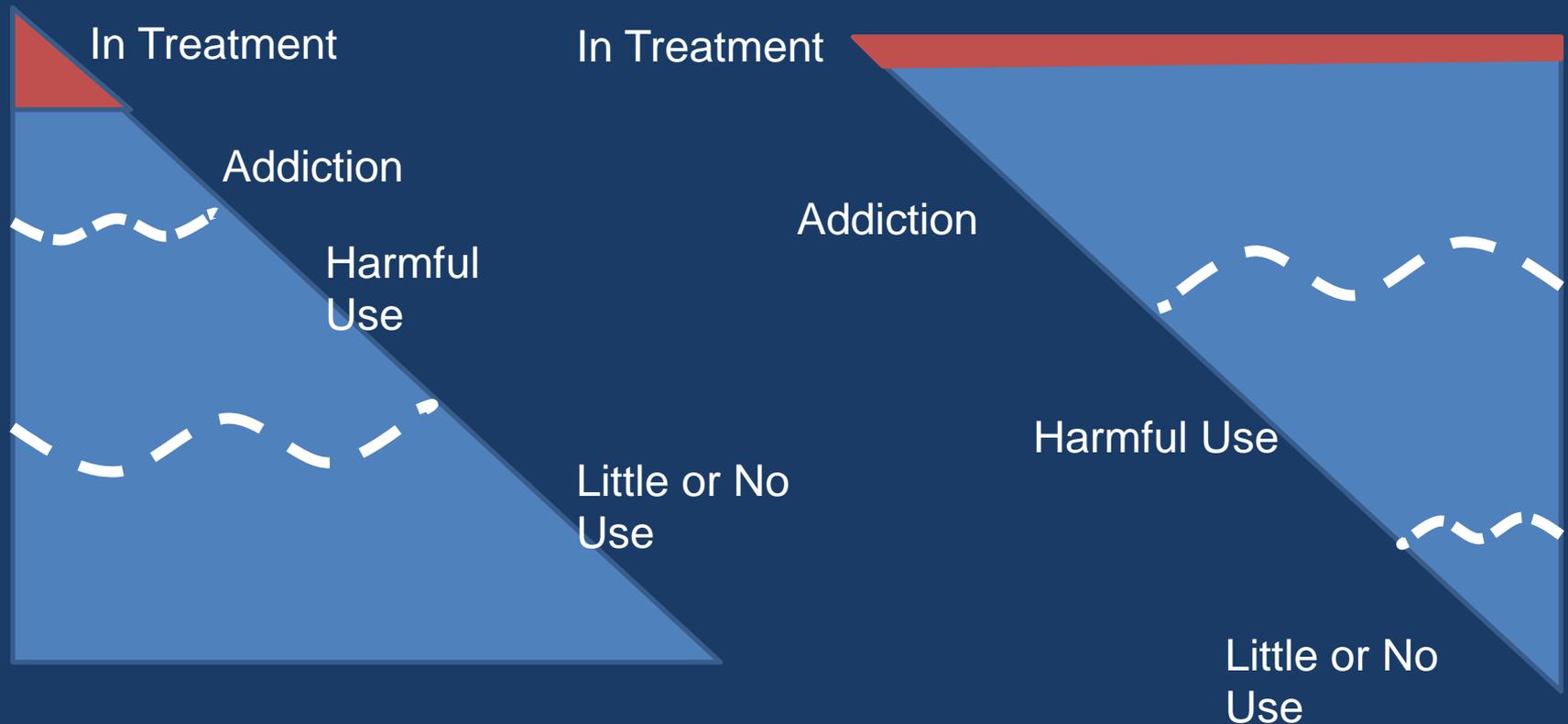
the States, Bureau of Justice Statistics

General Population vs. CJS

General Population*

Based on Dr. Tom McClellan's work (TRI)

Criminal Justice



Other Chronic Conditions More Widespread Than in General Population

- Much higher rates of serious mental illness
 - Over 10%
- Higher rates of chronic medical conditions
 - Diabetes, Heart Disease, Asthma, Cancer, HIV
- About 10% have insurance
 - Medicaid/disability, All Kids, Family Care
 - Private Insurance

What is the Affordable Care Act?

