

# ***Taking the First Step: Medicaid Enrollment Strategies within the Criminal Justice System***

June 3, 2014  
3:00-4:30 p.m. ET

---

## **Welcome to the webinar!**

- You have logged on successfully.
- We will begin promptly at 3:00 pm ET
- All attendees have been muted.
- Slides and the webcast from this webinar will be emailed to all attendees after the session.



**National Criminal  
Justice Association**

[www.ncja.org](http://www.ncja.org)

This webinar is being audio cast via the speakers on your computer. If you would like to listen using the phone, the call-in number can be found in the following places:

- At the end of your registration email

-----  
To join the teleconference only  
-----

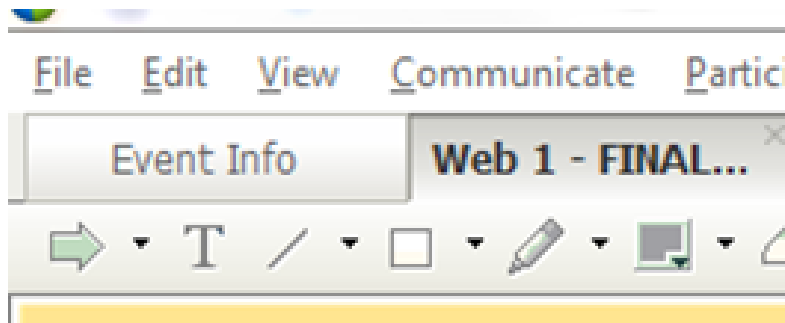
Call-in toll-free number (US/Canada): 1-877-668-4490

Call-in toll number (US/Canada): 1-408-792-6300

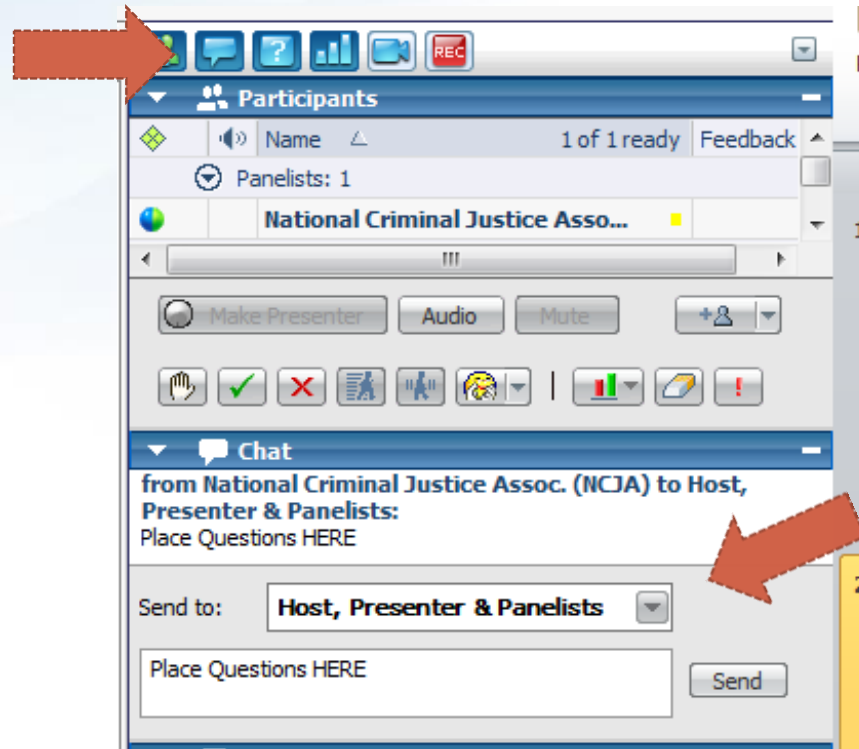
Toll-free dialing restrictions: [http://www.webex.com/pdf/tollfree\\_restrictions.pdf](http://www.webex.com/pdf/tollfree_restrictions.pdf)

Access code: 688 570 494

- On the “Event Info” tab on the top left side of your screen.



If you would like to ask a question please use the chat feature.



Please remember to select **Host, Presenter & Panelists**

# ***Taking the First Step: Medicaid Enrollment Strategies within the Criminal Justice System***

Jac A. Charlier

---

Director

Consulting and Training

Center for Health and Justice at TASC

1500 N. Halsted

Chicago, IL 60642

tel: (312) 573-8302

[www.tasc.org](http://www.tasc.org)

