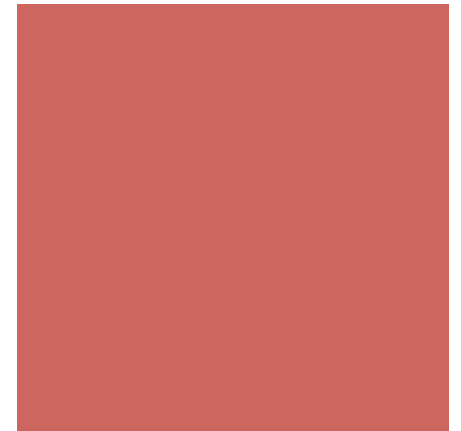
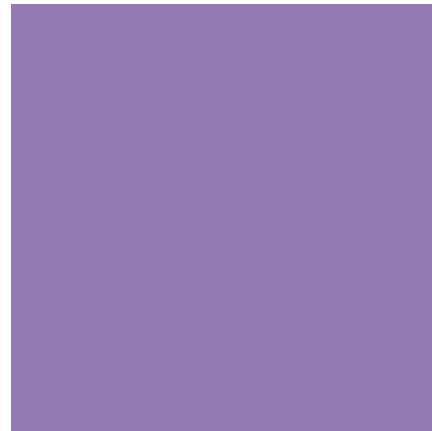


**+ Health Care
Reform &
Justice-Involved
Populations:
Opportunities for the
HCH Community**

June 19, 2012



NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

+ Today's Presenters

- **Barbara DiPietro, Ph.D.**
Director of Policy, National HCH Council

- **Fred Osher, M.D.**
Director of Health Systems and Services Policy
Council of State Governments' Justice Center

- **Meagen Condon, MA, LMHC**
Release Planning Manager; Public Health - Seattle & King
County
King County Correctional Facility

+ Overview of Presentation

- Overview of Medicaid provisions
- Demographics of justice population
- Justice Center/Council of State Governments
- Priorities for the justice community
- Resources & recommendations for partnerships
- Public Health-Seattle & King County
Jail Health Services: Release Planning Program
- Q&A





Medicaid Expansion: Who Is Eligible?



- **Currently eligible:** children, pregnant women, disabled people, and parents
- **Newly eligible (starting January 1, 2014):** Law expands Medicaid to non-disabled adults earning at or below 138% FPL:
 - About \$15,000/year for singles
 - About \$25,500/year for family of 3
- Must be a U.S. citizen, or legal resident at least 5 years

+ Medicaid Enrollment

- **Current enrollment:** ~60 million (includes CHIP)
- **New enrollment:**
 - Congressional Budget Office: 16 million
 - Centers for Medicare/Medicaid Services: 18 million
 - **Likely range: 13.4 million (range: 8.5 million – 22.4 million)***
- **Remaining uninsured:** 21 million
 - **Medicaid-eligible but un-enrolled: 8 million – 10 million**
 - Undocumented: 6 million – 7 million

* Source: Sommers, B., Swartz, K., and Epstein, A. (November 2011.) Policy makers should prepare for major uncertainties in Medicaid enrollment, costs and needs for physicians under health reform. *Health Affairs* 30:11.

Health Care & Housing Are Human Rights



ACA and Qualified Individuals



- Qualifying participants in Exchanges: §1312:

(f) QUALIFIED INDIVIDUALS AND EMPLOYERS; ACCESS LIMITED TO CITIZENS AND LAWFUL RESIDENTS—

(1) QUALIFIED INDIVIDUALS.—In this title:

(B) INCARCERATED INDIVIDUALS EXCLUDED.—An individual shall not be treated as a qualified individual if, at the time of enrollment, the individual is incarcerated, **other than incarceration pending the disposition of charges.**



