



SAMHSA-HRSA Center for Integrated Health Solutions

Bridging Criminal Justice Systems and Community Healthcare: Integration's Role in Reentry

June 18, 2013

Welcome

Housekeeping

Slides for today's webinar are available online at www.integration.samhsa.gov About Us/Webinars

A Public Health Approach

Marsha Regenstein, PhD, Professor, Department of Health Policy, School of Public Health and Health Services, George Washington University

Case Studies

Vanetta Abdellatif, Director, Integrated Clinical Services, Multnomah County Health Department, Portland, OR

Homer Venters, MD, MS, Assistant Commissioner, Correctional Health Services, New York Department of Health and Mental Hygiene

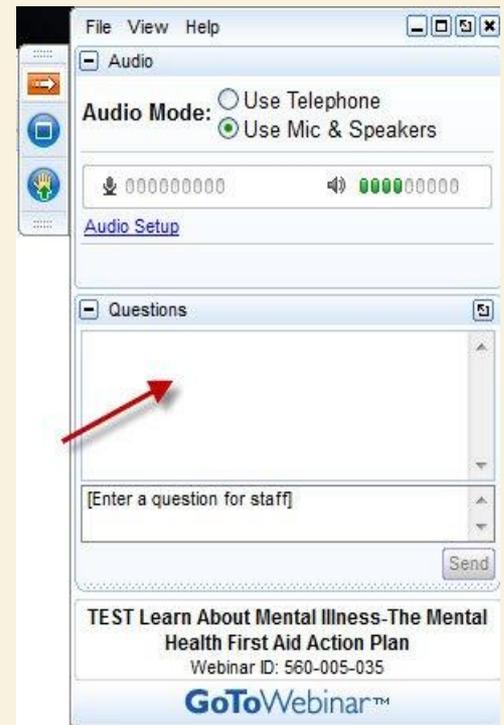
Discussion and Q&A

How to ask a question during the webinar



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SAMHSA-HRSA Center for Integrated Health Solutions

Jail Populations: Characteristics and Coverage

Marsha Regenstein, PhD

Department of Health Policy

George Washington University

Key Statistics

- 10 million people in jail at some point in 2013
– 11.8 million separate jail stays
- Day count in jails (2011) – 736,000
- 61 percent are “unconvicted” – pending disposition
- Most often short (<30 days) lengths of stay
- Despite crowding in many jurisdictions, jail numbers are trending down
- But US is still number 1 in terms of incarceration rates

Demographics of Individuals in Jail

Compared to general population, jail inmates are more likely to be

- Male
- Poor
- Minority
- Non-elderly adult
- Less educated
- Never married
- Homeless
- Uninsured

Also: much more likely to have a family member who has been incarcerated

Health of Individuals in Jail

More likely than not to have a mental health problem

More likely than not to have drug dependence

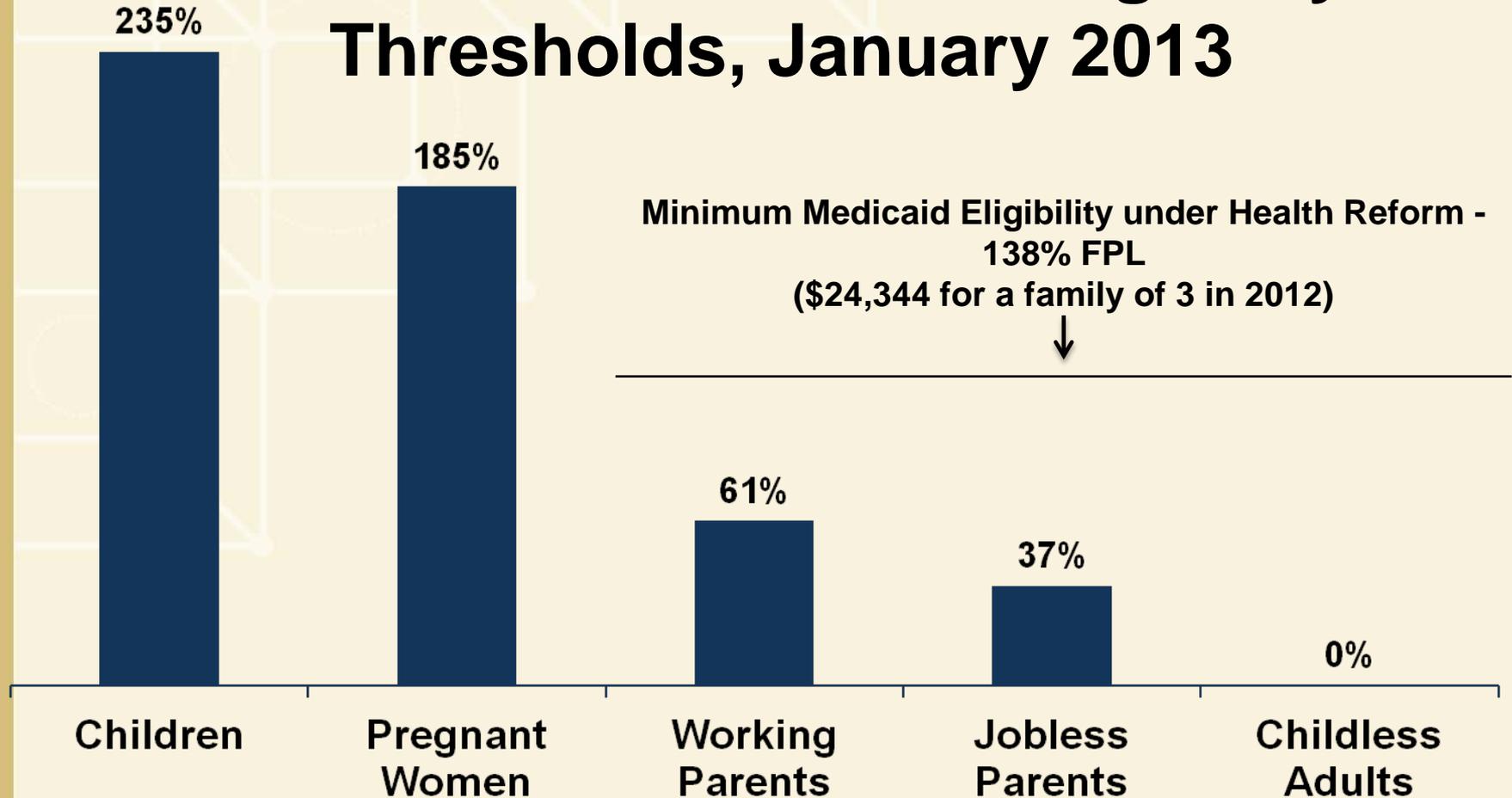
Higher rates of TB, HIV/AIDS, other chronic conditions

