

Leveraging National Health Reform to Reduce Recidivism & Build Recovery

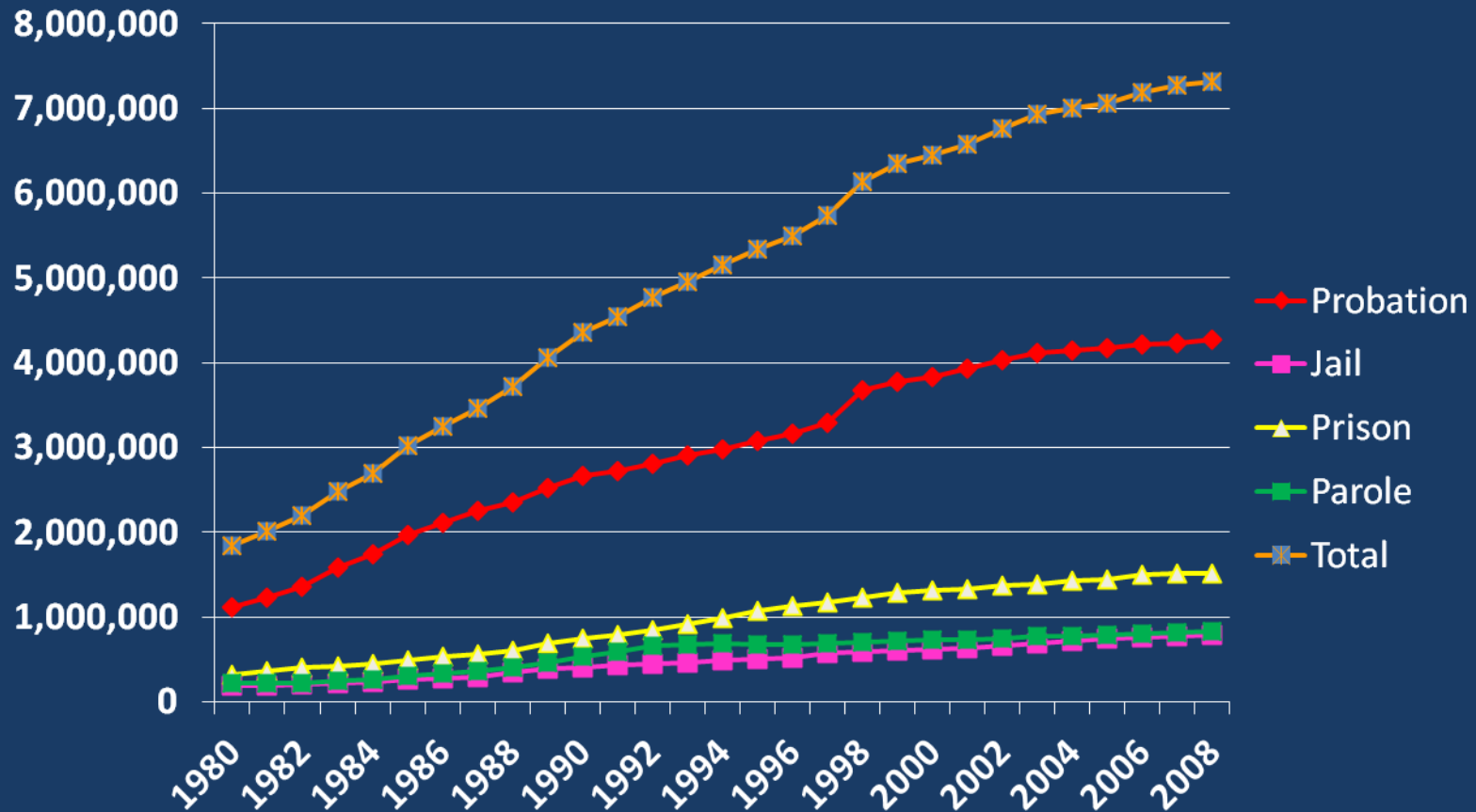
Presented to the National TASC Conference

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What We'll Cover Today

- Why should you pay attention to health care reform?
 - Urgency of acting now – regardless of what state you live in
- What is health reform?
 - How can justice agencies, counties and states benefit?
- Examples of proactive planning going on now
 - Cook County (Chicago)
 - New York State

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

Revolving Door of Justice Involvement

- 730,000 people admitted and released from prisons each year (2009)
- Two-thirds (68%) of prisoners rearrested within 3 years of release (1997)
- Half (52%) of prisoners returned to prison for new crime or violation (1997)