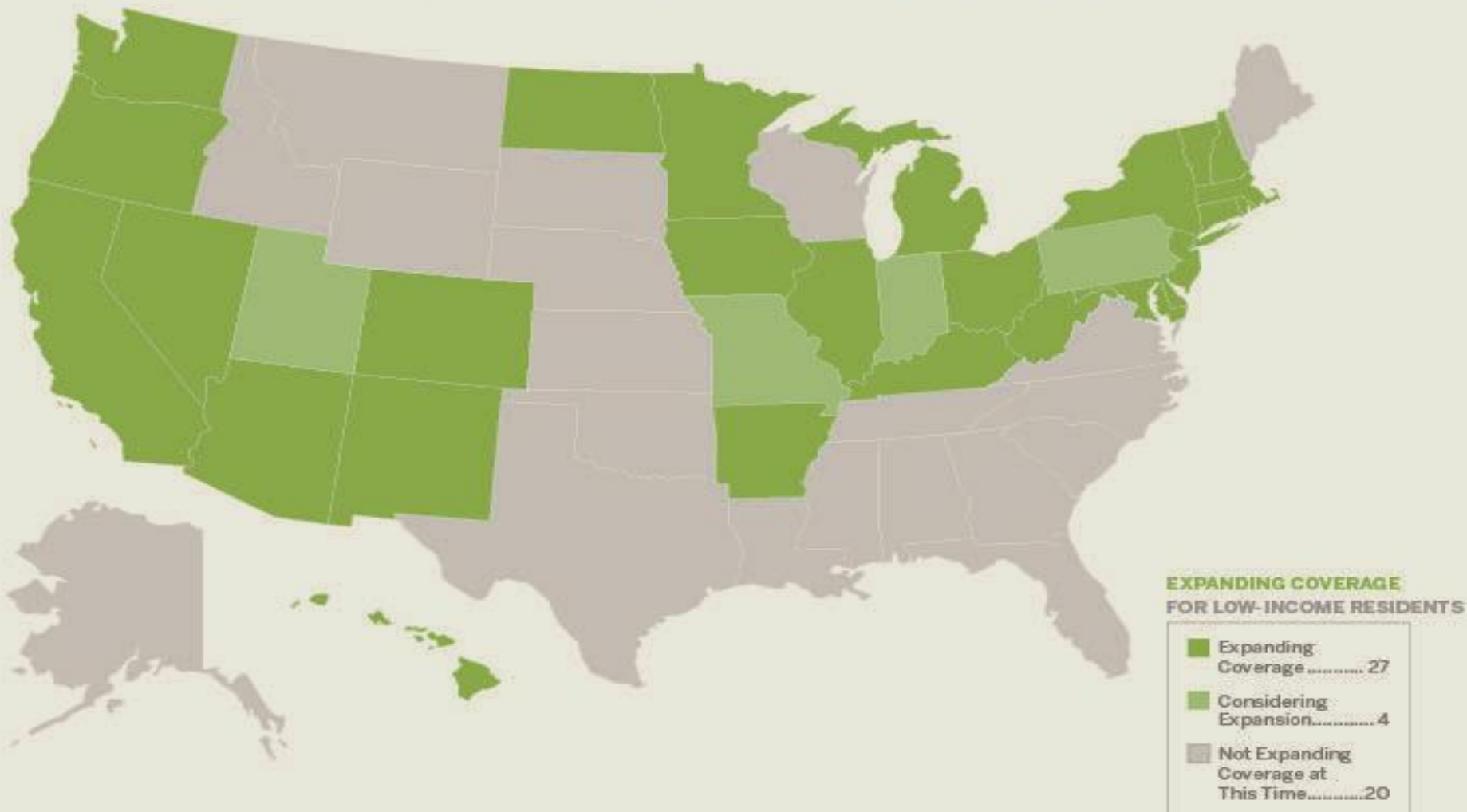


National Criminal  
Justice Association

[www.ncja.org](http://www.ncja.org)

# Where the **States** Stand on Medicaid Expansion

26 states, DC, Expanding Medicaid—May 22, 2014



Notes: Based on literature review as of 5/22/14. All policies subject to change without notice.

HHS has announced that states can obtain a waiver to use federal funds to shift Medicaid-eligible residents into private health plans.

The District of Columbia plans to participate in Medicaid expansion and will operate its own exchange.

# *Opportunities*

- Corrections
- Community Corrections
- Courts
- Alternatives to Incarceration
- Behavioral Health Systems
- System Change

# Presenters

## Centers for Medicare and Medicaid Services

Jean Close  
Health Insurance Specialist

Stephanie Bell  
Technical Director

## Connecticut Department Of Corrections

Colleen Gallagher  
Director, Quality Assurance Health & Addiction  
Services

Kathleen F. Maurer  
Correctional Medical Director

## Californians for Safety and Justice

Jenny Montoya Tansey  
Health Matters Project Director

## Spokane WA Community Court

Barry Pfundt  
Staff Attorney  
Center for Justice

Francis Adewale  
Assistant Public Defender  
Office of the Public Defender

## Oregon Department of Corrections

Cindy Booth  
Transition and Release Administrator

Shawn Cost-Streety  
Reentry Benefits Coordinator





# Medicaid Moving Forward

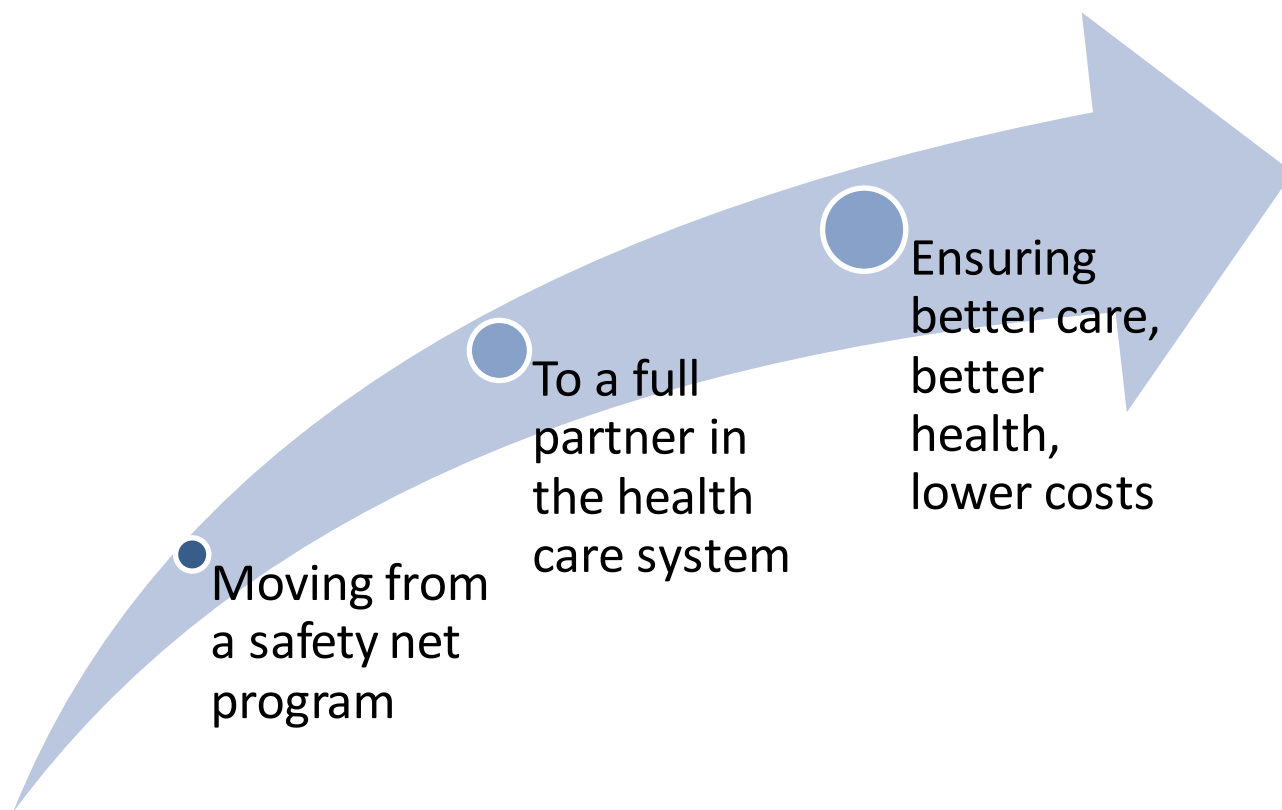


*Center for Medicaid and CHIP  
Services*

*Centers for Medicare and  
Medicaid Services*



# CMS: Partnering with States to Achieve a High Performing Medicaid Program



# Pathways to Enrollment

- Health Insurance Exchanges
  - Federal
  - State
  - More Information
    - <https://www.healthcare.gov/do-i-qualify-for-medicaid/>
    - <https://www.healthcare.gov/get-covered-a-1-page-guide-to-the-health-insurance-marketplace/>
- Navigators
  - To find grant funded navigators in your state :  
<http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-10-18-2013.pdf>
- Certified Application Counselors
  - To learn more about CAC's or to apply
    - <http://marketplace.cms.gov/help-us/cac.html>
  - To view Navigator and CAC training materials
    - <http://marketplace.cms.gov/training/get-training.html>

