Planning For Success: Leveraging Health Care Reform to Enhance Successful Reentry

February 26, 2015 3:00-4:30 pm ET

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ACA Series

- Expanding Treatment: How the Affordable Care Act Can Impact Criminal Justice Systems
- Beginning the Conversation: The Affordable Care Act,
 Medicaid Expansion and Your Justice Agency
- Taking the First Step: Medicaid Enrollment Strategies within the Criminal Justice System
- Planning For Success: Leveraging Health Care Reform to Enhance Successful Reentry



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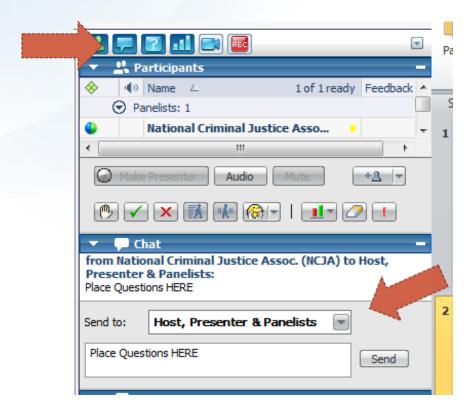
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Moderator

<u>David Marimon</u>

National Criminal Justice Association

Presenters

Jennifer M. Hawkins

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Brian Lee

Deputy Chief Maricopa County Sheriff's Office

Mark E. Bolton

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Louisville Metro Department of Corrections

Tom Walton

Director of Business Development KentuckyOne Health Partners



Maricopa County Health Care Integration:

Health Care Meets Criminal Justice

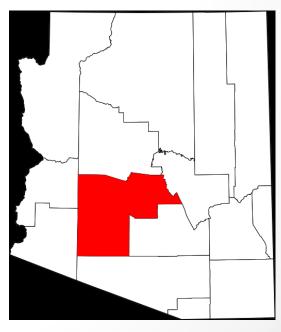
Deputy Chief Brian Lee, Maricopa County Sheriff's Office Jennifer M. Hawkins, M.A., Deputy County Manager's Office

Today's Objectives

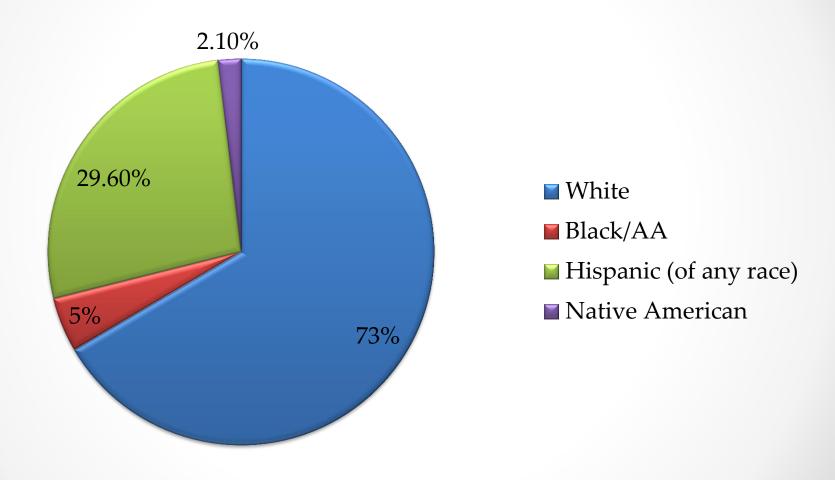
- Discuss how Maricopa County leverages health care efforts with criminal justice goals to impact community re-entry
- Describe key stakeholders and partners that facilitate success
- Share lessons learned and our plans for the future

Size & Population

- 9,226 square miles (84% unincorporated)
- 14th largest county in U.S.
- Land area greater than 5 states & DC
- Population: 3.8 million
- Over ½ State's residents
- Five Indian reservations
- 24 cities and towns