Most common conditions (other than MH and SA) are arthritis, hypertension and asthma

Health Care Pre- and Post-Jail

- Fragmented care arrangements
- Substantial access challenges
- Insufficient mental health and substance use treatments
- Discontinuity related to care for chronic conditions
- Any prevention at all?
- Jail could provide “discharge” function to link inmate with health/community resources
- Health reform changes the calculus!

Median Medicaid/CHIP Eligibility Thresholds, January 2013



SOURCE: Based on the results of a national survey conducted by the Kaiser Commission on Medicaid and the Uninsured and the Georgetown University Center for Children and Families, 2013.

Medicaid Coverage Post-Reform

CBO revised estimates (May 2013):

- 9M new Medicaid 2014, 12M 2015-19, 13M 2020-23

6-7M jail inmates likely to qualify for Medicaid based on income (2002 BJS estimates) – depending on state expansions, could be 3-4M new enrollees

20-30 percent of new Medicaid enrollees are likely to come from the jail population

Exchange Coverage Post-Reform

CBO revised estimates (May 2013):

- 7M exchange in 2014, 13M in 2015, 22M in 2016, 24-25M beyond

Potentially up to 2-3M jail inmates could get subsidized coverage through exchanges

ACA explicitly allows incarcerated individuals pending disposition to be classified as qualified to enrolled in and receive services from health plans participating in state health insurance exchanges if they otherwise qualify.

What Does this Mean for Health and Health Care for Jail Populations?

Benefits for jail populations

- Emphasis on population health
- Care coordination and continuity
- Access to MH and SA services
- Creation of health homes

Benefits for communities/states

- Better management/care/prevention for high cost/high risk pop means lower costs
- Lower recidivism rates associated with coverage upon re-entry

