

Leveraging National Health Reform to Reduce Recidivism & Build Recovery

Presented to the National Association of Court Managers

July 2013

Focus of Panel Presentation

1. Is there a Role for State Courts in Health Care Reform?
2. Patient Protection and Affordable Care Act (ACA) and the Criminal Justice System
3. What Your Court Needs to Know From the Research: Best Practices from Substance Abuse and MH Treatment

Is there a Role for State Courts in Health Care Reform?

Current Environment and a Case
Study

Patient Protection and Affordable Care Act: Threat or Opportunity

- Very Controversial Legislation in a Highly Polarized Society
- Most Ambitious Social Policy Legislation since the Social Security Act of 1935
- Disproportionate Impact on the Criminal Justice System

Fundamental Principles and Assumptions

- Mental Illness and Substance Abuse/ Addiction are Diseases
- High Incidence of these Diseases among the Criminal Justice Population
- State Courts can Play a Unique Role in the Implementation of the ACA
- Potential for Substantial Savings

Case Study: Cook County, Illinois

- County of Cook - over 5 million people.
- Chicago - 3.1 million people
- Fiscal Responsibilities of County Government – Cook County Health Systems, Circuit Court of Cook County/Cook County Jail
- State: Significant Fiscal Crisis
- Medicaid Waiver in 2012

Criminal Division, Circuit Court of Cook County, Chicago, Illinois

- Large, urban, high volume criminal courthouse.
- History of federal Consent Decrees regarding jail overcrowding
- Current Cook County Jail Population of about 10,000 defendants
- Illinois Department of Corrections population: 49,000

Justice and Health Initiative

- Funded by Chicago Community Trust
- Collaboration between TASC and Circuit Court of Cook County
- Presiding Judge, Criminal Division, Chair of the Steering Committee
- Court Plays the Role of Convener

Justice and Health Initiative Health System Stakeholders

- Cook County Health and Hospital Systems
- Cermak Health Services (jail hospital)
- Illinois Department of Healthcare and Family Services
- Healthcare Providers

