

CAFWD:

**PARTNERSHIP
FOR COMMUNITY
EXCELLENCE**

SUPPORTING COUNTIES IN IMPLEMENTING THE 2011 PUBLIC SAFETY REALIGNMENT

Increasing Safety & Reducing Costs under Realignment & the Affordable Care Act

**Testimony to CA State Senate
Select Committee on Mental Health
May 31, 2013**

The Partnership

A project of *California Forward*

Assists counties in implementing
the 2011 Public Safety Realignment



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Today's Focus

Prison mental health

Parole & behavioral health (BH)

Probation & BH

The Affordable Care Act (ACA) &
county criminal justice systems



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Better Results

Addressing both criminogenic & BH issues using EBPs with good fidelity =

1. Improved offender outcomes
2. Reduced recidivism
3. Increased public safety
4. Reduced costs

BETTER RESULTS!

Problems with

Prison Mental Health

Focus is on functioning in prison—*not reentry or recidivism*

Assist in obtaining Medi-Cal only for inmates in residential & inpatient care

With Coleman & funding cuts, no change anticipated in short run



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Opportunities for

Prison Mental Health

Significant savings if decreased use of
SEGREGATION

*Could have single biggest impact on
improving inmates' mental health &
reducing costs*



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Opportunities for

Prison Mental Health

Significant savings if decreased use of
SEGREGATION

Segregation is isolation which is a major problem for most but an even greater problem for those with mental illness



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Opportunities for

Prison Mental Health

Effects of Isolation:

Those predisposed toward mental illness have crisis that precipitates onset

Those with mental illness often decompensate



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Opportunities for

Prison Mental Health

Impact on Budget

*Cost of acute & long term treatment
at DMH:*

\$630/bed/day = over \$200k/year

*CDCR crisis beds same as acute at
DMH*



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Parole & BH

DAPO (Parole) now pays 100% of all expenses for parolees' mental health & substance use disorder treatment services, including medications.



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Parole & BH

5/13 LAO report recommends CDCR
“maximize the federal reimbursements
that will be available for parolee mental
health treatment, especially if the state
expands Medi-Cal eligibility.”

Parole & BH

5/13 LAO report recommendations:

- 1. Increase Medi-Cal application assistance for parolees**
- 2. Claim federal reimbursement for enrollment costs & services they provide**

State could save \$6M in 2013-14, \$28M in 2014-15

Parole & BH

DAPO & Medi-Cal

Recommend DAPO

- Recoup costs of enrollment & services provided
- Provide non-reimbursable services & supports
- Not become a Medi-Cal provider or provide Medi-Cal reimbursable services

Parole & BH

DAPO & Medi-Cal

Recommend DAPO (cont'd)

- Integrate offenders into local county behavioral health system immediately upon release to parole
- Provide match dollars through contracts with counties

Parole & BH

DAPO & Medi-Cal

Why? 3 reasons:

- Likelihood of errors & pay backs
- DAPO provides limited services – parolees need comprehensive services & supports
- Shifting to county providers after parole is a significant change that can result in crises & rearrest

Probation & BH

Focus is on high-risk offenders & recidivism

Jointly address both criminogenic risks/needs & BH issues

Integrates supervision & treatment

Uses interventions shown to work

Maintains fidelity



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Probation & BH

Probation EBPs

- Risk/Needs Assessment
- Risk-Needs-Responsivity
- Motivational Interviewing
- Moral Reconciliation Therapy
- Thinking for a Change
- Contingency Management (Incentives & Sanctions)

Probation & BH

BH EBP_s

- Assertive Community Treatment (Forensic)
- Integrated Treatment for Co-Occurring Disorders
- Illness Management & Recovery
- Cognitive Behavioral Therapy
- Psychopharmacology

Probation & BH

BH EBPs (cont'd)

- Dialectical Behavior Therapy (DBT)
- Trauma-Focused-Cognitive Behavioral Therapy (TF-CBT)
- Medication Assisted Treatment
- Relapse Prevention Therapy
- Contingency Management
- Motivational Interviewing

Criminal Justice & ACA

Can leverage ACA to:

- Expand # offenders receiving health services, particularly BH
- Reduce recidivism for offenders with unaddressed BH disorders
- Reduce costs – counties now paying full cost of services for uninsured & those without access to public BH

Criminal Justice & ACA

Currently...

- Most offenders do not have health insurance & aren't eligible for Medi-Cal
- Myriad of health problems, including mental illness & substance use disorders
- Untreated/unmanaged health problems contribute to recidivism & high costs

Criminal Justice & ACA

Under ACA:

- Medicaid reimbursement rate - 100 % 2014 to 2016 & drops to 90 % by 2020
- Plan subsidies provided for those who are not Medi-Cal eligible

Criminal Justice & ACA

Focus on Enrollment:

- Enroll all eligible offenders wherever they are – prisons, parole, jails, probation
- Change rules to allow for “suspension” versus termination of Medi-Cal when person is incarcerated

Criminal Justice & ACA

Win-Win-Win:

- Increasing services to meet offenders BH needs
- Reducing recidivism
- Saving money

Criminal Justice & ACA

BH System Gutted

- Under ACA behavioral health benefits likely to stay the same – just increased access to those benefits
- BH service system in CA gutted over time but substance use disorder treatment system has never had the funding, benefit, or capacity needed

Criminal Justice & ACA

Expand SUD benefit

Must expand benefit for substance use disorder treatment or else we...

- Miss a key opportunity
- Leave federal dollars on the table
- Impede efforts to reduce incarceration & recidivism

Partnership Convenings

The Partnership for Community Excellence is offering regional convenings to:

- Assist counties in leveraging ACA to increase both safety & savings
- Assist counties with other critical issues to get better results



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