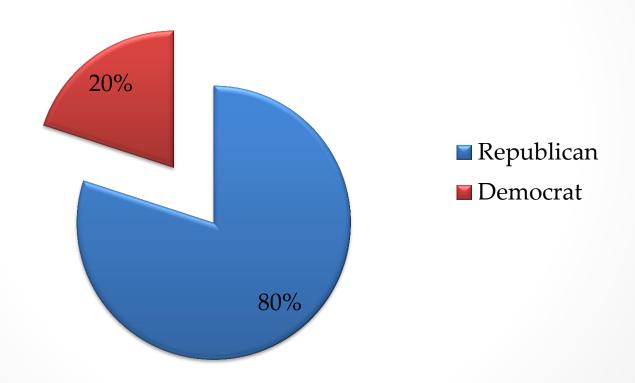


Race & Ethnicity



Board of Supervisors

Political Makeup





Sheriff's Office

- The Maricopa County Sheriff's Office (MCSO) operates six jails
- Average daily inmate population of over 8,000
- 110,000 inmates released per year, averaging 250-350 per day
- Inmates in the custody of MCSO receive medical services from Correctional Health Services (CHS), a separate county department that reports directly to the County Manager
- MCSO currently serves as the Chair for Maricopa County Smart Justice Council





Health Care Integration

Utilizing health care resources to accomplish criminal justice goals

1.2 million people in state, local and federal custody report[ed] some kind of mental health problem

-U.S. Justice Department



Justice Population Health

 FY 2012: \$12.2 million in inmate mental health services

- Adult Probation
 - o 600+ SMI
 - 33% mental health
 - o 27% alcohol
 - 55% drug abuse

Mercer. Maricopa County Affordable Care Act impact study. June 2013.

Enrollment Services for Justice Population

- ACA Individual Mandate
- 75% of inmates released each day
- 65-80% Medicaid-eligible

Why Health Care Integration?

- Inspired by ACA
- Administered by Deputy County Manager
- Provides multi-departmental impact
- Allows shared resources & best practices
- Improves communication
- Increases buy-in and cooperation



Mission

Health & Corrections

Identify & engage health care-impacted departments

Policy Process Partners

Streamline, integrate & strengthen

ACA Medicaid HIPAA

Ensure compliance with applicable laws

Strategic Goals

Education

Coordination

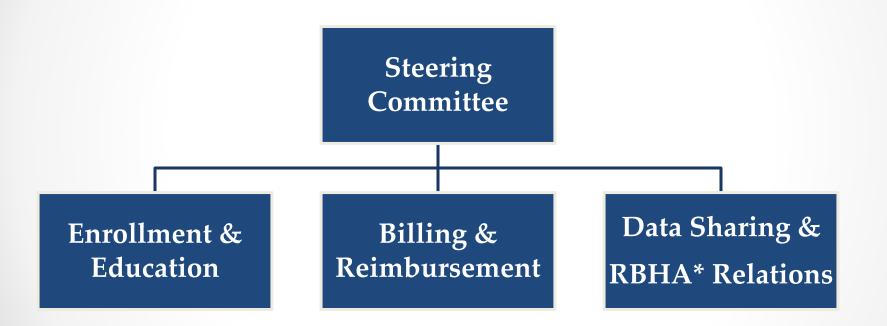
of care

Integrated health care services

Statewide data sharing

Targeted populations

Health Care Integration Stakeholder Groups



• 19

^{*}Regional Behavioral Health Authority (RBHA) provides mental health services for Seriously Mentally Ill and Medicaid patients

County Partners

Administration (Lead)	Criminal Justice	Health	Information Technology
Deputy County Manager	Sheriff's Office	Correctional Health	Integrated Criminal Justice Information System
	Adult Probation	Planning	Justice System Planning &
	Juvenile Probation & Detention	Human Services	Information
	Public Defender	Ryan White Part A	

Community Partners



Enrollment OutcomesFeb-Dec 2014

Strategy	Adult Probationers	Jail Inmates
Insurance applications	600	512
Educational sessions	52	149
Outreach consumer cards	5472	195

What's next?