Triple Aim: Better health, better health care, lower costs



Multnomah County Health Department

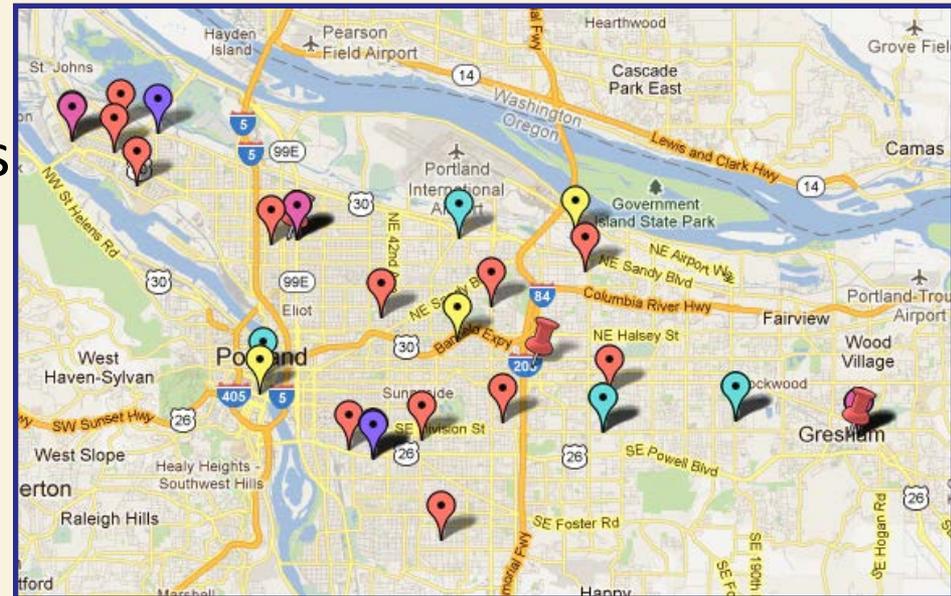
Healthy People in Healthy Communities

Vanetta Abdellatif, Director
Integrated Clinical Services

www.mchealth.org · ics@multco.us

Multnomah County Health Department

- Mission: In partnership with the communities we serve, we assure, promote and protect the health of the people of Multnomah County.
- By the numbers
 - Serve 735,000+ people across 470 square miles
 - 35+ service sites
 - \$160M annual budget
 - 1,000 FTE



Multnomah County Health Department

ASSURE

access to necessary
and dignified health
services

- Medical, dental, behavioral health, lab and pharmacy services in clinics, jails, schools and homes
- Build community capacity for low-cost health care providers
- Screen individuals for public health threats and safety
- Enforce laws and regulations to ensure safety

PROMOTE

the health of all
Multnomah County
residents

- Health education and promotion in homes, houses of worship, schools, and community centers
- Support improved housing and health
- Support improved health

PROTECT

the health of all
Multnomah County
residents

- Control and prevent communicable diseases
- Control and prevent vector populations
- Educate new mothers about nutrition and breastfeeding and provide vouchers for nutritious foods for women and children
- Inspect and certify restaurants, pools, schools and care facilities

ELIMINATING INEQUITY
by focusing services on populations with
the greatest obstacles to improved health

Integrated Clinical Services (ICS) Division

- Mission: We provide quality health services for people who experience barriers to accessing care.

Client Services

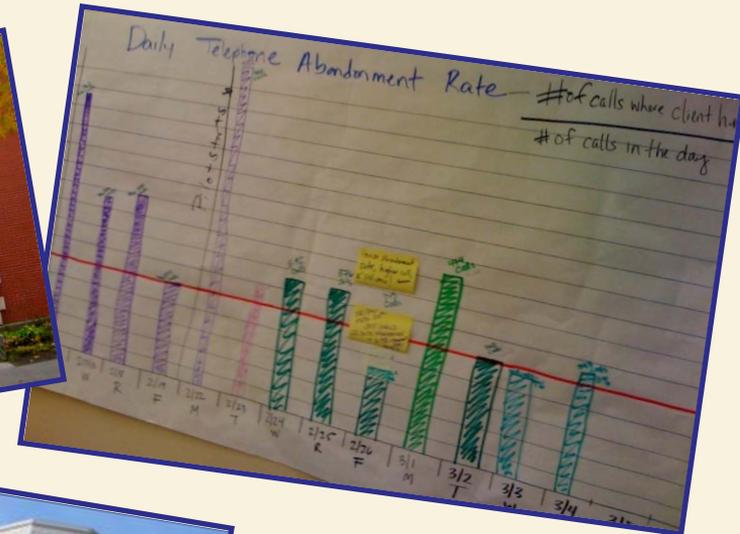
- Primary care (8 sites)
 - Dental care (6 sites)
 - School-based or school-linked primary care (13 sites)
 - Pharmacy (7 sites)
 - HIV health services (1 site)
 - Corrections health (3 sites)
- } co-located

Support Services

- Clinical information systems & electronic health record
- Quality assurance & safety
- Quality improvement
- Eligibility screening, enrollment & referral
- Language interpretation

ICS Service Sites

- 27+ sites: health centers (primary care, dental, pharmacy, lab), school-based health centers, jail sites

