

TASC INSTITUTE FOR CONSULTING AND TRAINING

# Leveraging National Health Reform to Reduce Recidivism & Build Recovery

Presented at the IADDA Conference  
**September 9, 2011**

# The TASC Perspective

- Nearly 35 years of research, public policy involvement and direct service provision
- TASC serves more than 20,000 justice-involved individuals annually with substance use, mental illness, or both
- Designed and managed numerous programs connecting criminal justice with community-based care:
  - **Statutory authority / state licensure around clinical case management for drug-involved probation and parole populations**
  - **Court advocacy and case coordination for specialty courts**
  - **Design and implementation of Cook County Jail treatment and re-entry program**
- TASC participates extensively in national and state planning on health care reform and for people under criminal justice supervision

# Goals for the Workshop

- Overview of the current challenges providing sa/mh services for justice populations
- Discuss how the Patient Protection and Affordable Care Act (ACA) can apply evidence-based practices and expand services for justice populations
- Recommendations for planning that should be happening *NOW*
- Examines the financial and practical implications of health care reform for the criminal justice system
- Discussion / Q&A
- Additional resources

# What is the Affordable Care Act?

Law enacted in March 2010 to:

- **Expand access to under-served populations**
- **Improve outcomes**
- **Maximize efficiency of public health expenditures**

# What is the Affordable Care Act?

- We're focusing on one aspect:
  - **Expansion of access to care for low-income populations regardless of disability**
- Expansion shifts planning from program-level to system-level, linking criminal justice and community behavioral health

# What is the Affordable Care Act?

- **Status of Implementation**
  - **Federal and state govts currently in planning process, implementing early phases (e.g. pre-existing condition provisions)**
  - **Building health insurance exchanges, enrollment procedures**
  - **Federal “essential benefit” plan expected within the next year**
  - **Medicaid expansion takes effect January 1, 2014**

# Substance Use Disorders Are Nearly Universal in CJS

- Criminal justice populations include people who are addicted to drugs and/or alcohol as well as people who abuse and misuse these substances.
  - **More than 70% of jail inmates test positive for drugs**
  - **47.9% of state prison inmates and 43.7% of local jail inmates met criteria for substance dependence**
    - This is over 7 times greater than in the general population.
  - ❖ **Most of the remaining group demonstrate significant substance abuse that have serious consequences, including legal consequences**
- **Result of untreated substance use disorders**
- **Incredibly expensive especially to states and counties**

Source: CASA, "Behind Bars II", February 2010; DOJ ADAM Report, Adams, Olson & Adams., 2002

# 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

# Scope of the Challenge - Snapshot: Jails in Illinois

- Jail bookings (2008): 366,923
- Two-thirds report using drugs regularly (~241,000)
- 14.5% (~53,000) have psychiatric disorders
- Of those, 72% (~38,000) have co-occurring disorder
- Highly variable lengths of stay
- Difficult to coordinate care around case processing
- Little-to-no post-release care
- High likelihood of return if clinical needs aren't addressed

