

# Leveraging National Health Reform to Reduce Recidivism & Build Recovery

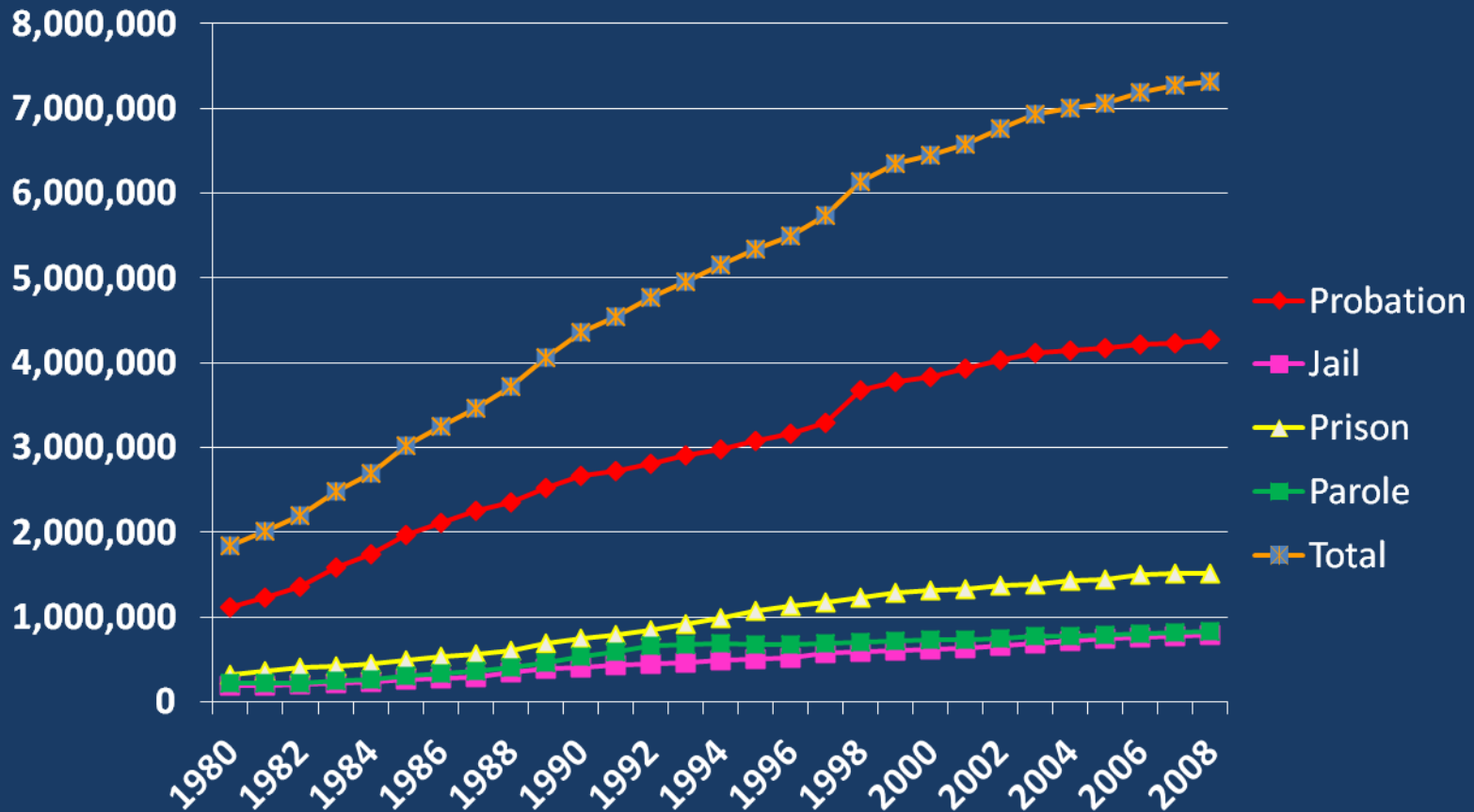
Presented to the National TASC Conference