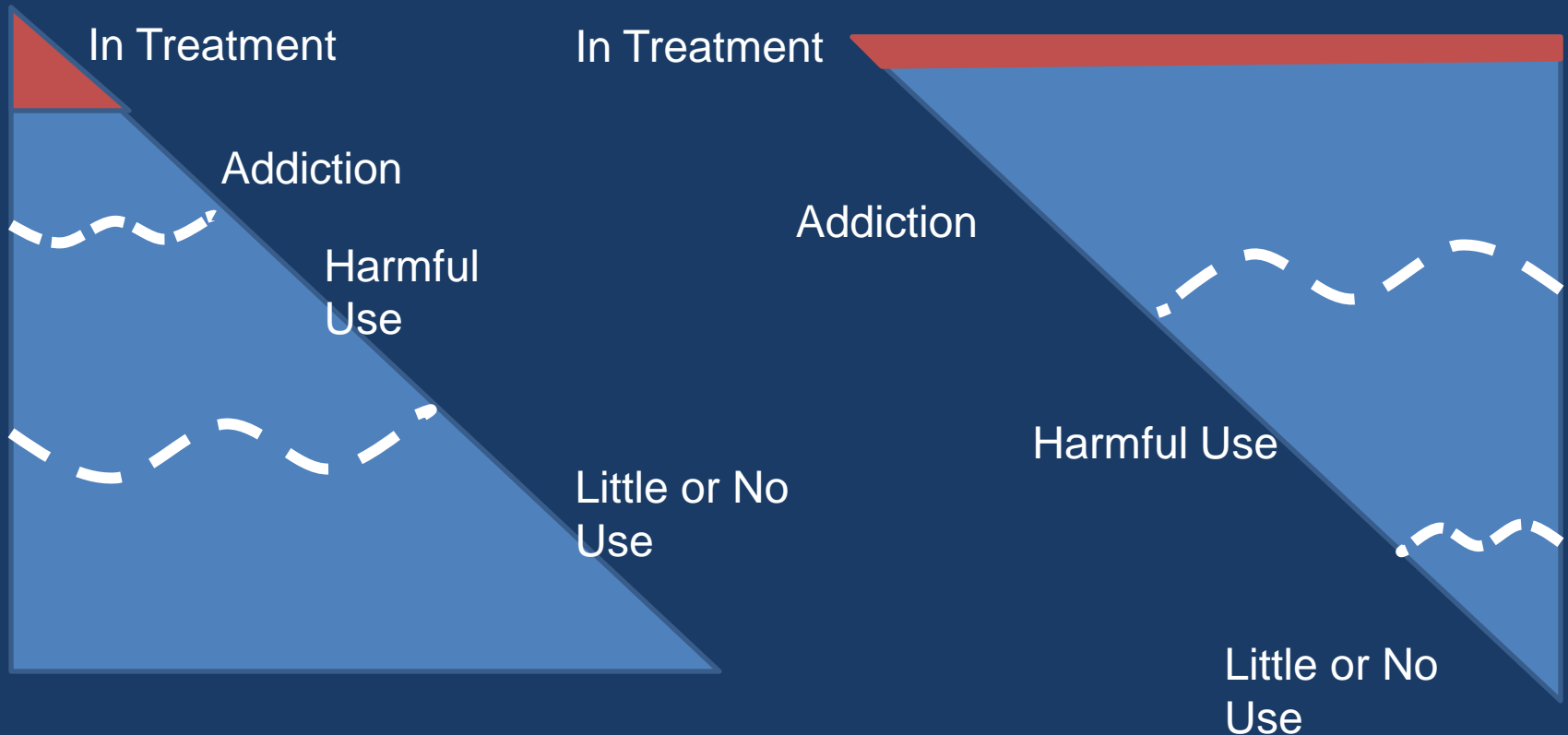
Sources: The Pew Center on the States, 2008; Minton, 2011; West, 2010; The Pew Center on the States, 2009; Glaze & Bonczar, 2010; Langan & Levin, 2002; Beck, 2006; Vin, 2002; Beck, 2006

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

Health Reform Can Change Everything

- Limited insurance/Medicaid coverage among justice populations today (< 10%)
- National health reform creates near-universal coverage among low-income adults

Don't Miss Your Opportunity to Shape the Future!

- UNIVERSAL interventions for substance abuse and mental health problems vs. program-by-program progress
- OPPORTUNITY to reduce incarceration
 - Increase diversion from jail/prison to community treatment with supervision

State Implementation: Medicaid Expansion

Status	Examples	What happens in January 2014?
States with comprehensive coverage for low-income adults	New York, Massachusetts, Hawaii, Arizona, Vermont, Maine, DC	<ul style="list-style-type: none"> • Match increases to ACA FMAP • (100% through 2016, slides to 90% by 2019 and stays there) • Stronger provisions for MH/SA services
States with recent early expansion (ACA)	Illinois, California	<ul style="list-style-type: none"> • All eligible adults covered, beyond those enrolled early • Match increased to ACA FMAP • Stronger provisions for MH/SA services
States with some coverage for low income adults	Pennsylvania, Michigan, Indiana	<ul style="list-style-type: none"> • If the state adopts the Medicaid expansion, all eligible adults will be covered • Stronger provisions for MH/SA services
States with no coverage for low income adults	Ohio, Texas	<ul style="list-style-type: none"> • If the state adopts the Medicaid expansion, all eligible adults will be covered • Stronger provisions for MH/SA services

