

# DATA-DRIVEN JUSTICE: DISRUPTING THE CYCLE OF INCARCERATION

Monthly Webinar  
November 15, 2017

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- This box can collapse so that you can better view the presentation. To unhide the box, click the arrows on the top left corner of the panel.
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# TODAY'S AGENDA



## DATA-DRIVEN JUSTICE & THE ROLE OF HOSPITALS

Johnson County, Iowa

- **Levi Kannady**, Clinical Department Administrator, Department of Emergency Medicine, University of Iowa Health Care

Portland, Maine

- **Melissa Skahan, M.A.**, Vice President of Mission Integration, Mercy Hospital

Dakota, Ramsey and Washington Counties, Minn.

- **Michael A. Trangle, M.D.**, Senior Medical Director for Behavioral Health, HealthPartners Medical Group

# NACo ANNOUNCEMENTS



## Forum on the Intersections of Health and Justice: Linking Systems and Improving Outcomes

January 17-19, 2018  
Shelby County, Tenn. (Memphis)

Draft agenda and registration:

[naco.org/healthjusticeforum](http://naco.org/healthjusticeforum)

# University of Iowa Hospitals and Clinics Emergency Department

Levi Kannedy, MHA  
Clinical Department Administrator  
Emergency Medicine

# Background

- 6+ years as a provider in the substance abuse treatment field (2007-2013)
- Completed Masters in Health Administration (2013)
- Administrative Fellowship with CEO at UIHC (2013-2014)
- Assistant Administrator in Department of Psychiatry (2014-2015)
- Administrator in Department of Emergency Medicine (2015-current)
  - ~60,000 annual visits
  - ~8-9% (~5,000) of those are behavioral health

## Interest in Data Driven Justice initiative

- Worked with community agencies/stakeholders on the transition to the Affordable Care Act for patients locally
- Similar agencies also began meeting to discuss/plan a behavioral health “Access Center”
- They needed someone with administrative/business background
- Crisis Intervention Training (CIT) is being provided to all local law enforcement
  - Number of patients brought to the Emergency Department via Police has doubled in recent months

# Challenges

- Strongly-held, conservative approaches and interpretation of HIPAA and 42 CFR Part 2
- News regarding data breaches, hacking, etc.
- Fear that medical info will be used to criminalize
- What is the benefit to UIHC?
- Skeptical that other agencies will participate fully, so is it really worth the risk?



## Benefits for UIHC & Community

- Comprehensive assessment of utilization among population in the area
- Provide strategic direction for the types of services that may be needed
  - Housing
  - Inpatient/Outpatient mental health
  - Substance abuse treatment capacity
  - Behavioral Health Urgent Care
  - Care Coordination / Treatment plans or protocols
    - Difficult to prove concept and effectiveness when you only know when people stop coming to the Emergency Department
  - Access Center
  - Criminal justice resources



# Organizing around Outcomes

Melissa Skahan

November 2017

# Opioid Crisis

## Starting point:

- 50% increase in fatal overdoses in Portland
- High rates of recidivism and relapse
- Episodic care, no coordination, limited length of stay
- Program closures, reduction in reimbursement
- Annual loss of \$5M for Mercy Recovery with poor outcomes
- Increased uninsured population

# Opioid Crisis

- Hired **Cambridge Concord Associates**, a strategic planning firm with significant experience building multi-sector non-profit collaboratives.
- Convened decision-makers of organizations who serve the population and contract with state for the uninsured persons with OUDs
  - Greater Portland Health, MMC, Mercy Hospital, Milestone Recovery, The Opportunity Alliance, Police, City of Portland, PRCC, Amistad, CHOM, Preble Street, and Catholic Charities

# Shared vision

- Developed a framework of treatment and services that would move the dial
  - Seamless access to coordinated comprehensive care from detox, to IOP, to integrated addiction in primary care, and access to quality structured sober housing with recovery-oriented services.
  - Optimization of services to include fully integrated data platform, rigorous external evaluation with sustainable financial model

# Funding What Really Works

**What and who do we need to have the care delivery model or proven interventions accessible and fully supported by the financial model?**

**How do we optimize to achieve desired outcomes?**

# Funding Only What Really Works

“Great amounts of money, hard work, and goodwill go toward building socially, culturally, economically vibrant communities. But it’s difficult to know what really works to address the underlying issues if we only measure and fund how many band-aids are placed on the symptoms.”