# Medicaid Services

**Section 1905(a) of the Act specifies: “Medical assistance means payment of part or all of the cost of the following care and services...”**

- **Mandatory Services**

- Inpatient/outpatient hospital care
- Physicians services
- Nurse midwife services
- Pediatric & family nurse practitioner services
- Federally qualified health center/Rural health clinic
- Lab and x-ray
- Prenatal care
- Family planning
- Skilled nursing facility, age 21+
- Home health care
- EPSDT
- Medical and surgical dental services
- Vaccines for children
- Tobacco cessation, pregnant women

# Optional Services

- Licensed practitioners
- Private duty nursing
- Nurse practitioner
- Clinic
- Dental
- Physical; occupational; speech, hearing, language therapies
- Prescribed drugs
- Prosthetic devices, dentures, eyeglasses
- Diagnostic, screening, preventive
- Rehabilitative
- Case management
- Respiratory care
- Inpatient hospital services to individuals age 65+ in an Institution for Mental Diseases (IMD)
- Nursing facility services, under age 21
- ICF/IDD
- Inpatient psychiatric, under age 21
- Hospice care
- Personal care
- Transportation, emergency and critical access hospitals
- Optometric
- End-stage renal
- Preventive

# Service Delivery Options

## Managed Care

- Through Managed Care Organizations, Prepaid Inpatient Health Plans, Prepaid Ambulatory Health Plan, Primary Care Case Management

## Fee-for-Service

- Traditional Medicaid delivery system

## Other

- States may provide Medicaid services through combinations of delivery options

# Alternative Benefit Plans Include Essential Health Benefits

1. Ambulatory patient groups

2. Emergency services

3. Hospitalization

4. Maternity and newborn care

5. Mental health and substance abuse including behavioral health

6. Prescription drugs

7. Rehabilitative and habilitative services and devices

8. Laboratory services

9. Preventive and wellness services and chronic disease management

10. Pediatric services including oral and vision care

States providing services through Alternative Benefit Plans must also meet requirements of the Mental Health Parity and Addiction Equity Act, provide EPSDT for individuals under age 21, assure non-emergency transportation, FQHC/RHC services and provide family planning services and supplies.

# Medicaid covered services for individuals with mental health or substance abuse disorders

For example:

Services provided by licensed practitioners, through clinics, FQHCs, RHCs, via tele-health, or as rehabilitative services including

- Individual therapy
- Group counseling
- Family behavior therapy
- Medication Assisted Treatment (MAT)
- Screening and Management of Co-Occurring Physical or Mental Health Issues
- Health Homes for individuals with chronic conditions

Additional Benefits:

- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, EPSDT guarantees children comprehensive coverage, including physical and mental health therapies.



# Information

---


- Medicaid Eligibility

Stephanie Bell, Deputy Director  
Division of Eligibility, Enrollment, &  
Outreach  
[Stephanie.Bell@cms.hhs.gov](mailto:Stephanie.Bell@cms.hhs.gov)


- Medicaid Benefits

Jean Close, Technical Director  
Division of Benefits & Coverage  
[Jean.Close@cms.hhs.gov](mailto:Jean.Close@cms.hhs.gov)

# Connecticut Medicaid Enrollment

- ▶ History of our process
  - ▶ Scope of enrollment
  - ▶ Enrollment mechanisms
  - ▶ Data
  - ▶ What we have learned
- 

# Connecticut Medicaid Enrollment

- ▶ Began ~ 10 years ago as a pilot with our state mental health agency—grant funded
  - ▶ Purpose was to provide alternative pathway with medical care for seriously mentally ill patients who had been arrested
  - ▶ Since that time we have:
    - expanded our target population
    - Included hospital coverage
    - Supported eligibility staff in state social services agency (DSS)
    - Developed abbreviated application form
    - Implemented presumptive eligibility practice
- 

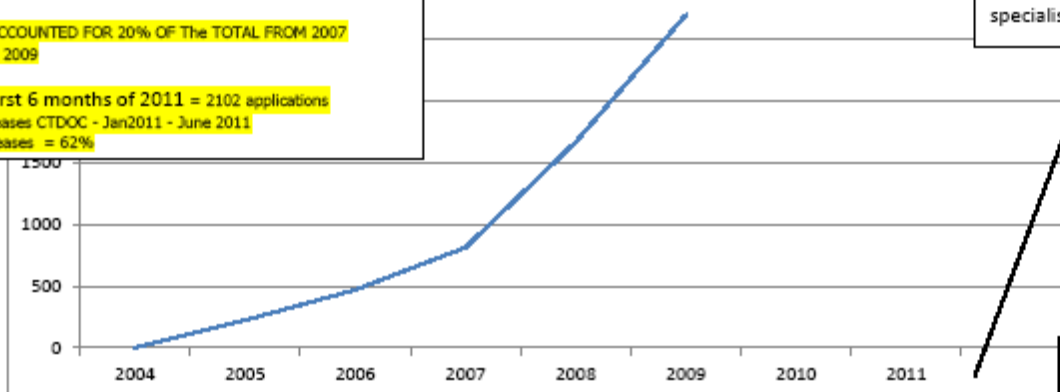
## Timeline for Expedited Medicaid Eligibility in Connecticut Department of Correction

CT released 7,713 prisoners in 2009, 33% of which were provided pre release Medicaid application support. In 2010, 3,386 of the 6,885 discharging inmates had applications for benefits processed (49%)

WOMEN ACCOUNTED FOR 20% OF THE TOTAL FROM 2007 THROUGH 2009

In the first 6 months of 2011 = 2102 applications  
Total Releases CTDOC - Jan2011 - June 2011  
= 3370 releases = 62%

### Release Applications



Expansion of voucher plus application in court and among facilities to 5 facilities and two more court districts 2012 Expansion of specialist from 2 to 5

### Key to Abbreviations

- PREU: DSS Pre-Release Entitlements Unit
- CMHC: Connecticut Managed Health Care
- ♦ CDOC: CT Dept. of Corrections
- ♦ M.O.A.: Memorandum of Agreement
- SAGA: State Administered General Assistance
- DSS: Dept. of Social Services
- ♦ DMHAS: Dept of Mental Health and Addiction Services
- OPM: Office of Policy Management

