Coordination of Care in the Justice Involved Population

Judi Nightingale, DrPH, RN
Director, Population Health
Riverside University Health System

What is Whole Person Care?

- A State Funded Program (one of 4 components of the 1115 Medi-Cal Waiver), designed to assist complex, high needs clients.
- 5 year program-funding scheduled to end in December 2020.
- Funding extended to December 2021 due to COVID
- CalAIM go-live January 2022
- Each County designed their own unique program to incorporate the following key elements:
  - Value-Based
  - Care Coordination/Integration
  - Care Management
  - Population Health Management

Riverside University HEALTH SYSTEM

Riverside County WPC Program

- **Focus** is on Transition out of incarceration-identify needs in releasing/newly released Probationer/Parolee and provide linkages to services.
- **Goals**
  - Reduction in re-incarceration.
  - Reduction in unnecessary ED usage
- **Method**
  - Communication of high needs inmates releasing to the community.
  - Upstream identification of needs for releasing justice involved population.
  - Warm handoff to partners providing needed services.

Riverside University HEALTH SYSTEM

Why Probation Population?

- High re-incarceration rate
- Poor physical health
- Mental health diagnosis
- Lack of health insurance
- Lack of housing

Riverside University HEALTH SYSTEM

Probationer Data (re-incarceration)

- Previously incarcerated individuals face numerous barriers such as lack of **employment** opportunities, family **support**, **housing**, in addition to lower educational attainment, **mental health** problems, **substance abuse**, and the fragmentation of treatment services upon release and during re-entry into the community.
- These barriers place them at an **increased risk of returning to prison** in the first few years after release.
- A Bureau of Justice Statistics study found that among 401,288 state prisoners released in 2005, about 68% were **re-incarcerated** within three years of release
- About half of all probationers in the county return to court within the first year as a result of **substance/alcohol abuse.**

Riverside University HEALTH SYSTEM

Probationer Data (poor health)

- People who are incarcerated experience **poorer health** than the general population. Incarcerated individuals have a higher risk for several health conditions, such as tuberculosis, hepatitis, human immunodeficiency virus (HIV), sexually transmitted infections, cardiovascular disease, weight gain, hypertension, and cancer compared with the general population.

- Many probationers have co-morbid Behavioral and Physical health conditions (esp. cardiac). **Reduction in life span** is est. at 20 years.

- Binswanger et al. found that **mortality rates** post-incarceration were 3.5 times higher overall, and the death rate was **13 times higher** among previously incarcerated individuals than the general population within the first two weeks after release.

Riverside University HEALTH SYSTEM

Probationer Data (mental illness)

- **40%** of individuals with serious mental illness have been in jail or prison at least once in their lives.
- **45%** of inmates in local jails and state prisons have co-occurring mental illness and substance use disorders.
- **High rates of recidivism**
  - Currently, 25% of inmates with a **mental health** problem had three or more prior **incarcerations** (compared to 5% of inmates without a mental health problem).
  - Individuals with serious mental illness may return to prison about 12 months earlier than those without serious mental illness.
  - Providing access to health services, early after release from incarceration, through Medicaid enrollment, particularly treatment for mental illnesses and substance use disorders, may increase service use, **reducing recidivism rates**.

Riverside University HEALTH SYSTEM

Probationer Data (Medi-Cal)

- More than 50% of probationers need medical insurance. Many qualify for Medi-Cal, but have not enrolled.
- Medicaid coverage can be **suspended** or **terminated** after the individual spends a full calendar year in jail or prison.
- Enrollment in Medicaid can be a burdensome process for most people released from incarceration, making the need to re-enroll or reactivate Medicaid enrollment a substantial **barrier** to treatment for people released from incarceration.
- A previous study found that a discharge planning program for inmates with serious mental illness increased both **Medicaid enrollment and mental health service** use in three Oklahoma prisons.
- Another study in Washington State also showed that expediting Medicaid for individuals with severe mental illness was associated with increased Medicaid enrollment by 15% and **increased outpatient mental health service use by 13% in the 90 days following release**.
- Gertner et al., 2019 found that referral for expedited Medicaid increased Medicaid enrollment, and increased community mental health and general medical services immediately after release from incarceration.

Riverside University HEALTH SYSTEM

Probationer Data (housing)

- **15%** of jail population were homeless in the year prior to arrest, a rate **7** to **11** times higher than the general population.
- The disruption in social engagement during incarceration places individuals at an increased risk of housing instability and insecurity immediately upon their release from incarceration.
- Metraux and Culhane found that 23% of the sheltered homeless people in the New York City **shelter** system had been **incarcerated** within the previous two-year period.
- Herbert and colleagues found that **high housing insecurity** rates among former prisoners were linked to **re-incarceration**.

