The Changing Landscape: How strategic partnerships with health care systems are transforming how the justice-involved access services

Steve Woolworth, Ph.D.
Vice President of Behavioral Health & Transition Services, Pioneer Human Services
Population Health
What do we know?

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 suggest health care only accounts for 10-20% of healthy outcomes
Population Health and the Criminal Justice System

Health Disparities

• 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 for Policy Makers
~Same Individuals in 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 Criminal Justice 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 (fee for service)

- 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, care pathways and service frameworks that integrate SDOH with criminogenic factors
## Opportunities & Risks to Consider

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<tr>
<th>Opportunities</th>
<th>Risks</th>
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<tr>
<td>Cross-system integrated data and reduced service duplication between CJ and health systems</td>
<td>Shift in federal health policy</td>
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<td>Better outcomes for SMI and other distressed populations through enhanced service coordination</td>
<td>Lack of appropriate MCO accountability, oversight and coordination</td>
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<td>Lower system-level costs and drive out low-value providers</td>
<td>Winnowing away of smaller behavioral health providers as MCOs seek scaled investments</td>
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<td>Shifts future policy and resources toward rehabilitation and health</td>
<td>Financial stress for providers unable to achieve targeted outcomes with chronic populations</td>
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<td>Opportunities to drive capacity and innovation into communities to address problem behavior and vulnerable/stigmatized populations</td>
<td>Could lower value of CJ providers that do not deliver behavioral health services</td>
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<td>Workforce shortages, preparation and readiness</td>
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