- Continue best practices
- Assess and adjust practices
- Pursue strategic goals 2015-2021
 - Health care literacy
 - Connection to care
 - Track outcomes

Lessons Learned

- Organize committees and workgroups
- Develop and reiterate goals
- Gain leadership support and allies
- Get the right people at the table
- Seek and build relationships
- Follow through

Smart Justice

Smart Justice

- The Maricopa County Smart Justice Council was developed to leverage the resources of all county departments within the criminal justice component to maximize best possible outcomes for justice involved individuals and to reduce recidivism
- Smart Justice incorporates common language usage and more efficient information sharing
- The core concept of Smart Justice involves the use of an offender's risk to reoffend score at the time of booking and ensures that the most appropriate programming resources are directed at the highest risk groups

Smart Justice

- A risk/needs assessment is completed, where appropriate, to identify issues that contribute to criminal justice involvement
- Utilizes evidence-based assessments and treatment for core programming

Public Safety Goal 1

- By the end of FY 2016, for low risk Seriously Mentally III
 (SMI) offenders, decrease the median length of
 incarceration days (currently 12 days) by at least 1 day.
- Decrease the recidivism rates of each risk category by at least 1 percentage point by providing continuity of appropriate treatment and services during and after incarceration.
- Continue to reduce median length of incarceration days and recidivism rates for non-violent, low risk SMI offenders through 2020 in amounts based upon results achieved by 2016.

Public Safety Goals 2 & 3

SMI and non-SMI offenders

- By the end of FY 2016, for moderate to high risk offenders, decrease the recidivism rate by at least 5 percentage points by providing continuity of appropriate treatment and services during and after incarceration.
- Continue to reduce the recidivism rates for moderate to high risk offenders through 2020 in amounts based upon results achieved in 2016.

Public Safety Goal 4

- By the end of FY 2016, for low risk offenders, decrease the median length of incarceration days by at least 1 day.
- Decrease the recidivism rates of each risk category by at least 1 percentage point by providing appropriate treatment and services during and after incarceration.
- Continue to reduce the median length of incarceration days and recidivism rates for nonviolent, low risk offenders through 2020 in amounts based upon results achieved by 2016.

Smart Justice Members

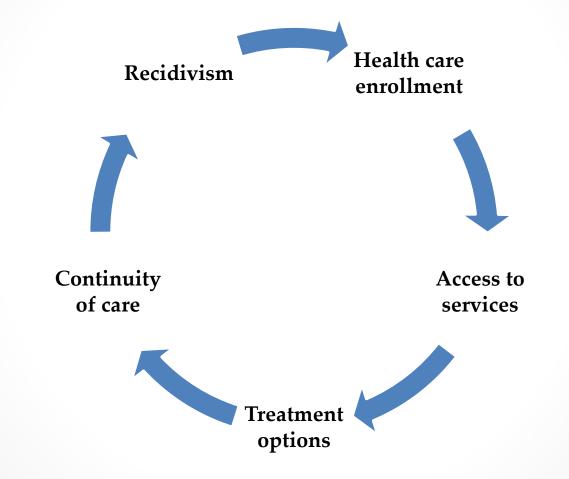
- Sheriff's Office
- Correctional Health Services
- Adult Probation
- County Attorney's Office
- Public Defender's Office
- Human Services
- County Manager's Office
- Superior Court

- Justice Courts
- Health Care Integration
- Mercy Maricopa
- Maricopa County Education
 Service Agency
- AZ State Dept of Health Services
- Maricopa County Board of Supervisors

Lessons Learned

- In an environment where agency missions differ and political positions vary, it is critical to establish common goals and benefits for all stakeholder groups
- Smart Justice successfully utilized a business model that appealed to primarily conservative elected/appointed officials that put to use existing resources to improve efficiency in operation and concentrated on improving public safety
- The priority or enthusiasm of health care initiatives may not be consistent across all stakeholder groups. Therefore, it is critical to know the partner agency's threshold of involvement so as to not create a situation of withdrawal. In short, know your partners and plan accordingly

How we intersect



Where to find us

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METRO LOUISVILLE

COORDINATING CARE AND MAXIMIZING ACA OPPORTUNITIES FOR JUSTICE-INVOLVED POPULATIONS

MARK E. BOLTON, Director, Louisville Metro Department Of Corrections

TOM WALTON, Director, Business Development, KYOne Health Partners

Objectives

- Discuss important initiatives related to roll-out of ACA
- Present overview of DDCFT and its efforts to date
- Share lessons learned and plans for the future