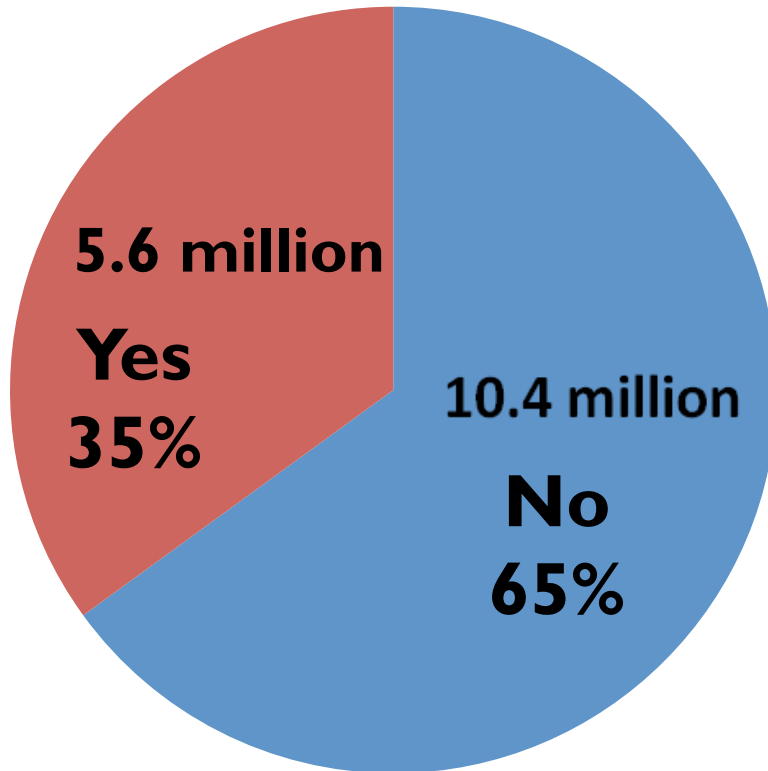
ACA and the Individual Mandate

- Required to Maintain Coverage Under Individual Mandate: §1501:

- (a) REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL COVERAGE.—
An applicable individual shall for each month beginning after 2013 ensure that the individual, and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for such month.
- (1) IN GENERAL.—The term ‘applicable individual’ means, with respect to any month, an individual other than an individual described in paragraph (2), (3), or (4).
- (4) INCARCERATED INDIVIDUALS.—Such term shall not include an individual for any month if for the month the individual is incarcerated, other than incarceration pending the disposition of charges.**



Newly Eligible for Medicaid: Those with Prior Criminal Justice Involvement



90% of those entering jails lack health insurance.
(Wang, et al. AJPH, 2008)

Source: National Institute of Corrections, 2011

Health Care & Housing Are Human Rights



+ Criminal Justice Population by Venue (2010)

- Daily jail/detention center population: 748,728
 - 61% unconvicted detainees awaiting court action on current charge
- Yearly jail/detention population: 12.9 million arrests
 - 9 million individuals
 - 64% turnover each week (depends on size of jail)
 - 15% homeless in year before arrest
- Prison releases: 656,190
 - 75% received conditional release
- Community Corrections: 4,887,900
 - 83% on probation (73% on active supervision)

+ Health Care Needs of Criminal Justice Population

- Prevalence of communicable disease
 - HIV, hepatitis B & C, TB, STIs
- Pervasive behavioral health needs
 - Mental health
 - Addictions
 - Co-occurring disorders
- High rates of chronic illnesses
 - Asthma, cardiovascular disease, hypertension, diabetes, etc.
- *Correction systems required to provide health care*



Criminal Justice and Health Systems: Common Goals



- Increase community safety
- Reduce health care costs
- Improve health status
- Increase community service capacity
- Reduce justice system utilization

