



FORUM

ON CRIMINAL JUSTICE

Sep 15-18, 2019 | Arlington, VA

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

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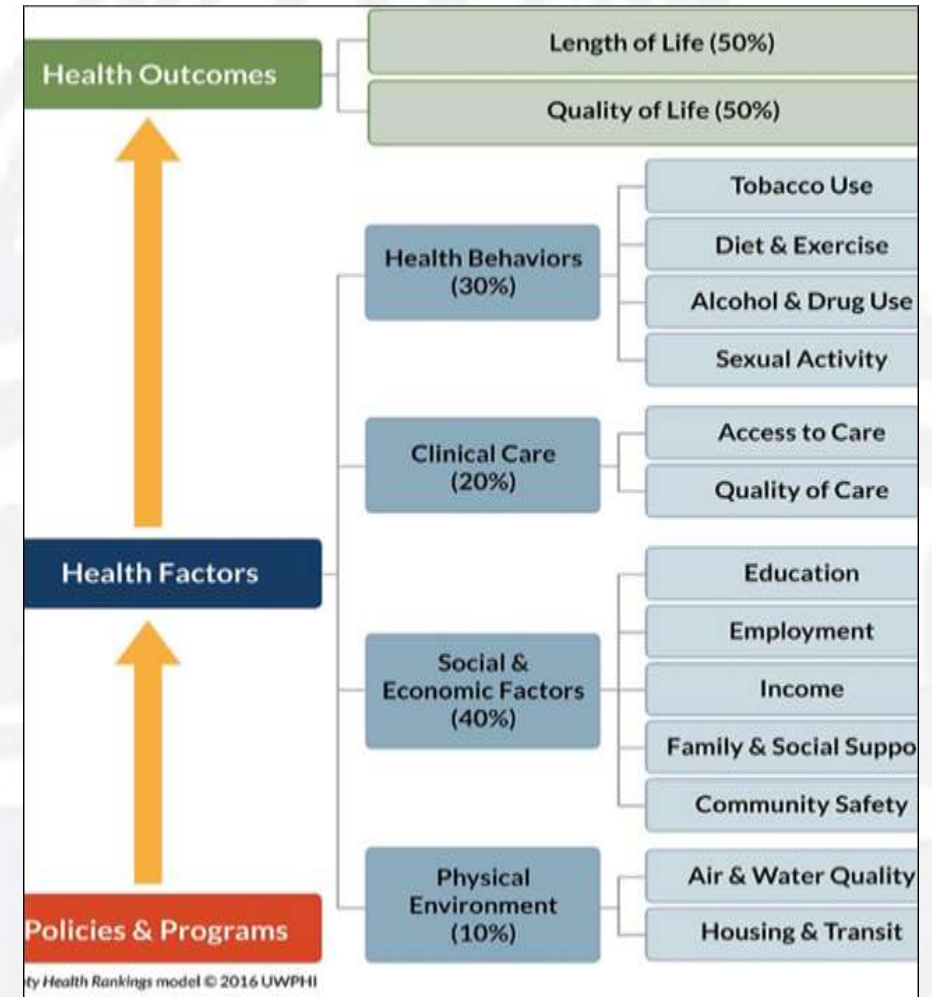
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Population Health

What do we know?

