

Mike DuBose

Chief Executive Officer

Community Oriented Correctional Health Services,

Partnering with Probation

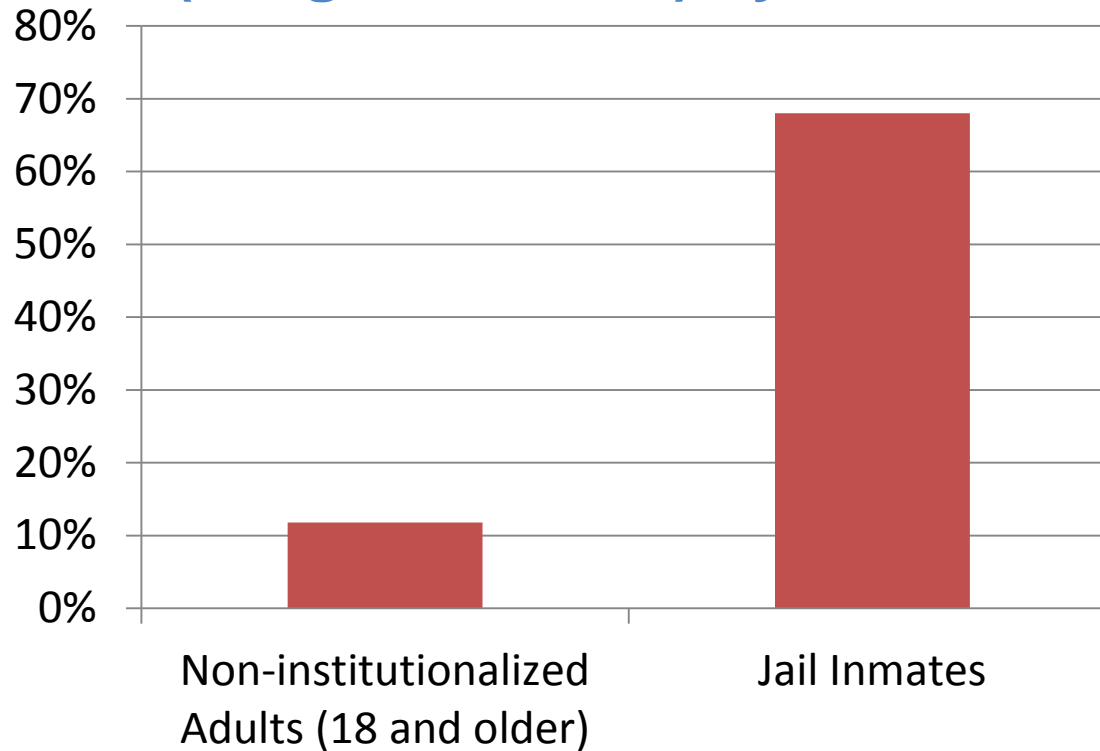
Increased Demands on Probation

- Probation departments are increasingly expected to respond to the health needs of their clients.
 - This can include enrolling into health insurance plans as well as incorporating behavioral health group treatment into supervised release.
- Probation departments are often responsible for ensuring attendance, participation, engagement of their clients in behavioral health programs.