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

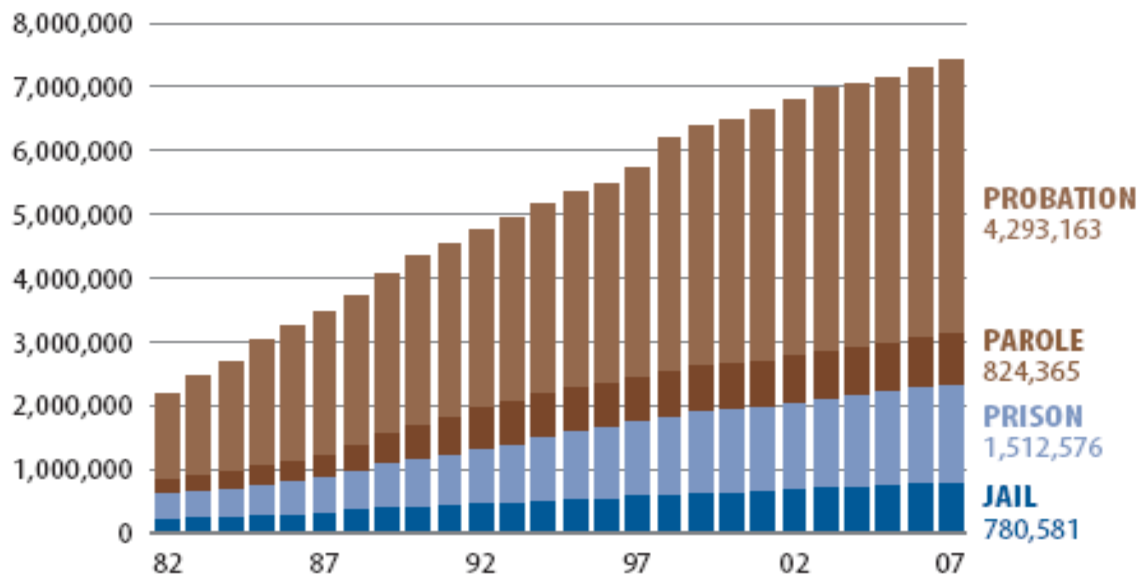
- National non-profit, non-partisan membership association of state government officials
- Represents all three branches of state government
- Provides practical, non-partisan advice informed by the best available evidence



An Expanding Population Under Correctional Supervision

7 MILLION AND COUNTING

Led by probation, the correctional population has tripled in 25 years.



SOURCE: Bureau of Justice Statistics Correctional Surveys available at <http://www.ojp.usdoj.gov/bjs/glance/tables/corr2tab.htm>.

NOTE: Due to offenders with dual status, the sum of these four correctional categories slightly overstates the total correctional population.

Source: The Pew Center on the States; Public Safety Performance Project



Criminal Justice Administrators: Current Priorities



- Maintaining safe and secure facilities, and communities
- Delivering health care services in accordance with constitutionally defined protections
- Working with community providers on prevention and reentry strategies
 - Recidivism Reduction as Common Goal
 - Continuity of Care between Health Systems
- Jails vs. Prisons

Challenges for Justice-Involved Persons

- **Employment:** Unable to apply for certain jobs including all forms of public employment
- **Public Assistance:** Prohibited from collecting food stamps, WIC, Pell grants, federal student aid
- **Housing:** Prohibited from some forms of public housing depending on charges and legal status
- **Medical Assistance:**
 - 85% of returning prisoners uninsured or no financial resources for health care
 - Recently released inmates are more likely to use the emergency department for health care.
 - Lapses in Medicaid

+ CSG Justice Center: Health and Health Reform Frequently Asked Questions

- FAQ: Health, Mental Health, and Substance Use Disorders in Criminal Justice Populations
 - Why is it important to screen and assess for health, mental health and substance use disorders at jail and prison intake and at release?
 - What is health literacy education and why should corrections facilities and their healthcare partners promote it?
 - Why are healthcare services so critical for successful reentry?
 - Are criminal justice, treatment, and service providers prohibited from sharing information because of federal and state privacy laws?

+ CSG Justice Center: Health and Health Reform Frequently Asked Questions (continued)

- **FAQ: Implications of Health Reform on Justice-Involved Populations**
 - What services must be covered under the new Medicaid package?
 - What are state health insurance exchanges and who is eligible to use them?
 - Are people in prison and jail exempt from the mandate to obtain health insurance coverage?
 - What can corrections officials do to facilitate Medicaid enrollment?
- **FAQ: Implications of Health Reform on Identification, Enrollment, Collaboration**
 - How can it be determined if an individual is eligible for Medicaid or a Health Insurance Exchange?
 - How can individuals' income documentation be obtained while incarcerated?

