

**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 public 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). 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. The following themes were identified as ways to improve their health care transition: 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:** In Colorado, nearly 120,000 individuals are involved in the criminal justice system on any given day. Approximately 96,000 live in communities across the state<sup>1</sup>. This includes individuals on probation, parole, community corrections, and those cycling in and out of jails. The remaining 20,000 are incarcerated in prison. For incarcerated males, 39% have a moderate to high medical need, 39% have moderate to high mental health needs, and 74% have a moderate to high substance use disorder need. Rates are even higher for the female population: 71% medical, 77% mental health, 79% substance use<sup>2</sup>. Adding to the complexity, individuals transitioning from prisons to the community face a significantly higher rate of mortality<sup>3</sup>. This high burden of disease and the complications experienced during reentry 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. Given the vulnerability of this population and the opportunity of expanded coverage through the ACA, the Department identified this population as a high priority for its primary delivery program, the ACC. In spring 2017, the Department released a strategic plan proposing a care model for members releasing from Department of Corrections (DOC) facilities. In July 2018, the Department will implement 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.

**Goal:** To facilitate the development of recommendations for the ACC and its RAEs on member-centric, cross systems care coordination strategies by informing the Improving and Bridging Systems Committee and other external stakeholders regarding the experiences of justice-involved members.

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<sup>1</sup> Wagner, Peter and Bernadette Rabuy. "Mass Incarceration: The Whole Pie. *Prison Policy Initiative*. March 14, 2017: <https://www.prisonpolicy.org/reports/pie2017.html>

<sup>2</sup> Raemish, Rick. SFY 2016 Statistical Report. Colorado Department of Corrections, Office Planning and Analysis, <https://drive.google.com/file/d/0B21TrpBx507cTIQxM3h1eHhDMms/view>

<sup>3</sup> 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.

**Methods:** In the fall of 2017, CCJRC partnered with the Department to conduct four focus groups across the Front Range with members who had been recently released from a justice facility or who had previous involvement with the justice system. Each focus group had seven to eight individuals and consisted of a one-hour, semi-structured group interview. Exploratory, open-ended questions were used to guide the conversation. They were conducted at Larimer County Community Corrections, the Second Chance Center, Core Civic – Boulder Community Treatment Center, and the Harm Reduction Action Center. In total, 31 individuals participated in the focus groups. In order to participate, respondents had to be enrolled in Health First Colorado and to have previous engagement with Colorado’s criminal justice system.

**Limitations:** Though conducting focus groups has allowed CCJRC, the Department, and the Department’s advisory committees to gain valuable insight directly from justice-involved members, there are limitations to this approach. Due to the small sample size, it is difficult to make generalizations regarding the Health First Colorado experience for the larger reentry population. All the focus groups were conducted in cities along the Front Range and did not account for the experience of someone transitioning into a rural or frontier setting. To create a more holistic picture, these themes should also be merged with quantitative data, such as enrollment figures, health care access and utilization rates, mortality rates, and recidivism rates.

**Themes:** The Department is committed to grounding and designing its programs in the experience of its members through member advisory councils, site visits with members, and now, member focus groups. This work aligns with the Department’s expectations that RAEs will develop and implement comprehensive member engagement strategies across their regions. Moreover, the Governor’s Strategic Plan for Behavioral Health and Criminal Justice calls on state agencies to utilize focus groups to assess and redesign their care processes based on members’ experiences. Utilizing focus groups does not displace traditional quality improvement but ensures efforts to driving health care improvement are human-centered. These four focus groups provide valuable opportunities to achieve those aims. Although justice-involved people have unique needs as they transition back to the community after incarceration, five common themes arose across the focus groups (see extensive member feedback in Appendix 1).

## **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.”*

Respondents applied for Health First Colorado benefits in a variety of ways. They stated that they applied either through the reentry process, while seeking social services, while receiving medical care, or online. Overall, respondents described the application 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. When members ran into enrollment issues they often relied on the support of their community partner, case manager, or halfway house representative to help them sort it out.