\*Program Manager Transitional Services

\*PREU: 3 year pilot project, 2 eligibility workers at DSS

CMHC-DOC revised M.O.A to include 13 Discharge Planners

CMHC-DOC Strategic Plan to include discharge planning for 3,4,5's; Interagency Medical Workgroup; DSS-CDOC M.O.A.; Chesire incident; CTDOC MH Parole Unit

2005 began accounting for pilot project and concentrated on M/MH 4 and 5s


PREU Re-Organized: teachers trained, 2 pg. SAGA application; Community based education forums began; Regulation Review Committee approves reinstatement without application; d/c readiness policies created

Late 2010 expedited release / voucher program pilot


Shared access to data CCIS late 08 early 09, extending active status to 180 days in jail; Technical assistance to HWH's, prescription voucher program 2010

2013 expansion of program to include re entry counselors levels 1& 2 inmates introduce split sentences by CSSD, then straight probation, more court releases and adding a 6<sup>th</sup> specialist. OPM discussion to create "state" Medicaid program for


# Key Decision Points in Process

- ▶ DOC funded entitlement workers in DSS
  - ▶ Shortened enrollment form
  - ▶ Presumptive eligibility concept
  - ▶ Medication voucher
  - ▶ Multiple sites for enrollment
- 

# Sequential Intercept Model


- ▶ Individuals can enter and leave the system at many and various points along the continuum
  - ▶ Support from National Institute of Corrections to map the Connecticut criminal justice system and identify strategic points of enrollment activity
  - ▶ Create enrollment opportunities to enable our system to capture as many persons as possible
- 

# Population Targets

- ▶ End of Sentence – Clinical / non-clinical
  - ▶ Court Releases – Medication / applications
  - ▶ Hospital Nursing Home – transitional care
  - ▶ Split Sentence
  - ▶ Straight Probation
  - ▶ Pre-trial
- 



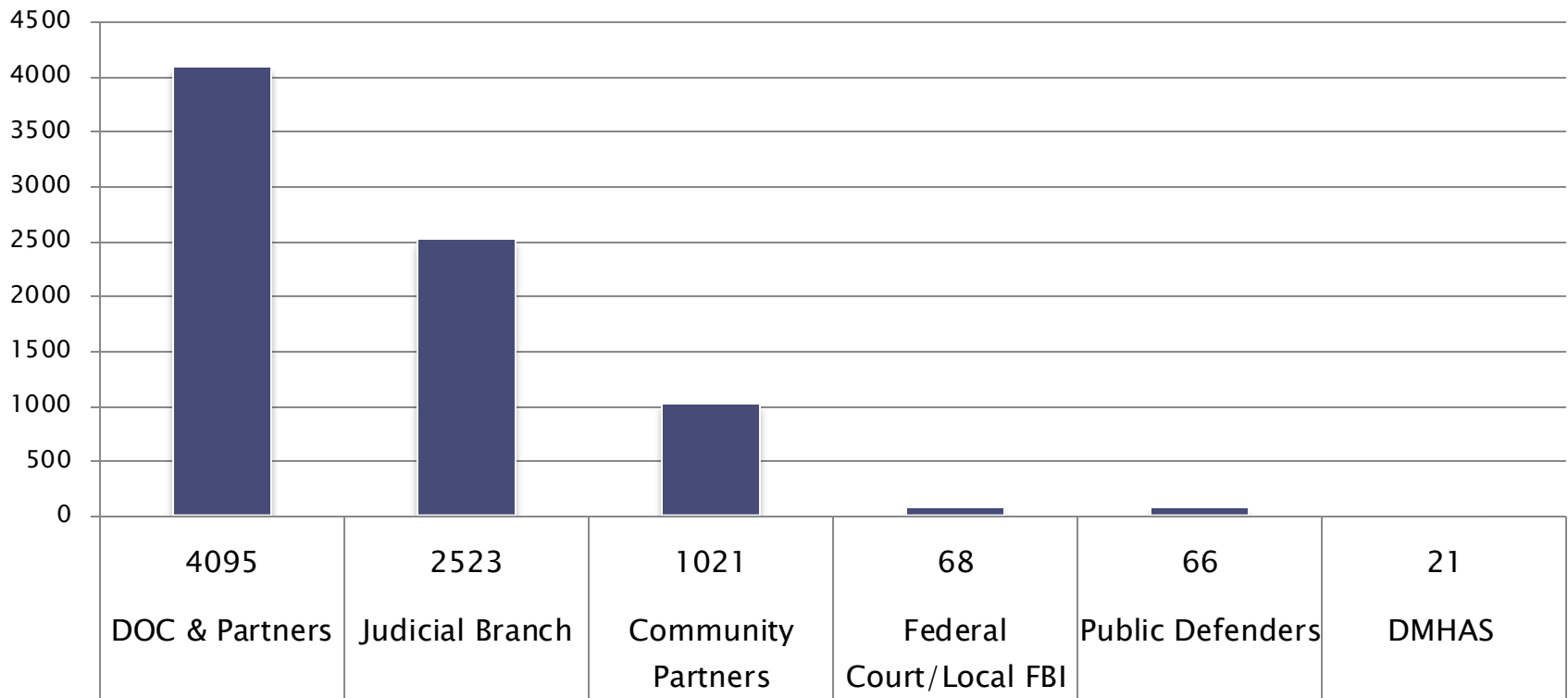
# DOC & Enrollment Partners

- ▶ DOC Re-entry Counselors
  - ▶ Unified school district # 1 Re-entry teachers
  - ▶ Correctional Managed Health Care Discharge Planners
  - ▶ Adult Probation
  - ▶ Bail Commissioners
  - ▶ DOC/CSSD Community Partners
  - ▶ Division of Public Defenders
  - ▶ Department of Mental Health & Addiction Services
  - ▶ Federal Court/Local FBI
  - ▶ DSS Eligibility Specialists
- 


# Completed Medicaid Applications– –CT 2013

## 2013 Applications by Source

N = 7794



# Eligibility Specialists

- ▶ Collect daily applications and process
  - ▶ Cross references name and numbers
  - ▶ Access to DOC system electronically
  - ▶ Alert on fraud or alias
  - ▶ Hold for release
  - ▶ Available by phone to staff and pharmacies
  - ▶ Entry for other needed benefits
- 

# Court Services

Releases from court without re entry or discharge support

Applications handed out

Vouchers for medication (5-day) handed out

Applications faxed if filled out

# Presumptive Eligibility Enrollment Data

- ▶ Generally, approximately 1% not eligible\*
  - Of first 1,000 enrollees, 7 were not qualified (.7%)
  - Of first 4000 enrollees, 43 were not qualified (1.1%)


\*From research conducted by the Urban Institute, 2012–2013.



