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Lake County Jail Diversion & Health Engagement Project

Implementation Guide

December 31, 2016

Table of Contents

Introduction 4

I. Background 6
Mental Health 6
Lake County 7

II. Methodology 8
Key Informant Interviews 8
Workshop 9
Other Sources of Data 9

III. Findings 10
Key Informant Interviews 10

IV. Recommendations 13
Central Drop Off Center 13
Core Services of a Drop Off Center 13
General Challenges 13
Training 20
Mobile Crisis Response 21

V. Policy Implications 23
Changes in the World Since COCHS Came to Lake County 23
New Administration 23
Certified Community Behavioral Health Clinics 24
Illinois 1115 Waiver 24

VI. Extant Funding Sources 24
Leveraging Medicaid 24
Medicaid Administrative Claiming 25
Guide for MAC Funding 25
Targeted Case Management 27
21st Century Cures Act 28
National Criminal Justice Reform Project 29

VII. Other Considerations 29
Data 29

Leveraging 90/10 funding 29
Enhancing Enrollment Efforts 30
"Not In My Back Yard" 30
Telepsychiatry: North Carolina State Board of Dental Examiners v. FTC 30
Evaluation 31

VIII. Limitations of Findings 31

Appendix A: Resources and Best Practices 32

Introduction

The Lake County Health Department is leading a county-wide planning effort to develop a Jail Diversion and Health Engagement Project. The goals of this project are to: 1) Increase the number of individuals in Lake County with a serious mental illness who are diverted from custody, 2) Reduce recidivism among individuals with serious mental illness in the criminal justice system, and 3) Improve mental health service access and continuity of care for justice-involved or likely to be justice involved individuals with serious mental illness. The priority interventions discussed in this guide include a central drop off crisis center, training to better recognize the signs and symptoms of mental health issues, and a mobile crisis team.

To assist with the planning process, the Health Department retained Community Oriented Correctional Health Services (COCHS), a non-profit organization that works to build partnerships between jails and community health care providers, to provide strategic advice and guidance. The purpose of this implementation guide is to provide a summary of findings and information collected to date, propose recommended models of care, and discuss potential policy opportunities and challenges. As a part of this Implementation Guide, COCHS created an outline for the county to work with the state to establish claiming units for Medicaid Administrative Claiming. The project was taken on under the request of the Division of Psychological Services.

This guide is presented in Eight Sections:

Section I: ***Background*** provides information about the current public health and criminal justice environment and the need for jail diversion programs.

Section II: Methodology describes the sources of data COCHS collected and the methods in which analyses were conducted.

Section III: Findings discusses the findings from our data collection, specifically through key informant interviews.

Section IV: Recommendations provides potential recommendations for each of the three priority areas and discusses the benefits and challenges of the models as well as the feedback obtained from stakeholders engaged in the planning process .

Section V: Policy Implications discusses potential policy opportunities and challenges. This section also provides information on the potential implications of the new federal administration and the future of the Patient Protection and Affordable Care Act (ACA).

Section VI: Other Considerations discusses other important considerations during the planning process.

Section VII: Limitations of Findings discusses the limitations to our findings and recommendations.

Section VIII: Resources & Best Practices provides a list of similar projects nationwide as well as other resources to assist in the planning and implementation of the project

I. Background

In the United States individuals with serious mental illness (SMI) and substance use disorders (SUD) are far more likely to be involved in the criminal justice system than individuals without these conditions.[1] Not only does housing individuals with SMI and SUD in jails lead to higher costs for local jurisdictions during incarceration, but it also results in increased recidivism and poorer health outcomes. Evidence strongly supports the need for public health interventions to better meet the needs of these individuals.

Mental Health

According to a 2006 Bureau of Justice Statistics report, approximately 76% of jail inmates met the criteria for a mental health disorder.[2] Moreover, It is estimated that twenty percent of all inmates in jails in the United States suffer from SMI and approximately two-thirds have an SUD.[3] In 2012 there were 744,524 inmates in local jails nationwide this means that an estimated 149,000 had SMI.[4] Moreover, inmates with SMI have longer incarceration stays and cost more than inmates without SMI.[5] In New York's Riker's Island Jail the average stay for all inmates is 42 days whereas the average stay for inmates with SMI is more than five times greater at 215 days.[6] It is often stated that jails have become de facto mental health providers and this is strongly supported by evidence. One survey reports that there are more than three times more seriously mentally ill individuals in jails and prisons than in hospitals.[7] Jails are not well equipped to meet the needs of individuals with SMI leading to poorer health outcomes and higher costs. Individuals with SMI are at higher risk of

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[1] *See*, E. Fuller Torrey, et al., "More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States," *available* at http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf (May 2010).

[2] SAMHSA, Criminal and Juvenile Justice, *available at* https://www.samhsa.gov/criminal-juvenile-justice.

[3] Torrey EF, Zdanowicz MT, Kennard AD et al. The treatment of persons with mental illness in prisons and
jails: A state survey. Arlington, VA, Treatment Advocacy Center, April 8, 2014.

[4] *Id.*

[5] How Many Individuals with Serious Mental Illness are in Jails and Prisons?
, *available at* http://www.treatmentadvocacycenter.org/storage/documents/backgrounders/how%20many%20individuals%20with%20serious%20mental%20illness%20are%20in%20jails%20and%20prisons%20final.pdf (2014).

[6] Turner C, Ethical issues in criminal justice administration, American Jails, January/February 2007.

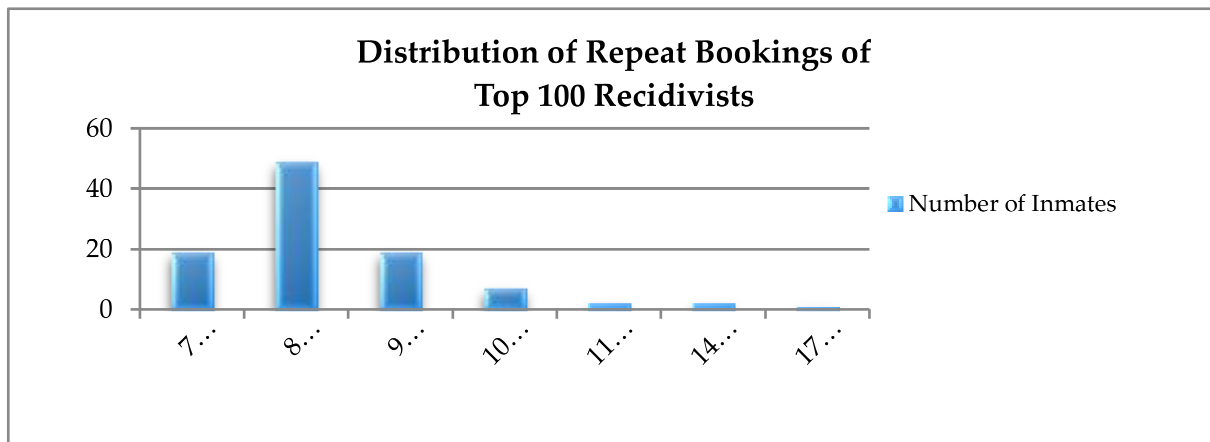
[7] E. Fuller Torrey, et al., "More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States," *available* at http://www.treatmentadvocacycenter.org/storage/documents/final_jails_v_hospitals_study.pdf (May 2010).

committing suicide while incarcerated and nationwide suicide rates within jails are rising. The Department of Justice reports that the suicide rate in local jails increased by twenty-three percent between 2009 and 2013.[8]

Lake County

Lake County, Illinois is a diverse area of over 700,000 residents.[9] The county is comprised of urban and suburban areas that are diverse economically and by racial and ethnic background. According to the US Census, approximately ten percent of all residents were living at or below the poverty level between 2011-2015.[10] A 2014 report on the behavioral health needs of the county found that the need for behavioral health services is "enormous."[11] According to the report, countywide, more than seventeen percent of adults report mental illness in the past year, while more than four percent report serious mental illness and among adults aged 18-25 years, over a quarter report mental illness in the past year, with more than seven percent reporting serious mental illness.[12]

Lake County is actively addressing many of the mental health challenges that the county faces. The recommendations of this proposal can be useful with other programs and groups that are meeting across the county already, including the Lake County Mental Health Coalition.



