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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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

Minimum Medicaid Eligibility under Health Reform - 138% FPL
($24,344 for a family of 3 in 2012)

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):


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 of charges, to enroll in 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

- **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 service providers
- Screen individuals for public health program eligibility
- Enforce laws and regulations to protect health and ensure safety

**PROMOTE**
the health of all Multnomah County residents

- Health education in schools, workplaces, houses of worship, and other community settings
- Support tenants and landlords to promote smoke-free housing
- Screen and support high-risk populations for diseases
- Policies and community partnerships to support improved health

**PROTECT**
the health of all Multnomah County residents

- Investigate and control spread of communicable diseases
- Control mosquito, rat and other 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)

### 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
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
- 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

TO
- 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 $\rightarrow$ Coordinated system

- Electronic Health Record (Epic)
- Jail Management System (eSWIS)
- Medication Management System (Sapphire)

Integrated Inmate Health Record
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
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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

- Medical Intake (80,000 annual)
- Medical f/u
- Medical DC planning
- Mental Health Intake (35,000 annual)
- Mental Health f/u
- Mental Health DC planning
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

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

NYC

Health

www.integration.samhsa.gov
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.
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Medical DC planning

Mental Health DC planning

Return to community
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 returning 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

Arrest/jail

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Mental Health Intake (35,000 annual)

Medical f/u

Mental Health f/u

Medical DC planning

Mental Health DC planning

Return to community
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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
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
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.