**May 2013**

# 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

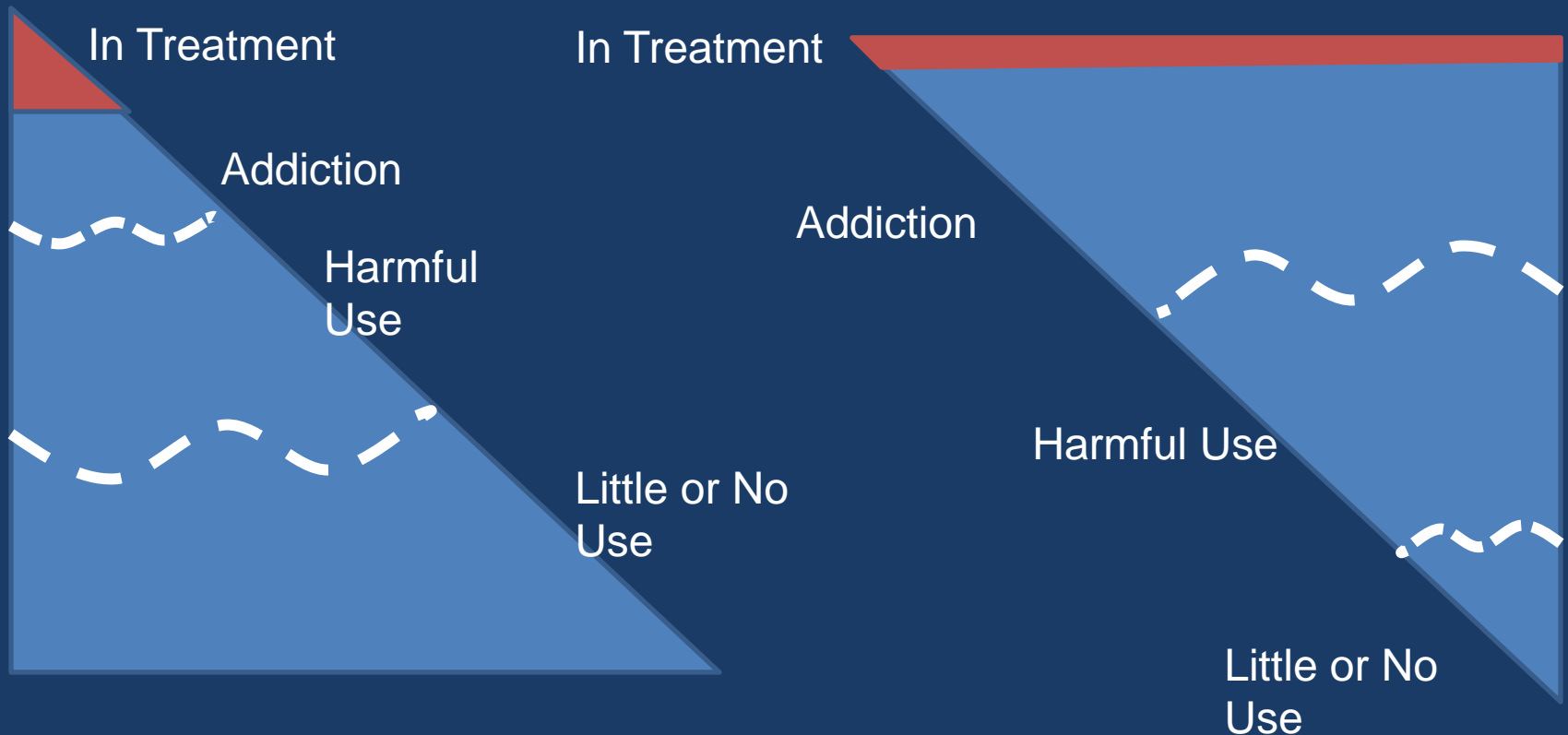
- 730,000 people admitted and released from prisons each year (2009)
- Two-thirds (68%) of prisoners rearrested within 3 years of release (1997)
- Half (52%) of prisoners returned to prison for new crime or violation (1997)