Antony Bugg-Levine, CEO of Nonprofit Finance Fund

# New Funding Model

Significant advocacy and engagement with local, state, federal, and philanthropy

- Police grant award for SUDs Liaison \$145K
- GPH contract with HRSA for \$300K
- Mercy Partnership Fund provides loan of \$400K for housing with CHOM
- MEHAF funds Amistad for \$200K



# New Funding model

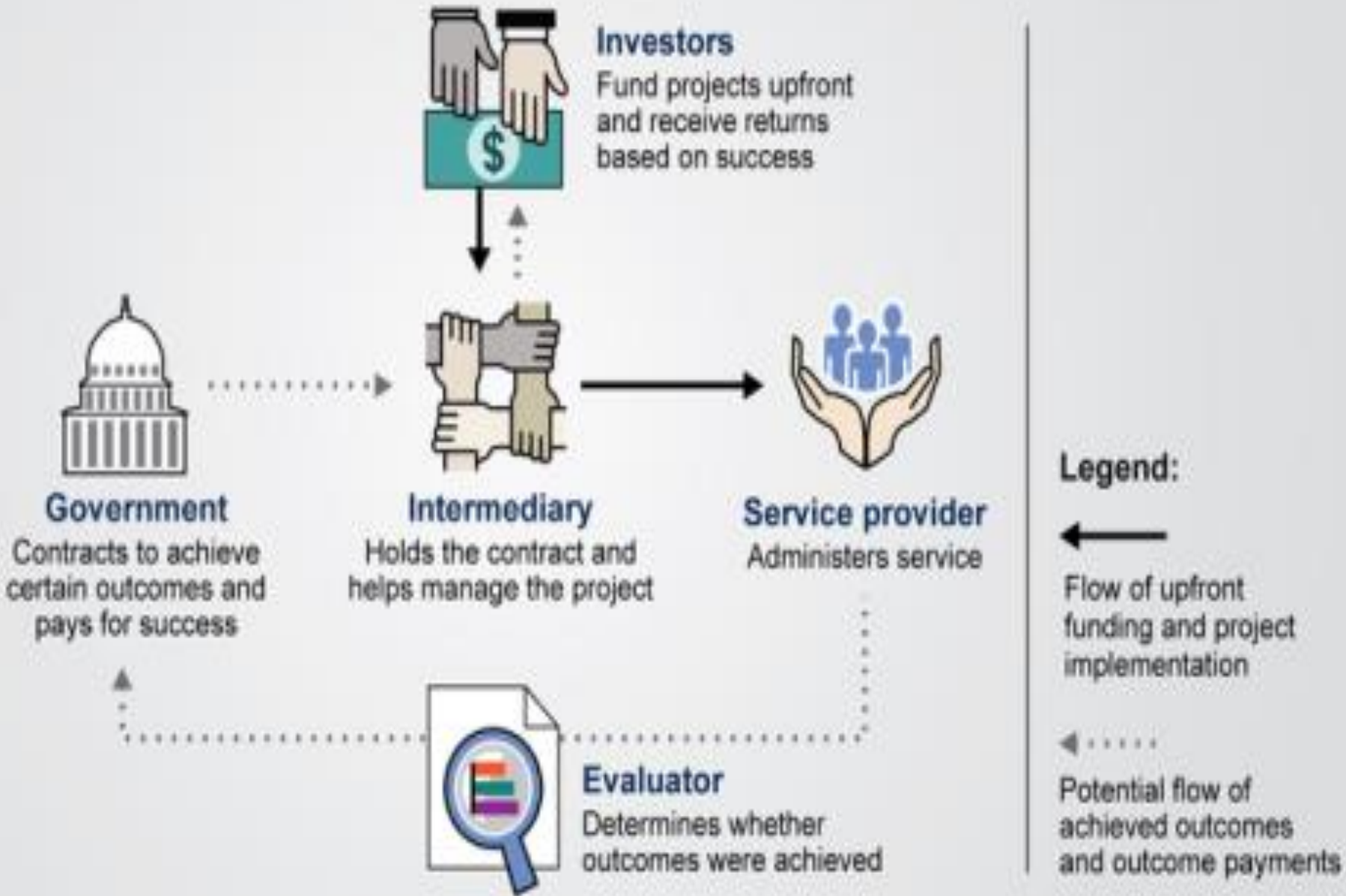
- City Funds \$100K for Milestone EMR and renovation
- Funds and furniture donated for house
- OHH contract for uninsured
- Regional SAMSHA, OWH, and DHHS visits
- Pending proposals to Urban Institute and Bloomberg Foundation