While data on the prevalence of mental health challenges and substance use disorders among jail inmates was not available, we can apply the national rates to Lake County. This means that among

[8] Source: Bureau of Justice Statistics, Deaths in Custody Reporting Program, 2000–2013. Available at: https://www.bjs.gov/content/pub/pdf/mljsp0013st.pdf.
[9] US Census (2010). Actual population 703,462.
[10] US Census (2016).
[11] An Assessment of Behavioral Health Needs, Service Capacities and Projected Trends in Northern Lake County, Rob Paral and Associates, July 2014
[12] *Id.*

a daily inmate population of 600 there are 120 inmates with SMI and approximately 400 with a substance use disorder. Additionally, according to data provided by the Lake County Sheriff's Office on recidivism, the top one hundred individuals with repeat bookings range from having seven-to-seventeen repeat bookings over a two-year period. These 100 individuals account for 843 bookings. This not only places a considerable burden on the County Jail and other services, but is an obvious indication that incarceration does not change these individuals' behavior.

Many of the challenges faced by Lake County are also common in other parts of the United States. However, this implementation guide is specific to the needs of Lake County that are discussed throughout the sections below.

II. Methodology

COCHS collected data to inform this Implementation Guide from a variety of sources. A range of key stakeholders was interviewed, a group workshop presented preliminary recommendations and facilitated discussion among stakeholders, primary and secondary data was analyzed and policy analyses took place.

Key Informant Interviews

Key stakeholders were interviewed representing different agencies and divisions of the County's provision of health, justice, and social service sectors. Interviewees include:

- **Donna Jo Maki**, Executive Justice Council Coordinator
- **Joy Gossman**, Lake County Public Defender
- **Sara Price**, Social Worker, Lake County Public Defender's Office
- **Mike Nerheim**, Lake County State's Attorney
- **Dominic Caputa**, Associate Director, Clinical Operations, Health Department
- **Sam Johnson-Maurello**, Associate Director, Clinical Operations, Health Department
- **Raymond Rose**, Lake County Undersheriff
- **Chief Guenther**, Mundelein Police Department
- **Chief Walles**, Waukegan Police Department
- **Brenda O'Conell**, Continuum of Care Program Coordinator
- **Dena Traylor,** Director of Psychological Services, Probation and Psychological Services
- **Doug Kasamis,** IT Manager
- **Adam Carson,** Director, Strategic Initiatives, Lake County Health Department
- **Mark Pfister,** Interim Executive Director, Lake County Health Department

- **Karen Notko,** Administrator, TASC, Inc.
- **Ernest Vasseur,** Executive Director, Healthcare Foundation of Northern Lake County
- **Dr. Patti Kimbel,** Director of Psychiatry Program, Vista Medical Center West
- **David Markowicz, Office Manager, LCHD**
- **Honorable Chief Judge Jorge L. Ortiz,** Circuit Chief Judge 19th Circuit
- **Loretta Dorn**, Director of Clinical Operations
- **Bruce Johnson,** CEO, Nicasa Behavioral Health
- **Rose Gray,** Director of Division of Adult Probation
- **Sandra Hart,** Lake County Board District 13
- **Peggy Flaherty, Susan Shimon and Debbie Pavick,** Thresholds
- **Kim Burke**, Director Managed Care

Workshop

On December 1, COCHS and the Lake County Health Department facilitated a workshop with approximately thirty stakeholders. Attendees included representation from the Health Department, the Public Defender's Office, the State's Attorney's Office, behavioral health providers, private philanthropy, housing, County board members, the sheriff's office, the judiciary, and Probation and Psychological Services. The workshop provided an overview of the project, proposed recommendations for potential models of care, and provided information on recent policy changes. This workshop was interactive and welcomed attendees to engage in discussions with colleagues and to provide feedback.

Other Sources of Data

Primary data was provided to COCHS by the Lake County Health Department, the Sheriff's Office, the Executive Justice Council Coordinator and the Continuum of Care Program Coordinator. Types of data included the Lake County Community Health Improvement Plan, Community Health Status Assessment, recidivism data for the top one-hundred recidivists, and information about existing related programs (e.g., Stepping Up initiative, Sequential Intercept Mapping). COCHS gathered secondary and supportive data through literature review as well as interviewing individuals conducting similar work across the country. Additionally, COCHS staff conducted policy analyses specific to the Illinois Medicaid program and broader changes due to the Affordable Care Act. All of the sources of data obtained were taken into consideration during the compilation of this guide.

III. Findings

Key Informant Interviews

Interviewees were asked a series of questions regarding the current state of affairs for justice involved populations with mental health and addictions issues; current diversion planning efforts to date; interviewee's involvement in the process; potential challenges or barriers to implementation; and potential strengths and benefits to implementation.

Through these interviews key themes emerged and are discussed below:

Agency to Lead Project – Lake County Health Department
Five interviewees identified the Health Department as the agency most aptly suited to bear ultimate responsibility and leadership in the planning and implementation of this project. The other interviewees did not specify a specific agency to lead the project. The reasons cited for the Health Department being the most appropriate agency lead included the fact that it oversees the provision of mental health services; it has strong relationships with area hospitals; that it is a more neutral agency in terms of political influence; and its history leading similar efforts in the past.

Physical Location of a Diversion Center
Interviews were asked where they thought the best physical location of a diversion center would be. Two main themes emerged regarding location: siting the diversion center in Waukegan and siting it geographically central in the County.

Six interviewees reported that it would be best sited in Waukegan or close to Waukegan. The reasons to support this include: proximity to public transportation; proximity to other health and social services; less resistance by community members; and proximity to the clients that will most likely be using the service (support by utilization data of behavioral health services); and the fact that since these individuals would be pre-adjudicated the Health Department would have the most contact with them. The existing crisis center or the Health Department campus were cited as specifically locations that might be able to accommodate a diversion center with some modifications.

Three interviewees reported that the Diversion Center should be located geographically central in the county. The reasons to support this include: convenience for police (they would not have to travel from one end of the county to the other); proximity to hospitals; and the fact that Waukegan is already saturated with social services. Mundelein was specifically mentioned as a central location that already has an existing neutral custody exchange site and would be ideal for siting a Diversion Center. Additionally, one responder reported that multiple locations would be best to meet the needs across the County.

Program Design

Interviewees were queried about what the felt an ideal program design would be. The majority of interviewees who commented on program design agreed that a Diversion/Drop off Center must be a "one-stop shop" meaning that it must provide a range of services to meet individuals' needs. All interviews also agreed that the center should operate twenty-four hours a day, seven days per week. Recommendations for staffing the center include nurses, counselors or social workers and security. Additional services that should be provided include food, showers and a connection to case management and follow up.

Interviewees had varied suggestions on how exactly the diversion center should operate. One respondent reported that it should be a two-tiered model: 1. a place for individuals to come for 10-24 hours to "cool off" and get stabilized and 2. a place where individuals with higher level of needs could come for a few days to a week to get respite, medications stabilized and have a place to stay while awaiting more permanent housing. Another interviewee recommended that the center offer services to an individual for no more than twenty-three hours. After this amount of time the individual is in need of a higher level of care and would be best treated elsewhere.

Other suggestions regarding program design included:

- Designing the model in a way that reduces the time commitment of police as much as possible.
- Completely eliminating law enforcement from the model and instead relying on trained mobile crisis teams to bring individuals to the center.
- Ensuring a high quality of services offered at the center.

Many interviewees emphasized the need for ongoing care. The diversion/drop off center cannot merely be a "path to nowhere." Individuals receiving care in the center must be connected to longer-term treatment options.