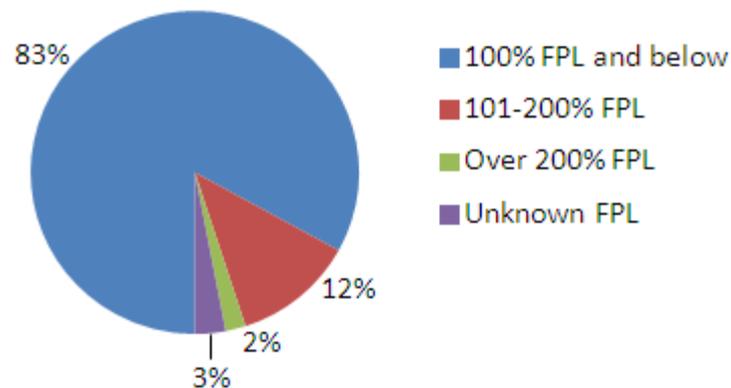


POPULATION

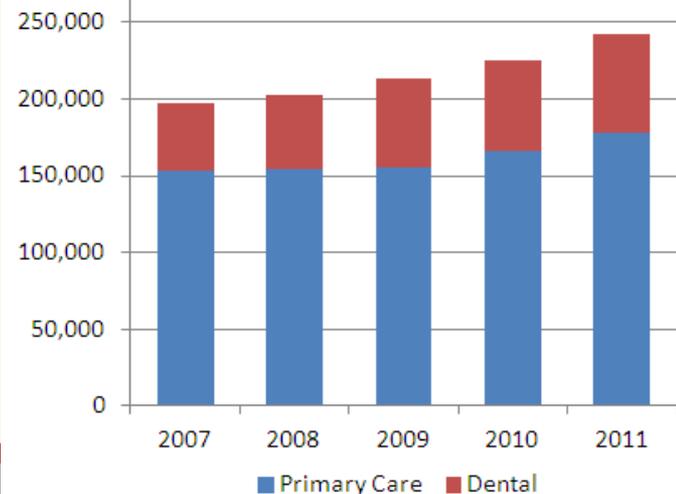
We meet an important need in our community.

- 70,000+ clients for 240,000+ primary care and dental visits in 2012
- 83% of clients at 100% of below 2010 federal poverty level (FPL)
 - 100% FPL in 2012: \$23,050 for family of 4

Clients' Federal Poverty Level (FPL) for 2011



Primary Care & Dental Visits (2011)



About Corrections Health Services

- A department in the Multnomah County Health Department, Integrated Clinical Services
- Provides health care services to the detained population in three facilities; Multnomah County Detention Center, Inverness Jail and Donald E. Long
- Employs 100: Physician, NP, PNP, RN, CMA, Licensed Mental Health Providers, Operations Staff and Administrative staff

Corrections Health Clients

- In 2012 the Multnomah County Sheriff's Office booked 35,000 clients
- Average daily population 1,280
- Average length of stay of 13 days (some clients stay for years awaiting trial or complete their 1 year of incarceration after sentencing)
- The percent of females and males booked is typically between 18 - 23% and 77 - 82%, respectively.

Corrections Health Services

- Medical
- Dentist
- OB-Gyn
- Lab and X-ray
- Orthopedic
- HIV Clinic
- Dialysis
- Mental Health

Changing from paper to an EHR

FROM



TO

- Records in only one place
- Illegible notes
- Wasted staff time looking for charts
- Thick charts, inaccessible old volumes
- Physical filing space limited
- Connection to community providers limited
- Records simultaneously available
- Legible notes and searchable data
- Charts available when needed
- Historical information available from data base
- Unlimited Server space
- Patient care in jail connected to larger community through health information exchange

Multnomah County EHR

- Inmates in MC Correctional facilities come from our communities and return to those communities upon release.
- Corrections Health Care is part of the community's continuum of care, so the records should be part of the community record
- Integrating care should increase quality, improve the health of the community, and decrease cost

Innovation: The Best Option

- Off the shelf products for Corrections Health did not meet our requirements or our budget
- MCHD Primary Care has used the OCHIN Epic EHR since 2005
- Epic EHR is the dominant EHR in our region (OHSU, Kaiser, Providence, Legacy and others)
- Epic Care Everywhere connects into a strong community record

Expectation for the Implementation

- Improve the management of health care information
- Improve access to timely and appropriate health care information during clinical encounters
- Improve the overall clinical care of the client by the connection with community providers
- Help with streamlining work process

Expectation for the Implementation

- Improve the quality, timeliness and appropriateness of care
- Reduce duplication
- Lower the overall cost of care
- Reduce risk of adverse clinical outcomes and litigation

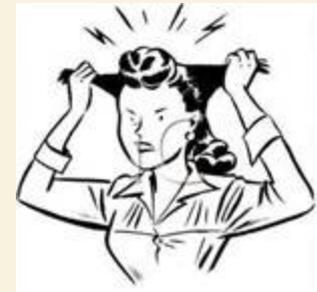
Benefit Realization Measures

- **Improves Productivity and/or reduces future expenditures**
- **Time to find a chart**
 - Paper environment: 5 minutes (if available)
 - Electronic environment: 30 seconds
- **Percentage of charts located**
 - Paper environment: 80%
 - Electronic environment: 100%



Benefit Realization Measurements

- **Time to assemble the components of a new chart**
 - Paper environment: 3 minutes
 - Electronic environment: None
- **Filing lag time**
 - Paper environment: 24 hours
 - Electronic environment: Immediately



Benefit Realization Measurements

Continuum of care for clients:

Paper environment: Clients had to repeat information for each new provider, for clients who are not good historians information was incomplete

Electronic environment: Providers in the community and in the jail all document into one client chart. Communication is greatly improved.