Criminal Justice System Stakeholders

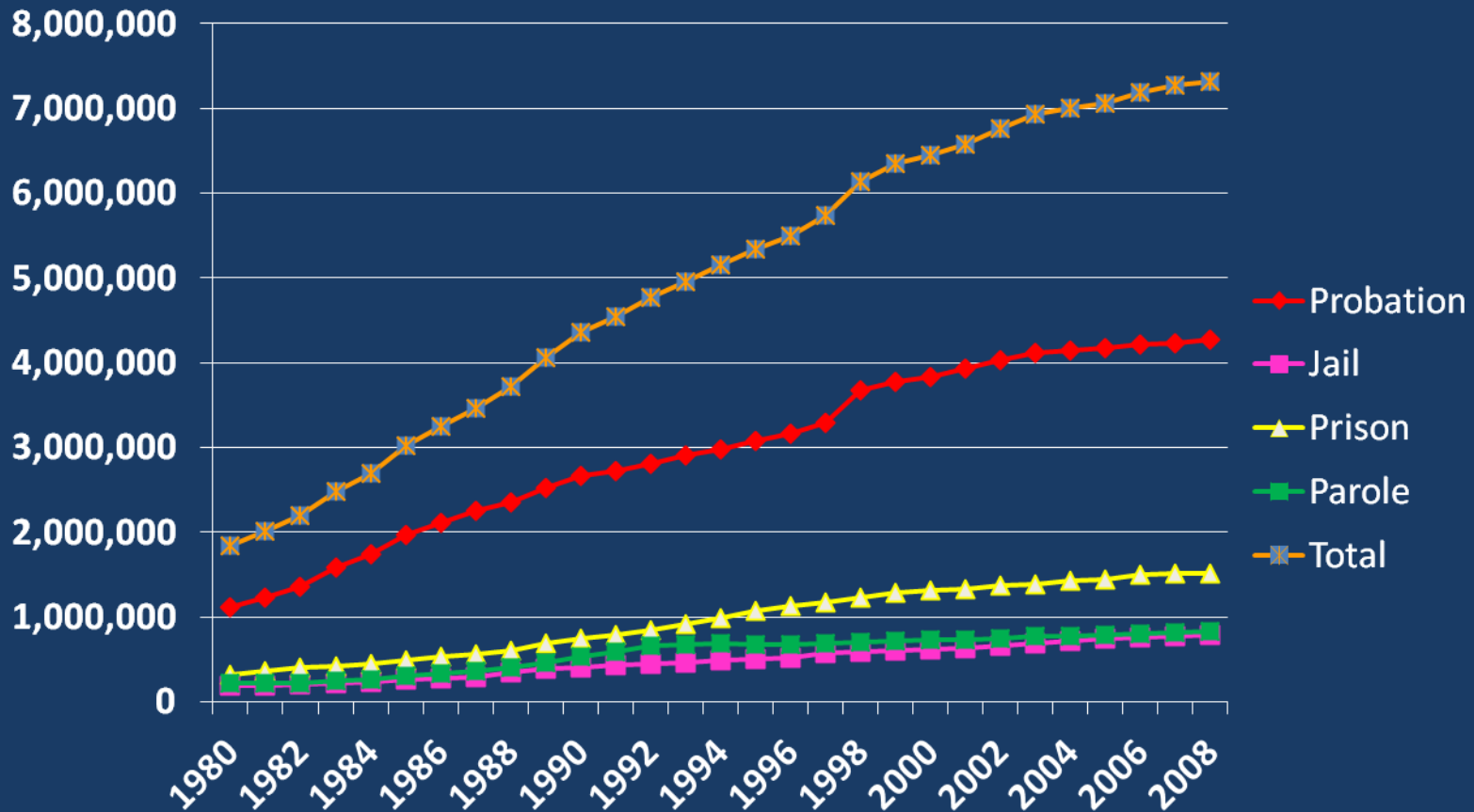
- Office of the Chief Judge
- Adult Probation Department
- Sheriff of Cook County
- Cermak Health Service
- States' Attorney of Cook County
- Public Defender of Cook County
- Behavioral Healthcare Providers

Patient Protection and Affordable Care Act (ACA) and the Criminal Justice System

What We'll Cover

- 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
 - County
 - 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