# Probation Officers


- ▶ Split Sentences
  - Use DOC counselor inside to help
  - Video conference to fill out application
  - Fax packages to facility – sends to DSS
- ▶ Straight Probation
  - First office appointment
  - Fill out application / scan / e mail

# Re -entry Counselors


- ▶ Not Compromised
  - ▶ Not on medication
  - ▶ End of Sentence
  - ▶ Paper work only
  - ▶ Uses query list of 90 days to discharge
  - ▶ Does not catch recalculations
- 



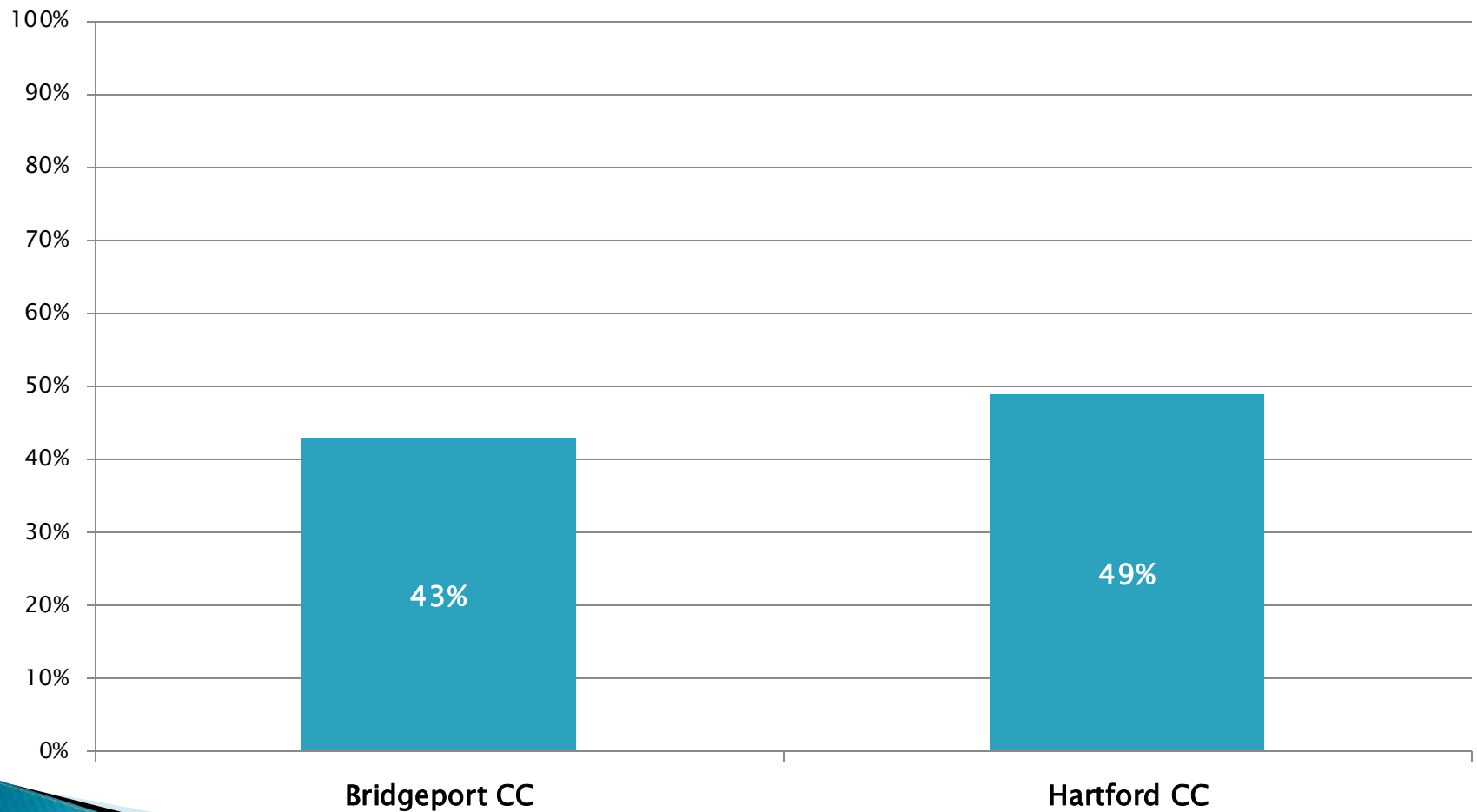
# Re-entry Teachers

- ▶ Re-entry classes
  - ▶ Multi session work group
  - ▶ Voluntary
  - ▶ Waiting list to get in
  - ▶ Discharging facilities
  - ▶ Paper work assistance
- 

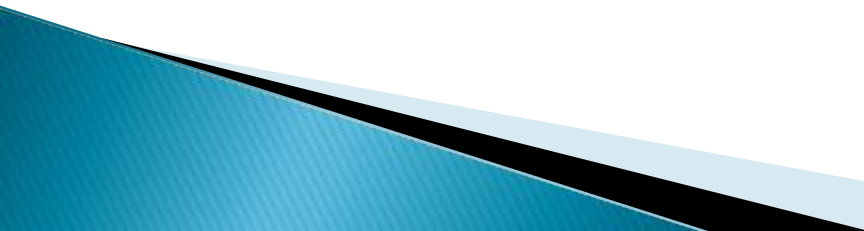
# Discharge planning

- ▶ Clinically Compromised
  - ▶ End of Sentence
  - ▶ Taking Medication
  - ▶ Disabled
  - ▶ Uses query list of 90 days to discharge
  - ▶ Does not catch recalculations
- 

# Percentage of Offenders Enrolled at Pre-Trial Entry



# Summary of Connecticut Enrollment Experience

- ▶ Collaborative—began as pilot with DMHAS
  - ▶ Expanded to include wide range of our offender population with enrollment occurring at many points in continuum
  - ▶ DOC funds entitlement specialists—rapid turnaround and access to data—all CJ-related agencies benefit
  - ▶ Current data suggests
    - ~50% offenders covered by Medicaid at pre-trial
    - Presumptive eligibility is justified
    - Enrollment at multiple sites by variety of agencies is effective
- 