Riverside University HEALTH SYSTEM

Planning-partner collaboration

- Riverside County Probation Department
- Riverside County Sheriff's Department
- Riverside University Health System
  - Dept of Behavioral Health
  - Medical Center
  - FQHCs
- Riverside County Department of Public Social Services
- Riverside County Economic Development Office
- City of Riverside, Mayor's office
- Inland Empire Health Plan
- Molina Healthcare
- National Community Renaissance
- Health to Hope Clinics
- Coachella Valley Rescue Mission-housing
- Path of Life Ministries-housing

Riverside University HEALTH SYSTEM

Riverside County Whole Person Care Program

- Implementation-hired the following
  - 8 RNs to screen in all 9 probation sites, 2 Parole sites and 2 Behavioral Health Clinics.
  - 12 housing outreach specialists to provide assistance with housing and social service access.
  - 8 RN Case managers to ensure those who are referred, successfully receive services.
  - 2 RN Managers to oversee above personnel.
  - 1 Program Coordinator for data tracking and submission to the State.

Riverside University HEALTH SYSTEM

RN Screening, in Probation, for the Following:

- Health insurance coverage (m/cal)
- Mental health needs
- Medical conditions
  - (including TB, Hep C, HIV, Hgb A1C, BP)
- Substance abuse
- Homelessness
- Additional support services

Riverside University HEALTH SYSTEM

What did we measure?

Metrics summary:

- Total number of probationers **offered vs. screened**
- Total number of probationers referred vs. **enrolled in services** for:
  - behavioral health
  - physical health
  - social/support services
  - substance abuse
  - housing needs
- **Medi-Cal** enrollment
- Jail **recidividism**
- Avoidable **admission** to psychiatric and primary care **hospitals**
- Avoidable **emergency department** usage for physical and behavioral primary care needs
- Number of homeless who acquired **housing**
- **Depression** remission

Riverside University HEALTH SYSTEM

Barriers to Care after Release

- **Problem**:
  - Expensive medications → noncompliance if client has to choose between food, shelter or medications.
- **Solutions**:
  - Identification of inmates who are on medications >14 days during incarceration.
  - This list is provided to the WPC screening RN, when the inmate is released.
  - Communication and coordination of care between the "in-jail" team of probation officer, behavioral health worker, RN and substance use worker with the "community" equivalents.
  - Efforts to begin eligibility work for access to medi-cal services while incarcerated for at least clients with chronic health needs.
  - Extension of provision of medication, at release, from 3 days for *some* medications to up to 14 days for *all* "chronic" medications