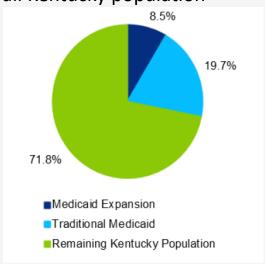
State Initiatives

- ACA Related Initiatives
- Kentucky Medicaid Expansion
- Kentucky Emergency Room Super Utilization Initiative
- Kentucky Healthy Reentry Coalition
- Health Home Pilot

The facts on ACA and Medicaid Expansion

- In May 2013 Governor Beshear announced his decision to expand Medicaid
- Goals of Kentucky Medicaid Expansion include:
 - Reduction in the number of low-income residents who lack healthcare
 - Improve the health status of Kentuckians
 - ➤ Boost Kentucky's economy

 At the close of CY 2014, Kentucky's overall Medicaid enrollment (traditional and expansion) now represents 28.2% of the overall Kentucky population



Kentucky Medicaid Expansion Report 2014

http://governor.ky.gov/healthierky/Documents/medicaid/Kentucky Medicaid Expansion One-Year Study FINAL.pdf

Healthy Reentry Coalition

The Healthy Reentry Coalition is a coalition of organizations and individuals interested in promoting equal opportunity to adults and juveniles involved with the criminal justice system, through ensuring access to health care, aiding in reentry, increasing successful community participation, and reducing the rate of recidivism.

Goals:

- Educate consumers on their health insurance options
- Provide links to enrollment assistance
- Develop referral relationships
- Collect and share best practices for working with justiceinvolved populations



Louisville Jefferson County Metro

Mayor Greg Fischer

Size and Population

Largest County in Kentucky

2013 Resident Population: 756,832

Land Area: 380.42 square miles

Race and Ethnicity

White 73%
Black/AA 21%
Hispanic 4%
Native American 2%

DDCFT

Background on Louisville Metro and LMDC

Coalescing Events

DDCFT Overview

 Overview of Current Correctional Initiatives

Louisville Metro Department of Corrections

- Metro Corrections operates two facilities in the downtown Louisville Metro Area with a combined rated capacity of 1,793 beds
 - ➤ Main Jail Complex (1,353 beds)
 - Community Corrections Center (440 beds)

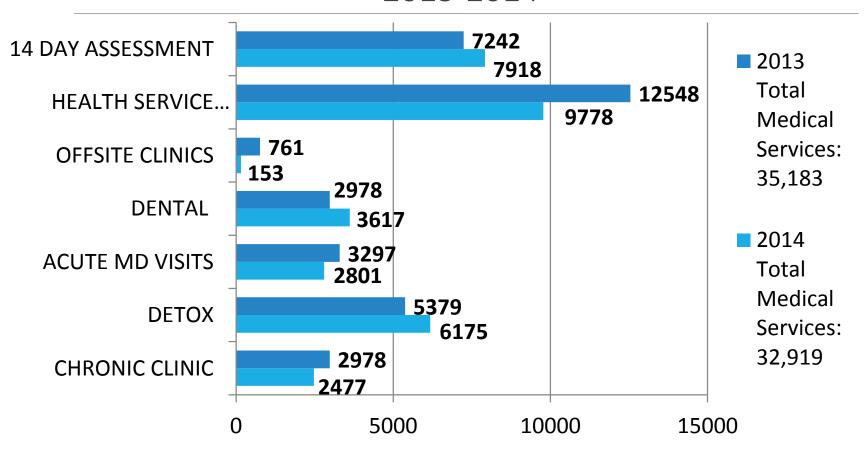
2014 Statistics

- Average Daily Population: 1,851
- Annual Bookings: 36,740
- Average Bookings Per Day: 100
- Average Length of Stay: 26 days
- Annual Budget: \$54,840,000
- Health Care is provided by Correct Care Solutions