# Financial Transaction

- Kresge Foundation funds Non Profit Finance Fund for 2 day capacity building exercise and governance
- Urban Institute Pay for Success Conference and continued work in DC in June/July.
- Open Lattice on site in August, October, and December for integrated data platform and evaluation in August

# Governance

- Operating Procedures endorsed for decision-making and governance structure
- Weekly meetings of GPAC Governance Committee
- Data Sharing Agreement
- Urban Institute for technical assistance
- End Payors identified for Pay for Success



# From scarcity to efficacy

New financial models

New structures and rules for engagement

New systemic accountability

New rigor and optimization

Data, data, data



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# Behavioral Health Community Initiatives

Michael Trangle, MD, Senior Medical Director for Behavioral Health Services,  
HealthPartners Medical Group

# GOAL

## How to Solve the Psychiatric/BH Access Problem

- Get past “do we need more psychiatric beds or more community resources?”
- Partner to create, grow, and utilize key outpatient and intermediate resources/programs to prevent admissions
- Partner to grow, create and utilize intermediate and outpatient programs/resources to increase outflow
- Optimally utilize inpatient psychiatric beds
- Selectively grow strategic inpatient psychiatric beds
- Measure so you appropriately decrease inpatient resources when safe and adjust outpatient/intermediate resources as needed



# Mental Health Crisis Alliance

- **Public/Private Alliance of:**
  - 3 Counties
  - 3 Hospitals (with psychiatric units)
  - MN Department of Human Services
  - 3 Consumer Organizations
  - 4 health plans
- Followed 1721 patients who utilized enhanced crisis stabilization services (with rapid access to psychiatric medications) 2008-2010
- Looked at utilization starting 6 months before involvement in crisis stabilization compared to the 6 months after crisis stabilization





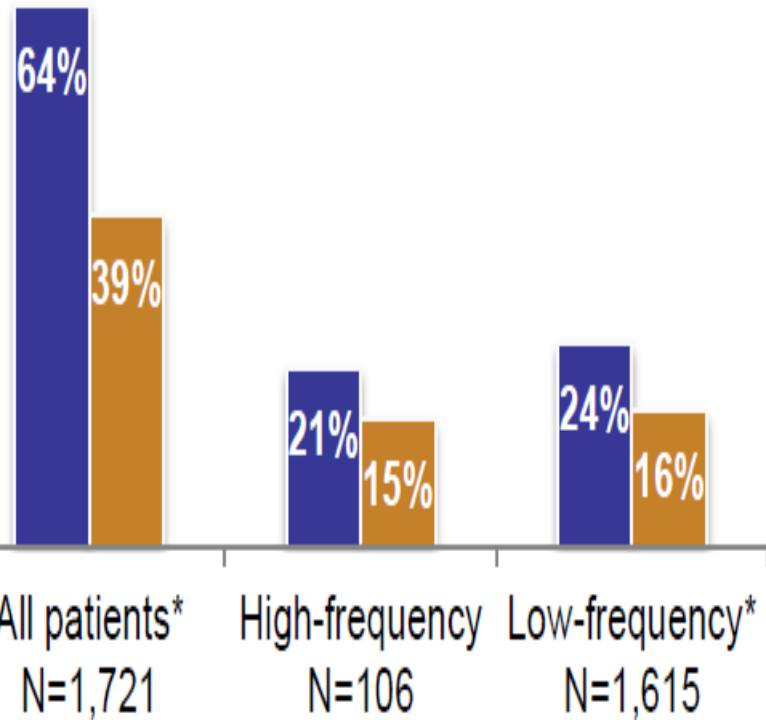
# Key Findings

- Emergency department utilization decreased significantly post-crisis stabilization for all patients including “high-frequency” patients
- Use of outpatient mental health services increased significantly for low-frequency patients following stabilization; no statistically significant change in utilization was observed for high-frequency patients
- All-cause inpatient hospitalization decreased significantly for all patients, including high-frequency patients. In addition, significant decreases in mental health-related admissions were observed for patients as well



