



COLORADO

Department of Health Care
Policy & Financing

To: Program Improvement Advisory Committee

From: Improving and Bridging Systems Sub-committee

Date: September 19, 2018

Subject: Health Care Transitions for Corrections-Involved Members

Executive Summary: The expansion of Health First Colorado (Colorado's Medicaid Program) eligibility under the Affordable Care Act (ACA) created a historic opportunity to bring justice-involved individuals into the health care system. The Department of Health Care Policy and Financing (Department) identified this population as a high priority within its primary delivery program, the Accountable Care Collaborative (ACC). The high burden of disease and the complications experienced during reentry¹ highlight the need for timely access to and coordination of medical and behavioral health care services for justice-involved people as they transition to the community. Timely access to health care services upon release, in particular behavioral health care services, has been shown to improve not only health outcomes but also recidivism rates².

The Improving and Bridging Systems (IBS) sub-committee has identified five recommendations to improve the health care transition for justice-involved members, specifically members released from the Department of Corrections (DOC). The sub-committee will use the lessons learned from collaborating with the DOC to foster best practices across other parts of the justice system such as jails, community corrections facilities, probation and problem solving courts. Specific recommendations include: 1) expand proactive eligibility and enrollment, 2) provide timely care coordination and care continuity, 3) engage members in their health care coverage, 4) leverage trusted community partners, and 5) ensure health care coverage continues.

Background and Methodology: In July 2018, the Department implemented new Regional Accountable Entities (RAEs) as part of the next iteration of the ACC. RAEs will be expected to strengthen care coordination for members who are transitioning between the justice system and community-based health care settings. To ensure that the ACC was informed by and built around the experiences of justice-involved members, the Department and the Colorado Criminal Justice Reform Coalition (CCJRC) conducted focus groups in the fall of 2017 to better understand justice-involved members' experiences with Health First Colorado. In the spring of 2018, they presented their findings to IBS, and the sub-committee identified the following recommendations for improving the health care transition for justice-involved members.

¹ Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison: A high risk of death for former inmates. *New England Journal of Medicine*, 356, 157-165.

² Legal Action Center. Restoring Medicaid Upon Release from Prison: <https://lac.org/toolkits/medicaid/medicaid.htm#top>

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Delivery System Recommendations:

1. Expand Proactive Eligibility and Enrollment

"It (Health First Colorado application) wasn't legit, because when I got here (the halfway house), I didn't have it (Health First Colorado). I've got it now, I think. I have a number. I take a therapy class and I gave it to my therapist. I don't have a bill and that's all I know."

Justice-Involved members apply for Health First Colorado benefits in a variety of ways and described the overall process as smooth, quick, and easy. However, respondents who enrolled prior to release said it was not always clear if their application had been processed. Few knew their Medicaid ID number or had a card upon release. Focus group participants identified a gap between signing the appropriate paperwork and receiving confirmation of their Medicaid enrollment status.

Sub-Committee Recommendation: The Department and its partners should continue to enroll justice-involved members using multiple pathways to reach individuals at different points along the health care continuum. People leaving DOC prisons and county jails should be provided with benefit information, their Health First Colorado Member ID Card or number and, at minimum, be informed of the status of their application. The Department and DOC should ensure that case managers, discharge planners, and community partners have the right tools in place to assist justice-involved individuals with member enrollment. This includes understanding how to use PEAK and PEAK Pro, the website individuals use to apply for Health First Colorado. Community partners should also discuss the current eligibility and enrollment process with justice-involved people to identify barriers and solutions to the onboarding process and work with both the Department and DOC to address any issues.

2. Provide Timely Care Coordination and Care Continuity

"I was coming out into society and in a way I was lost, you know? I was in there for 15 months and two days, and got out and I was lost because I was not trying to go back to my old lifestyle...I wasn't trying to go back to gang bangin', I was trying to be positive and do right for my baby. I needed to know what help I could get before I got released."

Due to high medical and behavioral health care needs, many justice-involved individuals have a heightened need for care coordination prior to release. Despite efforts supporting care coordination in the ACC, many members take it upon themselves to find a Health First Colorado provider, schedule appointments, and arrange transportation. In addition, justice-involved people shared they have had difficulty accessing specialty care such as vision and mental health services, as well as challenges with pre-authorization requirements for prescription drugs that they have been taking for years.