- We're focusing on one aspect:
 - Expansion of Medicaid for low-income adults regardless of disability (up to 133% FPL)
 - Access to subsidized insurance through Health Insurance Exchanges (134-400% FPL)
- Creates broad access to insurance/care
 - Mental health and substance abuse services required
 - Opportunity to shift from programs to system-level interventions and create comprehensive linkages between criminal justice and community behavioral health

ACA Creates the Conditions for:

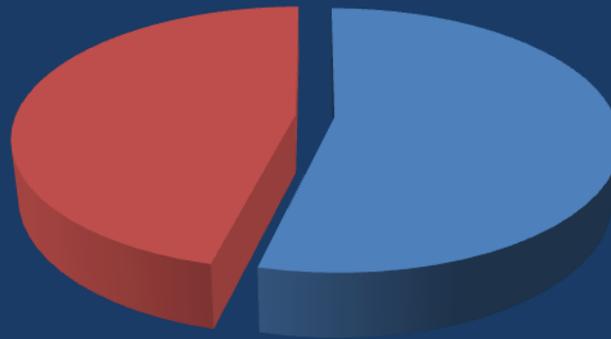
- UNIVERSAL interventions for substance abuse and mental health problems vs. program-by-program progress
- End to long waiting lists and limited access to care

There are challenges, but this is really new and potentially very important to the justice system

CJS Population Will Be A Large Part of the “Newly Eligible” in 2014+

New Medicaid Enrollees in Illinois beginning in 2014

Justice Involvement
300,000
(approx.)



No Justice Involvement
350,000
(approx.)

Illinois is expecting 500,000 – 800,000 new Medicaid enrollees beginning in 2014

Note: Chart reflects the median range of 650,000 total new enrollees

Justice involvement includes:

- Jail bookings
- On Felony Probation
- Released From Prison

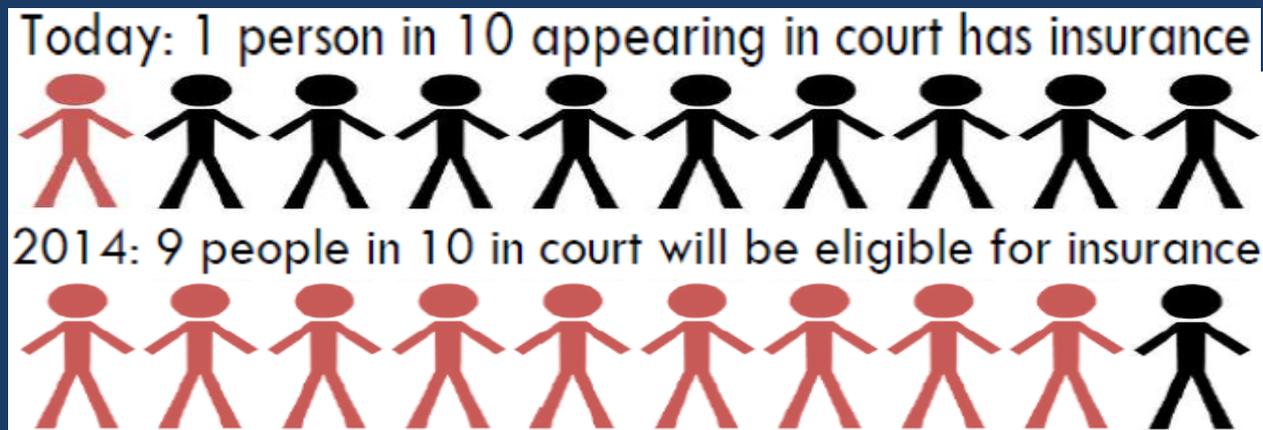
Sources: Illinois Criminal Justice Information Authority (2008); Illinois Supreme Court (2009); Illinois Department of Corrections (2009)

The Promise of Health Care Reform

Won't solve all challenges, but...