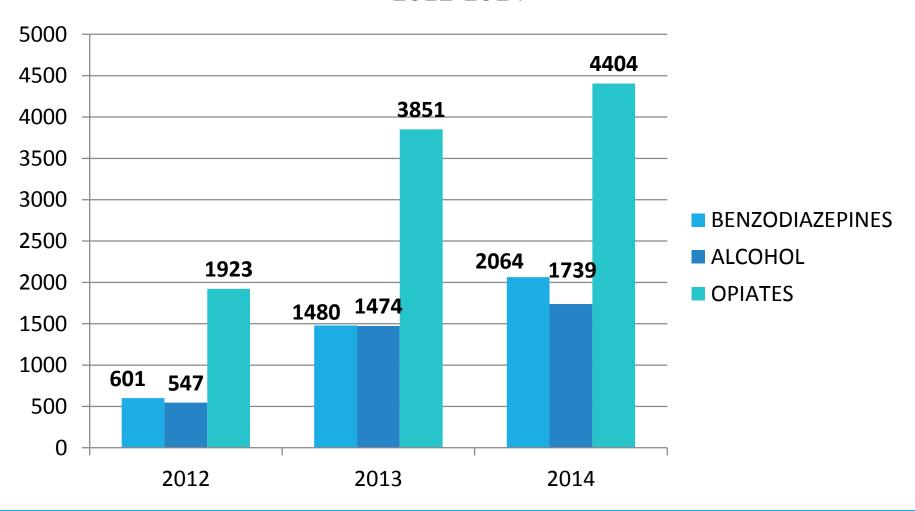
LMDC MEDICAL SERVICES

SUMMARY OF MEDICAL SERVICES 2013-2014



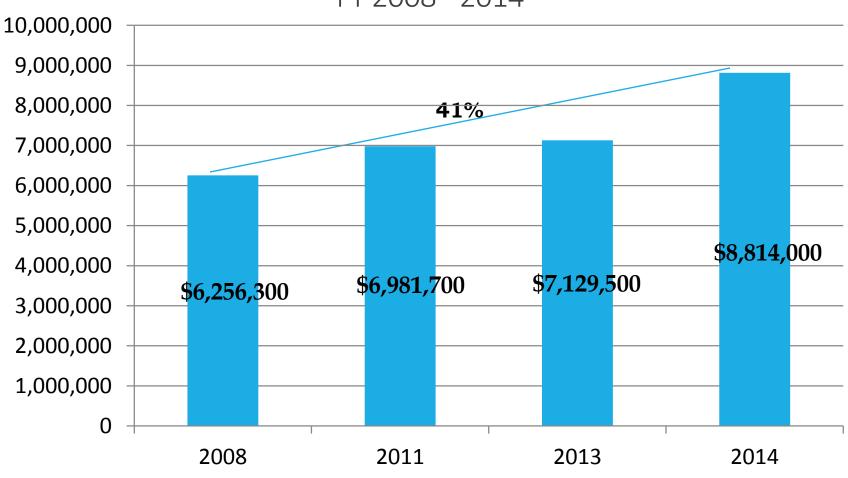
LMDC MEDICAL SERVICES

DETOX PROGRAM 2012-2014



LMDC INMATE HEALTHCARE COSTS

FY 2008 - 2014



Coalescing Events to DDCFT



2012 Analysis of the jail population found the category of "revolving door" individuals was a primary driver of overall jail population

Jail Policy Committee
established
subcommittee to focus
on "revolving door"
population which led to
Forensic Assertive
Community Treatment
(ACT) Pilot Program



In 2012 rising number of heroin abusers displacing alcohol intoxicants in jail.

Metro Corrections operating a detox center with 30-70 inmates going through detox on any given day

During CY13, over 70% in detox unit had abused heroin and other opiates



August 2012, University
Hospital launched
Population Health
Management Complex
Case Program initiative
targeting top users of
the ED



Mayor brings private sector experience to improving internal operations with Cross-Functional Teams (Lean Training, Six Sigma, LouieStat, Project Management)



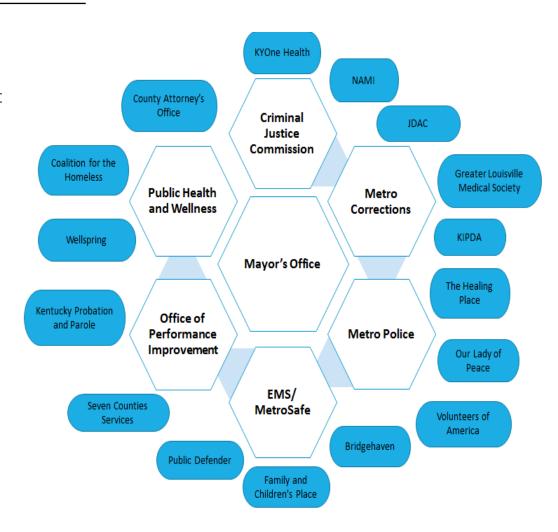
January 2013, Mayor Fischer convened the Dual Diagnosis Cross-Functional Team (DDCFT)