+ Recommendations for Health & Criminal Justice Partnerships

- Assess the community capacity to provide prevention, treatment, recovery, and integrated services under a benefit package for justice-involved populations.
- Ensure continuous health insurance coverage.
- Pay close attention to transitions.
- Use care management approaches that address the specific needs of the justice involved subset of chronically ill populations.
- Improve access to affordable and supportive housing.
- Create integrated multi-agency data systems to evaluate both public safety and health care outcomes.

Resources

- The CSG Justice Center <http://www.justicecenter.csg.org>
- Legal Action Center: www.lac.org
- Community Oriented Correctional Health Services: <http://www.cochs.org/>
- Alliance for Health Reform: <http://www.allhealth.org/index.asp>
- Health and Human Services Healthcare Reform Website: <http://www.healthcare.gov/>

+ Public Health-Seattle & King County Jail Health Services: Release Planning Program

- Jail Health Services is a section of the Department of Public Health-Seattle & King County (Public Health).
- **Charge:** Provide health care services for the detained adult population of the King County jails.
- **Mission:** To assess and stabilize serious health problems for the detained population of the King County Correctional Facility and the Maleng Regional Justice Center
 - Focus on transition from jail

Context of Service Delivery System

- Two county Jails- KCCF, MRJC
- Daily bookings: ~80-100
- Daily Average Population: 1,700
- Annual bookings: 40,000-50,000
 - 2010: 43,000 (for the most part, 'off the street')
- Median length of stay: 72 hours
- Mean length of stay: 19 days
 - Outliers related to issues of competency (mental illness) or high-profile and complex legal cases;

RELEASE PLANNING SERVICES

- **Staff:** 5 Masters level clinicians who provide needs assessment, continuity of care and pre-release services to inmate-patients while in custody
- **Goal:** link to benefits, community medical, behavioral health, chemical dependency treatment, housing, and social service agencies to increase the likelihood of a patient's success after release
- **Caseload:** 30-50 patients, depending on acuity
- **Priority Conditions:**
 - Adolescence
 - Chemical Dependency/Abuse
 - Emergent/Chronic Medical Concerns
 - HIV positive
 - Frail or elderly
 - Behavioral Health (chronic/acute)
 - Developmental Disabilities/ TBI

Role of Release Planner

KING COUNTY JAIL

RP Staff Role:

- Transitional Planning
- Legal System Coordination
- Linkage to Benefits
- Linkage to Treatment
- Linkage to other resources

Release Coordination

- ✓ Medication Continuity
- ✓ Release Coordination
- ✓ Pick up at Point of Release from Custody

Handoff Back to Assigned Case Manager

COMMUNITY
Stabilization and Integration

Community Safety
Probation/DOC
Housing
Treatment/Recovery
Vocational/Educational
Family and Other Supports

Ensure DSHS Benefits

Relationship with your local Community Services Office

Booked Into Jail

King County Criminal Justice Initiative: Outcomes Report

- Link inmate-patients to medical, mental health and substance use treatment:
 - 1st year 2008: 607
 - 2nd year 2009: 1,078
- Results:
 - Overall 36% reduction in jail bookings for the 1st and 2nd yr cohorts
 - 28% reduction in recidivism for the 1st year cohort and 15% reduction in recidivism for the 2nd year cohort
 - Reduction in jail days: 21,018 fewer in 2 years

Figure 14. JHS Release Planners-Proportion with “pre” and “post” Bookings (Recidivism)