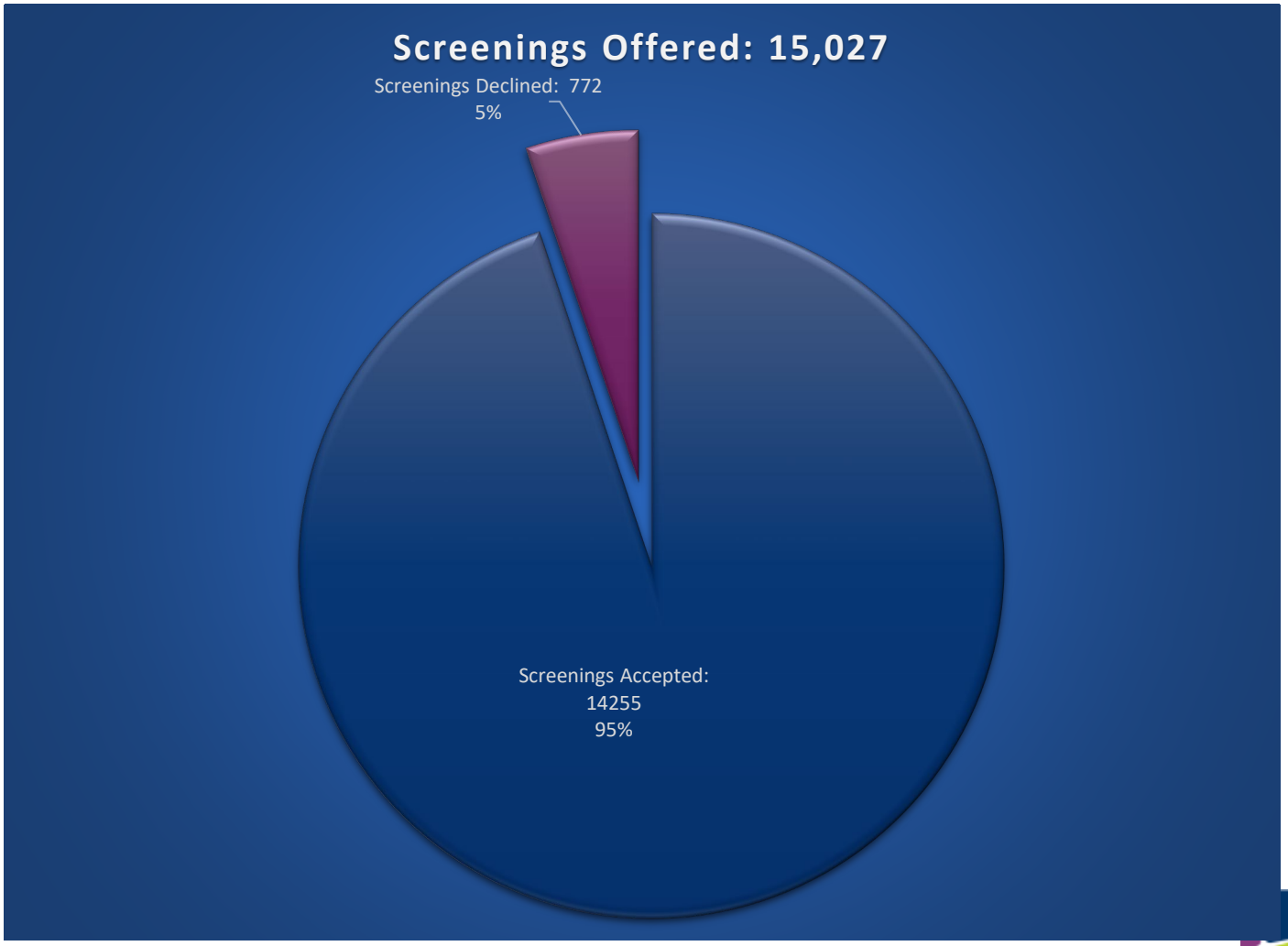
Riverside University HEALTH SYSTEM

Total Number Screened: (October2017 – February 2022)

Screening Site	Initial Screening Offered	Screening Accepted	Declined	% Accepted
BANNING	630	594	36	94%
CORONA	983	950	33	97%
INDIO	2366	2288	78	97%
MORENO VALLEY	2333	2086	247	89%
PALMSPRGS	414	384	30	93%
RIVERSIDE	3932	3715	217	94%
MURRIETA	2313	2238	75	97%
SAN JACINTO	1902	1846	56	97%
WEST	80	80	0	100%
EAST	65	65	0	100%
BLYTHE	9	9	0	100%
Totals	**15027**	**14255**	**772**	**95%**

Riverside University HEALTH SYSTEM

WPC Data: October 2017- February 2022



Riverside University HEALTH SYSTEM

Total Number of Referrals: (10/6/2017-current)

Screening Site	Care Manager	Physical Health	SUD	Behavioral Health	Housing	DPSS	TAY	Total Referrals
BANNING	252	225	119	75	133	222	0	774
BLYTHE	4	2	1	2	4	4	0	13
CORONA	417	433	195	181	183	337	7	1,336
INDIO	676	584	345	543	1,013	662	4	3,151
MORENO VLY	978	526	655	496	692	646	14	3,029
MURRIETA	386	423	338	343	483	482	1	2,070
RIVERSIDE	491	757	611	688	777	1,828	23	4,684
SAN JACINTO	782	1,489	516	714	1,191	1,160	3	5,073
WPC WEST	112	60	9	29	35	16	0	149
WPC EAST	75	28	7	35	42	17	0	129
PALM SPRGS	102	129	74	57	164	151	1	576
Total	4,275	4,656	2,870	3,163	4,717	5,525	53	20,984

Riverside University HEALTH SYSTEM

Outcomes

- Increase in active **Medi-Cal coverage**
  - Baseline ~5%
  - Highest point during WPC pilot >60%
- Medi-Cal as a proxy to obtaining **SUD and DBH** services.
  - Those who got active Medi-Cal showed statistically significant reduction in readmission due to SUD and DBH access.
- For those referred to DBH who attended at least 1 appointment
  - **Reduction in reincarceration >65%** compared to those who did not attend an appt.
- For those referred to SUD who attended at least 1 appointment
  - **Reduction in reincarceration >50%** compared to those who did not attend an appt.

Riverside University HEALTH SYSTEM

Outcomes-continued

- Improved **integration** among partners for Patient Centered care.
- Reduction in **duplication** of efforts by multiple departments
- Increased **collaboration** for other projects as a result of knowing who to contact to help high needs clients-ie: COVID
- **Grateful clients** who have turned their lives around.

Riverside University HEALTH SYSTEM

Taking care of a veteran's heart

- **Situation:**
  - Client had multiple medical problems, including congestive heart failure, hypertension, atrial fibrillation, recent hospitalization for pneumonia requiring a thoracentesis. He was told that his heart was working at 10% from meth-induced cardiomyopathy. He was wearing an external life vest defibrillator and reported feeling recent shocks. He said the doctor gave him 6 weeks to live.
  - Other diagnoses included were depression and anxiety. Client and longtime/supportive girlfriend were homeless, which made charging his defibrillator difficult.
  - Client was not interested in going to a shelter due to crowds and the possibility of being separated from girlfriend.
- **Success:**
  - WPC Outreach Team met with client and obtained information that the client was a Veteran. Client was placed in brand new Veteran housing within a month of screening.
  - His health improved drastically. His heart function increased to 40% and he no longer needs the external defibrillator. He also married his girlfriend.

Riverside University HEALTH SYSTEM

Questions?

Contact:

Judi Nightingale, DrPH, RN j.nightingale@ruhealth.org

Riverside University HEALTH SYSTEM