Challenges

Interviewees were asked to identify potential or existing challenges to a successful project. Common responses or themes regarding challenges included: the need for evaluation; the need for coordinating rather than duplicating efforts; education; the lack of access to mental health and substance use services; and funding.

Currently, evaluation efforts have been difficult in the County with other similar projects due to a lack of resources in terms of money and manpower. Interviewees commented on the importance of evaluation and the need for evaluation to be fully integrated into the planning process from the beginning. Data will be essential for continuous quality improvement as well as sustainability. Evaluation will need to be adequately funded for this project.

Interviewees commented on the fact that there are multiple overlapping efforts related to planning for individuals with mental health and/or substance use challenges and criminal justice. Recommendations were made that one unified group should oversee the planning of this project and the other groups' efforts should be streamlined.

A potential challenge in gaining support for this project from multiple stakeholders is education. An educational campaign should be developed specifically tailored to community members in order to gain community involvement and buy-in. Law enforcement officers, judges, and members of the team who are not used to understanding mental health needs should also be guided to ensure that misconceptions and stigma around mental health, substance use and individuals involved with the criminal justice system are addressed and overcome. Furthermore, education was highlighted as a challenge in terms of a gap of knowledge between law enforcement and behavioral health providers and services. Education between these agencies (and most likely others) is recommended in order to best strengthen the continuum of care.

One challenge expressed by the majority of interviewees is a lack of access to behavioral health services in the county. Currently, there is only one hospital, Vista, which has an adult psychiatric unit. The county is experiencing a psychiatry shortage resulting in waiting times to up to six months. Filling this gap with telepsychiatry is currently being pursued, but is costly. The Health Department is a main provider of behavioral health services in the area; however, it is challenged in meeting the high need.

During our interviews, we learned that there are behavioral health services being provided through county funding that are not being billed to Medicaid or other insurers. Social work staff within in the Office of the Public Defender spends a majority of her time providing clinical services, yet does not bill for these services. Similarly, Psychological Services, which falls under the purview of the courts, provides services that are also not billed to insurers. We recommend the County explore billing options to increase funding that could support additional clinical staff to better meet the need of the community.

Behavioral health provider interviewees reported that current reimbursement rates are inadequate. Interviewees reported that rates in Illinois have not been increased since 1989 and services have needed to be supplemented by private philanthropy. Additionally, regulations regarding services and billing contribute to additional financial hardship. For example, within the intensive community service program, community support teams require that you have three staff in order to bill Medicaid for this service. If these staff are not well-versed on the documentation requirements required for billing you lose money on this service due to the amount of time it takes to train staff. When you have a team of three staff that are trained appropriately, the rates often still do not cover the costs of providing this service.

Providers also face challenges with staffing. Private nonprofit providers are competing with the County Health Department and other health care organizations that can afford to pay higher salaries. This leads to higher turnover and administrative costs to the agencies.

Funding, overall, was identified as the biggest barrier or need in moving the project further. Currently, the State of Illinois is experiencing a funding crisis with concurrent political challenges. The consequences of which have resulted in a de facto cut back in behavioral health and social services across the state. We recommend that funding for the project is diverse, emanating from

multiple sources including private philanthropy; local, state and federal government; area hospitals and health care institutions; and through billing insurers and Medicaid.

Numerous strengths and existing resources exist in Lake County that will support the project's success. Some of these include: a history of successful cross-agency projects focused on the criminal justice population; buy-in and engagement from all of the key agencies; and agency leadership that is visionary and committed to change.

IV. Recommendations

As discussed above, this project focuses on three main components: a central drop off center; training to better recognize and respond to mental health issues in the community; and mobile crisis response. The following recommendations are potential models to consider.

Central Drop Off Center

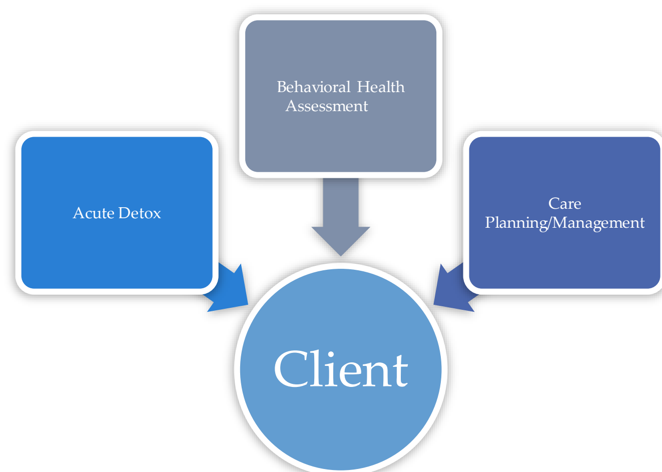
There are varying designs for a Central Drop Off Center. These models are each associated with their own benefits and challenges. Below we discuss different types of centers including: a single drop-off location; multiple drop-off locations, and a non-four-walls model.

Core Services of a Drop Off Center

The services provided by Drop Off Centers nationwide vary widely. Factors such as community need and resources shape the provision of services provided. Additionally, Medicaid participation is a large driver of the scope of services provided at centers due to the complex rules Medicaid applies to billing. For example, if a facility participating in Medicaid has respite beds, they can only be used by clients for 23 hours or fewer. A basic set of cores services of drop off centers could include, however, acute detox resources, behavioral health assessment, and care management/planning with a linkage to community resources.

General Challenges

Regardless of the drop-off center, there are several challenges that should be addressed. During criminal justice processing, typically police will arrest an individual, then take them to a detention facility before they are eventually given over to the custody of the sheriff. This means that police officers drive from all over the county in order take their detainee to jail. In order to incentivize use of the diversion center, taking an individual to the diversion center should not require much more effort than taking an individual to the jail. Also, the diversion center would be able to quickly identify who is appropriate for diversion and have the appropriate staff who can



ensure the safety and security of the individuals at the facility.

Any new facility will face "not in my back yard" (NIMBY) problems that will require community engagement to overcome. General approaches to resolving these issues are described below.

Single Drop Off Location

Single drop off locations would require one brick and mortar space that would be accessible to the population needing services and to police who would be dropping individuals off. If Medicaid will be billed for the services, the facility must be open to all walk-ins, i.e., police drop off cannot be the only way to access services. Key informant interview data as well as data collected during the workshop helped identify three possible locations for a single drop off center as well as their benefits and challenges.

Work-Release Building

One option for a single drop off location is the work-release building located next to the jail. This location could be good because of the proximity to the jail, the fact that it is already staffed, and because the staff are versed in treating justice-involved individuals.

There are several challenges associated with using this facility. First, it would be challenging to house diverted individuals in the same units as those who are on work release. The inclusion of diverted individuals into the facility could destabilize the transition of those on work release. Ideally those who are diverted will not be socialized into the criminal justice system. Proximity to those who are transitioning into the community could lead to difficulties in appropriately messaging to the beneficiaries of the services. Even if diverted individuals could be sequestered from the detained individuals, those who are diverted would still be processed in a way that may seem to be criminalizing the mental health status of the individuals.

An important challenge is that Medicaid rules may preclude leveraging this location as it may be impossible to use Medicaid funds for the services provided there because of the "Inmate of a Public Institution" exception to the Social Security Act.

Health Department Crisis Services

Another option for a single drop off location is the Health Department's Crisis Services space. While adapting the crisis center to become a drop-off location may be an appealing resolution to the locating the drop off-center, there are several challenges that must be identified. First, the crisis services center is already at full capacity, and including diverted individuals will increase the work load of the center.

Even if bed capacity could be expanded at the crisis center, the county should be careful not to let the Crisis Services center's mission be overtaken by the diversion center's mission. It is possible that if this center became more closely associated with criminal justice diversion, individuals in need of crisis care may be less likely to see this as an option for meeting their needs.