➤ Unique opportunity for significant change on a broad scale

➤ Near universal coverage for low income adults



➤ Address gaps in services

➤ Eliminate long waiting lists

➤ Developing unified systems with single point of access to care – improve outcomes, increase competitive position

Opportunity: Courts & Probation

- Reduce violations and new arrests due to untreated substance use and psychiatric disorders
- Gain these results across all probationers, not just in smaller “demonstration” programs
- For specialty courts:
 - Better access to timely treatment
 - Opportunity to focus on high risk/high need probationers
 - Important leadership role for specialty courts in system planning

Opportunity: Jails

- Reduce “frequent fliers” due to untreated substance use and psychiatric disorders
- Reduce jail health care expenditures related to chronic medical conditions
- Reduce spending on hospitalizations
 - Medicaid covers hospitalizations over 24 hours
- Opportunity: Reduce incarceration through increased diversion to treatment with pre-trial supervision

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Jack Cutrone

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ACA: Why should CJ partners care?

Justice System Cost Savings

- Medicaid Treatment Dollars
- Alternatives to Incarceration
- Reduced Recidivism
- Improved Continuity of Care within Reentry

Resource Realignment

New Justice System Partners

- Increase in Treatment Providers Within the CJ Arena
 - Problem Solving Courts, Pre-trial Services, Juvenile Justice Systems, Probation, etc.
- Increased Planning & Coordination
 - Criminal Justice and Behavioral Health Systems
 - Justice Systems and State Medicaid Boards
 - Justice Systems and State Health Insurance Exchanges
 - Justice Systems and the Treatment Provider Communities