Justice-Involved Individuals Have Complex Health Needs

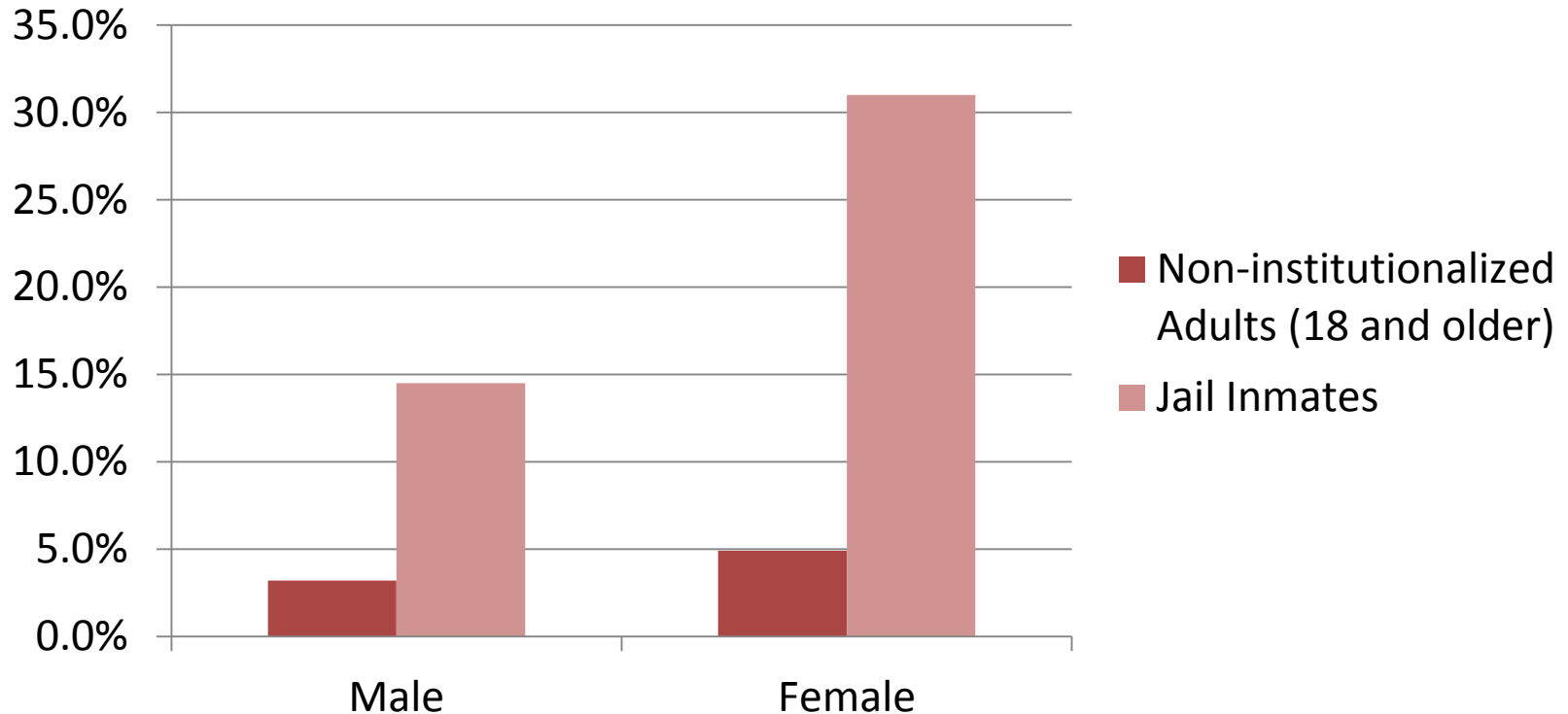
- Individuals in jail are disproportionately young, male, persons of color, and poor.
- They have high rates of health problems (chronic and infectious disease, injuries), mental health disorders, and substance use disorders (SUDs).
- 80% of individuals in jail with chronic medical conditions have not received treatment in the community prior to arrest.

Prevalence of Substance Dependence or Abuse (Drug or Alcohol) by DSM - IV Criteria



Sources: Substance Abuse and Mental Health Services Administration. (2003). Results from the 2002 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NHSDA Series H-22, DHHS Publication No. SMA 03-3836). Rockville, MD. Bureau of Justice Statistics, Substance Dependence, Abuse, and Treatment of Jail Inmates, 2002,

Prevalence of Serious Mental Illness



Sources: Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-47, HHS Publication No. (SMA) 13-4805. Rockville, MD: Substance Abuse and Mental Health Services Administration. Henry J. Steadman, Ph.D.; Fred C. Osher, M.D.; Pamela Clark Robbins, B.A.; Brian Case, B.A.; Steven Samuels, Ph.D., Prevalence of Serious Mental Illness Among Jail Inmates, Psychiatric Services 2009; doi: 10.1176/appi.ps.60.6.761.