State Implementation: Health Insurance Exchange

Status

- All states will have health insurance exchanges
 - Run by state, in partnership with federal government or run by the federal government
- Building health insurance exchanges now
- Establishing enrollment procedures, outreach plans
- Open enrollment begins October 1, 2013
- Benefits take effect January 1, 2014

Timeline for Action

Now Through September 2013	October Through December 2013	January 2014 - Future
<p>Planning & preparation to maximize enrollment, build linkages to care, expand community capacity</p>	<ul style="list-style-type: none"> - Enroll newly eligible men and women into coverage - Maximize through justice system 	<ul style="list-style-type: none"> - Begin to refer enrolled people into services - Begin to increase jail diversion and expand reentry services
<p><u>Stages of Change:</u> Pre-contemplation Contemplation Preparation</p>	<p><u>Stages of Change:</u> Action Further preparation</p>	<p><u>Stages of Change:</u> Action Maintenance</p>

How will National Health Reform Change Things?

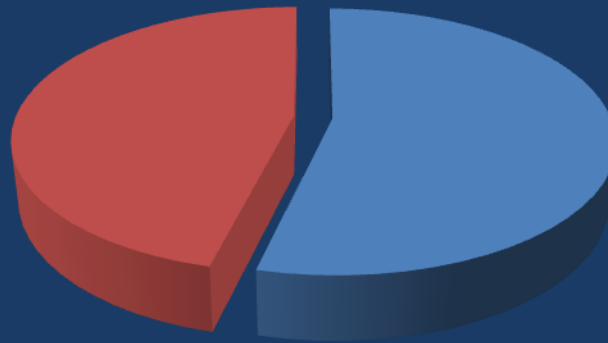
What is the Affordable Care Act?

- 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

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

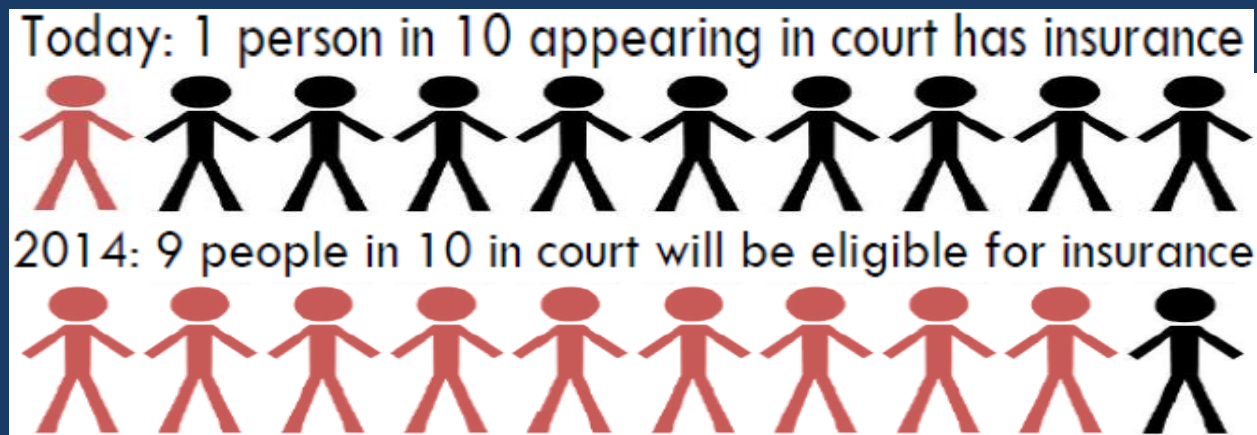
Sources: Illinois Criminal Justice Information Authority (2008); Illinois Supreme Court (2009); Illinois Department of Corrections (2009)

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

1. Specific Opportunity: Courts/Probation

- Reduce probation 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

What will be needed to gain these results?

- Timely enrollment in Medicaid/Insurance
- Universal screening early in the CJS process
- Matching to appropriate services
 - Drug Education
 - Outpatient, Intensive Outpatient, Residential Treatment
 - Expanded capacity will be needed
- Universal reporting and sanctions process
 - Must avoid net widening

Needed: Infrastructure for coordinated care

- Recovery-focused continuity of care
- Follow individuals from institution to community
- Shift framework from acute episodic treatment to sustainable chronic disease management
- Support long-term, durable recovery, not just cessation of use

2. Specific Opportunity: Jails

- Reduce “frequent fliers” due to untreated substance use and psychiatric disorders
- Reduce jail health care expenditures related to chronic conditions
- Potential opportunity: Reduce incarceration through increased diversion to treatment with pre-trial/probation supervision

3. Specific Opportunity: Parole

- Enroll inmates prior to release
- Assess and link to needed care to begin upon release
- Reduce parole violations, new arrests and reincarceration due to untreated substance use and psychiatric disorders

How to Organize All This Change Locally?

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

Goals

- Identify wins for CJS and health system
- Identify opportunities
 - Create “on ramps” to medical coverage & care
 - Build “off ramps” from CJS via diversion to treatment in the community
 - Examples:
 - Low level offenders diversion at bond court
 - People with addiction and SMI linkage to services

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