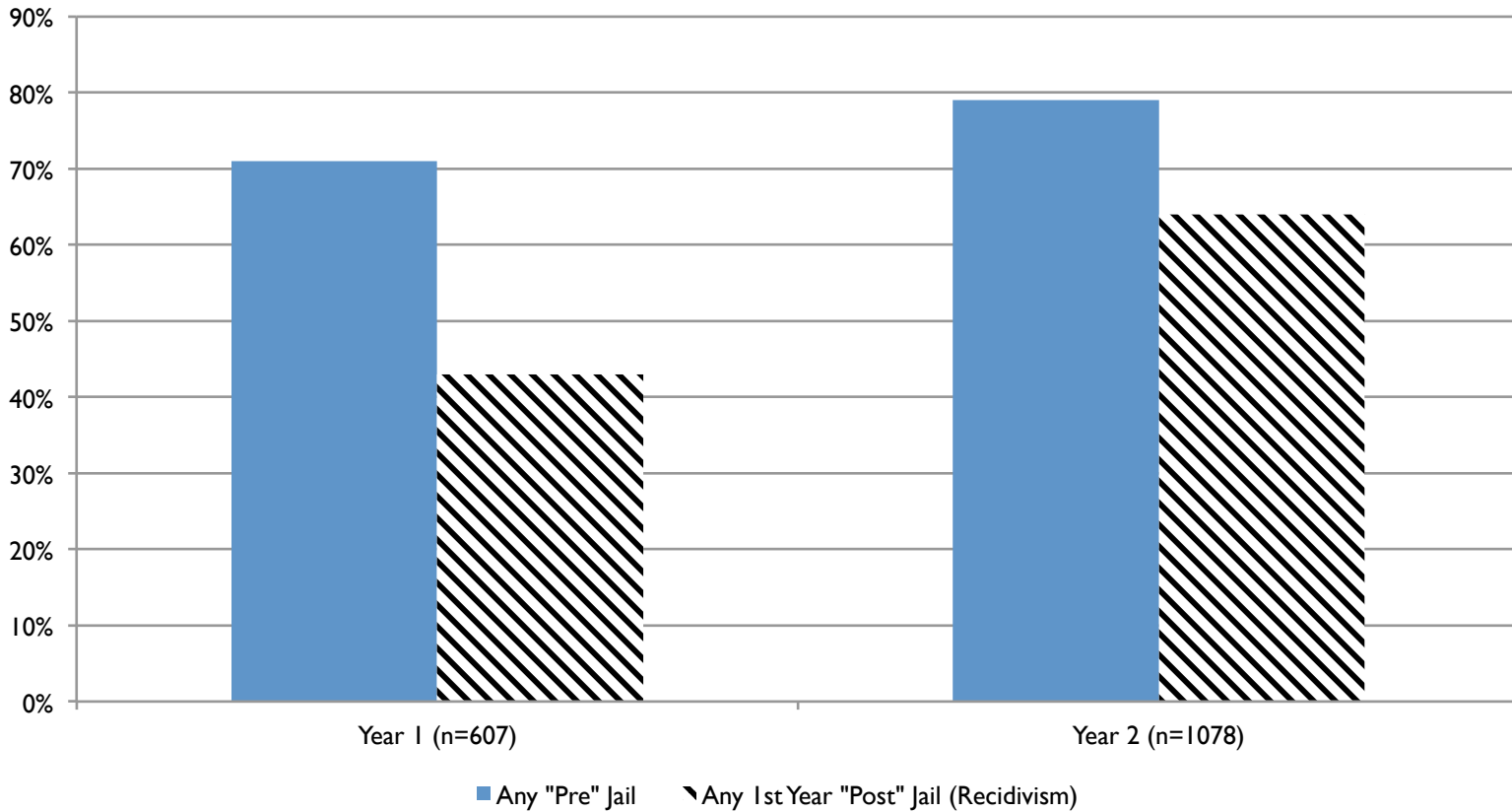
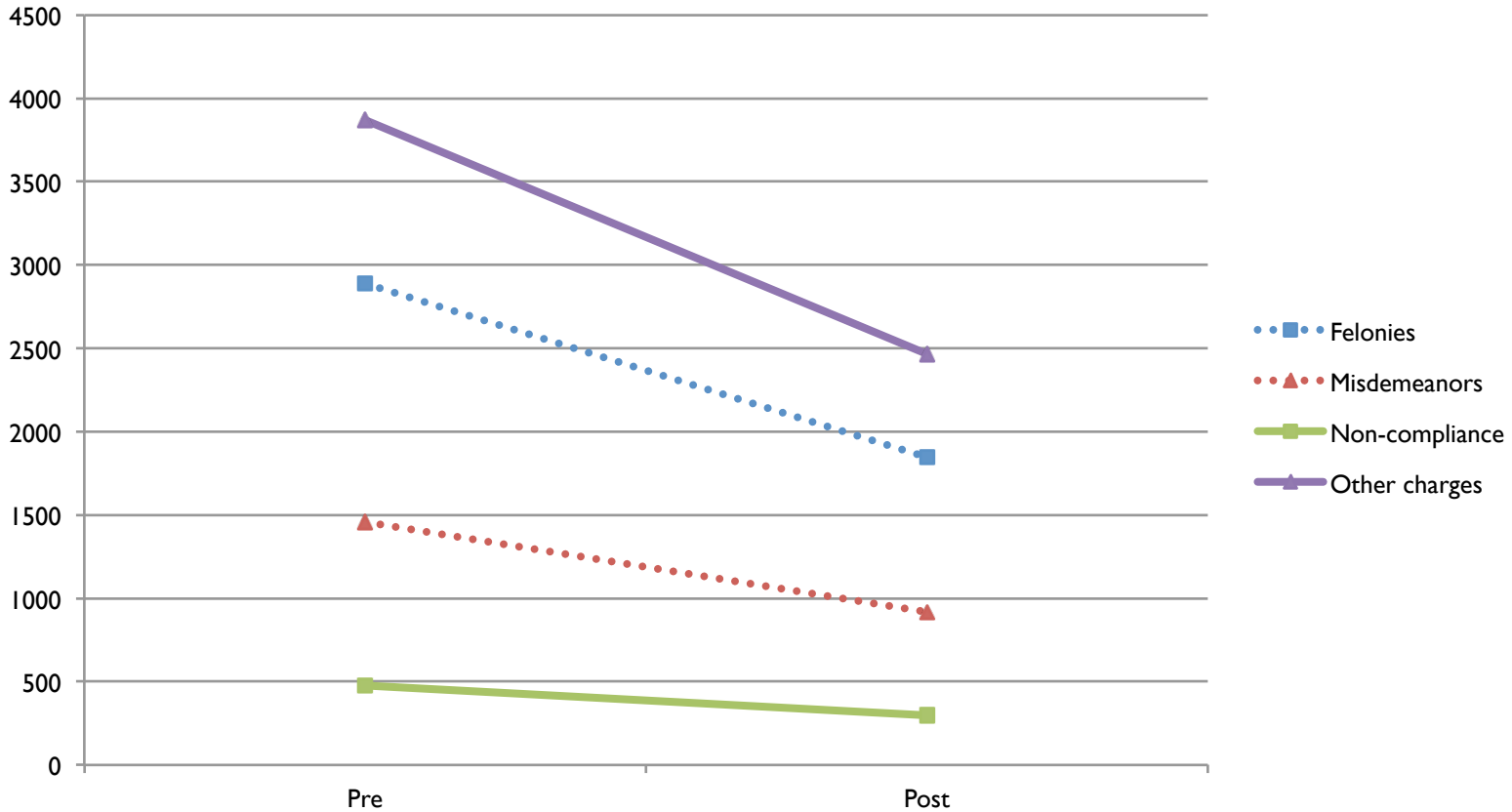


