Practical Innovations in Large Jail Health Care

Brent R. Gibson, MD, MPH, FACPM, CCHP-P
Chief Health Officer
NCCHC
Disclosure

• I am a full time employee of the National Commission on Correctional Health Care
Learning Objectives

Participants will gain up-to-date knowledge of the Affordable Care Act implementation in large jails.

Participants will be able to list and explain strategies used by large jails in managing mentally ill inmates.
Learning Objectives

Participants will understand the role of not-for-profit national accrediting bodies in providing linkages among jails with respect to disseminating knowledge of best practices and innovations.
Update on the Affordable Care Act
2014 GAO Report

• Large increase in number of eligible persons
  – 27 Medicaid expansion states
  – New York and Colorado vs. North Carolina

However, Medicaid matching (federal) funds are not available in most cases
– 1.0-2.3% of eligible inmates received allowable inpatient services (four state survey)
  • California
  • Pennsylvania
  • Washington
  • North Carolina
• And the proportion of Medicaid funds that are used for inmate care (inpatient) is small – $1.3-38.5M or 0.1-2.3%

Suspension vs. Termination

• 38 states and the District of Columbia terminate Medicaid eligibility upon incarceration

• Federal government encourages suspension in order to reduce delays in receiving services upon release

Mapping the Justice System

• National Institute of Corrections June 2014 Report

Mapping the Criminal Justice System to Connect Justice-Involved Individuals with Treatment and Health Care under the Affordable Care Act

Mapping the Justice System

• National Institute of Corrections June 2014 Report
  – Use a systems mapping process to
    • Ensure the incarcerated population is given attention
    • Costs are appropriately shifted to Medicaid
    • All opportunities for enrollment, referral and treatment are identified.

Key ACA takeaways...

• While progress has been made in getting detainees enrolled in coverage at release, a card is just a card.

• The far bigger challenge is establishing a medical home for community-based care.
Key ACA takeaways...

• Communities vary widely in progress toward this goal, but where it is effective, the changes that we have anticipated are occurring.

*Courtesy of Donna Strugar-Fritsch, BSN, MBA, CCHP
Health Management Associates*
Key ACA takeaways...

• As health care reform continues to take root in the expansion states, the health care continuum is becoming a smaller and tighter circle with fewer gaps in care.

• Jails will receive detainees from a known source of care, and be a “stop on the ride” instead of on the outside. This will expedite care and reduce gaps, risk, and cost.
Key ACA takeaways...

• Jails will receive detainees from a known source of care, and be a “stop on the ride” instead of on the outside.
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Key ACA takeaways...

- Not much progress has been made yet on accessing pre-adjudicated detainee benefits from exchange plans, but work is starting and there will be much to share in the next 18 months or so.

*Courtesy of Donna Strugar-Fritsch, BSN, MBA, CCHP
Health Management Associates*
### Key ACA takeaways...

<table>
<thead>
<tr>
<th>Status</th>
<th>Health Insurance Exchange</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretrial but not detained</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pretrial, detained</td>
<td>Yes, depending on specific plan requirements</td>
<td>No (unless he or she receives inpatient treatment outside the jail)</td>
</tr>
<tr>
<td>Sentenced but not detained</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sentenced and incarcerated</td>
<td>No</td>
<td>No (unless he or she receives inpatient treatment outside the jail)</td>
</tr>
</tbody>
</table>

*Source: Questions & Answers: The Affordable Care Act and County Jails (2014), National Association of Counties*
Medicaid Expansion and Inm
Three Jails Solve the Puzzle

- **CorrectCare, Winter 2016 issue**
  - Judith Cox and Jaime Shimkus
  - [http://www.ncchc.org/correctcare](http://www.ncchc.org/correctcare)
El Paso County, Colorado
El Paso County, Colorado

- ADP - 1428
- Daily intake – 64
- What works:
  - First jail in Colorado to be an official Medicaid enrollment site
  - Partnership with the Sheriff’s Office
  - Dept. of Human Services staff work within jail to screen and enroll
El Paso County, Colorado

• Results
  – In the first three months there were 440 people enrolled
  – $527,000 in hospital inpatient expenses paid my Medicaid
Multnomah County, Oregon
Multnomah County, Oregon

- ADP – 1,280
- Daily Intake – 100
- What works
  - Screening at admission by jail staff
  - By law, Medicaid benefits are suspended (<1yr) or terminated
  - Health staff work right away to reenroll or reinstate prior to release
• What works (cont.)
  – Jail Eligibility Specialists (1.5 FTE)
    • Medicaid
    • Private insurance
  – Inmates identified based on
    • Initial screening
    • Sign-up
    • Roster cross-checks
    • Medical record review
Multnomah County, Oregon

