Intersections in Criminal Justice and Public Health Reform

Steve Woolworth, Ph.D.
Vice President of Behavioral Health & Transition Services
We pay more for worse outcomes

- In 2016 U.S spent 17.8% of GDP on health care (25% higher than next closest “high income” nation)
- Rate of spending is higher than other 36 OECD nations
- Lower life expectancy than other “high-income” nations (3 years of decline)
- Disparity in health outcomes between and among states
- Estimates suggests health care only accounts for 10-20% of healthy outcomes
Significantly higher rates of health problems than general population

More likely to come from medically underserved communities

More likely to be impacted by the social determinants of health (housing, employment, safety, etc.)

Health care and criminal justice have long functioned as disparate systems
The Shifting Landscape

The Intersection of Public Health & Criminal Justice

Key Drivers of Change

- Medicaid Expansion
- 1115 Medicaid Waivers
- Alternative Payment Models
- Integrated Managed Care
Significance of Changes

Same individuals different systems

Rethinking Services & Outcomes

- Broadening definition of risk
- Broadening definitions of diversion and recidivism
- Addressing social determinants of health and delivering whole person care requires new cross-sector investments and partnerships
- Managed care organizations (MCOs) are new players in criminal justice reform
- MCOs and care providers are risk bearing entities in new payment models
Implications for CJ Service Providers

Pivoting Toward the Future

Key Issues

▪ Integration of behavioral and primary health care

▪ New payers and their funding will be tied to value not volume

▪ Providers need to understand their value (no more one size fits all services)

▪ Need to have top tier technology platforms to be viable

▪ Develop new practice models and service frameworks that integrate SDOH with criminogenic factors