Impacted Elements of the Justice System

Pretrial Services

- Courts, Prosecution and Defense

Problem Solving Courts

- Courts, Prosecution and Defense

Alternatives to Incarceration and Community Corrections

- Courts, Prosecution and Defense, Probation, Juvenile Justice, Law Enforcement

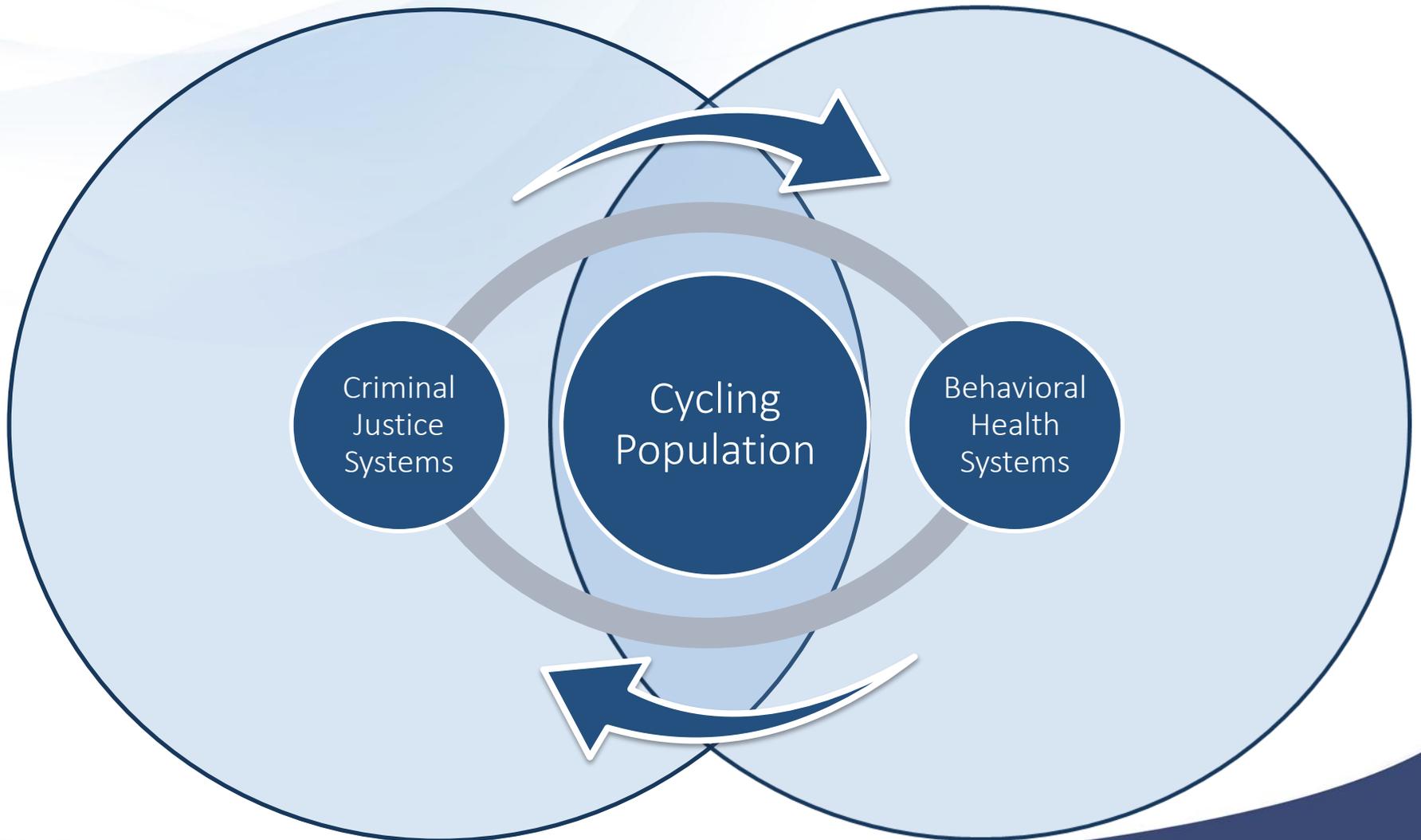
Corrections

- Reentry Planning and Benefits Management
 - Continuity of treatment

Reentry

- Parole, Probation, Juvenile Justice Systems, CBO's/Non-Profit Service Providers, Law Enforcement

System Interaction



SAs, CJ Leaders & Professional Associations

Get Involved

- Reach Out to Your State Medicaid Office
- Reach Out to State and Local Health and Mental Health Agencies

Knowledge Transfer and Dissemination

- Share Information with Stakeholder Communities
- Share Information Between Systems

Planning

- Expand Planning Partners
- Planning Across CJ and Behavioral Health Systems
- Situational Awareness
 - Treatment System Capacity

Thank You

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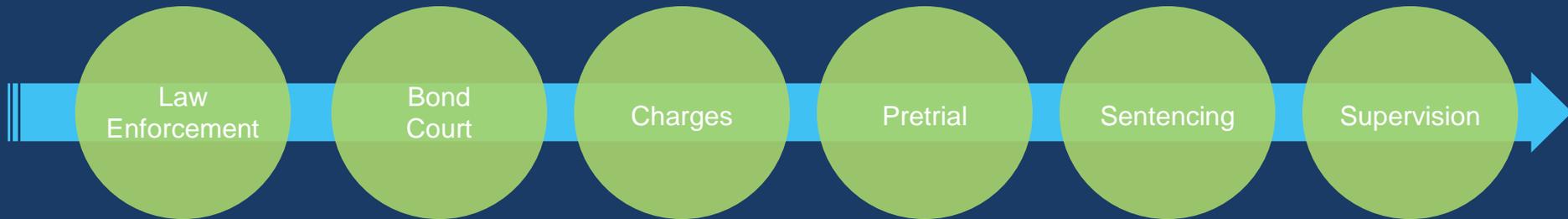
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Why is Collaborative Planning Needed?