While the Crisis Services building is close to the jail, it still is not close enough to have jail staff be prepared to lend assistance if necessary. Police would be required to stand by as the individual is assessed for appropriateness to be jailed. This would lead to the police needing to expend more time in diverting the individual and may decrease the likelihood of police participation.

During the workshop, discussion about expanding the beds in the Crisis Services occurred—regardless of whether this serves as the drop off center. While the Crisis Service space does not provide an ideal location for police drop off because of stigma and security issues, the crisis service space could be an essential component of any continuity of care for individuals diverted away from the criminal justice system for those who have needs that exceed 23 hours.

Jail Parking Lot

A final on-site recommendation is to use space in the jail parking lot as a diversion center. This center could be created with a modular unit, which would save on capital investments, and eliminate many of the downsides of other options for the diversion center. By locating the facility near the jail, staffing and police hand-off to the diversion center can be resolved.

As mentioned above, security at a diversion center is a concern regardless of where the center is located. Police officers cannot be expected to stay at a drop-off center for too long because they need to return to the streets. Placing the drop-off center in a modular unit in the jail parking lot will allow for the sheriff to staff the drop-off center. If an individual is deemed to be ineligible for diversion, they can then be transported to the jail facility by the sheriff's staff.

Staffing the diversion center with health care staff could also be accomplished through a renegotiation of the sheriff's contract with the jail health care provider—Armor Correctional Health Services, Inc. COCHS would recommend staffing the diversion center with a registered nurse, individual with prescribing authority, and a licensed clinical social worker; however, more concrete recommendations would be dependent upon analysis of the flow of individuals into the facility. Diverted individuals are eligible for Medicaid, and Armor could contract with a third-party billing agency—since they are unlikely to be familiar with Medicaid billing—in order to provide these services.

The diversion center could also be a hub for community-based organizations to provide Medicaid and social service enrollment. Lake County's relationship with TASC and Thresholds could be leveraged to provide care coordination services that emanate from the diversion center.

Placing the diversion center in the jail parking lot would allow for screening of individuals who are coming to the jail, which would improve the care and safety of individuals inside the jail and identify appropriate individuals for diversion. According to data provided by the Sheriff's office, there are 632 confinements per month in the jail on average. Each of these individuals will have an array of mental health and social needs that are largely unknown to the jail staff. The diversion center would allow for jail workflow to be rearranged to allow for a full, Medicaid-reimbursable assessment to decide whether someone can be diverted, and if they are not good candidates, then

they could be taken to the jail. Typically, a full mental health assessment is done within one-to-two weeks after booking. Moving this assessment to pre-booking helps jail staff to have a clearer picture of the physical and mental health needs of the individuals who will enter the jail.

Further, if neither the jail, nor the diversion center, is the appropriate place for the individual, he can be diverted to another program in the community that would appropriately meet their needs.

In creating the diversion center, it is important to keep in mind that Medicaid requires that a Medicaid facility be open to the public and any individual who would like the services could come into the diversion center. It is imperative in designing this center to keep in mind that it is first and foremost a community facility that will divert individuals away from the criminal justice system, and as such it should look more like a community facility than a correctional facility. Paying special attention to interior design of the facility will be important for ensuring that it feels more like a community center than a jail.

Geographically Central Drop Off Location

As mentioned above, a central drop-off location has been suggested by some of the individuals we interviewed. While it makes sense geographically to create one, central drop-off center, there are substantial drawbacks. First, police officers would need to take the individual to a location that is not near the jail. This means that if an individual is not suitable for diversion, he would then need to be driven to the jail (or released), and that the police officer must remain with the individual while he awaits a determination of his diversion-worthiness. This extra step will take too much time for public safety officials who would be under time pressure to return to their public safety patrols. Another challenge will be that there will still be a NIMBY problem, but the NIMBY challenges will be multiplied when the facility is in an area that might not be a high utilizer of the drop-off center.

A geographically central drop-off center may also not correlate to the criminal-justice activity center. COCHS was unable to collect data that supported would establish this case, but it is likely that most of the individuals who find themselves in the criminal justice system are found in Waukegan and North Chicago. Placing the drop-off center geographically central may mean that police officers have to travel further to divert an individual, i.e., it might be closer, and thus more appealing, to drive a divertible individual to the jail instead of the diversion center.

Multiple Drop-Off Locations

A multiple drop off locations model would alleviate the geographical challenges posed by having a single center. Lake County is large, and with only one drop-off center, some police would be required to drive across the county to drop a person off resulting in lowered efficiency. Multiple drop-off locations would resolve this issue, but would require additional funding and resources at the outset. Multiple locations would also require additional ongoing overhead costs as well as increased management and supervision, as well as the chance that there might not be enough volume to keep the centers financially viable. Having multiple drop-off locations would also not

resolve the issue of police wait time while determining whether an individual is eligible for diversion, and if an individual cannot be diverted, they would still need to be taken to the jail.

Non-Four-Walls Model

Diverting an individual to a physical location is an important component of helping individuals in time of need, but there is a great need for creating a continuity of care and "wraparound" services for an individual who is released from the diversion center, or does not have the level of acuity that requires them to remain in a physical facility. Across the country, many jurisdictions are implementing systems of coordinated care that are essentially diversion centers not limited to the four walls of a physical diversion center. Creating a broader array of non-four-walls services can allow for more individuals to be helped where they are. Regardless of whether an actually diversion center is created, the county should leverage the opportunities to manage the care of individuals who could be diverted away from the criminal justice system. Below are some of the programs that exist in Illinois now, ones that may be coming through Illinois' Medicaid 1115 waiver, and other federal options for implementing a series of interventions that can ensure individuals receive the care they need and avoid jail stays.

1915(c) Services

1915(c) programs are Home and Community Based Waivers that provide services for individuals who would otherwise be in institutions. Illinois has several 1915(c) programs that could be leveraged to support a non-four-walls diversion program.[13] Illinois has nine waivers that exist for individuals with particular needs and offer services aligned with those needs. The nine programs are:

[13] https://www.illinois.gov/hfs/medicalclients/hcbs/Pages/default.aspx

- Children and Young Adults with Developmental Disabilities-Support and Residential Waiver
- Children and Young Adults with Developmental Disabilities-Residential Waiver
- Persons that are Technology Dependent/Medically Fragile
- Persons with Disabilities
- Persons with Brain Injuries
- Adults with Developmental Disabilities
- Persons who are Elderly
- Persons with HIV or AIDS
- Supportive Living Facilities

These programs should be investigated and leveraged to provide services for those whose needs lead them to incarceration. Screening for eligibility for these services could be done at the diversion center create a point of access to these services for eligible individuals and tap into funding resources that already exist within the state.

1915(i) Services

1915(i) Waiver Services are Home and Community-Based Services that provide a combination acute-care medical services and long-term services.[14] Currently, Illinois is not taking advantage of the opportunity to craft Home and Community Based Services that would allow for extensive wrap-around services to be provided for individuals who are at risk of institutional care. Lake County could encourage the state to develop an HCBS benefit to meet the needs of justice-involved individuals. In order to effectively carry out these programs, the state Medicaid office would need to:

- Establish a process to ensure that assessments and evaluations are independent and unbiased
- Ensure that the benefit is available to all eligible individuals within the State
- Ensure that measures will be taken to protect the health and welfare of participants
- Provide adequate and reasonable provider standards to meet the needs of the target population
- Ensure that services are provided in accordance with a plan of care
- Establish a quality assurance, monitoring and improvement strategy for the benefit.

1915(i) Services can be added to the state's Medicaid plan through a State Plan Amendment (or SPA). Given the policy realities discussed below, a SPA may be the appropriate way to enact policy changes if an 1115 is unlikely to be approved by the federal government.