Potential Recommendations:

- 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.
- The Department and DOC should collaborate to create a feedback loop that provides justice-involved members with enrollment confirmation, Medicaid IDs, and benefit information prior to release.
- Community partners should 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.
- 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 operationalize PEAK and PEAK Pro, the website individuals use to apply for Health First Colorado.

## **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 healthcare needs, many justice-involved individuals have a heightened need for care coordination prior to release. Many are not provided this sort of support and navigation. In addition, most people leaving prison are only provided with a limited supply of medications, do not have a primary care doctor in the community, and usually do not have access to their medical records or history from where they were incarcerated.

Despite efforts supporting care coordination in the ACC, most respondents took it upon themselves to find a Health First Colorado provider, schedule appointments, and arrange transportation. Members stated that this was time-consuming, frustrating, and costly, especially with such limited resources. For members struggling with a behavioral health disorder, navigating the health care system alone may be impossible. 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.

Respondents were unaware that Regional Care Collaborative Organizations (RCCOs) and Behavioral Health Organizations (BHOs) existed and could help with care coordination activities. Instead, justice-involved members turned to their community partners, other providers,

and criminal justice or human services case managers to assist with care coordination and healthcare navigation.

Potential Recommendations:

- RAEs should schedule proactive appointment, 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.
- Cross-collaboration between state agencies (Department and DOC) to establish clear processes around care coordination and care continuity.
- RAEs should prioritize care coordination for justice-involved members with a behavioral health condition.
- RAES should ensure dedicated health care navigators and/or care coordinators are focused on justice-involved people to help them navigate the health care system and effectively utilize the benefits of Health First Colorado.

### 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. Respondents stated that the enrollment process felt incomplete because they did not receive any information about what Health First Colorado includes or how to use it. During the focus groups, respondents said 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 and exacerbation of health disorders. Others reported that they didn’t have a primary care physician because they “don’t really get sick” but will use the emergency department when they have a flu or need a prescription filled. Without foundational benefit and health knowledge, members will continue to misuse the emergency department and other health care resources.

Potential Recommendations:

- DOC should offer classes for individuals specifically on the topic of Health First Colorado benefits for those close to being released (i.e. during pre-release or in the reentry pods).
- Create a health literacy video that includes health testimonials from other justice-involved individuals on Medicaid. Videos are a powerful medium to reach this population and could be a way of addressing the needs of those with low-literacy or an intellectual disability. CCJRC plans to create a video that incorporates material already housed on the Take Care Health Matters website: [takecarehealthmatters.org](http://takecarehealthmatters.org)

- The Department and its partners should ensure that DOC has the necessary member handbooks and health guides to provide to justice-involved members ready for release.
- DOC should distribute health guides, like CCJRC's *Your Health Matters*, to justice-involved members that explains Health First Colorado benefits as a part of reentry curriculum or prior to 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.
- Increase DOC and case manager accountability for delivering this information so that it becomes a priority.

#### **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. Respondents shared that the care coordinators at the Larimer County Community Corrections facility helped them get their life back on track by getting prescriptions filled, scheduling medical appointments, and demonstrating that they're invested in the member's success. One member said, "What really helps is knowing that they really do care about us individually. We're not just a number".

#### **Potential Recommendations:**

- The Department and RAEs should engage and establish ongoing relationships with local community based organizations that work directly with justice-involved people, as they are a trusted and reliable resource to connect with.
- RAEs should 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 the ACA is having on this population is significant.

**Conclusion:** The progress made in Colorado over the past four years in connecting justice-involved people with health care coverage and care is significant, in particular the work with the Department and the DOC. While there is still work to do to ensure that all justice-involved populations have access to health care coverage and care, policy and delivery system changes are producing promising results.

Future work should be focused on ensuring justice-involved people receive information about what benefits are offered through Health First Colorado through multiple methods such as a consumer guide and videos in addition to testimonials. People leaving DOC prisons and county jails should be provided their Health First Colorado Member ID Card or number and, at minimum, be informed of the status of their application. 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 healthcare system.