- Justice agencies can be siloed from each other...
- Few agencies successfully link all people in need of care with treatment in the community...
- Health care systems and payers do not currently partner with justice agencies in many states and counties...
- Building intentional, systemic partnerships that change the way full systems do business requires leaders to agree to work together
 - Don't overlook the convening power of justice leadership!

Collaborative Planning Goals

- Create access at each point along the justice continuum



- Align agency resources to facilitate participation:
 - Universal Medicaid enrollment in all settings
 - Universal screening / linkage to needed services in all settings
 - Expanded community capacity to provide substance abuse, mental health and medical treatment

Needed: Infrastructure for coordinated care

- Recovery-focused continuity of care
- Good continuity and solid linkages from jail to community
- Shift framework from acute episodic treatment to sustainable chronic disease management
- Support long-term, durable recovery, not just cessation of use

Structure of Health System Changes Requires Coordination:

Statewide Medicaid Expansion (26 States Proceeding January 2014)	Health Insurance Marketplace (All states will have HIMs)
<p>Primary care Hospitalization Medications Mental health services Substance abuse services</p>	<p>Primary care Hospitalization Medications Mental health services Substance abuse services</p>
<p><u>How care is organized:</u> Fee-for-service OR Medicaid managed care with provider networks</p> <ul style="list-style-type: none"> • Prior authorization • Medical necessity • Not all needed services will be reimbursed 	<p><u>How care is organized:</u> Numerous health plans Commercial insurance</p> <ul style="list-style-type: none"> • Provider networks within each plan • Prior authorization • Medical necessity

Collaborative Planning Underway in Illinois

Illinois Governor's Health Care Reform Implementation Council: WJP

- Began through Illinois Criminal Justice Information Authority (ICJIA) Strategic Planning Process
- Recognizing the large numbers of newly eligible people who are under CJS supervision AND the benefits states and counties can gain through decreasing incarceration
- Developed Working Group On Justice Populations Steering Committee: ICJIA, HFS/Medicaid, Human Services (MH, SA Services), TASC
- Initial education with justice agencies 2011
- Pilot planning projects with county probation departments
- Governor's Office submitted TA request to BJA

Health & Justice Agencies are Currently Working Together On:

- Building systems to enroll people under justice supervision:
 - People leaving the Illinois Department of Corrections (prior to release)
 - People leaving jails (prior to release)
 - People under probation/parole supervision
- Engaging probation departments in enrollment
- Engaging sheriffs & jail administrators in enrollment

Materials Under Development:

- System maps to describe enrollment steps and options
- Strategic planning materials for department leaders
- Educational materials and “job aids” for individual officers

Statewide Meetings for Justice Agencies & Community Partners

- Organized by court circuits - Six trainings in August & September
- Participants – Leaders from:
 - Judiciary
 - Probation
 - Sheriff/Jail
 - Mental health & substance abuse providers
 - Health departments, other community agencies
- Funded by Illinois Criminal Justice Information Authority

County Level Justice & Health System Planning

Needed to Integrate Systems
Locally and Maximize Local
Benefits

Justice & Health Initiative: Chicago

- Presiding Judge Paul P. Biebel, Jr. convened this planning process
- CJS stakeholders
 - Court, Probation, Jail, SAO, PD
- Health System stakeholders
 - CCHHS, Substance Abuse, Mental Health & Medical providers, Foundations
- Funded by Chicago Community Trust
- Began August 2012

JHI History & Context

- Immense scope and unmet need
 - 65,000 jail admissions
 - 40,000 on supervised probation; 19,000 on parole
- 78% have no insurance
 - Single men not a Medicaid priority population
 - This is true in most states
- Community treatment decimated by budget cuts
- Builds on a 35-year history of collaboration to build intervention programs