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[14] For New York's 1915(i) services, *see* https://www.health.ny.gov/health_care/medicaid/redesign/home_community_based_settings.htm

2703 Health Homes

Section 2703 of the Affordable Care Act created incentives for Health Homes programs.[15] A health home is a Medicaid State Plan Option that creates a comprehensive system of care coordination for Medicaid beneficiaries with chronic conditions. The goal of the care coordination is to integrate all primary, acute, behavioral health and long term services and supports holistically to treat an individual. The federal government will pay an enhanced ninety percent for specific services under § 2703 for the first eight quarters of the program. Health Homes have been used by New York State to track recidivism and incentivize providers to keep justice-involved individuals out of the correctional system. For context, the Missouri Health Homes program saved at least $36.3 million.[16]

While in Lake County, we learned that although the State's 1115 waiver proposal mentioned that the State would be submitting a proposal to participate in the Health Homes program, it failed to submit the required state plan amendment for participation. Lake County could use this opportunity to work with the state to craft a health homes program that will allow for inclusion of metrics and benefits that will focus on diversion.

Increased Coordination with Managed Care Entities

Lake County has an effervescent managed care market, that is still in the process of settling. However, there are still opportunities to work with the many Medicaid managed care entities that manage the health care needs of their beneficiaries. All Medicaid beneficiaries in Lake County are placed into Medicaid managed care entities that are responsible for the care of their beneficiaries. Justice-involved individuals, although eligible for health insurance, may still be a challenge for insurers to engage with. At the bottom line, managed care organizations want to be able to access their clients, and the criminal justice system provides a point of access for individuals that are challenging to track. Health plans have a vested interest in keeping their beneficiary out of jail. If their beneficiary goes to jail, the payment that the plan receives to manage that individual's care should be cut off. In order to receive these funds, the plans will want to keep beneficiaries out of jail and in programs that keep them healthy. Lake County should work with the managed care plans to ensure better connectivity with the plans so that plans can be notified when an individual is taken to the diversion center. This could be accomplished through an electronic health record or health information exchange as discussed below.

Benefits and Challenges of Proposed Models

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[15] *See* https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/health-homes-faq-5-3-12_2.pdf
[16] *See* http://www.mocoalition.org/health-homes

	Single Drop Off Work-Release Building	Single Drop Off Health Department	Single Drop Off Jail Parking Lot	Multiple Drop Off Centers	Non-Four Walls Model
Close proximity to jail –closer to correctional staff	X		X		NA
Already staffed	X				NA
Close to where individuals already receive treatment and services		X			NA
Opportunity to expand services at an existing location	X	X			
Could be staffed through a renegotiation with Armor			X		NA
Able to staff 24 hours			X		NA
Easier access to services for non-Waukegan residents				X	
Equitable distance across county for drop offs				X	X
Better care management					X
Could be part of Health Homes or other Medicaid initiatives					X
Could be created as a benefit					X
Requires increased behavioral health demand		X	X	X	X
Requires relationships with all managed care in County					X
Requires high level of collaboration					X
Requires additional staffing and oversight				X	
"Not In My Back Yard" site placing issue	X	X	X	X	
Close proximity to jail –could lead to comingling/stigma issues	X		X		
Stigma could dissuade individuals from using other services at site		X			
Could require capital investment or expansion funds	X	X	X	X	

Training

In order to increase public awareness around appropriately identifying and responding to individuals who have mental health issues, the county prioritized training as a key component of this effort. Our original recommendations included that the county become involved with Crisis Intervention Training, Mental Health First Aid, and Trauma-Informed Care Trainings. Since this project began, Lake County has made significant progress in engaging in expanding training of all three of these programs.

Recently, the County was awarded $250,000 for Crisis Intervention Training (CIT) from the Bureau of Justice Assistance. These funds will expand on the work that has already been done in the county through the Sheriff's Office to train law enforcement officers and probation officers in

CIT. Progress is also being made that ensures that there are local CIT trainers in the county who can carry out the training. COCHS recommends that it continue to work with local universities to provide in-county trainings that will be more accessible and sustainable for Lake County correctional staff.

In discussions with Lake County public safety staff, we heard commitments to train as many individuals as possible in CIT. This means expanding CIT training to all first responders, jail staff, and dispatchers.

Additionally, the County has been participating in Mental Health First Aid training. While Mental Health First Aid training is not as intensive as CIT, it is a valuable program for anyone who might encounter someone experiencing a mental health crisis. The Mental Health First Aid training can also be tailored to specific trainees such as law enforcement or youth. It is also available in multiple languages and in certain cases can be tailored to specific populations such as older adults. Mental Health First Aid has received significant federal funding in recent years.[17] Currently, the Mental Health First Aid Act of 2016 is in Congress. If passed it would provide $20M for Mental Health First Aid Training through FY2021.[18] Lake County should remain abreast of this evolving legislative area.

Trauma Informed Care training is also already taking place in the County. Trauma Informed Care is delivered by the Health Department, behavioral health professionals, other social service organizations and housing organizations. In 2016 SAMHSA provided the City of Baltimore a five-year, $5 million grant to implement community-wide Trauma Informed Care training.

Because Lake County has already expanded training across the County, we recommend that these efforts are streamlined and coordinated as much as possible to maximize efficiencies and reduce duplication of efforts. We also recommend that the County continue to expand on the number of participants and seek opportunities to train additional stakeholders that are not currently engaging in the training. For example, currently, there is a priority in the County to train first responders and law enforcement in CIT. However, opportunities might exist to also train or educate other stakeholders such as the judiciary, probation, and fire departments in these areas.

Mobile Crisis Response

The third component of this project is development of mobile crisis response. Data gathered from stakeholders strongly indicated that a need exists for individuals trained in behavioral health to respond to crisis situations. Interviewees described the "cycle" that occurs when a law enforcement officer responds to a crisis call, takes an individual to the emergency room, the individual waits hours to be seen only to be released back into the community, and the police officer undoubtedly

[17] National Council for Behavioral Health, Mental Health First Aid. Available at: https://www.mentalhealthfirstaid.org/cs/about/legislation-policy/.
[18] National Council for Behavioral Health, Mental Health First Aid. Available at: https://www.mentalhealthfirstaid.org/cs/about/legislation-policy/.

encounters the same individual again at a later time. A clear need for a better intervention and continuity of care exists in these matters.

In general, the mobile crisis units could be structured in several ways that may leverage the resources already in the County. In order to do this, there are a few limitations that must be overcome:

Dispatch Resolution

As was noted in the sequential intercept mapping, there are issues around how calls to dispatch are resolved. There is not a single number that allows for telephonic triage. At the meeting in December, it was stated that a 3-1-1 dispatch is in the process of being implemented and that a central dispatch would be created that could triage cases and identify who to send to respond to calls. This is an essential first step to a successful mobile crisis team.

Firefighters

From our conversations with fire department administrators, the fire departments are eager to play a larger role in responding to various crises. This, again, relies upon an appropriate dispatch center that could effectively ensure that firefighters respond to the calls from to dispatch.

There are several benefits to using the fire department for such activities. First, firefighters are trained to respond to a variety of emergencies, not simply a response to public safety threats. Firefighters also have continuing education requirements that could be leveraged into completing the requisite qualifications to bill Medicaid. Some of the qualifications for billing Medicaid are challenged to accomplish, but if it were structured appropriately, the Fire department could bill Medicaid for many of the services that it would be expanding to.

Co-Response

Another option for mobile crisis teams are co-response teams. In these cases, a social worker can join with a police officer or first responder to provide an assessment or real-time triage. If the co-responder were appropriately licensed, they could also bill Medicaid for the services that they provide.

Co-response could be done through in-person teams, or through a virtual team. Police could also use telepsychiatry consultation—although not a billable activity—in order to provide support during a mental health crisis. New Mexico has implemented a system that allows for police to consult an on-call mental health professional who could help a law enforcement officer to respond to the crisis.[19] As described *infra*, there are several concerns for effectively using telepsychiatry in Illinois.