As the Department transitions to ACC Phase II, engaging with and receiving feedback from justice-involved people as to how Health First Colorado continues to impact their lives is imperative to ensure the needs of this population are being met.

## **Appendix 1: Quotes Collected during Focus Groups**

### **Expand Proactive Eligibility and Enrollment**

- “If you have a release date in prison, they (DOC) should be working with you 6 months prior to that date. And they know this.”
- “I couldn't believe how easy it was to enroll. It was very easy. It was immediate. And I could use it immediately.”
- “Enrolled online and it was easy. Not even 15 minutes of filling stuff out. The website was complicated if you were trying to figure out what your benefits were. Haven't had any trouble finding doctors. I thought I would, but haven't had that problem. I've had to go out of town occasionally to see somebody, but (with) the Medicaid transport, that's not a problem.”
- “I couldn't believe it. Not only was it simple to do online. I expected the typical US bureaucracy and that it would take a month or more to get enrolled, but it was immediate, and I could use it immediately. I just carried the piece of paper around for I guess it was a month until the card came.”
- “I got released in 2015. Everything was smooth. My case manager came to me and told me he was going to have me fill out a couple of papers. One was for an ID, I think social security, I think Medicaid and the potential things you need out here, it was smooth actually. They took care of everything. When I got to cell house 5 they said my Medicaid card was there, that my ID was there, that my social security, everything was there.”
- “They (DOC) brought a bunch of paperwork to hand out to the guys, everybody filled it out and they checked different types of information. They didn't follow through with giving us the information that they compiled. They didn't do anything with it. We just filled it out, they took it, and said goodbye and we never saw them again”.

### **Provide Timely Care Coordination and Care Continuity**

- “I have friends that have tried to make mental health appointments and it is so far out. It may not be urgent, but at the same time they cannot wait 90 days.”
- “I always put my health on the back burner. Because I've needed this hip replacement for three or four years. Now I've FINALLY got it done. Now I'm almost totally recovered. I'd say in another month or two. I can start to walk on it. I can't walk as far, but I will. And it will probably be another couple of months before I'm healed. I also had all my dental work done. They've (Medicaid) paid for all my co-pays on my medicines. Yeah, Medicaid has been a life saver.”
- “Being homeless and having a chronic illness makes everyday survival exhausting. If for some reason our Medicaid did not go through, I don't know what that looks like. It doesn't look good.”

- “You just don’t know your rights. What are the limitations? It helped me yesterday. I was in the hospital and the E.R all day yesterday because I had the stomach flu. Two weeks, you know what I’m saying. I mean the thing for me man, is having information. If you don’t have information, you can’t help yourself.”
- “I don’t know what it covers. I find out when there is something I need and see if it is covered. Like I just found out the other day that it covered dental. See if I would have known all of this when I signed up, I would have got my dental problems fixed a long time ago”.

### **Engage Members in Their Health Care Coverage**

- “The problem I had was with the information. What kind of rights did I have with Medicaid? There was no information. There was no guidance. There was nothing.....You don’t get nothing. You don’t get no information and then when you get released you’re still dealing with teeth problems, feet problems, things that you acquired while you were in prison, or not. There may be things you’ve been dealing with your whole life and never knew how to take care of. You just don’t know your rights. What are the limitations?”
- “Amazingly easy to obtain benefits. Getting connected to the proper primary care provider helps direct you to other doctors or facilities that accept Medicaid. Getting that direction helped get my medical needs addressed.”
- “Having Medicaid....it helps a lot with doctor visits and classes, but the information.....we need more. We know little to nothing about what we are applying for.”
- “I just went in there and applied for everything at the same time I got my food stamps. But like he said, I don’t know my limits. I don’t know what I could try to go get done, nothing. Like dental, I don’t know where I could go. I don’t know my limitations...I don’t know if I could go and get my teeth whitened or cleaned or something like that. I don’t know what it pays for. I never got a brochure, never got nothing. Never got anything that says 95% paid, you pay this much. They don’t say that. Like I don’t even think I have a card to be honest. Or if I ever even got one. I just know that I got my number.”
- “He told me, ‘these doctors are the ones that will cover physical therapy and will take Medicaid’. So, I went to that doctor and they said ‘yes they cover Medicaid, but not this particular treatment.’ So most of the time the information came from the health care providers themselves”.
- “When I got there, they said ‘we don’t take Medicaid’. And I didn’t learn that until after I got there. You know I didn’t even think to ask that question. So then I got back here and I called 3/4 of the numbers and only found two that did”.
- "I think having more information about where to go for certain benefits would be helpful, like eyes (vision). They don't tell you where to go. Or where to get the help to pay for it."