Sources: Arrestee Drug Use Monitoring Report (2011); Olson (2011)

Identify Opportunities for Action

- Create “on ramps” to medical coverage & care
 - Enrollment
 - Screening & linkage across all parts of the system
- Build “off ramps” from CJS via diversion to treatment in the community
 - Increase resources probationers and parolees have to comply with supervision orders
 - Divert low level offenders to services in the community and supervision at bond court

JHI Structure & Action Steps:

- Steering Committee:
 - Develop common vision of the opportunity presented by near-universal access to health insurance and overall plan of action
- 4 Working Groups:
 - Identify workable strategies to enroll in Medicaid/subsidized insurance
 - Plan for continuity of care – jail to community
 - Develop needed community capacity expansion
 - Plan how courts & probation will make use of expanded community resources to link people to care

To date:

- Created “on-ramps” for enrollment in partnership with CCHHS
 - Jail - Began 4/1; 4,300 applications initiated
 - Probation & TASC –Goal: reach 40,000
 - Integrating Navigators/In Person Counselors
- Engaged mental health & substance abuse treatment providers in planning to expand capacity
- Active planning process for “health reform ready court” to test processes
 - Basis for “going to scale” across all felony courts

17th Circuit Affordable Care Act Implementation Project

- Convened by Chief Judge Joseph McGraw
- CJS stakeholders
 - Court, Probation & Pre-Trial, Jail, SAO, PD
- Health System stakeholders
 - Large Local Hospital Systems, Community Health Centers, Substance Abuse & Mental Health Providers, Foundations
- Began May 2013

17th Circuit Structure & Action Steps:

- Steering Committee:
 - Mutual education regarding the opportunity and how community leaders can work together to solve a major community health challenge
- Working Groups:
 - Court/Probation & Jail/Jail Health Provider (2 groups)
 - Identify workable strategies to enroll in Medicaid/subsidized insurance
 - Plan for accessing care – leaving jail and on probation
 - Plan how courts & probation will make use of expanded community resources to link people to care
 - Community Health Provider
 - Develop needed community capacity expansion

To date:

- Completing draft plans for enrollment by mid-August
 - Jail
 - Probation
- Engaged mental health & substance abuse treatment providers in planning to expand capacity
 - Developing map of existing services
 - Developing projections of needed expansion
 - Educating all participants about changes coming to the health system in this community

Timeline for Action

Now Through September 2013	October Through December 2013	January 2014 - Future
<ul style="list-style-type: none">• Planning & preparation to maximize enrollment, build linkages to care, expand community capacity	<ul style="list-style-type: none">• Enroll newly eligible men and women into coverage• Maximize enrollment	<ul style="list-style-type: none">• Continue enrollment• Begin to refer enrolled people into services• Plan to increase jail diversion and expand reentry services

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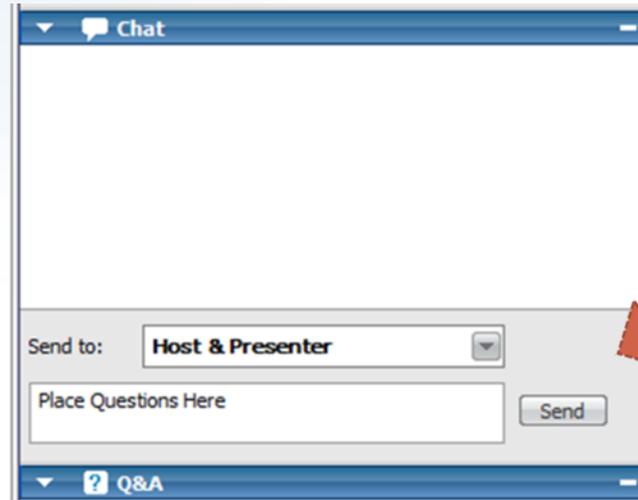
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Q & A

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