Jails Operate as De Facto Health Care Providers

- Over 60% of arrestees in all sites tested positive for at least one drug in their system, and few reported having received outpatient drug or alcohol treatment in the prior year—less than 10% in 8 of the 10 sites.
- 13% - 38% of arrestees tested positive for multiple substances.
- 13% - 30% of arrestees said they had been arrested two or more times in the prior year.

Source: The ADAM II 2011 Report

Probation Departments and Behavioral Health Care

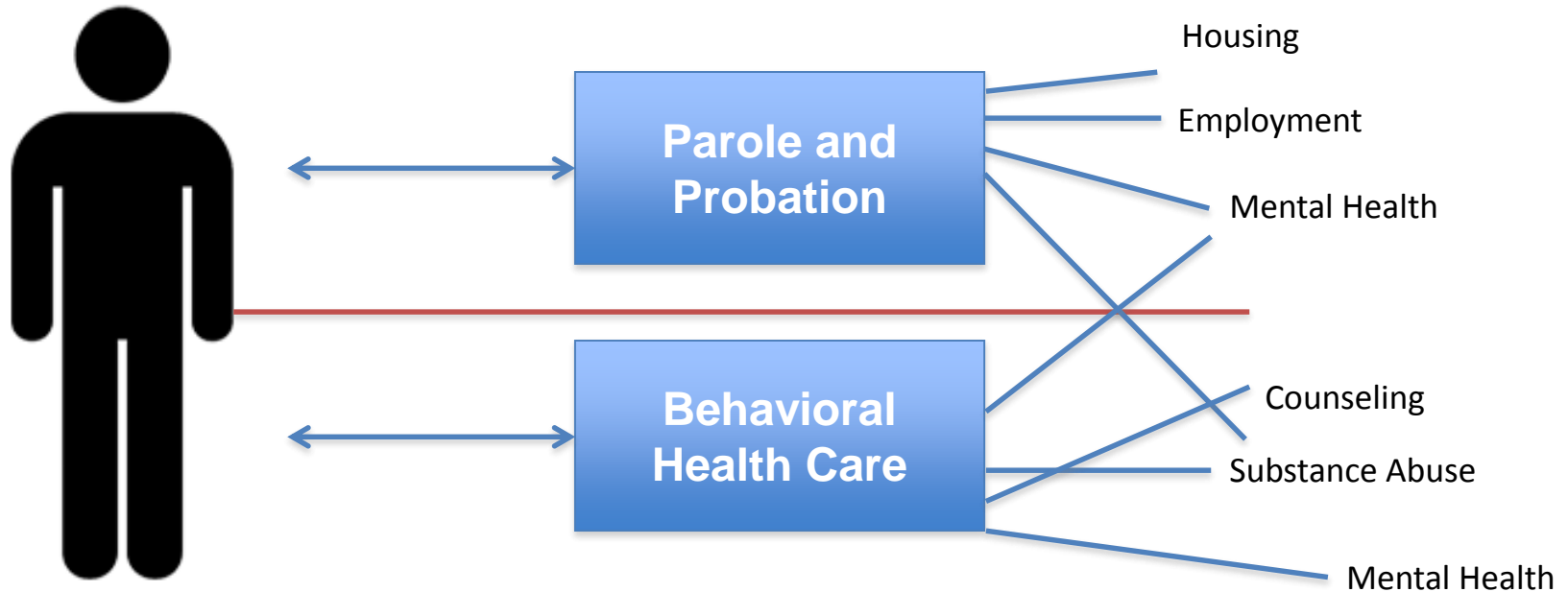
- With added responsibilities and complex client needs, probation officers are not trained or experienced in determining quality of programs or relative affordability.
- Due to lack of information, probation departments often overspend for services that are low-quality.