# Increasing Public Safety and Health and Reducing Costs through Health Coverage Enrollment

Medicaid Enrollment Strategies Webinar  
June 3, 2014

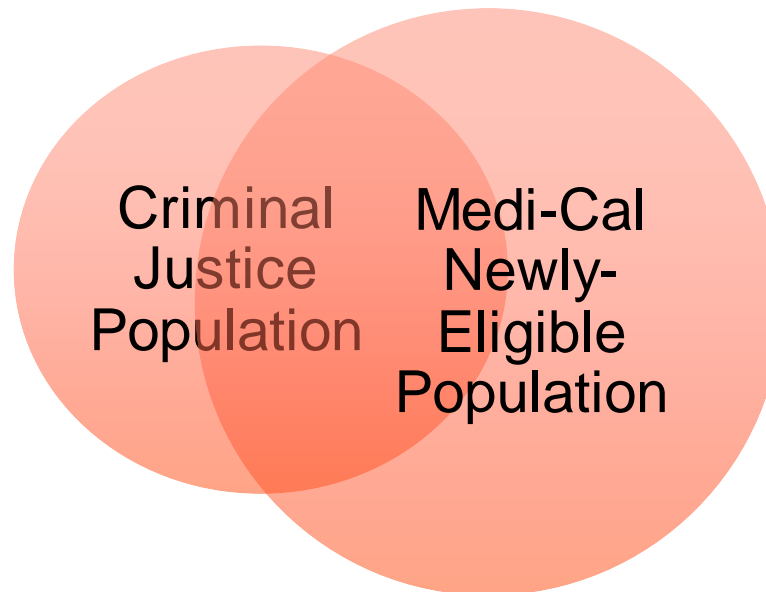


CALIFORNIANS  
FOR **SAFETY** AND **JUSTICE**

[SAFEANDJUST.ORG](http://SAFEANDJUST.ORG)

# ACA Opportunity: Medicaid for Criminal Justice Populations

- California opted to expand our state Medicaid Program (Medi-Cal) under the ACA.
- A new state law (AB 720) directs suspension, not termination, of Medi-Cal when people are incarcerated and also establishes a process for jail-based enrollment.



# ACA Opportunity: Medicaid for Criminal Justice Populations

## Pre-ACA:

- Limited substance abuse coverage under Medi-Cal: primarily methadone and services for pregnant women

## Post-ACA:

- Medi-Cal and qualified health plans must cover mental health and substance abuse, which are “essential health benefits”
- Enhanced Medi-Cal benefits including de-tox, intensive outpatient, additional medications
- California to seek a waiver for short-term residential drug treatment



# ACA Opportunity: Medicaid for Criminal Justice Populations

Medi-Cal enrollment for California's county criminal justice populations has the potential to:

- Preserve counties' investment in stabilizing and treating individuals in jail
- Facilitate alternative to custody treatment placements for certain individuals with high medical or behavioral health needs.
- Draw down federal dollars to pay for community mental health and drug treatment for people on supervision
- Enroll a substantial portion of individuals newly eligible for Medicaid
- Reduce recidivism

# Enrolling LA Jail Population

- Spring 2013: Safe and Just began partnering with LA County and the Sheriff (LASD) to establish enrollment protocols for the jail population
- Fall 2013: LASD developed and piloted a model for enrollment (into county program that served as bridge to Medi-Cal expansion)
- Spring 2014: LASD applied for and was awarded funds to scale Medi-Cal enrollment
- Summer 2014: LASD will launch jail enrollment

# Enrolling the LA Jail Population

## Inmate Reception Center (Booking)

At medical screening, jail medical staff determine health insurance status and current provider, if any. Assess health care needs, including mental health and SUD.



## During jail stay

On-site eligibility worker checks for existing Medi-Cal case. Custody assistant uses existing jail and social services data and works with inmate to collect any additional information needed to complete application. Medi-Cal application is submitted through county online system.



## Reentry to Community

For targeted high needs individuals: implementation of discharge plan, including information sharing with provider, coordination of services.

# Enrolling LA Probationers

- Fall 2013: Safe and Just began partnering with LA Probation to establish enrollment protocols for the probation population
- Spring 2014: LA Probation approved plan to phase in enrollment assistance, conducted by counselors from local community clinics, at all 19 field offices
- Summer 2014: On-site enrollment assistance will begin at select field offices

# Enrolling LA Probationers

Community health clinics and organizations will provide on-site enrollment assistance at LA probation department's field offices.



# Funding Justice Population Enrollment

- Medicaid Administrative Activities (MAA) Program
- Covered California In-Person Assistance Program
- Inmate Inpatient Hospitalization Reimbursement
- Medi-Cal Managed Care Plans
- AB 109 (California criminal justice funding to counties)
- Philanthropic support

# Key Considerations and Next Steps

- Fostering a “culture of coverage” amongst justice populations
- Maximizing the use of existing county and state data to complete applications
- Ensuring that enrollment translates into access to care
- Developing additional high-quality treatment capacity
- Creating a long-term model for investing in enrollment efforts for justice populations



For more information, please visit:

**[www.safeandjust.org](http://www.safeandjust.org)**

Or contact me:

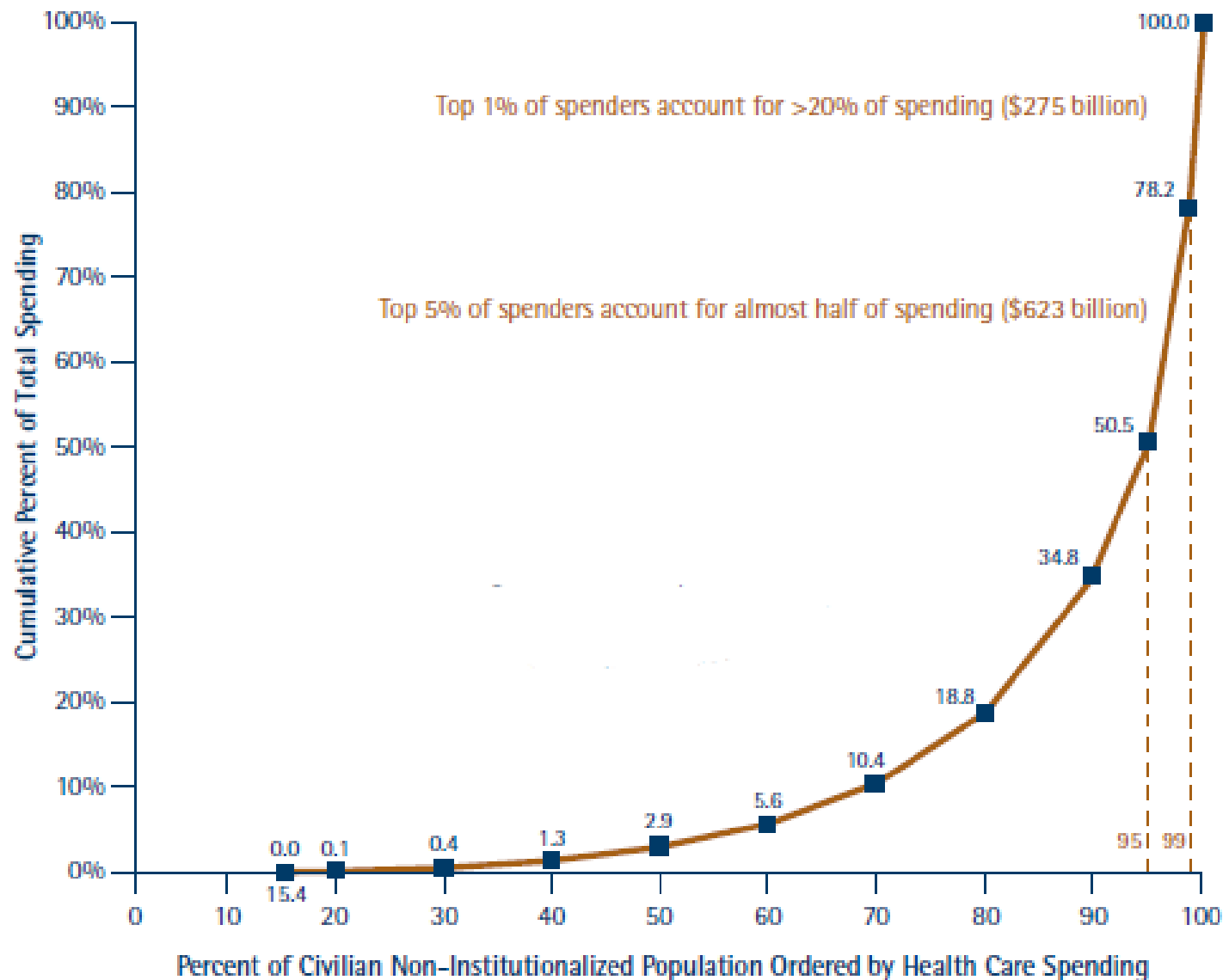
**Jenny Montoya Tansey**  
**Health Matters Project Director**  
**Californians for Safety and Justice**  
**[jenny@safeandjust.org](mailto:jenny@safeandjust.org)**