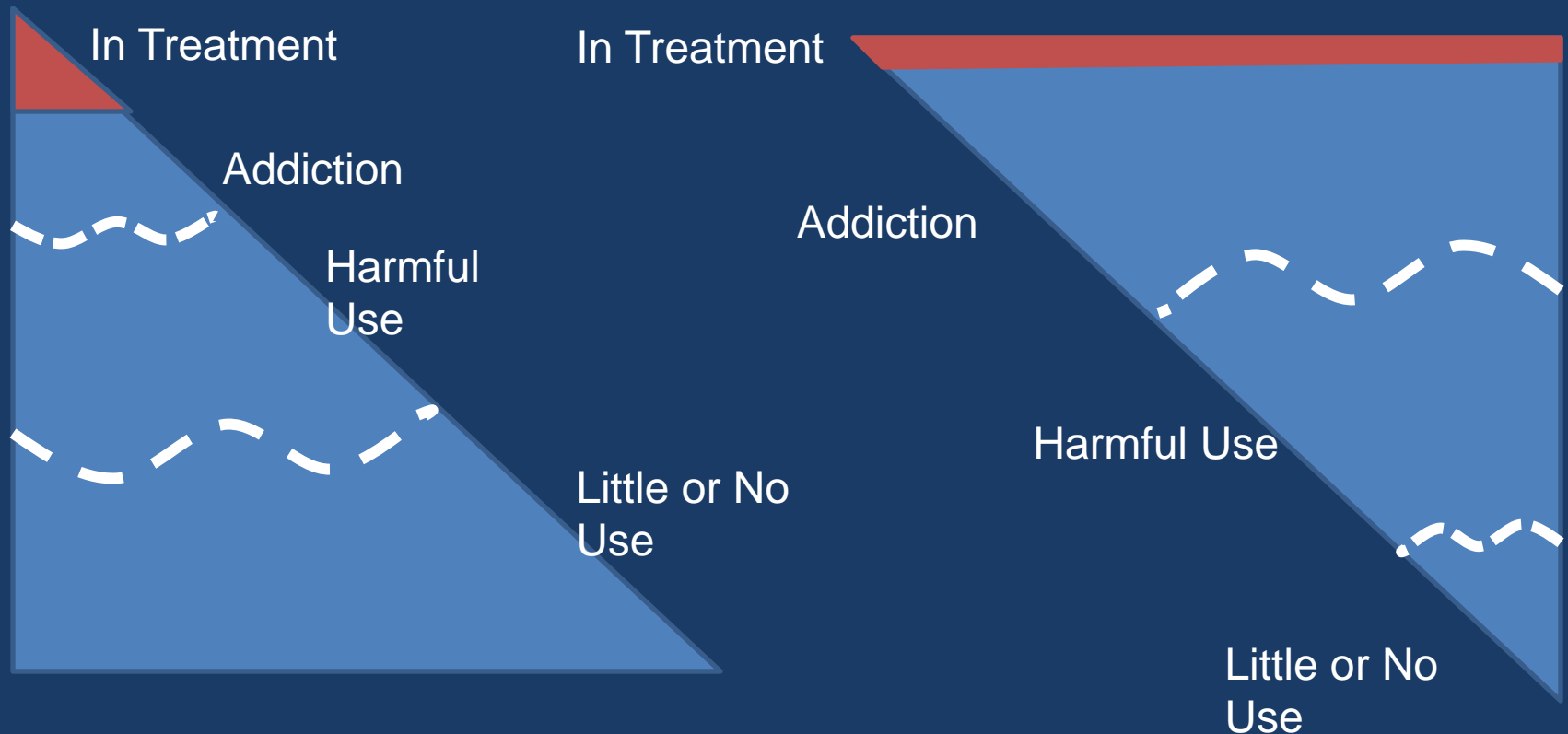
- 730,000 people admitted and released from prisons each year (2009)
- Two-thirds (68%) of prisoners rearrested within 3 years of release (1997)
- Half (52%) of prisoners returned to prison for new crime or violation (1997)

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

How?

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

How will National Health Reform Change Things?

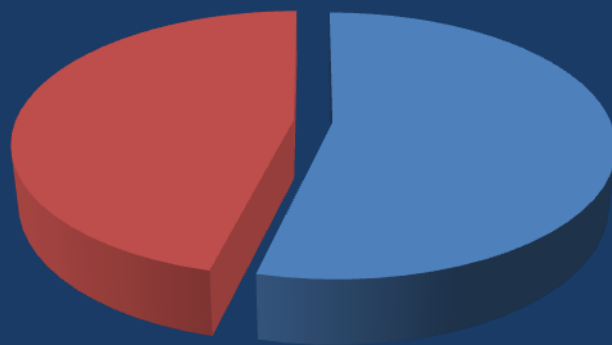
What is the Affordable Care Act?