Crisis Response Teams could become connected with a non-four-walls model of diversion. Connecting individuals in the health system to appropriate care managers and behavioral health providers would ensure that the police were not called to events that were not public safety threats

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[19] *See* http://undark.org/article/therapist-cop-mental-illness-doctors-police-training/

and that the community providers who know and understand the needs of the individuals in the behavioral health system would be able to respond to the needs of those in crisis.

V. Policy Implications

Changes in the World Since COCHS Came to Lake County

New Administration

After nearly a decade of preparing for and adapting to the transformations that the Affordable Care Act (ACA) made on our healthcare system, we are now entering a new era of health care policy. This project was conceived under the Obama administration—during major criminal justice and health care reforms. The most recent presidential election brings with it a significant amount of uncertainty; however, there are some predictions we can make based on precedent and policy trends.

It is unlikely that the new administration will be able to repeal the ACA and replace it with an entirely different program immediately. The ACA covers significant numbers of individuals in regions that strongly support President-elect Trump. Repealing the entire bill will not only be politically unpopular, but could also be economically impossible.

Furthermore, it is likely that certain components of the ACA will continue to exist with a new program because they are essential components of any universal health care plan. Although the individual mandate is unpopular, it is necessary to pay for other important components of the ACA that are supported by the new administration, e.g., mandating insurers cover care for individuals with pre-existing conditions and allowing children to stay on their parents' plans until they are twenty-six years old.

The future of Medicaid is less certain. In the best-case scenario, states will have more room to make plans that meet their specific needs through a program like the 1115 Waiver program. Each of these waivers, however, would need to be approved by the Centers for Medicare and Medicaid Services (CMS). This means that the final program will still be subject to President-elect Trump's appointees.

Many speculate that Medicaid will be turned into a block grant program. This would cap the overall expenditures by the federal government, but could create more leniency inside the state to transform service delivery. Because, as mentioned above, the criminal justice system has many individuals with acute health needs, the state could be incentivized to invest in programs that will keep down costs high-acuity care. Lake County can make the case that its diversion and crisis services prevent costlier jail and hospital stays.

Regardless of what happens, justice-involved individuals will be impacted by the policies that are created in the coming years. Before the expansion of Medicaid, few, if any, individuals in the jail

had private insurance. Since the passage of the ACA and Medicaid expansion, every citizen is eligible for some sort of insurance. Leaving these individuals without insurance or health care is challenging to plan for, especially since ignoring the problem is very costly.

In the coming months, it would be useful to remain aware of how Medicaid will be changing, and COCHS can help orient Lake County to the changes that are coming. The state might be more willing to increase its Medicaid spending because block grants are likely to be based upon historic spending. This means that the state could be more likely to make justice-involved individuals into a target population for the targeted case management benefit, to increase the numbers of claiming units for Medicaid Administrative Claiming, and to generally increase outreach for individuals who have not yet enrolled in Medicaid or can be connected to services.

Certified Community Behavioral Health Clinics

When COCHS bid on the proposal to come to Lake County, the State of Illinois, was in the process of applying to become a demonstration site for the Certified Community Behavioral Health Clinic program. Unfortunately, Illinois did not go forward with their application and was thus ineligible for the enhanced behavioral health funding that would be available through the program.

Illinois 1115 Waiver

Illinois submitted an 1115 Medicaid Waiver that would expand options for the county. Unfortunately, one of the problems that is associated with the stark transition between the Obama and Trump administration is that the approval process for 1115 waivers has ground to a halt. While it seems unlikely that Illinois will have its 1115 Waiver approved anytime soon, the Health Department should continue to identify the areas where the final waiver can overlap with the goals of the County. Below, we discuss a few of the highlights of the waiver, but it would not be advisable to count on these programs being a certainty.

The submitted waiver increases the amount of behavioral health resources for the State, and provides and encourages the integration of behavioral health and physical health. It would also redesign the substance use disorder service continuum and include funds for transition of justice-involved individuals at the Illinois Department of Corrections (IDOC), Cook County Jail, and the Illinois Department of Juvenile Justice. While the programs for justice-involved individuals do not target Lake County's justice-involved population, careful attention should be paid to the systems that are created in Cook County and attempt to connect with the services provided there. It is likely that residents of Lake County may find themselves incarcerated in Cook County, and working with Cook County's initiatives could be helpful.

VI. Extant Funding Sources

Leveraging Medicaid

Because the vast majority of individuals in the criminal justice system are eligible for health insurance (predominately Medicaid), much of this program was conceived to rely on Medicaid funding in order to offset County costs. As mentioned above, screenings and assessments, many services, and even transportation to and from appointments can be billed to Medicaid. Although there is a significant amount of turmoil in what the future holds for Medicaid, the following ideas and roadmaps can move the county toward offsetting much of what it does to federal dollars.

Medicaid Administrative Claiming

As part of this project, COCHS was asked by the Division of Adult Probation and Psychological Services to outline the steps and feasibility of using Medicaid Administrative Claiming dollars for the activities carried out by the Division. This guide will also be useful for other entities in the county in order to be reimbursed for activities that are eligible for federal reimbursement.

Title XIX of the Social Security Act (the Act) authorizes federal grants to states for a proportion of expenditures for medical assistance under an approved Medicaid state plan, and for expenditures necessary for administration of the state plan. This joint federal-state financing of expenditures is described in section 1903(a) of the Act, which sets forth the rates of federal financing for different types of expenditures.

Under section 1903(a)(7) of the Act, federal payment is available at a rate of 50 percent for amounts expended by a state "as found necessary by the Secretary for the proper and efficient administration of the state plan," per 42 Code of Federal Regulations (CFR) 433.15(b)(7).

Guide for MAC Funding

Below are recommended steps to establish MAC claiming for Lake County agencies:

I: Engaging the State Medicaid Agency

The single state agency must be involved in the process. Reporting and oversight of MAC claims must go to the federal government through the single state Medicaid agency. Therefore, the first step in the process is for the county agency to develop a proposal with the state for claiming Federal Financial Participation (FFP) that are necessary for the proper and efficient administration of the Medicaid program. The County as a whole could put together a proposal that incorporates all of the agencies that would be claiming MAC as a result of this process. Expenditures claimed by the state as Medicaid administration must be for activities to administer the approved Medicaid State Plan that are either undertaken by the state Medicaid agency itself, by a contractor, or pursuant to an interagency agreement. This means that the County must work out such an interagency agreement (IAA) in order to ensure that its activities will qualify for MAC reimbursement.

II: Identify Permissible Sources of Non-Federal Funds for Match Purposes

The federal government will not match money that it has already paid to the county or state. This means that the county must identify non-federal dollars that are being spent for the MAC-eligible activities. County dollars qualify as MAC-eligible dollars. Other permissible sources of the non-federal share can be public funds directly appropriated to the Medicaid state agency, funds transferred from other public agencies or certified public expenditures of a public agency that are derived from state or local taxes. The matching funds may not include funds derived from another federal funding source, absent specific authorization under the law governing the other federal program. (*See also*, 42 CFR 433.51)

III: Identify Activities Eligible for Federal Medicaid Administrative Funding

As mentioned above, there are many activities that the diverse agencies in Lake County carry out that could be MAC-eligible for reimbursement. In addition, the activities must be consistent with federal regulations and guidance as to what is "necessary for the proper and efficient" administration of the Medicaid State plan, as specified in section 1903(a)(7) of the Social Security Act. CMS Regional and Central Office analysts are available to work with states to identify activities potentially eligible for claiming Medicaid funding and how states can properly allocate related costs and meet existing documentation requirements.

IV: Identify Costs of Allowable and Allocable Activities

The county and state must develop a valid administrative claiming methodology that identifies eligible and non-eligible activities and includes procedures to identify, allocate, document, and report the costs of all of those activities. Expenditures must be for allowable activities and must be allocable to a specific component the Medicaid program. Only costs for activities directly related to the administration of state's Medicaid program are allowable, and those costs need to be allocated among benefitting cost objectives, so that Medicaid will pay only the share of those costs associated with Medicaid beneficiaries, services, or providers.