Service Deficiencies

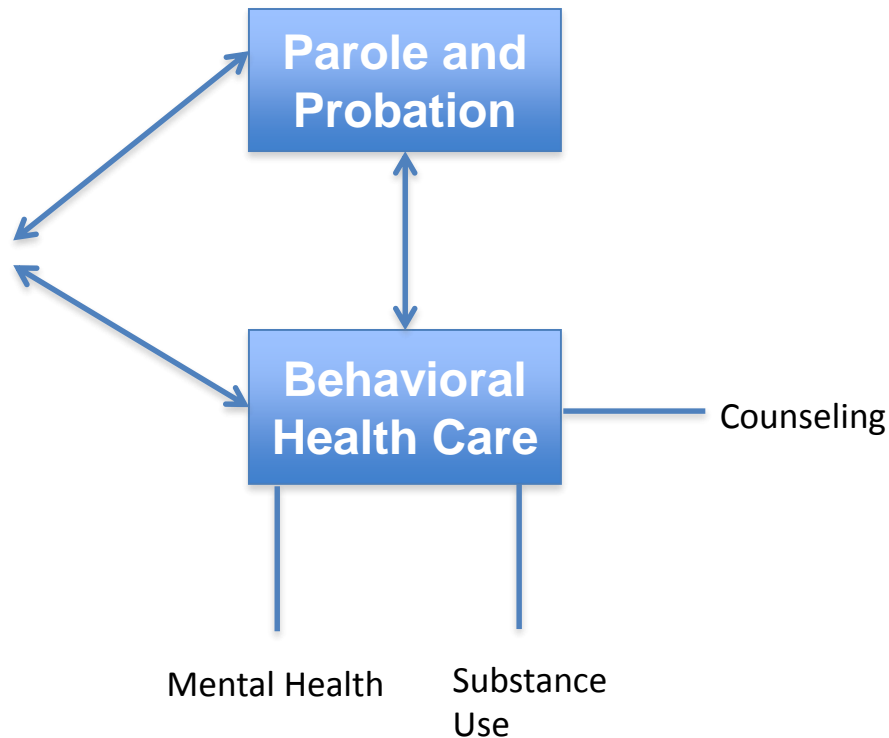
- Individuals on probation with behavioral health needs often do not receive services that they are eligible for and would benefit from.
- When they do receive services, they are too often sub-par or too expensive to continue for the county and the individuals.

Probation and Behavioral Health Currently Operate in Separate Silos

- These silos cause overlapping care, redundant requirements for clients, confusion and unnecessary cost.



Probation and Behavioral Health Should Operate Cooperatively



Cooperation improves outcomes in numerous ways:

- Ensures single point of contact for client
- Saves money through reducing redundancies
- Parole and probation retain supervision capacity, while removing responsibility to make decisions about medical necessity
- Creates better relationships between behavioral health system and criminal justice system

Connecting Probation and Behavioral Health Providers Solves Many Problems

- Reduces burden on probation departments for purchase of mental health services
- Reduces burden on probation officers to assess the behavioral health progress of clients
- Improves health outcomes of those under probation, leading to reduced recidivism rates
- Opens new avenues for funding probation department activities by making case management services billable to Medicaid under Targeted Case Management (TCM)

What is Targeted Case Management?

- Provides reimbursement under Medicaid for case management:
 - Assessment
 - Development of Care Plan
 - Referral and Related Services
 - Monitoring
- Most probation, parole, and public safety entities qualify for participation in TCM

What Can TCM Do for Probation?

- Reduces probation cost and burden by billing case management services to Medicaid
- These services expand beyond behavioral health, meaning that TCM can foot the bill for a range of services currently conducted by probation

Summary

- Probation is currently asked to do too much with too little.
- Improving connections with behavioral health care providers will:
 - Reduce operational costs by shifting burden to Medicaid;
 - Improve client treatment and quality outcomes;
 - Reduce recidivism by ensuring comprehensive treatment plan and case management.

Questions?

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