- 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

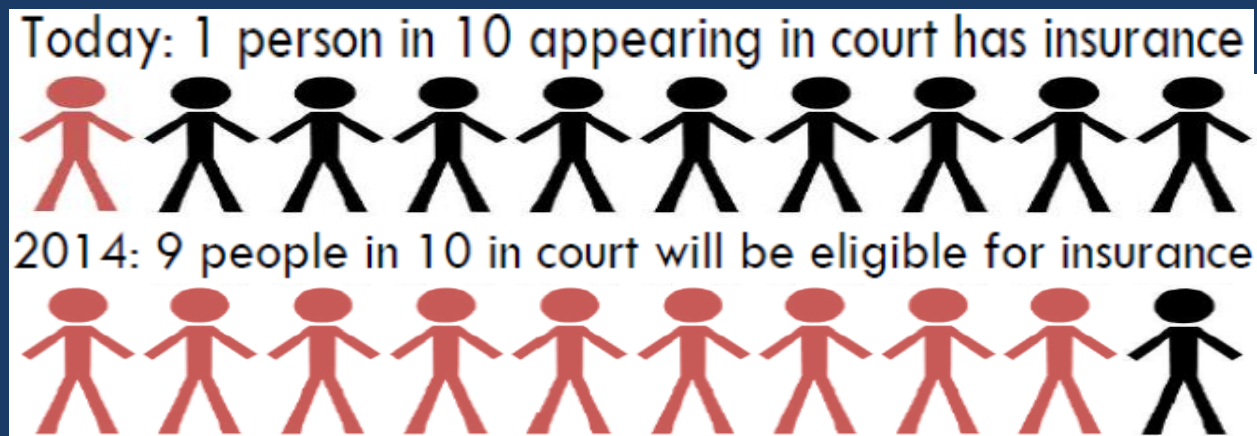
Sources: Illinois Criminal Justice Information Authority (2008); Illinois Supreme Court (2009); Illinois Department of Corrections (2009)

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

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

How to Organize All This Change Locally?

County Planning Processes

- Convened by Judicial Leadership
- Involve all CJS stakeholders
 - Court, Probation, Jail, SAO, PD
- Involve Health System stakeholders
 - Substance Abuse, Mental Health & Medical providers, Foundations

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

What Your Court Needs to Know from the Research

Best Practices in Substance Abuse and Mental
Health Treatment

Tara Kunkel, MSW
National Center for State Courts

Courts are Positioned to...

- Bring cross-system stakeholders together
- Encourage a data-driven approach to decision making
- Advocate for the adoption of evidence-based practices

Screening and Assessment

- Use validated screening and assessment tools appropriate for a CJ population – the court should have access to assessment results
- Assess for risk of reoffending/needs, substance abuse, mental health and trauma
- Use the results to guide decision making and service planning
- Reassessment is as important as initial assessment!

Substance Abuse Treatment

- Goal is to have a spectrum of programming of varying intensity with clear target populations for each level of intervention (e.g. 12 week group plus drug testing for a low risk/medium need defendant; 200+ hours of treatment for high risk/high need defendants with multiple prior treatment attempts)
- Reserve the highest intensity of services for medium to high risk defendants/probationers

Substance Abuse Treatment

- Treatment should be cognitive-behavioral, manualized (curriculum-based) and delivered by staff trained in the curriculum.
- Interesting finding from drug court research: Having no more than two treatment agencies providing service is associated with reduced recidivism (quality control).

Mental Health Treatment

- Timely access to psychiatric services is critical.
- Prioritize resources to developing a system that allows for the seamless transition from jail-based services to community-based treatment services (medication and case management)
- Have services for those with co-occurring disorders

What to Look for in Treatment Providers

- Can provide curriculum to you for review
- Will allow you to observe a group
- Assign experienced staff as facilitators
- Commit resources to training staff
- Provide timely communication to the court about attendance and treatment goals
- Effectively able to work across disciplines
- Can articulate quality control measures

Top 5 Things you Can Do to Prepare

1. Conduct a needs assessment

- Document the behavioral health (and health) needs of individuals entering probation and your jails
- Identify the gaps in your current treatment system
- Study your probation violators extensively

2. Take the time to visit your local treatment providers – build relationships.

NOTE: Some courts/probation agencies/jails hire their own internal treatment providers. Assess the pros and cons.

Top 5 Things you Can Do to Prepare

3. Get educated about the privacy laws (42CFR and HIPAA)
 - Drug court field has produced a number of publications on this topic – no need to reinvent the wheel
4. Seek out cross disciplinary training and train in teams. Bring trainers to you.
5. Visit your local problem solving court

Questions, Comments and Answers

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