Benefit Realization Measurements

Measure compliance with standards:

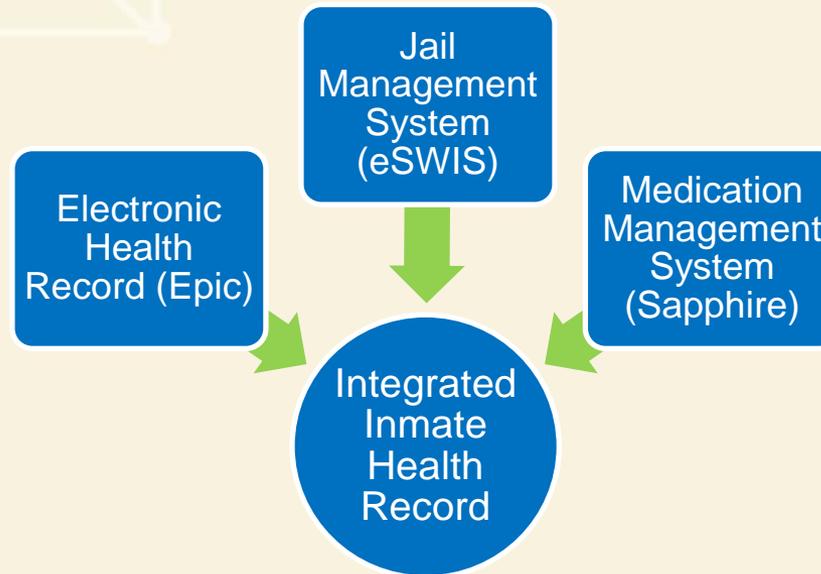
- Paper environment: High degree of difficulty to routinely collect and report
- Electronic environment: Reports issued monthly and are reviewed for continuous improvement processes

Information available for Critical Incident review:

- Paper environment: Manual chart review
- Electronic environment: Chart review and data abstracting; improved data quality

Building on Previous Investments

Disparate systems → Coordinated system





Success Stories

The ability to use the Care Everywhere feature has completely changed the way I serve clients. I now know the treatment they were receiving in the community.

Corrections Health, RN

Epic is somewhere between “be careful what you wish for” and “the greatest thing since sliced bread.”

Corrections Health, RN

It’s great to be able to coordinate aftercare with the client’s primary provider once they leave the jail.

Corrections Health, PNP

The frustration of not being able to find a paper chart is eliminated and I think that just about trumps any frustrations I have with Epic.

Corrections Health, RN

Big Wins

- Complete charts always accessible
- Staff time spent caring for patients, not looking for charts
- On-call physicians can access records remotely to fully understand clinical picture
- CH staff can access community records
- Community providers and hospitals can clearly see what happened in Corrections Health
- Standard workflows=standard data for reporting
- Inclusion in community record means we can begin to tell the story of our population across the continuum of care



MULTNOMAH COUNTY HEALTH DEPARTMENT



Multnomah County Health Department
Integrated Clinical Services
426 SW Stark Street | 9th Floor
Portland, Oregon 97204

www.mchealth.org
vanetta.m.abdellatif@multco.us

Healthy People in Healthy Communities



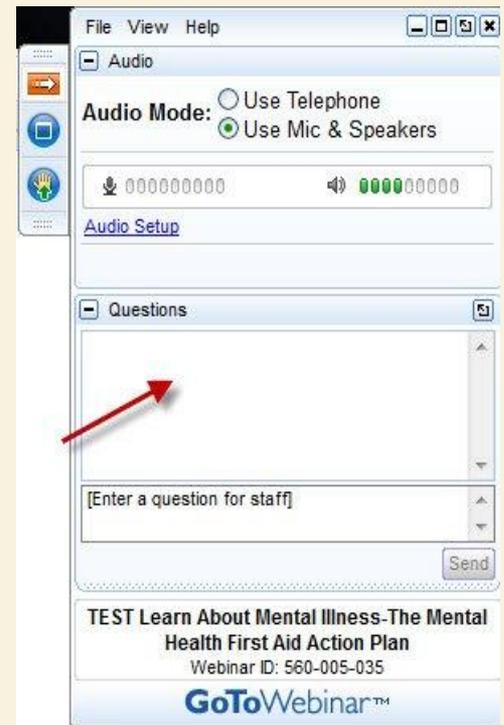
Public Health
Prevent. Promote. Protect.