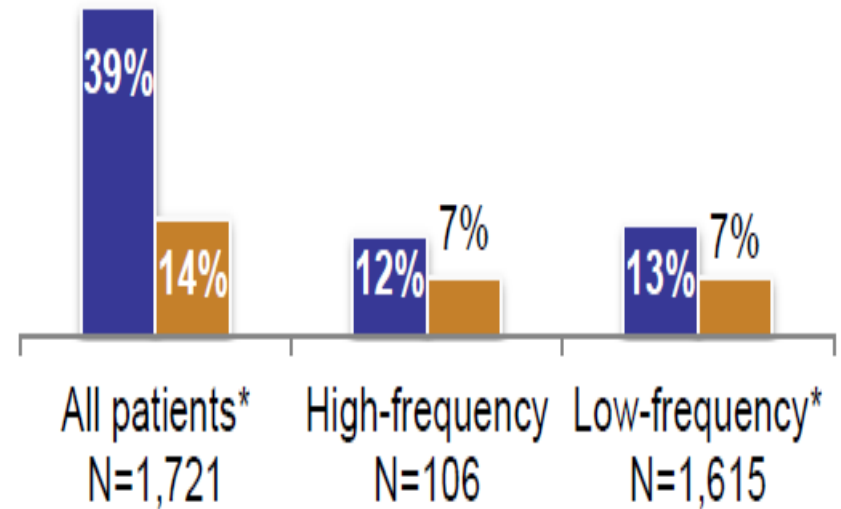
# Inpatient hospitalization: prior to and following crisis stabilization