The county should encourage the state Medicaid agency to consult with CMS Regional Office Financial Management analysts in developing administrative claiming methodologies, to confirm which activities are allowable and whether the allocation method is reasonable. Generally, states will want CMS to specifically approve the methodologies, so that there will not be disputes or disallowances later (and cost allocation plans for government entities generally must be submitted for approval to the HHS Division of Cost Allocation). The state's administrative claiming methodology must adhere to the cost determination and allocation guidelines for state, local and Tribal governments in the administration of federal grant awards 45 CFR Part 75. The county and state should make special note of the provisions related to the requirements for interagency agreements and certifications, the determination of allowable costs, cost allocation (including the distribution of salaries or wages for employees working on multiple activities or cost objectives), development of indirect cost rates, and maintaining source documentation to support claims.

Unless staff allocate 100 percent of their time to Medicaid related activities, the county agencies must conduct a statistically valid time study, or use a similarly valid allocation measure, to ascertain costs and develop their claims. Federal regulations are flexible regarding how time studies can be conducted and allow a state to propose an alternative methodology to conduct a time study.

V: Establish Appropriate Agreements

An interagency agreement (IAA), memorandum of understanding (MOU) or contractual arrangement, which describes and defines the relationship between the state Medicaid agency and the entities which perform eligible functions must be in effect before the Medicaid agency may submit claims for federal matching funds for any Medicaid administrative activities conducted by an entity other than the state Medicaid agency. These contractual and proto-contractual agreements describe and define the relationship between the state Medicaid agency and the county entity and document the scope of the activities to be performed by the county entity personnel on behalf of the Medicaid program. These agreements should be included in the claiming proposal submitted to CMS for review.[20]

VI: Secure CMS/DCA Review and Approval

The state should submit their administrative claiming methodology to the CMS Regional Office for review and approval. Among other review criteria, CMS will determine if the proposal identifies and isolates allowable costs through the use of a valid allocation methodology (e.g., time study, fixed fee contract, rate). The state, and any other relevant governmental agency must also amend its Public Assistance Cost Allocation Plan (PACAP) on file with HHS, if necessary, to reflect the approved methodology. The PACAP is a narrative description of the procedures that the state agency will use to identify, measure, and allocate costs, as specified at Appendix V of 45 CFR part 75. In accordance with the statute, regulations and the Medicaid state plan, the state is required to maintain and retain source documentation to support Medicaid payments for administrative activities, the county will also be expected to document these activities.

Targeted Case Management

Targeted Case Management (TCM) is a Medicaid benefit that can help meet the needs of individuals in the criminal justice system. California is currently the only state that is taking advantage of TCM for justice-involved individuals. TCM is designed to provide in-depth, person-centered case management services to qualified individuals. Increasingly, experts agree that preventive services like TCM lead to dramatic reductions in more costly forms of health care, including hospitalizations and stays at skilled nursing facilities. TCM reimburses state and county agencies, local public entities, and contracted community-based organizations for costs incurred providing TCM services. Probation, parole, and other public safety entities typically qualify for

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[20]Examples of interagency agreements for Montana and Florida can be found at http://www.adrctae.org/tiki-index.php?page=MedicaidFunding

participation. TCM covers four components of comprehensive case management: assessment, development of a care plan, referral and related services, and follow-up and monitoring. This means that probation, parole, and other public safety entities can draw federal reimbursement for activities that they are already performing on a day-to-day basis. Time spent on any of the four TCM components as they relate to any county services is reimbursable. That includes time spent by a probation officer assessing a client's needs, writing up notes for the care plan, and referring out for public housing or mental health treatment.

In order to implement targeted case management in Illinois, justice-involved individuals would need to become a "target population" This would require a state plan amendment. COCHS created a State Plan Amendment (SPA) to identify justice-involved individuals as a target population.[21] Creating a TCM benefit for justice-involved individuals is bureaucratically less challenging than getting the state's 1115 waiver through CMS.

21st Century Cures Act

The 21st Century Cures Act[22], was signed by President Obama on December 13, 2016, and contains several avenues for funding that should be investigated for future revenue streams. This legislation still must go through rulemaking and appropriations before concrete recommendations can be made, but there are several areas of the law to look to. Before describing some of the features of this new law, it is important to highlight that even in this divisive age, overwhelming bipartisan support made this bill into law. The House of Representatives passed the bill with a 392-26 vote and it moved on from the Senate with a 94-5 vote.

Some of the features of the law include:

- Reauthorization of laws that provide grants for diversion programs including identifying and convening stakeholders across governmental silos,
- Funding for Sequential Intercept Mapping that will allow jurisdictions to identify and eliminate gaps in their behavioral health safety nets that lead to incarceration,
- Grants for assessing mental illness of individuals in correctional facilities and funding to develop plans to coordinate care with community services upon release,
- Developing community services for keeping individuals out of jail before they are ever entangled in the criminal justice system,
- Funding for crisis intervention training that specifically targets jurisdictions where the mental health community and the criminal justice community are actively cooperating,
- Assertive Community Treatments that allow for wraparound services that allow individuals to remain in the community and avoid institutionalization,

[21] *Available at* http://cochs.org/files/medicaid/TCM-SPA.pdf
[22] https://www.congress.gov/bill/114th-congress/house-bill/34/text?q=%7B%22search%22%3A%5B%22Cures%22%5D%7D&r=1

And many other provisions that clarify privacy issues, billing barriers that limit care, and a variety of other noteworthy changes to other laws that aim to decrease the barriers to alternatives to incarceration. Lake County should identify opportunities that come from this law within the coming year.

National Criminal Justice Reform Project

In December 2016, Illinois was as one of three states selected by the National Criminal Justice Association to participate in the National Criminal Justice Reform Project. Not much information has been released about this program, yet (the website has not been updated since last year's recipients), but this program is aimed to aid in programs designed for pretrial diversion.[23]

VII. Other Considerations

Data

Through COCHS interviews, many of the stakeholders described the need to connect diverse health and justice systems. Illinois has had challenges with creating a health information exchange that will allow various community stakeholders to share in the care of individuals and identify when individuals have entered the criminal justice system. Across the country, various jurisdictions are using novel methods of connecting data systems. These range from a common electronic health record, to systems that provide "admission, discharge, transfer" (ADT) notifications across partners.

The ability to share data and to integrate data systems can ensure that providers are notified when an individual enters the criminal justice system. If the diversion center used an electronic health record that can send an ADT to other EHRs, then a behavioral health provider will know if an individual is taken to a diversion center. This will allow that individuals case manager or social worker to be able to reach out and divert the individual away from the jail. These information systems will also allow the jail health care provider to better understand the physical and behavioral health needs of the detainee.

Leveraging 90/10 funding

In order to connect the disparate data systems in the county, Illinois can leverage some current federal initiatives to increase interconnectivity.[24] On February 29, 2016, the Centers for Medicare

[23] As of December 31, 2016, the website for this initiative exists, but it has not been updated to reflect that Illinois recently received the award. COCHS recommends checking back often to identify state stakeholders who could become allies for using these grant funds for the pretrial program in Lake County. *See, http://www.ncja.org/ncja-services/state-reform-initiative.*

[24] For more information, *see http://www.cochs.org/files/CMS/New-HIE-Funding-Opportunities.pdf*

and Medicaid Services (CMS) released a "Dear State Medicaid Director" letter entitled, "Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers."[25] This letter expanded the list of providers that could participate in the 90 percent federal matching rate (90/10) for state activities to promote health information exchange (HIE) for coordination of care—a major goal of the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. The new expanded list includes correctional health providers. This addition is an acknowledgement that coordinating care of individuals cycling through the criminal justice system is an important contribution in assisting eligible Medicaid providers in the community to meet EHR Incentive objectives of Meaningful Use, such as Medication Reconciliation. This letter recognizes the extent to which data about the health care provided in our nation's correctional system has been relatively unavailable in the community.