DDCFT Timeline

- July 2013 First Report-Out. Initial recommendations included:
 - Applying for grants and external funding
 - Developing a registry of the top 100 system utilizers
 - Developing a repository of current programs, services and capacities
 - Developing community-wide pathways and protocols
 - Coordinating advocacy efforts
- Release of Information Work Group
- Standardized Outcomes Work Group
- GAINS Center Sequential Intercept Mapping

DDCFT Overview

- First Cross-Functional Team to include external community partners and Metro agency representatives and first time diverse group came to share information and discuss systemic issues
- DDCFT members identified the need for a coordinated community-wide response to high system utilizers and proposed creation of a new Community Care Management Network who may be referred from five potential points of entry—mental health, substance abuse, criminal justice, homelessness, and medical/dental
- Rather than create a new stand-alone program, the DDCFT opted to network existing resources and establish the necessary infrastructure to support information sharing and case coordination across a broad range of community partners



Current Activities and Next Steps

- Designing Community Care Management Network Pilot
- Seeking Funding for Implementation
- Advocacy for Suspension vs. Termination

DDCFT Outcomes

SHORT-TERM OUTCOMES

Reduced duplication of services

Effective case coordination resulting in fewer jail days, emergency room visits and hospital stays with reduced periods of homelessness

LONG TERM OUTCOMES

Reduction in overall criminal justice and health system costs

Effective case management of high system utilizers

Reduction in recidivism

INTENDED IMPACT

Improved quality of life and quality of care for high system utilizers

Overview of Current Correctional Initiatives



Criminal Iustice Commission

Overview of Current Correctional Initiatives

NATION

CJC Board

Laura and John Arnold Foundation (LJAF) National Pretrial Demonstration Site

Justice Management Institute, High Functioning Criminal Justice Systems

- Site visit complete
- Framework 2015

Bloomberg/Innovation Delivery Team

- Jail Physical Plant Analysis
- NYC/Public Policy Lab

"Justice for All" Segments

Corrections (TBD)

Jail Policy

LIAF

- Phase II Implementation (26 recommendations)
- 5 Research Projects
 - Evaluation of felony case processing pilot
 - Evaluate changes in Circuit Court case management practices
 - Data analysis for early identification of frequent jail utilizers
 - Risk-based Home Incarceration Program
 - > Non-payment of fines
- Jail Population Management Dashboard

Jail Population Management Strategies

- "Dangling Charges"
- Soft Cap (1,900)
- DRC Legislation

DDCFT

LIAF/ John Hopkins/ Harvard Medical School research on the Affordable Care Act (ACA)

· Impact on public safety, inventory project

Vera Institute of Justice in partnership with Brown School of Public Health and Center for Prisoner Health and Human Rights

18-month implementation study application

National Institute of Corrections (NIC)/Kentucky Healthy Reentry Coalition/KIPDA

· Technical assistance project for Medicaid enrollment

Center for Health and Justice at TASC (Cook County)

· Healthcare and justice learning collaborative

Social Impact Bond (SIB)/Healing Place Expansion

- Third Sector Application/Feasibility Study
- Harvard Kennedy School Application/Feasibility Study

Community Care Management Network Pilot Project

Business case to be submitted to LIAF

Questions/ Contact

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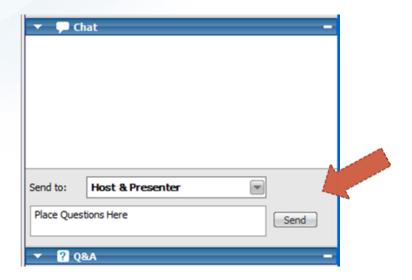
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To submit questions for the presenters please use the chat feature on the right hand side of your screen.

Please select Host and Presenter



Q & A



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