### **Leveraging trusted community partners**

- “Well up until I got to the 2nd Chance Center, I didn’t know anything about any of this (Medicaid). Wanda got me into Stout Street. They got me all my meds right away. They put me through a regimen of dental, optical, labs. I mean they did everything and they continue to do it. Now Medicaid pays for it.”
- One thing that I told (the Director of Larimer County Community Corrections), is that they are not making us do all this stuff to be mean. They are having us do it because we need to include these things in our lives and to learn just how important it is. So if they start us and make it "a have to" well then we are in the system and making sure we are getting all those things taken care of, such as mental and your health. Like I told him (Health First Colorado) basically saved my life. You got me back on track, back on my meds, me taking care of my hip, and that has been awesome you know. Once you’re in Intensive Residential Treatment (IRT), you’re in IRT, but what really does help is knowing that they really do care about us individually. We’re not just a number. They do everything thing they can to help us with every need we have in here. I think that is awesome.”
- “For me, I didn’t get signed up while in prison because I was in prison for a very long time. I was in prison for 35 years and 1 month, and I got out February 9th 2016. Luckily, someone sent off to help me get IDs, social security card, sent for my birth certificate, because I didn’t have none of that, of course I paid for it and never got it. I ended up having to get it when I was out here, at Second Chance Center, and St. Francis Center. St Francis Work Center they helped me and got me so much help here, that if I didn’t have their help I might not have made it. I could explain it all to you, but I don’t know if you want the run down on all of that or not. Like I said, I broke my leg in a bike accident. I got a compound fracture on my left leg. But for me, like I said, if it weren’t for these people here (long pause) I might have been going back to prison.”

### **Health First Colorado Significantly Impacted Justice-Involved People**

- “If my Medicaid was yanked out from under my feet, I would probably start using again.”
- “That is my biggest fear.....Showing up at the methadone clinic one day and they (say) sorry we can’t take you. You no longer have Medicaid.”
- “If Medicaid wasn’t paying for my UAs, my classes for my mental health, man I would’ve been out here slingin’ dope, probably would’ve robbed one of y’all. But Medicaid helped me with that. They paid for my UAs, my classes, my cognitive thinking class, and how to live in a clean living environment.”
- “I’m actually going to go get surgery next Monday and I’m pretty sure the copay is like \$6 bucks, so yeah, Medicaid works for me awesome. I love it. Without it, I probably wouldn’t be sitting here talking to you.”

- “Medicaid is better than my family & friends benefits.”
- “Yes. (Medicaid works) very well. I would be devastated without it. It covers everything I need and it is very easy to deal with.”
- “Medicaid has been a life saver for me. They have paid for medical rides to and back from doctor appointments, physical therapy. They paid for my total hip replacement with only a \$10 co-pay. They pay for my meds. For dental. They have been awesome.”
- “Due to health reasons, I am unable to work. Without Medicaid it’s likely that in the last year I would have lost the sight in my right eye. I needed an emergency hysterectomy last year as well. And I am currently being treated for a torn tendon. Without Medicaid, the treatments necessary to repair or treat my conditions would not have happened.”

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