The county should look into using this funding opportunity to connect the jail health system in with the county's EHR—as well as the county hospital systems.

Enhancing Enrollment Efforts

Medicaid is an important funder for any of the initiatives that Lake County will undertake. Currently the Health Department is working to enroll individuals in Medicaid, but it can be challenging to ensure that everyone coming through the jail is enrolled. The County should engage in broad enrollment efforts to ensure that individuals have health insurance. The diversion center can become a locus for enrollment.

"Not In My Back Yard"

The County should pay careful attention to informing the public of the proposed changes in order to combat "Not in My Back Yard" (NIMBY) issues. Partnering with community advocates and voices for social change is an essential step for ensuring community buy-in. Community education campaigns are also necessary for appropriate messaging. COCHS recommends some of the following avenues for message:

- Diversion centers improve public safety because they identify individuals who are actually threats and helps those who are not
- The opioid epidemic can strike anyone in any community, and diversion centers ensure that those who are victims of the opioid epidemic do not end up in jail
- Hails have become the de facto mental health facilities, and jail does nothing to help these individuals

Telepsychiatry: North Carolina State Board of Dental Examiners v. FTC

[25] https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf

As mentioned above, the rules and regulations surrounding telepsychiatry in Illinois limit the County's ability to effectively meet the behavioral health needs of individuals in Lake County. Recently, the Supreme Court of the United States ruled in North Carolina State Board of Dental Examiners v. FTC[26] that antitrust rules apply to state agencies that govern, and limit, access to telemedicine. The case creates a precedent that Illinois must follow, and Lake County should encourage state stakeholders to look at the current regulations and ensure that they are complying with antitrust laws as interpreted by the Supreme Court.

Evaluation

Articulating a robust program evaluation methodology at the outset of program planning will be critical to the success of this project. Anecdotally, it is well-understood that breaking the cycle of recidivism for individuals with mental health and substance use disorders benefits numerous agencies; however, in order to obtain sustainable funding it is important that this is demonstrated with data. This project provides a tremendous opportunity to collect data from a variety of sources because it involves multiple stakeholders. By closely tracking the impacts of this project across a spectrum of factors you could find that it leads to cost savings in areas that could be potential funders in future years. Data will also inform continuous quality improvement activities. In addition to tracking impact on recidivism and costs to the correctional system other metrics could include emergency room and hospital utilization, adherence to medication and treatment protocols, quality of life indicators, engagement in work/work readiness as well as numerous others. Return on investment and social return on investment models can be applied to sources that might not have directly funded the project, but could be potential funders. For example, demonstrating to the local hospital or health care system that this project prevented costly utilization of emergency services.

VIII. Limitations of Findings

The information provided above is subject to certain data limitations. One limitation was that we unable to receive all of the data that would allow us to provide in-depth financial analysis of the programs. While this implementation guide provides a general outline of how workflow and billing changes could shift costs from the county to the federal government, actual data was unavailable to provide a clear projection of costs.

There were also challenges in identifying which population would be diverted. It is encouraging that the county wants to divert anyone they can, there will need to be clear policies and procedures to identify which population would be diverted and the metrics for diversions. This will provide legal protections against bias suits or other challenges to the policies and procedures. Understanding the target population is a critical component to program planning. Wholesale

[26] 135 S. Ct. 1101 (2015).

planning of a diversion center is still possible without this data, but it would be useful for identifying what population would be diverted, and what service mix is appropriate for their needs.

Additionally, even though we have discussed the implications of the new federal administration, the future of the Affordable Care Act and other health care, public health, and criminal justice policies are unknown at this time. Federal decision making can impact funding levels and resources or have other unforeseen consequences or benefits. At this time no one is certain what the future health care policy landscape will look like.

Appendix A: Resources and Best Practices

As of December 2013, 298 pretrial diversion programs and 157 pre-plea or diversionary adult drug court programs existed nationwide. Diversion programs throughout the country vary widely in their methods, goals, services, and outcomes. Many best practices exist, COCHS has taken the liberty to suggest various programs for closer scrutiny in order to better create a seamlessly functioning program for Lake County.

The diversion programs listed fall into two basic categories, short term and long term. The short-term programs typically provide triage and detox services. The long-term models aim to divert individuals who have been arrested, they then follow up through their own program or through various community-based resources. The short and long term models are further delineated by other factors such as services provided, target populations, funding sources, program lengths, etc.

The two short-term programs listed below are the Westcare Triage Center and the Kansas City Assessment and Triage Center. These programs are the only 'four-walls' models listed and provide rapid services to those identified as needing assistance with a mental health emergency or substance use crisis. In contrast to the long-term models, these programs provide immediate detoxification and stabilization services and then connect individuals with various community resources for further care.

The remaining programs constitute the long-term models and have a shared goal of diverting individuals from jail after arrest. Once arrested, some programs allow police to determine the eligibility for a diversion program and some leave that to a team from the community or court monitors to determine eligibility for services. Programs can last a year or more depending on a multitude of factors and involve completing various tasks such as community service, repayment of fines or restitution, and involvement in programs such as anger management or Alcoholics Anonymous.

The long-term programs differ from the short term in the way they follow up with individuals, for the most part, these long-term programs assign some sort of case worker, probation officer or manager to an individual once they enter the program. The case worker becomes a one-stop shop for individuals seeking resources and guidance as they work towards completing their programs.

Program lengths and determinations of end dates, once again, are varied; one commonality is that upon completion of the program they enter, individuals will have the charges against them dropped and exit the program with a clean record.

Funding for these programs is just as diverse as the services offered with many varied sources as well as budgets. Many programs begin with grants or private donors and then transition to state or county funding once the program has been proven to reduce recidivism and rehabilitate their populations.

Both long term and short term models have been proven to reduce recidivism and with the aid of community based resources return individuals entering and completing their programs to a life outside the four walls of incarceration. Below is a table showing a cross section of best practices implementing varied methods of diversion across the country.

Program	Who is diverted	Commitment period	Funding (source)	Funding (amount)	
Law Enforcement Assisted Diversion (LEAD)	Individuals who commit low level drug and prostitution crimes	Varies	Various foundations, city of Seattle and King County	$950,000 per year	
SF Pretrial Diversion Project	First time misdemeanor offenders	Dependent upon program determined by court referral	A portion of Superior Court filing fees		
Operation de Novo Inc.	Case-by-case basis determined by court screeners	1 year	Hennepin County Community Corrections Department		
Multnomah County Mental Health Court	Offenders with bi-polar disorder, schizo-affective disorder, schizophrenia or major depression who have criminal charges pending, are new probationers, are	Minimum of one year	Oregon Addiction and Mental Health Services	$297,749.00 for 2015	

	being supervised by the mentally ill offender unit while on probation or are on unsupervised probation				
Bexar County Jail Diversion Model	Nonviolent offenders with mental health needs	Varies depending on program	Federal, state, and local support, Medicaid, Medicare, the University Health System, and CareLink		
Westcare Triage Center	People with mental health issue or drug addiction	2-5 days	Substance Abuse and Mental Health Services Administration, Nevada's Substance Abuse Prevention and Treatment Agency, Clark County, City of Las Vegas, the Veteran's Administration, Nevada Division of Mental Health and Developmental Services and over 20 other agencies.		
Kansas City Assessment and Triage Center (KC-ATC)	Persons experiencing a mental health or substance abuse	Up to 23 Hours	Ascension Health, City of Kansas City, Area Hospitals	Ascension Health: 2 Million annually for	

	crisis			10 years, City of Kansas City: 2.5 Million for renovations, Area Hospitals: 1 Million annually/2 years	
DuPage County Pre-Trial Diversion Program	First time non-violent offenders	One year	DuPage County general fund	To participate in the Program, participants must pay a non-refundable fee of $750. Plus, a $50 application fee.	
Winnebago County Deferred Prosecution Program	low-risk individuals who are between 17-26	Varies by program	Taxpayer funded through the jail tax		