



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

December 15, 2014

Michael Marshall
Secretary of the Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Mr. Marshall and Ms. Boal:

Enclosed please find the required report "Interdepartmental Coordination - Individuals Released from the Correctional System".

This report was prepared pursuant to 2014 Iowa Acts House File 2463, Section 95.

This report is also available on the Department of Human Services website at <http://www.dhs.iowa.gov/Partners/Reports/LegislativeReports/LegisReports.html>.

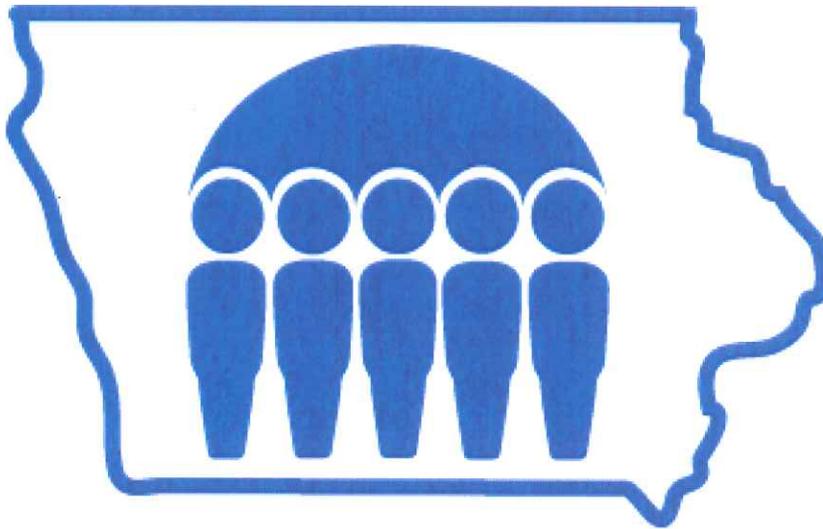
Sincerely,

Jennifer Davis Harbison
Policy Advisor

Enclosure

cc: Governor Terry E. Branstad
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Services Agency
Aaron Todd, Senate Majority Staff
Josh Bronsink, Senate Minority Staff
Carrie Malone, House Majority Staff
Zeke Furlong, House Minority Staff

Iowa Department of Human Services



***2014 Iowa Acts, Chapter 1140.95
Interdepartmental Coordination –
Individuals Released from the
Correctional System***

December 2014

Introduction

The 2014 Iowa Acts, Chapter 1140.95 Interdepartmental Coordination - Individuals Released from the Correctional System requires Iowa Department of Human Services (DHS), Iowa Department of Public Health (IDPH), Iowa Department on Aging, and the Iowa Department of Corrections (DOC) to implement an interagency collaborative effort to provide an integrated approach to address medical and psychosocial needs of individuals upon release from correctional facility.

Collaboration Shall Provide:

- Coordination between the department's policies and procedures to facilitate information sharing during release phases, including sharing information (health and other personal information) between departmental personnel involved in providing release support.
- Cross-disciplinary pre-release preparation that includes application for medical assistance and other supports and assessments of need, including mental health and substance abuse disorders.
- Transitional and post release interagency communication and coordination to ensure a more seamless transition of individuals to the community.

Details of Approach

Upon review of legislative requirement, the department identified the following process in establishing an interagency collaborative to address an individual's needs upon release from a correctional facility:

- Review current collaborations
- Identify initiatives to build upon
- Plan a phased approach
- Document collaboration results

Collaboration Summary

Review of Current Collaborations

An inventory was taken of current collaborations between key agencies involved in supporting individuals planning release or after release from correctional facilities. Projects included are those that are related to this legislative requirement, with a focus on sharing of information (health and other personal information); elements of pre-release preparation including assessments of need, including healthcare coverage, mental health and substance abuse disorders; and those incorporating interagency communications to ensure seamless transition to the community. Current collaborations include:

- Offender Reentry Task Force
- DHS/DOC Workgroup on Medicaid enrollment challenges and coverage issues

- Second Chance Recidivism Reduction/Reentry Grant
- Iowa Information Sharing Grant/Pilot Program

Following are brief descriptions of the current collaborations:

Offender Reentry Task Force

Background: To improve the safety of our communities through successful offender reentry it is essential to have leadership at the very highest level of state government to bring the community together and stress the importance of collaborating to establish comprehensive offender reentry programs that make a difference. The state must also partner with public and private entities to identify and remove barriers that impede successful reentry is needed.

Taskforce Members: Includes representatives from the Department of Corrections (DOC), Judicial Branch, Iowa Board of Parole, Department of Education, Department of Human Services (DHS), Iowa Department of Public Health (IDPH), Governor's Office of Drug Control Policy, State Public Defender, Iowa Finance Authority, Veterans Affairs, Iowa Department of Public Safety, Iowa Workforce Development, Governor's Office, Iowa Senate, Iowa House of Representatives, Iowa Police Chiefs Association, Criminal and Juvenile Justice Planning, Iowa County Attorneys Association, National Alliance on Mental Illness (NAMI) Iowa, United Way and Iowa Care Management Center.