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; van, 2002; Beck, 2006

# General Population vs. CJS

General Pop

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

**You want this!**

# 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"> <li>• Match increases to ACA FMAP</li> <li>• (100% through 2016, slides to 90% by 2019 and stays there)</li> <li>• Stronger provisions for MH/SA services</li> </ul>
States with recent early expansion (ACA)	Illinois, California	<ul style="list-style-type: none"> <li>• All eligible adults covered, beyond those enrolled early</li> <li>• Match increased to ACA FMAP</li> <li>• Stronger provisions for MH/SA services</li> </ul>
States with some coverage for low income adults	Pennsylvania, Michigan, Indiana	<ul style="list-style-type: none"> <li>• If the state adopts the Medicaid expansion, all eligible adults will be covered</li> <li>• Stronger provisions for MH/SA services</li> </ul>
States with no coverage for low income adults	Ohio, Texas	<ul style="list-style-type: none"> <li>• If the state adopts the Medicaid expansion, all eligible adults will be covered</li> <li>• Stronger provisions for MH/SA services</li> </ul>

# 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 &amp; preparation to maximize enrollment, build linkages to care, expand community capacity</p>	<ul style="list-style-type: none"> <li>- Enroll newly eligible men and women into coverage</li> <li>- Maximize through justice system</li> </ul>	<ul style="list-style-type: none"> <li>- Begin to refer enrolled people into services</li> <li>- Begin to increase jail diversion and expand reentry services</li> </ul>
<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?

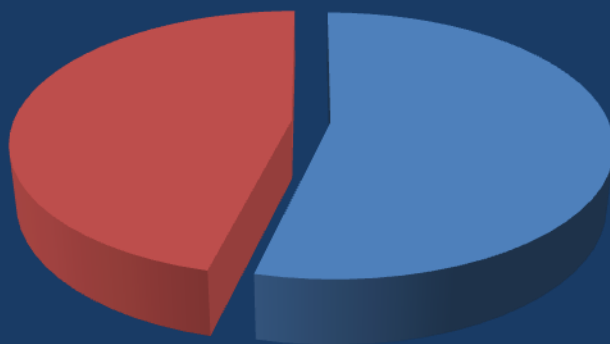
# What is the Affordable Care Act?

- 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

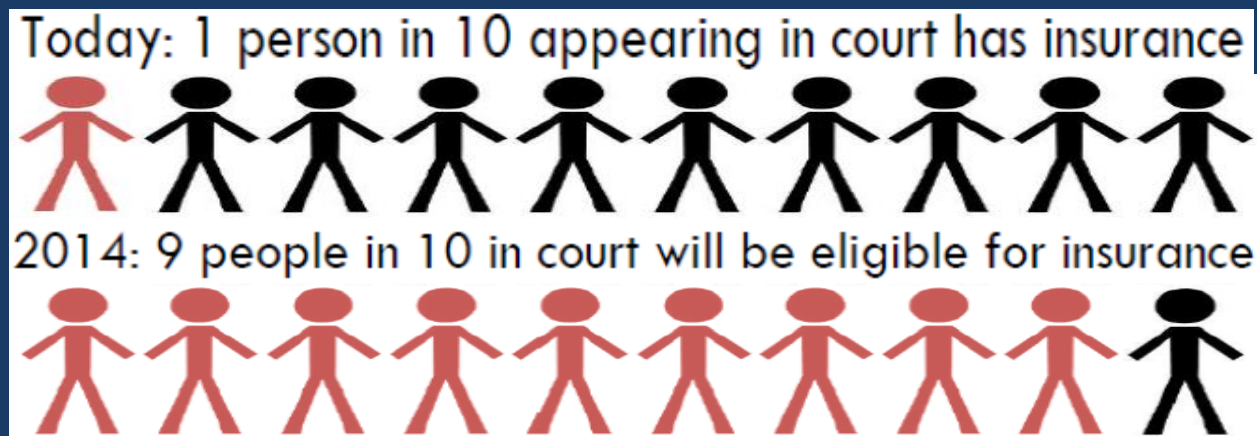
Sources: Illinois Criminal Justice Information Authority (2008); Illinois Supreme Court (2009); Illinois Department of Corrections (2009)

# 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

# Contact Information

## Pamela F. Rodriguez

President/CEO

TASC, Inc.

1500 N. Halsted St.

Chicago, IL 60642

(312)573-8372

[prodriguez@tasc-il.org](mailto:prodriguez@tasc-il.org)

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

## Maureen McDonnell

Director for Business and

Health Care Strategy Development

TASC, Inc.

1500 N Halsted St.

Chicago, IL 60642

(312) 573-8222

[mmcdonnell@tasc-il.org](mailto:mmcdonnell@tasc-il.org)

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