# Medicaid Enrollment Strategies Webinar

**Collaboration and Integration:  
Lessons from Spokane Municipal Community Court**

FIGURE 1. CUMULATIVE DISTRIBUTION OF PERSONAL HEALTH CARE SPENDING, 2009



Source: "Concentration of Health Care Spending," NIHCM Foundation Data Brief, July 2012

# Population Overlap

- Many healthcare “super-utilizers” had extensive criminal history
- They are the most vulnerable members of our community
  - Co-occurring disabilities – mental health and substance abuse
  - Ability to live independently highly
- Affordable Care Act was a game changer

# Creation of Spokane CC

- Spokane: largest city between Seattle & Minn.
- Attracts considerable homeless population at its downtown corridors
- High rate of low level, quality of life offenders
- High rate of users of ER for basic health care
- High rate of users of Jail for basic health care

# Breaking out of Silos

- Community meetings by core planners identify target population
- Identify all the institutions/community impacted
- Community outreach led to meetings with Spokane County Medical Society Foundation (SCMSF) & the Hotspotters group

# Spokane County Medical Society Foundation

- The foundation focused on improving care coordination and access to health care, and the top health needs identified in the 2012 Community Health Needs Assessment.
- SCMSF partners with Dr. Neven and the Providence Consistent Care program

# SCMSF/Providence: H3

- Lead organizations for the Health Homeless Systems Integrations Pilot Project (H3) which is funded by a grant from the City of Spokane.
- The H3 grant provides “wrap around” services to homeless patients at Providence Urban Hospitals.

# Hotspotters Group

- SCMSF provides leadership for the Hot Spotters Group
- The work of the Hot Spotters Group aligned with the vision and objectives of the new Spokane Community Court.



# Pre-Community Court

- Prior to CC, municipal court order defendants to do multiple tasks to fulfill their obligations to the court and the community
- These tasks are often self-help task meant to help defendants out of unfortunate social & health circumstances.
- 
- Most of these orders are never comply with due to lack of access to care and funding

# Integration

- Community Court planning team found coordination of services across multiple service providers crucial to the success of the Community Court
- Hotspotters group prior experience running the H3 grant enable them to know that the majority of these vulnerable clients will not accomplish these tasks well independently

# Application

- Hotspotters group made available to the CC trained community health workers team to meet the care coordination need of the Community Court
- Support is also provided through the Center for Justice health care navigators who helped signed defendant up for ACA at their court date

# Center for Justice: ACA Navigator

- Collaborative agreement between the SCMS and the Center for Justice (CFJ) was formed to provide the services of a trained paralegal tasked with enrolling clients in Medicaid as an in-person-assister for a .25 FTE appointment to assist community court client.
- The paralegal work closely with the SCMSF community health workers to assist court clients.

# Consistent Care Coordination

- The team reviews community court defendant for high ED utilization and monitors their ED usage which will then be reported back to the court as a stipulation of their sentence
- CC Track 2 defendants have ED care plans created and primary care established in cooperation with the Providence Consistent Care Program Staff

# Medicaid Enrollment Stats

- At present 80 people have been enrolled through the navigator at CC under the Affordable Care Act
- Majority have mental health/chemical dependency co-occurring health challenges
- In less than 2 weeks after online registration most defendant have access to health care.

# Conclusion

- During the formative stage of CC the main challenge faced by the team is access to health care by the homeless population
- The court was formed in December during the roll out of the ACA
- The court took advantage of the ACA to provide consistent care to homeless defendants and thus reduce jail cost and ED visit by the population



# **NCJA Medicaid Enrollment Strategies Webinar**

**Oregon Department of Corrections  
June 3, 2014**





# Oregon Corrections' History with Medicaid at Re-entry

61

- ❑ 2006 – Oregon's Transitional Services Division partnered with the Department of Human Services (DHS) to 'pre-qualify' inmates for federal benefits prior to release from prison.
- ❑ Focused on persons with high mental health needs at release who were incarcerated more than 12 months.
- ❑ Developed process to identify inmates and instituted standard procedures for pre-qualification as part of framework for effective transition and re-entry.



# Why ODOC is Implementing the ACA

62

- ❑ ODOC estimates more than half of the approximate 4,700 state prisoners reentering the community each year are eligible for either Medicaid or for federal subsidies to help buy health insurance from state health insurance exchanges (HIX).
- ❑ On average, ODOC releases around 398 persons each month.
- ❑ In addition, large numbers of the more than 31,700 individuals in jail, or on probation or parole will also be newly eligible for health insurance.