• Results
  – 4,000 individual enrolled through the jail since this has been tracked.
  – $1M in cost savings via billing Medicaid for hospital stays.
Monroe County, New York
Monroe County, New York

- ADP – 1,400
- Daily intake – 52
- What works
  - Screening at admission
  - By law, Medicaid is suspended
  - DHS staff screens census (remotely) to cross check with Medicaid rolls
  - Reinstate upon release
Monroe County, New York

• What works (cont.)
  – Identifying un-enrolled at intake
    • Jail personnel augmented by state Navigators (DHS)
    • Exchange enrollment program (prior to release)
  – Hospitalization
    • Private insurance billed
    • Medicaid billed
    • 23:59 patients and those in “observation”
Monroe County, New York

- Results
  - “Substantial savings”
  - Direct impact on subsequent health care vendor contract
For Further Reading

- **The Affordable Care Act and Criminal Justice: Intersections and Implications** (July 2012)
  Bureau of Justice Assistance

- **Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System** (December 2013)
  Council of State Governments Justice Center

- **Questions & Answers: The Affordable Care Act and County Jails** (October 2014)
  National Association of Counties

- **County Jails and the Affordable Care Act: Enrolling Eligible Individuals in Health Coverage** (March 2012)
  National Association of Counties

- **Health Care Coverage Options for Incarcerated People**
  HealthCare.Gov
  www.healthcare.gov/incarcerated-people

- **Resources on the Impact of the Affordable Care Act on the Criminal Justice System**
  National Criminal Justice Association
  www.ncja.org/issues-and-legislation/aca
Reducing the numbers of mentally ill in jails....
Mental Illness in our Communities

• Mental illness has become elevated to a national concern, if not a crisis

• Sheriff’s Departments (including field operations and detention) are now the *de facto* providers of mental health and mental health case management services in many of our communities
Manifestations of the Problem

• Progressively higher numbers of mentally ill are in the criminal justice system and not in appropriate treatment settings (Bureau of Justice Statistics, 2005)

• Longer sentences served by mentally ill as compared to non-mentally ill, even for identical crimes (Stanford Law School, Three Strikes Project, 2015)

• Mentally ill recidivate at higher rates than non-mentally ill (Stewart, LA & Wilton, G., 2014)
The nation’s largest mental hospitals are jails

<table>
<thead>
<tr>
<th>Sheriff</th>
<th>% of population</th>
<th>No. of Inmates with Mental Illness</th>
<th>Avg. Daily Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bexar County Sheriff</td>
<td>22%</td>
<td>902</td>
<td>4100</td>
</tr>
<tr>
<td>Cook County Sheriff</td>
<td>23%</td>
<td>2000</td>
<td>8750</td>
</tr>
<tr>
<td>Hennepin County Sheriff</td>
<td>28%</td>
<td>200</td>
<td>710</td>
</tr>
<tr>
<td>Hillsborough County Sheriff</td>
<td>27%</td>
<td>780</td>
<td>2945</td>
</tr>
<tr>
<td>Jefferson County Sheriff</td>
<td>26%</td>
<td>312</td>
<td>1201</td>
</tr>
<tr>
<td>Los Angeles County Sheriff</td>
<td>24%</td>
<td>4050</td>
<td>16700</td>
</tr>
<tr>
<td>Ventura County Sheriff</td>
<td>21%</td>
<td>342</td>
<td>1611</td>
</tr>
</tbody>
</table>
**Cost Comparison**

Inmate without mental health needs:
- Medical Care: $748
- Dental Care: $1,475
- Food: $70
- Clothing: $171
- Faith-based Services: $8,768

Inmate with mental health needs:
- Medical Care: $210
- Dental Care: $513
- Psychiatric Services: $4,425
- Clothing: $2,244
- Food: $2,994
- Faith-based Services: $26,304

**Total Cost:**
- Inmate without mental health needs: $11,232
- Inmate with mental health needs: $42,474

*Estimated cost per year, not accounting for facilities, security, operations or administration. (LAO – 2008-09)*
Survey of MCSA Members

• Surveyed seventy-eight (78) Sheriff’s Offices throughout the United States
  – Forty (40) agencies responded
• Surveys included three (3) tracks:
  – Sheriff or elected official
  – Jails
  – Motor Patrol/Operations
• We achieved a 58% response rate
Respondents identified significant events causing a need to focus on mental illness. They involved:

- In-custody death
- Barricaded subject resulting in line of duty death
- Closure of mental health facilities
- Exposure to mental health programs (CIT and PERT)
- Significant number of self-identified with mental health
Common Wants and Needs

If sufficient resources were available, Sheriffs would:

– Invest in dedicated drop-off centers
– Include CIT/PERT as part of the law enforcement academy training
– Utilize extensive and long term case management
– Collaborate with mental health transition centers
Additional Findings from Survey

Respondents are:
- Better at identifying individuals with special mental health needs
- Assessing the level of care needed to treat, not manage, illness
- Utilizing new and successful approaches in criminal justice systems
  - Pre-trial Diversion, Collaborative Courts

Psychologist determined:
- Inmates with special mental health needs spend three (3) times the number of days in jail per booking
- Have three (3) times the number of bookings than inmates without special mental health needs
  - Ventura County statistic
Sheriffs are...

- Engaging community mental health programs
- Working with hospitals and mental health facilities
- Collaborating with the courts
- Identifying elements needed to achieve success:
  - More community services
  - Continued training on MH needs
  - Reinvesting savings into the successful programs
Common Themes Recognized

• Sheriff is the champion of the initiative
• Discharge planning begins at booking
• Robust Crisis Intervention Training (CIT)
  – Models may vary to fit agency’s needs
  – Statistics have shown that CIT Deputies have lower use of force incidents
  – Mental Evaluation Teams are becoming mobile
• Collaboration of community and government entities
• Families are involved in recovery/resource
Individual Success of our Members

- Bexar County, Texas – Building new video visitation center
- Cook County, Illinois – Hiring a psychologist to run jail
- Hennepin County, Minnesota – Civil commitment from jail in 48 hrs.
- Hillsborough County, Florida – Pre-arrest intercept model
- Jefferson County, Colorado – Case managers co-located near patrol
- Los Angeles County, California – Active deployment of MET teams
- Ventura County, California – RISE team in the field & smart phones
What’s next?

- Build a coalition between our members and continue to share ideas and visions
- Work with stakeholders within our community
- Have MCSA Sheriffs sign on to the Stepping Up initiative
Perspective from the NCCHC

• NCCHC serves nearly 500 facilities around the nation.
• The recognized experts in the field of medical and mental health care in jails and prisons
• The 2015 Standards for Mental Health Services in Correctional Facilities are dedicate to mental health and provide a critical resource to law enforcement and health care organizations across the nation
• Accreditation in mental health is available
Standards for Health Services in Jail

The NCCHC Jail standards also include standards on mental illness:

- Mental health screening and evaluation
- Nonemergency health care requests and services
- Segregated inmates
- Continuity and coordination of care during incarceration
- Chronic disease services
- Patients with special health needs
- Basic mental health
- Suicide prevention program
- Patients with alcohol and other drug problems
- Restraint and seclusion
- Emergency psychotropic medication
2015 NCCHC Statistic

• During the last year alone, we surveyed over 120 facilities and found that agencies across the nation are addressing mental illness in their facilities.

• Regardless of facility type or size, basic on-site services are essential. These include: identification, crisis intervention, medication management, counseling, treatment, and proper documentation and follow-up.

• On initial review, only a small portion (5%) of the facilities we surveyed required corrective action on the essential aspects of mental health services.
Dedication to Correctional Mental Health Care

- After reviewing the data from MCSA mental health surveys, we recognized that the issues raised are very similar to what we encounter in our accreditation mission.
- Many of the mental health concerns encountered by MCSA Sheriffs are addressed in the standards.
- We are all working together toward the goal of providing quality mental health services to those we serve.
  - It is good law enforcement practice.
  - It is good health care practice.
What is NCCHC?

• A 501 (c)(3) whose sole mission is to improve the health care delivery system in jails, prisons, and juvenile detention and confinement facilities.
• As an AMA project, we worked in the early 1970s to develop standards and an auditing tool.
• Today, our board has 37 professional organizations representing the fields of criminal justice, law, and health.
Major Court Decisions

• Supreme Court rule that prisoners have a right to be free of “deliberate indifference to their serious health care needs”
  » US Supreme Court: 1976 Estelle v. Gamble

• “We see no underlying distinction between the right to medical care for physical ills and its psychological counterpart.”
  » 4th Circuit Court: 1979 Bowring v. Godwin

• It extended the Estelle decision to mental health care.
Deliberate Indifference