Goal: Integrate successful offender reentry principles and practices in state agencies and communities resulting in partnerships that enhance offender self-sufficiency, reduce incarceration and improve the safety of our communities.

DHS/DOC Workgroup on Medicaid enrollment challenges and coverage issues

Background: Individuals in prison often have complex health care needs. Additionally, individuals returning to the community from prison have higher rates of communicable disease and chronic conditions, such as mental illness and substance abuse disorders.

- Approximately 32 percent of Iowa's inmate population has been diagnosed with a Serious Mental Illness (SMI).
- Disruptions in the continuity of care have been shown to increase the rates of recidivism when an individual returns to the community after incarceration.
- Failure to link individuals involved in the criminal justice system to healthcare coverage upon release is costly to state and local governments.

Workgroup Members: DHS staff (Iowa Medicaid Enterprise; Adult, Children and Family Services; Field Operations), DOC staff (Central Office; Community Based Corrections; Reentry Coordinators), Magellan staff (Magellan manages Iowa

Medicaid's mental health managed care program also known as the Iowa Plan for Behavioral Health).

Project Goal: Establish collaboration with DHS and DOC to identify and address Medicaid enrollment challenges and coverage issues unique to the criminal justice population.

Project Objectives:

- Develop a process to ensure enrollment of priority target populations in to the appropriate healthcare coverage.
- Connect returning citizens with mental illness to a healthcare provider within 30 days of their release to help maintain continuity of care.
- Develop outreach and member education materials, training and other resources to incorporate into the probation and parole process.

Second Chance Recidivism Reduction/Reentry Grant

Background: Iowa received a three-year grant from the U.S. Department of Justice to support implementation planning that will result in the reduction of recidivism rates for adult offenders. The Offender Reentry Task Force will serve as the Steering Committee for the system-wide risk reduction work that will take place over the grant period. The grant submission was coordinated by the Governor's Office of Drug Control Policy and the Department of Corrections.

Project Participants: Reentry Task Force members serve as grant project steering committee.

Scope of Work: The grant was submitted in July 2014. Agency staff continues to work with the U.S. Department of Justice to identify the budget to support the activities identified in the grant. State level interagency coordination and guidance will be provided through the Offender Reentry Task Force:

- Planning and implementation strategies to address a comprehensive system-wide Quality Assurance Plan that will ensure fidelity in programming and casework of the DOC staff.
- Statewide Training Plan that will entail various levels of staff training designed to incorporate evidence based practices related to communication with offenders, motivation of offenders and other requirements of best practice in the areas of offender behavior change.
- Enhancement of policies and practices to improve pre-release planning and connection to those government and private services that will support an offender's success when transitioning back to the community.

- IDPH, DHS and DOC will work together on the formation of stronger partnerships with health and behavioral health agencies in the community.
- NAMI Iowa will help to bolster efforts with those offenders who are mentally ill, focusing on peer-to-peer mentors and teachers for all nine correctional institutions and specialized training for staff.
- Review of job expectations and hiring/promotion criteria for DOC staff related to research findings on effective offender supervision and treatment.
- Measurement of needed resource allocations for DOC staff deployment in an evidence-based working environment.

Iowa Information Sharing Grant/Pilot Program

Background: The DOC, community mental health centers and other mental health providers work collaboratively to meet the behavioral health needs of individuals being transitioned from correctional facilities to the community or to community corrections programs. Crucial information is shared regarding an individual's diagnosis, treatment history, treatment plan, medications and other pertinent treatment information. However, there is a significant lag time from request of the information to the receipt of the needed information's.

The DOC received a grant from the National Governor's Association to support policy development to streamline information shared between DOC and community mental health centers, and to implement a pilot project supporting individuals transitioning from correctional facilities to community or community-based corrections programs. Eyerly Ball Community Mental Health Services, Des Moines, Iowa agreed to work with the DOC on the pilot, to develop the policies and procedures to streamline the sharing of information utilizing current electronic health records.

Project Participants: Staff from DHS, DOC, IDPH, Criminal Justice Information Systems, Attorney General's office, Governor's Office, Legislative, and Eyerly Ball Community Health Services.

Goal: A safer Iowa by reducing recidivism among offenders with mental illness through accurate and timely information sharing between Corrections staff and mental health treatment providers.

Objective: Reduce recidivism and improve reentry outcomes for Iowa's offenders transitioning back to the community by establishing a pilot project to share offender/patient mental health information between DOC and Eyerly Ball staff.