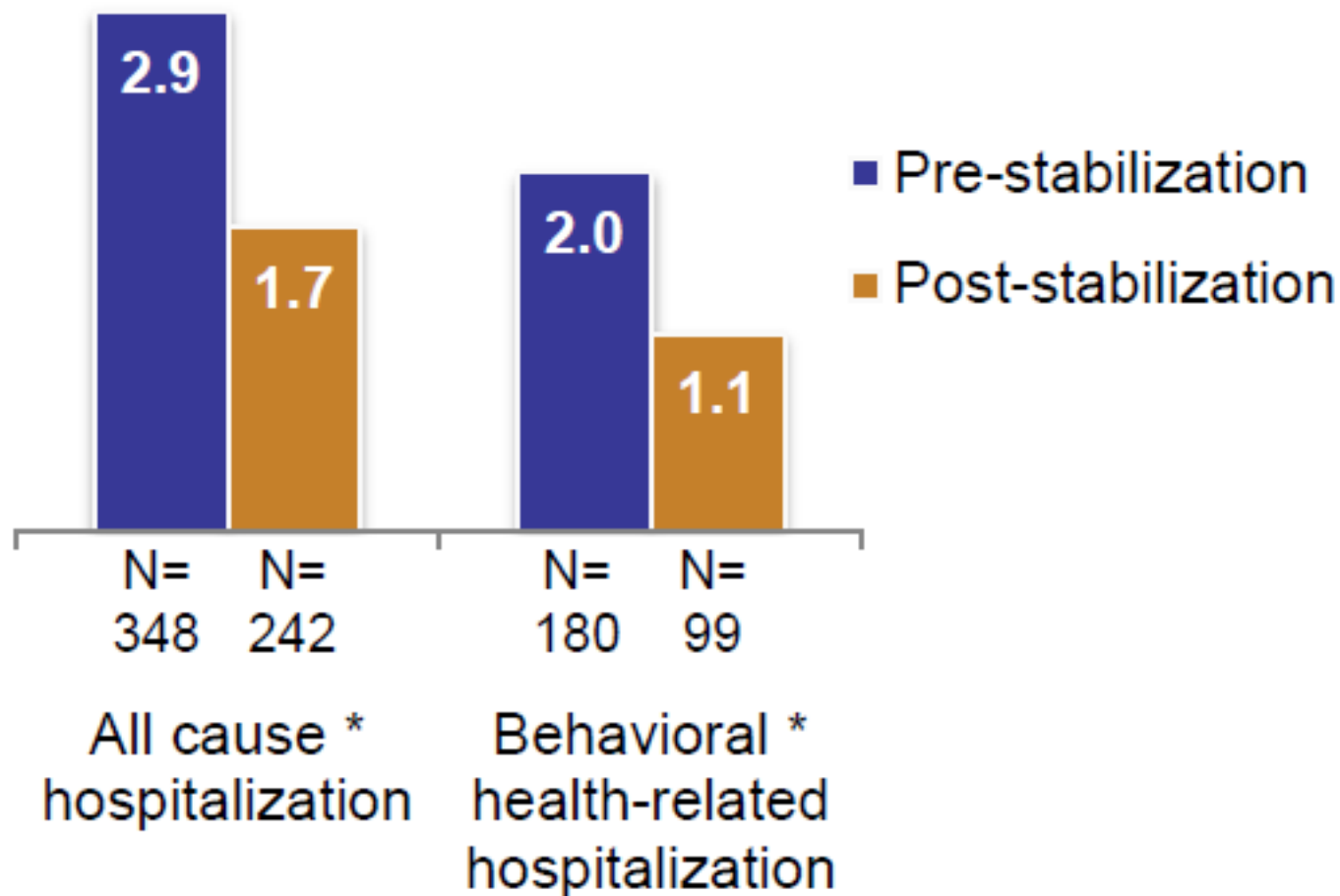
## All cause



## Mental health only

■ Pre  
■ Post





In millions of dollars

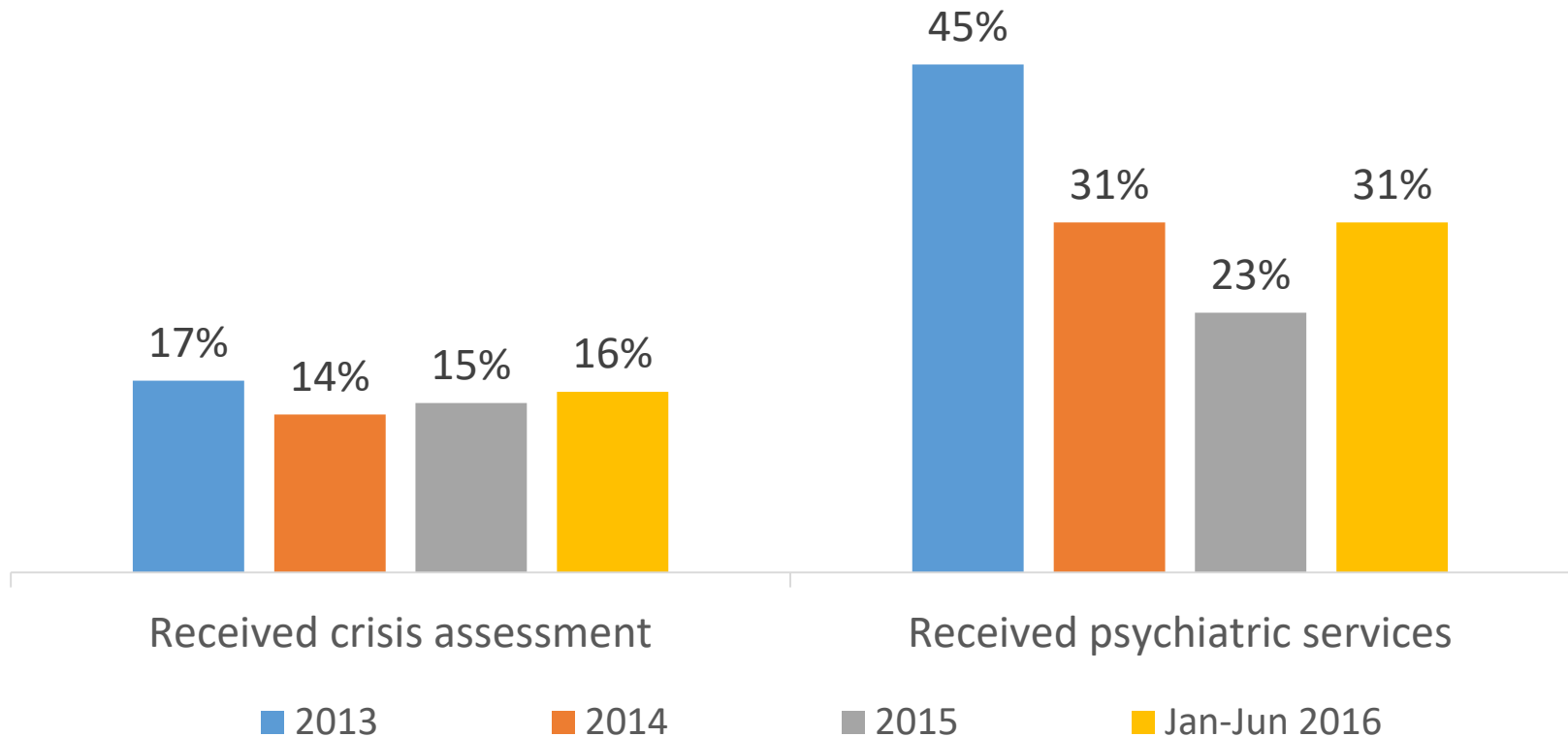
# Cost Implications

- Total costs for all-cause inpatient hospitalization decreased from \$2.9 million prior to crisis stabilization to \$1.7 million post-stabilization. This decrease was statistically significant
- Total costs for mental health hospitalization decreased from \$2.0 million prior to stabilization to \$1.1million post-stabilization. This decrease was statistically significant
- The net benefits for all cause hospitalization patients after receiving mental health crisis stabilization services is nearly \$0.3 million, with a return of \$2.16 dollars for every dollar invested. Patients with mental health related services generate a little over \$0.3 million in net benefits with a return of \$3.19 for every dollar invested



# Adult Psychiatric Urgent Care: ED alternative

Percentage of people who would have gone to an emergency department if Urgent Care was not available



# Impact of Mental Health Drug Assistance Program (MHDAP)

MHDAP was established in 2008 by the East Metro Mental Health Roundtable to help patients with mental illnesses and substance use disorders that were unable to get necessary psychotropic medications. The program covers the cost of medications, co-pays, or deductibles for