Sub-committee Recommendations: Increased attention should be given to connecting justice-involved people with care coordinators prior to release so that they are provided with assistance navigating the health care system. The Department and DOC should collaborate to establish shared processes and venues around care coordination and care continuity across its contractors and staff. RAES should dedicate specific health care navigators and/or care coordinators focused on justice-involved people to help them navigate the health care system and effectively utilize the benefits of Health First Colorado. RAE staff should schedule proactive appointments, ideally before someone is released or shortly thereafter, and leverage other benefit streams, such as funding from the Office of Behavioral Health, to fill in any gaps in coverage. RAE staff should prioritize care coordination for justice-involved members with a behavioral health condition.

3. Engage Members in Their Health Care Coverage

"I'm happy with Medicaid. It's just if I would have known earlier, I would have been better off. I probably wouldn't be dealing with all of the complications of gastritis right now."

While a large majority of justice-involved people have positive experiences with Health First Colorado services, there continues to be problems with benefit education and communication. Justice-involved members shared that they most needed to know: 1) how to get a Health First Colorado card; 2) what benefits are offered through Health First Colorado; 3) which doctors accept Health First Colorado; 4) how much does Health First Colorado cost and are there co-pays; and 5) how long does Health First Colorado coverage last. Because respondents did not know the comprehensiveness of their Health First Colorado benefits, this caused delays in their care, exacerbation of health disorders, and heavy reliance on acute care services.

Sub-committee Recommendations: The Department and DOC should collaborate to create cross-systems member engagement strategies including distributing Health First Colorado benefits information through multiple methods such as consumer guides, reentry classes, and videos that include testimonials. The Department and DOC should ensure that DOC has the necessary Health First Colorado information through member handbooks and health guides, like CCJRC's *Your Health Matters*, to provide to justice-involved members ready for release. RAEs and the DOC should collaborate to ensure a health navigator, care coordinator, or case manager is available to sit down, meet face to face, and answer health questions both prior to release and after.

4. Leverage Trusted Community Partners

"These people (Second Chance Center). They've been the biggest help."

Community partners are an essential and trusted voice in helping with care coordination for this population. Justice-involved people have relied heavily and spoke highly of their local community supports (i.e. Harm Reduction Action Center; Second Chance Center) to provide information about and connection with health care clinics and behavioral health providers. Community corrections facilities and programs also provide a direct connection with justice-involved people who are either directly sentenced to those facilities or for those who are transitioning out of prison. While community corrections facilities vary from one another, they are key locations where care coordination activities and even onsite health care delivery can be provided. This echoes the member engagement recommendations developed by the Health Impact on Lives Sub-committee that encourage RAEs to cultivate meaningful relationships with community partners and build upon the existing trust between their organization and respective members.

Sub-committee Recommendations: The Department and RAEs should engage and establish ongoing relationships with local community based organizations, such as community reentry organizations, syringe access programs, public health agencies and other social justice non-profits that work directly with justice-involved people, as they are a trusted and reliable resource to connect with. RAEs should also work with local community corrections facilities to establish onsite health care classes, care coordination activities or onsite health care services to ensure that justice-involved people are getting appropriately connected to care. RAEs should include Health First Colorado benefit information in packets that are provided to residents of community corrections facilities as well as have information readily available at community based organizations.

5. Ensure Health Care Coverage Continues

"I mean I went from a sleeping under a bridge (for) three years and now I have been clean about a year and half. I go to methadone treatment on a regular basis. Medicaid saved my life."

Justice-involved people show that access to Health First Colorado has significantly impacted and improved their lives. Respondents stated they have been able to go to the doctor, have access to prescription drugs and behavioral health services, and are thrilled to have access to dental services. They have also been able to take care of long standing health ailments that were issues prior to incarceration. Multiple respondents stated that if they lost their benefits it would be devastating. Many reported that having access to Health First Colorado has allowed them to remain sober, retain employment, and has literally saved their life. The impact access to health care services through Health First Colorado is having on this population is significant.

Sub-committee Recommendations: The Department should demonstrate the efficacy of justice-involved members having coverage by publicly reporting health outcomes

specific to this population. This should be accomplished using both qualitative and quantitative analysis. Public-facing performance metrics that measure outcomes related to care transitions and health care access should be determined. The Department should also regularly engage with and receive feedback from justice-involved members as to how Health First Colorado continues to impact their lives. In particular, medication consistency, continuity of care, and access to correctional medical records will be essential areas. Furthermore, as members transition off Health First Colorado, RAEs should make information available about what health insurance options exist for members and their families (i.e. Connect for Health Colorado, CHIP, or Health First Colorado Buy-In Program) to increase the chances that member's health care coverage continues.

Next Steps: To monitor and encourage the implementation of this work, IBS will convene RAEs, the Department, and DOC to gather input and assess application of these recommendations over the coming first two years of the ACC Phase II.