# Scope of the Challenge

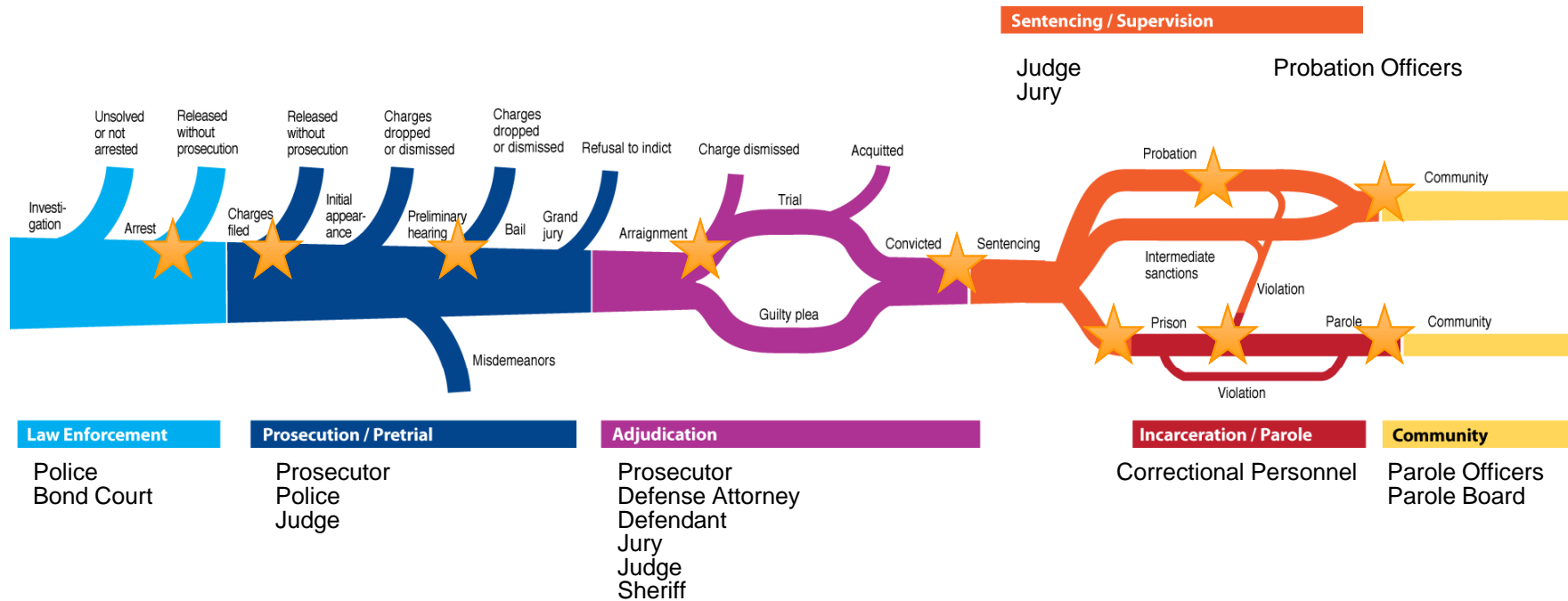
- Probation - Illinois (2009): 97,241
  - Special probation supervision, TASC, specialty courts, individual officer referrals
- Parole - Illinois (2009): 33,683
  - Special parole supervision initiatives, individual officer referrals
  - Recent Ohio initiative;
  - Illinois Sheridan & SWICC CC Systems

# Opportunity

- Today's treatment gap is tomorrow's opportunity
- How many people in your community have untreated addiction and psychiatric disorders that lead to arrest?
- **Goal: Create universal interventions that lead everyone into the proper services beginning in 2014!**

# Current Challenges in Providing and Funding Health Care Services for Justice Populations

# Continuum of Interventions



# Continuum of risk / need

**High Risk**

**Low Risk**

**High Needs**

**Accountability,  
Treatment &  
Habilitation**

**Treatment  
& Habilitation**

**Low Needs**

**Accountability  
& Habilitation**

**Prevention**

Douglas B. Marlowe, J.D., Ph.D.

# What is treatment?

- Evidence-based
- Behavioral therapies:
  - Counseling
  - Cognitive therapies
  - Psychotherapy
- Physician-prescribed medications with needed counseling
- Combination of one or more therapies
- Step-up / Step-down based on progress

# Divergent goals...

- **Justice: Public safety and reduce recidivism**
- **Health Care: Protect or improve individual and community health**
- **Mutual objective of cost containment**

## Inadequate and truncated care...

- SA/MH are chronic – require ongoing, long-term treatment and management
  - **At least 3 months in treatment to stop or curtail use**
  - **Durable recovery requires multiple episodes of care over years**
- Acute care treatment in justice settings can't address chronic conditions

# The promise of health care reform

- Won't solve all challenges, but...
- Unique opportunity for significant change on a broad scale
  - Near universal coverage
  - Eliminate long waiting lists
  - Address gaps in services
  - Ending piecemeal approach to application of public funding