Figure 15. JHS Release Planning-Changes in Total Charges



Release Planning Keys to Success

- Access to in-custody DSHS financial and social workers
- Direct referral into many community programs from jail.
- Extensive collaboration with attorneys, probation, CCO' s, specialty courts
- Dept. of Public Health providing health services to the inmate population focusing on transition from jail
- Integrated Care Teams and Informational Community Meetings

Release Planning Keys to Success

(cont' d)

- King County Government – Partnerships, Coalitions, and Initiatives – few examples that directly and indirectly impact RP services
 - Criminal Justice Initiative Programs
 - Health Care for the Homeless Network
 - Regional Support Network Providers/ CD providers
 - Client Care Coordination- Permanent Supportive Housing
 - Mental Illness and Drug Dependency (MIDD) Action Plan
 - Veterans and Human Service Levy
- JHS a partner in the continuum of care for the HCH population



Questions?



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More Information on the Council



The National Health Care for the Homeless Council is a membership organization for those who work to improve the health of homeless people and who seek housing, health care, and adequate incomes for everyone.

- www.nhchc.org
- Health reform materials:
<http://www.nhchc.org/policy-advocacy/reform/>
- *Forthcoming*: Policy Brief related to Medicaid and criminal justice-involved populations
- Free individual memberships at:
<http://www.nhchc.org/council.html#membership>