# ACA Planning Process

63

- ❑ October, 2013 – ODOC repurposed a position to serve as the department's Re-entry Benefits Coordinator.
- ❑ Interagency agreement with the Oregon Health Authority (OHA) was signed in January 2014 authorizing ODOC's Re-entry Benefits Coordinator to serve as 'application assister' and submit Medicaid on-line applications (for under age 65).
- ❑ Coordinator participated in OHA-required training.



# Critical Part of ODOC's Transition & Re-entry Work

64

- Implementation of the ACA is a critical part of ODOC's larger transition and re-entry work.
- The ACA brings a range of provisions especially relevant to those release from incarceration – most significantly, coverage for pre-existing conditions.
- Including the ACA in pre-release planning fits well with the department's goal for an integrated, continuous, and coherent re-entry process focused on community safety through offender success.



# ACA Eligibility – Under Age 65

65

- Eligibility requirements for Medicaid/Cover Oregon through the ACA/Cover Oregon:
  - ▣ Under the age of 65 at release
  - ▣ Incomes at or below 133 percent of the Federal Poverty level (for single adults = approximately \$14,856/year
  - ▣ Immigration status confirmed
- On-line application submitted through Cover Oregon portal no more than 7 days before release from prison date.
- Medicaid eligibility decision is 'real-time' and person leaves prison with health insurance – typically the Oregon Health Plan.



# Under Age 65 Enrollment Statistics

66

- Since February 24, 2014:
  - ▣ Met with 911 inmates prior to release from prison
  - ▣ 778 (85%) enrolled and eligible prior to release
- Reasons not enrolled include:
  - ▣ Other insurance available
  - ▣ Oregon Health Plan in suspend status
  - ▣ Compacting to another state upon release
  - ▣ Application completed by family or partner organization
  - ▣ Did not attend 'call-out' to receive assistance
  - ▣ Chose to wait to apply post-release (did not want ODOC's help)
  - ▣ Refused to sign the "consent for assistance"



# Medicaid Application – Age 65+

67

- Eligibility requirements established by the Department of Human Services (DHS) Aging and People with Disabilities (APD):
  - Inmates ages 65 and older nearing release
  - ODOC must use the DHS-APD Medicaid Application forms
  - Process begins approximate 75 days prior to release
  - Inmate cannot have more than \$2,000 in assets
  - Completed application and supporting documentation is mailed to DHS-APD 45 to 60 days prior to release from prison date
  - ODOC receives eligibility determination decision 15 to 30 days prior to release date



# How ACA is Being Received

68

- ODOC's process allows the Re-entry Benefits Coordinator to meet one-on-one with individuals prior to release.
- During these meetings, the Coordinator:
  - shares information regarding the essential health benefits available through ACA, and
  - assists inmates to complete an application which is uploaded to the Oregon portal.
- The Coordinator's efforts also ensure coordination of medical and behavioral health care for those with chronic illnesses so they can be connected with appropriate community health care providers.





# Impact on Community Corrections

69

- For individuals releasing from prison, ODOC provides documented eligibility confirmation and 'chronos' the information for parole/probation officers to readily access by computer.
- For those on community supervision (probation, post-prison supervision, parole), many county Community Corrections agencies have established processes and/or partnered with local agencies to assist with ACA enrollments.
- ODOC meets regularly with the Oregon Association of Community Corrections Directors (OACCD) to discuss ACA implementation and keep them apprised of the department's efforts.

# Questions?

**Shawn Cost-Streety, ODOC Re-entry  
Benefits Coordinator**

**[SHAWN.R.COST-STREETY@DOC.STATE.OR.US](mailto:SHAWN.R.COST-STREETY@DOC.STATE.OR.US)**

**503-945-9052**

**Cindy Booth, ODOC Transition and  
Re-entry Administrator**

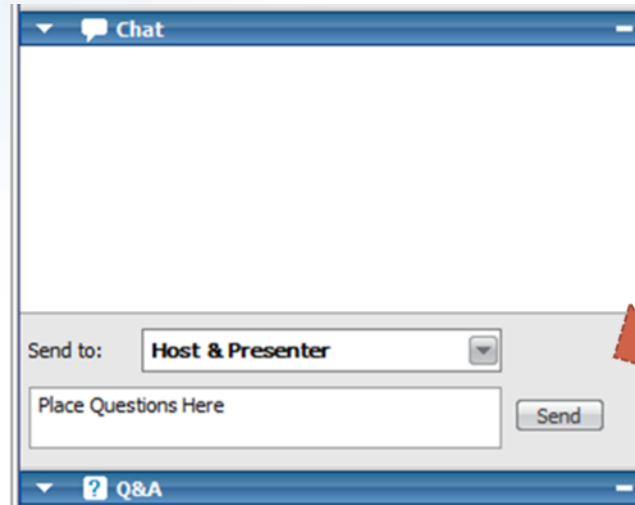
**[CINDY.D.BOOTH@DOC.STATE.OR.US](mailto:CINDY.D.BOOTH@DOC.STATE.OR.US)**

**503-947-1040**



# Q & A

To submit questions for the presenters please use the chat feature on the right hand side of your screen.  
Please select **Host and Presenter**



The image shows a screenshot of a web-based chat interface. The window has a title bar that says "Chat". Inside the window, there is a large empty text area for messages. Below this, there is a "Send to:" dropdown menu currently set to "Host & Presenter". Underneath the dropdown is a text input field with the placeholder text "Place Questions Here". To the right of the input field is a "Send" button. A red arrow points to the "Send" button. At the bottom of the window, there is a status bar that says "? Q&A".

# Presenters

## Centers for Medicare and Medicaid Services

Jean Close  
Health Insurance Specialist

Stephanie Bell  
Technical Director

## Connecticut Department Of Corrections

Colleen Gallagher  
Director, Quality Assurance Health & Addiction  
Services

Kathleen F. Maurer  
Correctional Medical Director

## Californians for Safety and Justice

Jenny Montoya Tansey  
Health Matters Project Director

## Spokane WA Community Court

Barry Pfundt  
Staff Attorney  
Center for Justice

Francis Adewale  
Assistant Public Defender  
Office of the Public Defender

## Oregon Department of Corrections

Cindy Booth  
Transition and Release Administrator

Shawn Cost-Streety  
Reentry Benefits Coordinator

# ***THANK YOU FOR JOINING US***

Today's slides and a recording of this webinar will be available at:

[www.ncja.org/webinars-events/ncjabja-webinar-series/webinar-archives](http://www.ncja.org/webinars-events/ncjabja-webinar-series/webinar-archives)

This webinar series is supported by Grant No. 2010-DB-BX-K086 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the SMART Office, and the Office for Victims of Crime. Points of view or opinions are those of the speakers. - See more at: <http://www.ncja.org/webinars-events/ncjabja-webinar-series/webinar-archives#sthash.k2bHllvs.dpuf>