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Linking mental health and primary care services inside and outside jail



Homer Venters, MD,MS, Correctional Health Services, NYC DOHMH

Jail Health Services

Arrest/jail

Medical Intake (80,000 annual)

Mental Health Intake
(35,000 annual)

Medical f/u

Mental Health f/u

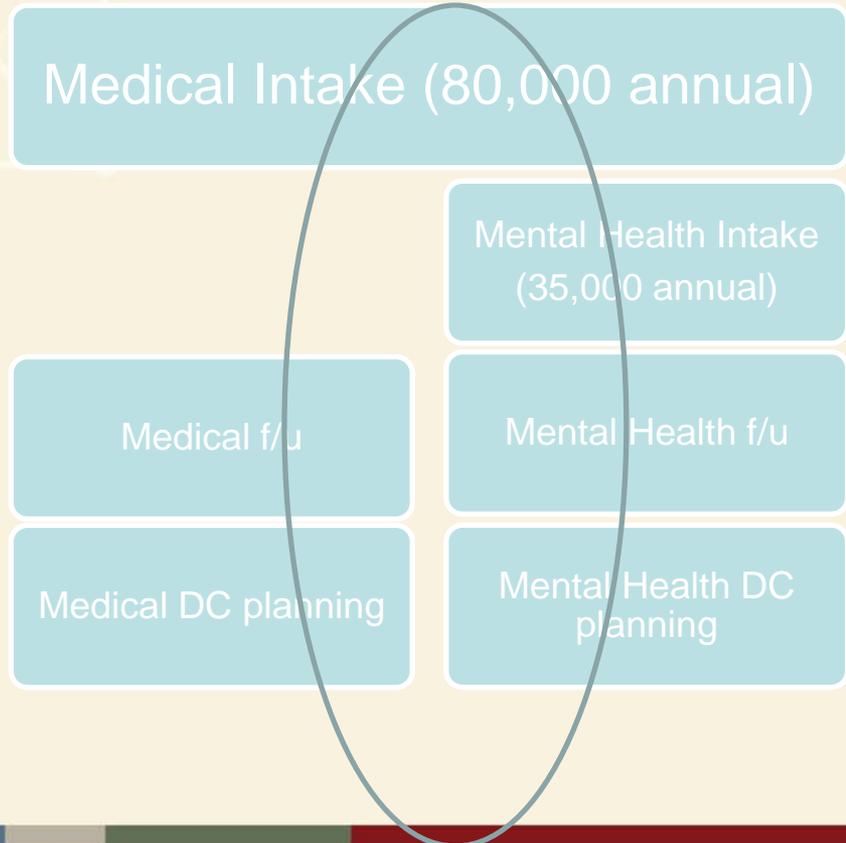
Medical DC planning

Mental Health DC
planning

Return to community



Connecting jail mental health and primary care services



Connecting jail mental health and primary care services

- Jail Electronic health record
- Nursing in mental health units
- Mental health training for primary care providers

Connecting jail mental health and primary care services

Jail Electronic health record

S O D O R O T O L O M 10

UpToDate® Search: [] GO

Overview | DRTLA | History | CDSS | CHS | Labs | DI

Advance Directive

Problem List

+ -	R151	SPMI - YES
+ -	298.9	PSYCHOSIS NOS
+ -	304.30	Cannabis dependence, unspecified
+ -	301.9	PERSONALITY DISORDER NOS
+ -	799.9	Diagnosis deferred
+ -	V70.0	ROUTINE MEDICAL EXAM
+ -	427.89	Bradycardia
+ -	E958.8	INJURY-NEC
+ -	530.81	GERD
+ -	729.5	Pain in limb
+ -	724.2	Low back pain
+ -	V72.9	EXAMINATION NOS
+ -	726.2	SHOULDER REGION DIS NEC
+ -	784.99	Halitosis
+ -	692.9	DERMATITIS NOS

Pt refused all medical evaluation and further
at all on her whole body (including head, neck and
ysical exam, further eval and further management in
on the refusal form. (Risks and benefits were

NYC
Health

Connecting jail mental health and primary care services

Nursing in mental health units

- 1/3 of mental health patients are in dedicated units (approx 800)
- Access/utilization of all health services is markedly lower among these patients
- Mental health units face more medical co-morbidities than other patients
- Nurses round in mental health units to review specialty care, chronic care and sick call access



Connecting jail mental health and primary care services

Mental health training for primary care providers

- All medical intakes are done by an MD or PA
- Mental status examination is part of every intake, as well as medication check from the community
- Approximately 50% of mental health referrals stem from the medical intake.

COMMUNITY MEDICATION FILL HISTORY:

Did you check Community Medication Fill Database?

Did you check Community Medication Fill Database? Yes /

Community Medication Fill History Results

/BUSPIRONE TAB, 30 10MG - 00378115001 3/25/2013

OLANZAPINE TAB, 30 10MG - 00093577056 3/25/2013

SERTRALINE TAB, 30 100MG - 68180035309 3/25/2013

MENTAL STATUS EXAM:

Orientation /, oriented to person, place and time.

General Normal.

Speech /, normal.

Affect /.

Mood /sometimes tearful, sometimes agitated,

sometimes embarrassed..

Psychomotor /, sometimes agitation, sometimes normal..

Thought Process /.

Delusions /, denied.