We pay more for worse outcomes

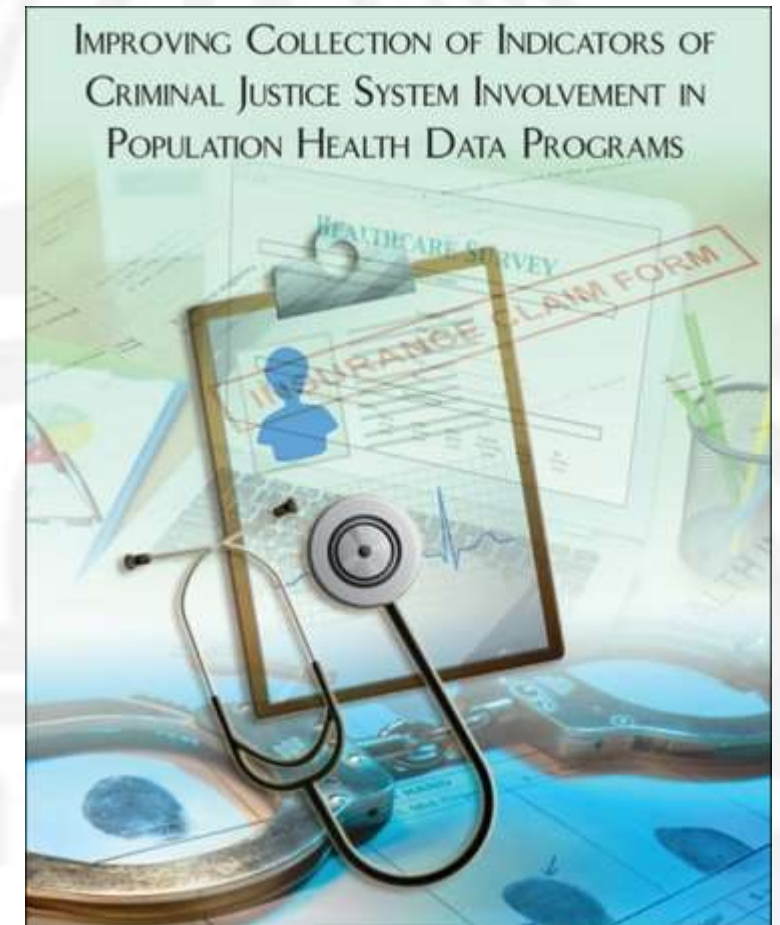
- In 2016 U.S spent 17.8% of GDP on health care
 - 25% higher than next closest “high income” nation
- Rate of spending is higher than other 36 OECD nations
- Lower life expectancy than other “high-income” nations
 - 3 years of decline
- Disparity in health outcomes between and among states
- Estimates suggests 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