# Preparing for 2014 Health Care Reforms: Applying What Works

# Evidence-Based Practices (EBPs)

- Federal agencies articulate EBPs for service delivery to justice populations with SA/MH conditions:
  - NIDA – “Principles of Drug Abuse Treatment for Criminal Justice Populations”
  - SAMHSA – “Treatment Improvement Protocol 44: Substance Abuse Treatment for Adults in the Criminal Justice System (TIP 44)”
  - SAMHSA – National Registry of Evidence-based Programs and Practices (NREPP)
  - SAMHSA / GAINS Center – Six EBPs for mental health treatment in justice settings
  - NIC – EBPs to reduce recidivism
  - NIC – Guidelines for implementing EBPs in policy and practice in community corrections

# EBPs Evolve

- New evidence, new conditions, new priorities:
  - **E.g. Trauma-informed care**
    - Childhood trauma common in justice population
    - Half of women in jail report past physical or sexual abuse
    - Trauma associated with high rates of psychiatric and substance use disorders
    - Un-addressed trauma can impede treatment and recovery
  - **Trauma-informed care now one of SAMHSA's cross-cutting policy and program principles**

# The ACA and Cost Reduction

- Broad expansion of funding / eligibility in 2014
- More opportunities for diversion and intervention at each point in justice process
- Jurisdictions work with community providers to expand access to SA/MH services
- Bring to scale programs that are already in place
- Incorporate proven models (EBPs)

# The ACA and Cost Reduction

- Expanded capacity as happened in 12 states that have already expanded Medicaid coverage
  - **WA State results: 33% reduction in arrests after treatment WITHOUT CJS LEVERAGE**

# 1. Specific Opportunities: 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

# Potential Impact of Broad Reentry Programs

- Hypothetical county jail
  - **500 beds – 13,000 detainees/yr (ALOS 2 weeks)**
  - **Two-thirds (8,580) report using drugs regularly**
  - **Current capacity to only treat several hundred per year**
  - **14.5% (1,885) have psychiatric disorders, will benefit from treatment in jail or community**
- Even moderate reduction in detainees could result in significant cost savings.
  - **A 10% reduction in jail days would yield over \$1M in savings annually**

# What is needed to gain these results?

- Enrollment in Medicaid/Insurance during incarceration
- Universal screening
  - **Substance use & psychiatric disorders, chronic medical conditions**
- Matching to appropriate services
  - **Substance abuse treatment**
  - **Mental health treatment**
  - **Community medical care for chronic conditions**

## 2. Specific Opportunity: Probation

- Reduce probation violations due to untreated substance use and psychiatric disorders
- Gain these results across all probationers, not just in smaller “demonstration” programs and specialty courts
- For specialty courts:
  - **Better access to timely treatment**
  - **Opportunity to focus on high risk/high need probationers**

# What is 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**

### 3. Specific Opportunity: Parole

- Develop reentry services for parolees who have had treatment inside correctional centers
  - **Research shows that pre- and post-release treatment together have the greatest impact**
- Reduce parole violations due to untreated substance use and psychiatric disorders
  - **Increased access to community based treatment as an alternative to re-incarceration**
- Gain these results across all parolees, not just in smaller “demonstration” programs
  - **Universal access to sa/mh services on release**

# What is needed to gain these results?

- Timely enrollment in Medicaid/Insurance
- Universal screening early in the CJS process
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# What Will Change: Benefits and Impact of Health Care Reform for Justice Populations

# Change #1: Funding & Billing Mechanisms

- State Medicaid authority – primary funder/rules
  - **Medicaid managed care & CJS**
- Essential services
  - **Need sufficient duration & intensity**
- Workforce
  - **Teams: Licensed counselor + CADAC + recovery support specialist (FAVOR)**
- Medicaid certification & billing
- Greater individualization of care plans

- **“Medically necessary” in justice context:**
  - **Incarceration suppresses use**
  - **Substance dependence is chronic – symptoms may disappear temporarily – likely to reappear**
  - **Disconnect with how medical necessity is traditionally determined**
  - **Clinical treatment still necessary to manage illness and build recovery**

# Increased Opportunities for Justice Interventions that Combine Supervision with Clinical Care

# Opportunity #1: Earlier interventions / sustained services

- Broad-based screening will identify larger pool of individuals in need of services
- Screen all individuals coming into justice system provides opportunity to intervene before condition becomes chronic
  - **SBIRT-Like Intervention**
- Overall expansion of resources for SA/MH services should expand access and promote adoption of EBPs