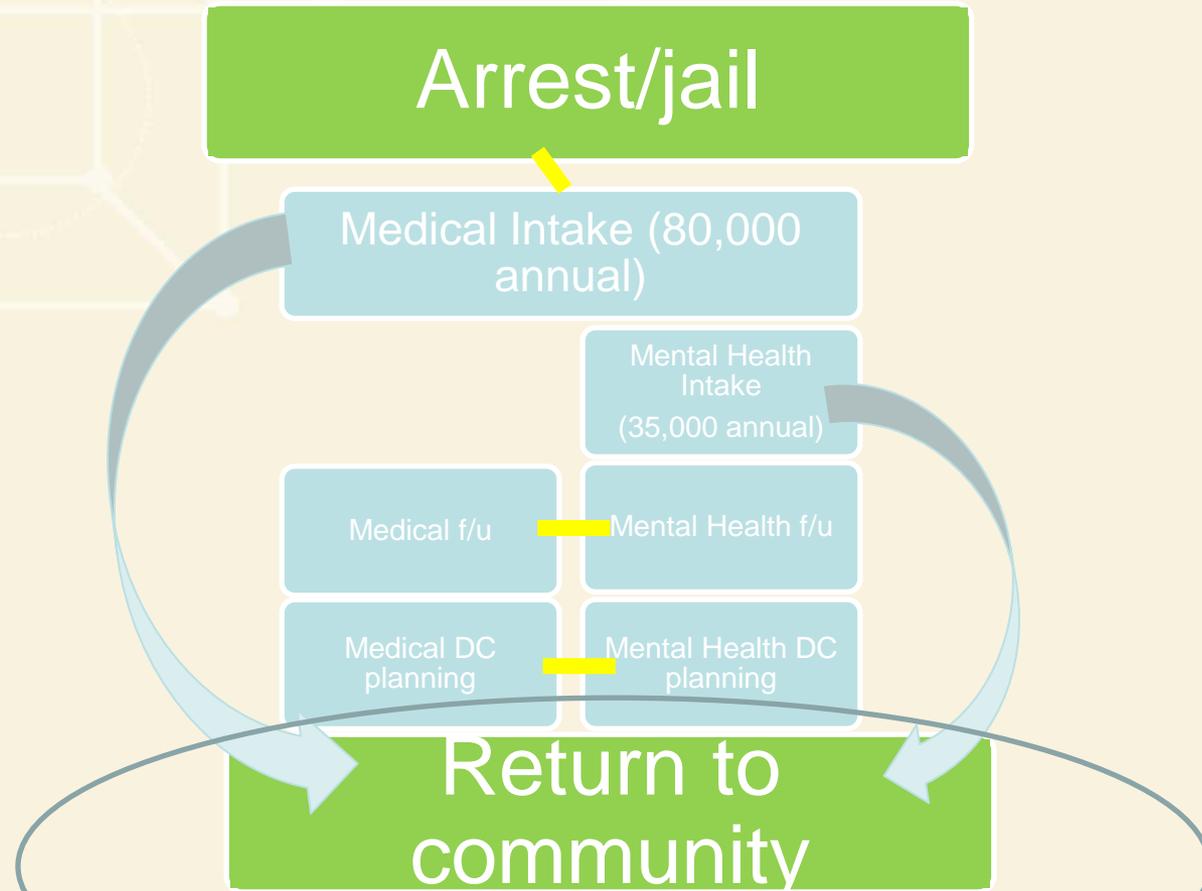
Hallucinations /, denied.

Suicidal ideation /, denied.

Homicidal ideation /, denied



Jail Health Services



Jail Health Services

Connection to Community Care

- Current: DC planning for patients with Mental Health and HIV concerns
- Impending:
 - Health information exchange
 - Health Homes/ACA



Jail Health Services

Connection to Community Care

Current: DC planning for patients with Mental Health and HIV concerns

- All patients in the mental health service receive comprehensive discharge planning and connection to care
- Patients with HIV and some with chronic medical problems receive comprehensive discharge planning and connection to care
- Between these 2 groups, approximately 40,000 patients are eligible annually but approximately 20,000 receive services (appointments, medications, Medicaid application, housing etc)
- Connections are EHR to paper and for mental health, driven by court stipulation