- Conscious or reckless disregard of the consequences of one’s acts or omissions
- Professional knows of and disregards an excessive risk to an inmate’s health or safety
In the hundreds of cases following *Estelle v. Gamble* three basic rights have emerged:

- Right to **access to care**
- Right to **care that is ordered**
- Right to a **professional medical judgment**
Standards that support the right to Access to Care

- Access to Care
- Hospital and Specialty Care
- Information on Health Services
- Receiving Screening
- Oral Care

- Nonemergency Health Care Requests and Services
- Emergency Services
- Segregated Inmates
- Patient Escort
- Basic Mental Health Services
Standards that support the right to Care that is Ordered

• Medical Autonomy
• Policies and Procedures
• Grievance Mechanism for Health Complaints
• Medication Services
• Clinic Space, Equipment and Supplies
• Diagnostic Services
• Continuity of Care
• Chronic Disease Services
• Patients with Special Health Needs
• Care of the Pregnant Inmate
Standards that support the right to Professional Medical Judgment

- Responsible Health Authority
- Credentialing
- Clinical Performance Enhancement
- Staffing
- Health Care Liaison
NCCHC Today

- Accredits many hundreds of correctional facilities across the nation,
- Certifies thousands of correctional health professionals
- The largest provider of correctional health care education in the world
NCCHC Standards for Health Services

- Represents NCCHC’s recommended standards for health care delivery systems in jails
- Are based on constitutional requirements and subsequent court decisions/interpretations
- Require that treatment is provided based on nationally accepted clinical guidelines (although standards are not clinical guidelines)
- Require that health professionals work within their scope of practice
- Are supplemental to discipline-specific directives
NCCHC Standards

Nationally recognized best practices

Best-case scenario: Employees & Facility operating by the Standards

Employee CCHP Certified

Facility NCCHC Accredited
What is NCCHC Accreditation?

• Validation that the facility meets:
  • 100% of applicable **essential** Standards
  • and at least 85% of applicable **important** Standards for Health Services

• Can lead to:
  • increased efficiency of health services delivery
  • greater organizational effectiveness
  • better overall health protection for patients
  • reduced risk of adverse legal judgments

• Supports consistency of health services
• Promotes morale and professional excellence
• Allows for participation in a national forum
Accreditation Community

• In 2014 nearly 500 facilities participated in accreditation
• Accredited facilities are in 47 states and the District of Columbia
• Over \( \frac{1}{2} \) are jails and over \( \frac{1}{4} \) are prisons
• The remainder are juvenile confinement facilities
• On any given day, there were nearly 500,000 persons incarcerated in NCCHC accredited facilities
• Facility sizes range from a juvenile facility with an average daily population (ADP) of 10 to a mega-jail with an ADP of nearly 9,300
Certification

- NCCHC pioneered corrections-oriented certification and administers the largest certification program in correctional health care: the Certified Correctional Health Professional (CCHP).
- The CCHP is the most widely held correctional health care credential in the world, with more than 3,000 individuals currently certified.
Certification

• It shows mastery of national standards and the knowledge expected of leaders in this specialized field and raises the bar on quality and clearly delineates expectations and best practices.

• NCCHC now offers specialty certifications
  • Advanced – CCHP-A
  • Nursing – CCHP-RN
  • Mental Health – CCHP-MH
  • Physician – CCHP-P
Education

• For more than 35 years, NCCHC has emphasized the importance of professional development and staff training, with a strong focus on best practices.
• The National Conference on Correctional Health Care has grown from a gathering of 80 pioneers into the must-attend event of the year for thousands of professionals.
• There are now four distinct conferences and numerous other educational services
NCCHC Resources, Inc.

- 501(c)(3) not-for-profit providing:
  - Technical assistance
  - Correctional health care education
  - Experts in the field of correctional health care
Where to Go for Help

• **Spring Conference on Correctional Health Care**
  April 9-12, 2016
  Gaylord Opryland Resort & Convention Center, Nashville, TN

• **Correctional Health Care Leadership Institutes**
  July 15-16, 2016
  The Westin Copley Place, Boston, MA

• **Correctional Mental Health Care Conference**
  July 17-18, 2016
  The Westin Copley Place, Boston, MA

• **National Conference on Correctional Health Care**
  October 22-26, 2016
  Paris Hotel, Las Vegas, NV
Where to Go for Help

• Submit technical assistance requests to NCCHC Resources, Inc.
  info@ncchcresources.org

• Call or write:
  Brent Gibson, MD, MPH, FACPM, CCHP-P
  Chief Health Officer
  (773) 880-1460
  brentgibson@ncchc.org