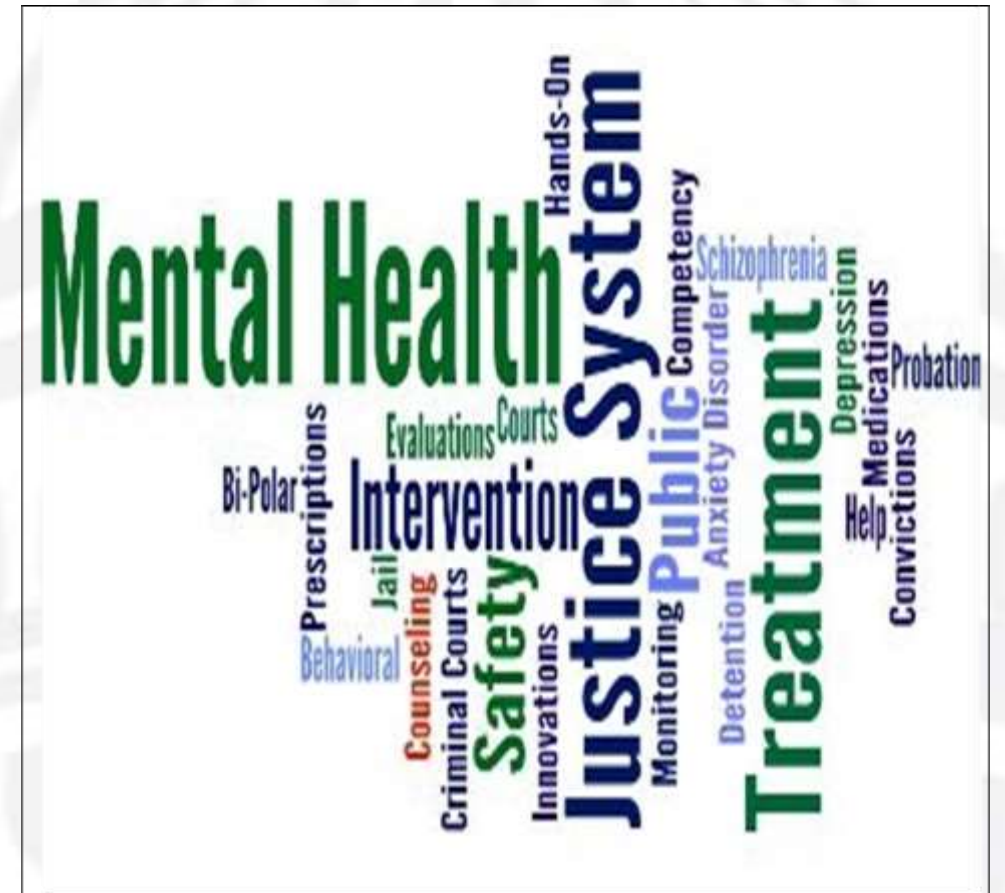


The Shifting Landscape

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

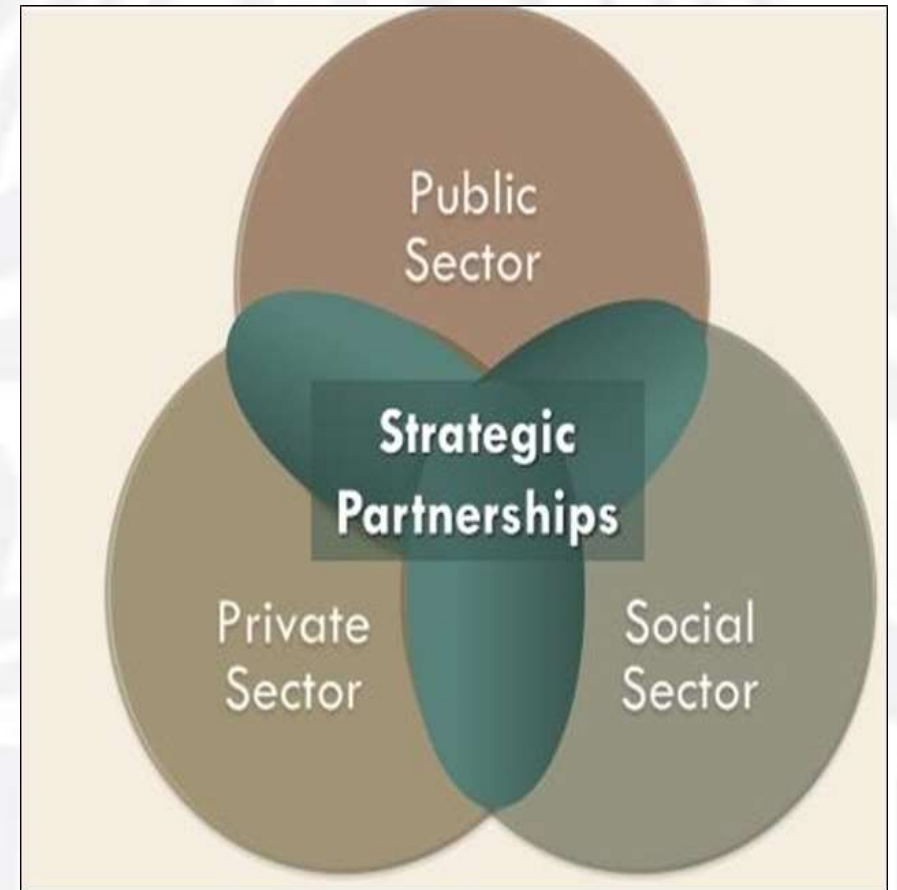
- Broadening definition of risk
- Broadening definitions of diversion and recidivism
- Addressing social determinants of health and delivering whole person care requires new cross-sector investments and partnerships
- Managed care organizations (MCOs) are new players in criminal justice reform
- MCOs 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

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