Jail Health Services

Impending

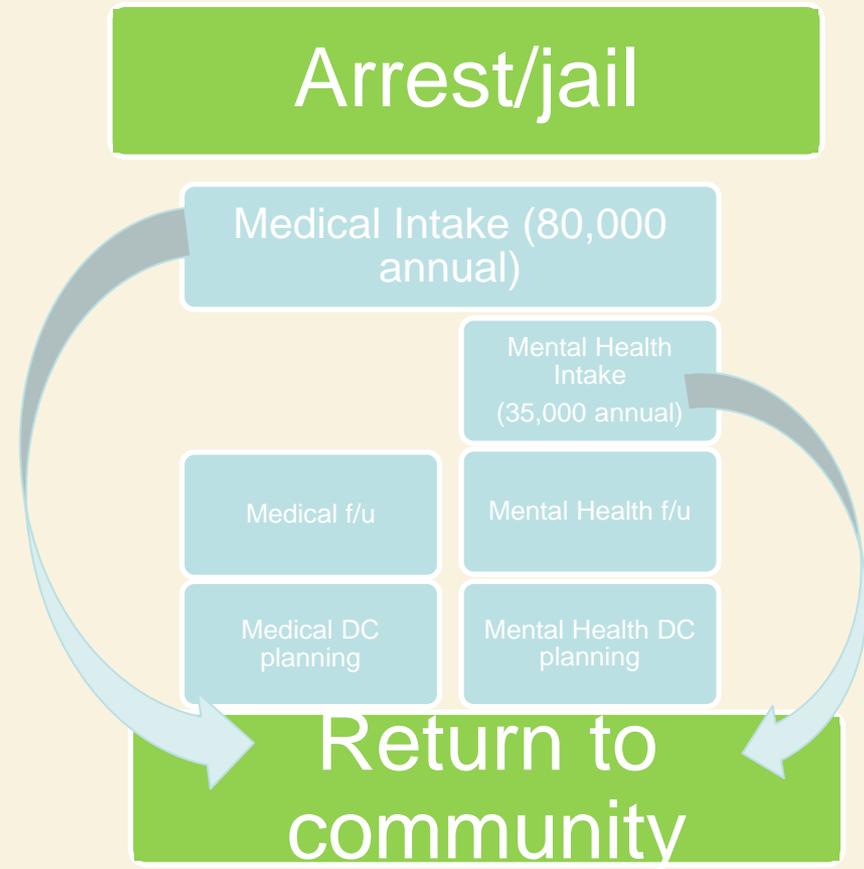
- Health information exchange
 - NY SHINY; CCD to/from jail
 - Limitations of CCD, HIE utilization
- Health Homes/ACA
 - Pilot with local health home, identify incarcerated health homes patients that have not yet been enrolled
 - Both health homes and ACA envision patients retuning to identified health plans
 - Some existing models of jail discharge planning may struggle to adapt to this, e.g. special settings for the cjc involved or court mandated programs



Jail Health Services

Metrics for jail-->community transition

- continuity of care
- source of data re health outcomes associated with jail (solitary, injury)
- mitigate post-release mortality
- reduce recidivism

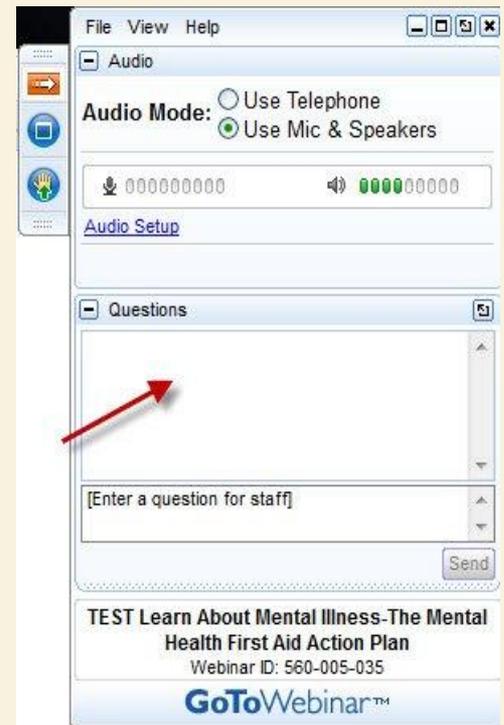


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Resources

Bridging The Correctional Justice Systems and Community Health Care:
Integration's Role in Reentry

www.cochs.org/library/bridging-criminal-justice-system-webinar

Documentary: The Unseen Provider --Health Care in Our Jails

www.cochs.org/the-unseen-provider

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

<http://gainscenter.samhsa.gov/>

White Paper: The Affordable Care Act and Criminal Justice: Intersections and Implications,
Bureau of Justice Assistance U.S. Department of Justice

https://www.bja.gov/Publications/ACA-CJ_WhitePaper.pdf

Contact Information

SAMHSA-HRSA Center for Integrated Health Solutions
integration@thenationalcouncil.org

Marsha Regenstein, PhD, Professor, Department of Health Policy
School of Public Health and Health Services, George Washington
marshar@gwu.edu

Vanetta Abdellatif, Director, Integrated Clinical Services,
Multnomah County Health Department
vanetta.m.abdellatif@multco.us

Homer Venters, MD, MS, Assistant Commissioner, Correctional Health Services,
New York Department of Health and Mental Hygiene
hventer1@health.nyc.gov

Ben Butler, CIO, Community Oriented Correctional Health Services
bbutler@cochs.org



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Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today's webinar.