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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Cabell Cropper
Executive Director
National Criminal Justice Association

Presenters

Jack Cutrone
Executive Director
Illinois Criminal Justice Information Authority

Maureen McDonnell
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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).
General Population vs. CJS

**General Population***
Based on Dr. Tom McClellan’s work (TRI)

- In Treatment
- Addiction
- Harmful Use
- Little or No Use

**Criminal Justice**

- In Treatment
- Addiction
- Harmful Use
- Little or No Use
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
Expanding Treatment: How the Affordable Care Act Can Impact Criminal Justice Systems

Jack Cutrone
Executive Director
Illinois Criminal Justice Information Authority
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

Cycling Population

Criminal Justice Systems

Behavioral Health Systems
SAAs, 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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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:

<table>
<thead>
<tr>
<th>Statewide Medicaid Expansion (26 States Proceeding January 2014)</th>
<th>Health Insurance Marketplace (All states will have HIMs)</th>
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</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>Primary care</td>
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<tr>
<td>Hospitalization</td>
<td>Hospitalization</td>
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<tr>
<td>Medications</td>
<td>Medications</td>
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<tr>
<td>Mental health services</td>
<td>Mental health services</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>Substance abuse services</td>
</tr>
</tbody>
</table>

**How care is organized:**

- Fee-for-service OR
- Medicaid managed care with provider networks
  - Prior authorization
  - Medical necessity
  - Not all needed services will be reimbursed

- Numerous health plans
- Commercial insurance
  - 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

<table>
<thead>
<tr>
<th>Now Through September 2013</th>
<th>October Through December 2013</th>
<th>January 2014 - Future</th>
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</table>
| • Planning & preparation to maximize enrollment, build linkages to care, expand community capacity | • Enroll newly eligible men and women into coverage  
• Maximize enrollment | • Continue enrollment  
• Begin to refer enrolled people into services  
• Plan to increase jail diversion and expand reentry services |
Contact Information

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Q & A

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FOR JOINING US

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