## Opportunity #2: Justice system as Medicaid enrollment partner

- Identify and respond to barriers to enrollment
  - Lack of identification and documentation
  - Substance use and psychiatric disorders may interfere with ability to make healthful choices
  - Unfamiliarity with procedures and processes
- State Medicaid directors play a critical role in establishing procedures

## Opportunity #3: Balance clinical intervention and public safety

- At each point in the CJS (jail, probation, parole):
  - **Develop legal eligibility criteria**
  - **Develop community supervision requirements**
  - **Both of above inform scale and scope and likely population**
  - **Employ validated risk assessment tools**
  - **NIC EBPs for community corrections**

# Take a Systems Approach

- Incorporate essential elements of recovery
- Balance sanctions and rewards of justice system
- Promote client recovery from SA/MH conditions
- Involve the community where offenders come from / will be returning to

# Components of Care Continuity for Justice Populations

- Screening for SA/MH and medical needs
- Comprehensive clinical assessment leading to course of care
- Placement in community SA/MH services and with medical care provider
- Ongoing care management to support engagement and retention in services
- Ongoing care management to facilitate access to recovery support services
- Regular reporting on compliance and progress (including drug testing)

# 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

# Avoid net-widening

- “Net-widening” – expansion of intervention program actually leads to increased numbers in the justice system:
  - **More technical violations**
  - **Lower risk offenders placed into more intensive supervision to ensure access to care**
  - **Medicaid may recommend less-intensive levels of care, judges may be reluctant and impose harsher sentences**
- **Criminal justice partners need to be involved in planning for ACA expansion**

## Opportunity #4: Patient choice in justice settings

- Patient choice of providers is a condition of Medicaid
- Justice system can have processes in place to recommend levels of care, but...
- Client will have access to a network of approved providers
- Similar process used in Access to Recovery initiative
- Justice practitioners and community providers need to collaborate to develop the network

# Realizing the Potential of ACA Reforms: A Call to Action for Stakeholders

# Behavioral Health and Medical Care Providers:

- Expand treatment capacity
- Integrate primary care and specialty care
- Integrate community services with justice-based services
- Expand capacity to enroll clients in Medicaid/insurance
- Improve treatment through use of EBPs
- Cultivate new partnerships with other stakeholders

# County Government Officials:

- Maximize diversion and re-entry initiatives
- Minimize costs and risk of litigation
- Assess potential benefits and risks
- Convene planning processes to develop local action plans
- Investigate reallocation of funding from county corrections to community health services

## State Medicaid Directors:

- Collaborate with criminal justice, medical & behavioral health care providers to reduce barriers to coverage for Medicaid-eligible population
  - **Expedite enrollment from jails & prisons**
- Facilitate strategic planning of capacity expansion
  - **Special attention to rural / underserved communities**

## State Insurance Directors:

- Collaborate with health care providers to reduce barriers to coverage for insurance-eligible population through exchanges
- Address integration of this population in managed care

# Jail / Corrections / Probation / Parole Officials:

- Partner in systems integration efforts that provide continuity of care between community and justice settings and support practices to reduce recidivism
- Maximize Medicaid/insurance enrollment among justice population
- Partner in diversion initiatives / community treatment alternatives

## Judges:

- Partner with correctional and community / behavioral health care providers and funders to bring diversion and re-entry initiatives to scale
- Represent the concerns of public safety and behavioral health intervention from criminal justice perspective
- Advocate for treatment resources needed to reduce recidivism

## resources

### COCHS Conference Papers

[http://www.cochs.org/health\\_reform\\_conference\\_dc/papers](http://www.cochs.org/health_reform_conference_dc/papers)

### SAMHSA Presentation on HCR from the treatment provider/system perspective

<http://www.saasniatx.net/Presentation/2011/HCRforProviders-NIATX-July12011-RitaVandivort.pdf>

### Council for State Governments FAQ on HCR

<http://consensusproject.org/announcements/new-csg-justice-center-faq-on-health-reform-legislation>

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