up to 3 months (1 month at a time) **AS WELL** the program assists eligible patients in applying for any prescription medication coverage they may be eligible for so they can reliably access medications in the future. Since its inception, MHDAP has:

- Helped 2,950 patients access necessary medications
- Spent approximately \$207,000 per year and over 1.5 million dollars to fill over 8600 prescriptions
- Approximately 80% were initially uninsured; 70% of the initially uninsured had insurance (with prescription medication coverage) when leaving the program
- 10% of participants needed help with co-pays, deductibles, or Medicare spend-down/gap help

At the start of the program			End or 60 days later	
Hospital Psych	16%		Hospital Psych	3%
Hospital Physical	4%		Hospital Physical	2%
Homeless	17%		Homeless	5%
Employed	19%		Employed	17%
In Jail	6%		In Jail	1%
In Detox/CD Tx	8%		In Detox/CD Tx	4%
Thoughts Harm Self	20%		Thoughts Harm Self	9%
Thoughts Harm Others	13%		Thoughts Harm Others	3%
Access Free Meds	21%		Access Free Meds	100%
Missed Meds b/c Funds	60%		Missed Meds b/c Funds	19%
# Participants 1874			# Participants 458	

# CONTACT INFORMATION

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**THANK YOU FOR ATTENDING AND PARTICIPATING!**

**Our next call is  
Wednesday, December 13th at 3 pm EST**

We will send a follow-up email and  
post the recording of today's  
webinar