- Utilize the Criminal Justice Information System (CJIS) as the electronic vehicle through which the agencies exchange subject information.
- Information Shared from DOC to Eyerly Ball:

- Offender name
- Offender medications
- Offender's treatment diagnosis/plan/history
- Relevant correction supplemental history
- Information shared from Eyerly Ball to DOC:
 - Offender's treatment diagnosis
 - Offender medications
 - Changes in status (e.g. missed appointments, decompensation)

Identify Initiatives to Build Upon

Leveraging existing projects to effect changes envisioned in this legislation to support individuals releasing from the correctional system makes most sense given staff resources available. Upon review of current initiatives and collaborations, it was determined the following would have the most opportunity to ensure the outcomes intended by this legislation are achieved:

- DHS/DOC Workgroup on Medicaid enrollment challenges and coverage issues
- Second Chance Recidivism Reduction/Reentry Grant
- Iowa Information Sharing Grant/Pilot Program

The following aspects of the legislation appear to align with each identified initiative:

	Coordinate information sharing	Prerelease Preparation (medical and psychosocial needs)	Interagency Communications (transitional and post-release)
DHS/DOC Workgroup	X	X	X
Second Chance Recidivism Grant	X	X	
Iowa Information Sharing Grant	X	x	x

Plan a Phased Approach

With the timeframes and staff support available, it was determined the best approach was to focus initially on one current collaboration and build in aspects identified in this legislation. The result was to leverage the work being done by the DHS/DOC Workgroup on Medicaid Enrollment Challenges and Coverage Issues.

It is planned in the next year that the three identified initiatives will continue to evaluate how the goals of this legislation and additional aspects of policy that support the legislation can be infused into each initiative's project plan.

Collaboration Results

DHS/DOC Workgroup on Medicaid Enrollment Challenges and Coverage Issues

The workgroup began a pilot project to develop a streamlined application process for healthcare coverage of those planning release from a correctional facility. Intended outcome was to have healthcare coverage established immediately upon release, or very shortly following the release. Special attention and focus was given to identifying individuals with mental health and substance abuse needs and ensuring coordination of care begins with the offenders prior to release. The process would be initiated 30-60 days in advance of the release.

Below is a summary of the pilot project efforts that support the outcomes anticipated with the legislation.

- As comprehensive and affordable health coverage had not been available to this population prior to January 1, 2014, it is important to ensure:
 - The medical and psychosocial needs of individuals upon release were being identified,
 - Offenders had an opportunity to easily apply for healthcare coverage , and
 - Are provided a basic understanding of their healthcare coverage and how to manage their health care needs upon release.
- In order for this to occur, personnel involved in providing the offenders prerelease and transition planning must be knowledgeable of the programs and processes to access the coverage
 - Developed and prepared presentations for DOC staff to better understand Medicaid, the new Iowa Health and Wellness Plan and private coverage options available from the new federal healthcare Marketplace.
- A new Medicaid expansion program began January 1, 2014, that provides coverage to adults that had not been eligible under rules prior to the Affordable Care Act. It is likely this program will provide healthcare coverage to the majority of individuals releasing from state correctional facilities. This program will provide immediate coverage and access to critical pharmacy and physician services where offenders can get the medications and medical care to support any health care needs. This includes access to mental health and substance abuse services.
 - Established a streamlined process for DOC reentry coordinators to assist offenders in completing healthcare coverage applications and submit to DHS for processing.
 - Provided training to staff from each institution.
 - Developed desk aids and fact sheets about Medicaid Coverage and Inmates.
- Coordination of care begins with the offenders while incarcerated. The DOC re-entry coordinators work closely with Magellan, Iowa's Behavioral Health Managed Care contractor, with those determined Medicaid eligible to identify

providers and facilitate conversations to secure mental health and medication management appointments for the offenders.

- For those eligible to access Medicaid Behavioral Health Managed Care services, additional follow-up is conducted by the Magellan Corrections Coordinator with the offender to help bridge the gap between the release date and appointment dates. Crisis management is provided whenever the need arises. Magellan also provides follow-up with the offenders upon release to help transition those eligible into the Integrated Health Home services.
- Education has been made available to a number of providers across the state, to help them on the importance of working closely with the offenders released to reduce the likelihood of their return to prison.
- The Healthcare Coverage Application pilot began in May 2014. As of December 2014, 692 applications have been processed. Of those, 25 were already eligible for Medicaid and 31 were denied eligibility. The remaining 636 are applications that have been approved upon release for those individuals leaving a correctional facility. The majority of those approved have been made eligible for the Iowa Health and Wellness Program.
- The final three institutions have had training and will be rolling out this application process in January 2015.
- Of the applications processed:
 - 90 percent are leaving the correctional facility with mental health appointments and or medication management appointments.
 - 85 offenders, prior to their release, were connected with an integrated health home to support their mental health needs.

The outcomes achieved by this pilot project align with the following aspects of the legislation:

- Coordinating information sharing
- Prerelease preparation for medical needs
- Interagency communications both transitional and post-release

Barriers to Development and Implementation

The following barriers were identified that are limiting more expedient development and implementation of changes to support an integrated approach in supporting those being released from correctional facilities includes:

- Staff dedicated from the agencies to focus on the collaborations
- Longer timeframes necessary to thoroughly develop broad approaches and systemic changes

Conclusion

Recommendations for Changes in Statute or Rules to Facilitate Approach

At this time, no changes are recommended. The departments plan to identify any needed changes in the next phase of our joint work.