

## Health Justice Learning Collaborative

### Background

The ACA provides an opportune time to strengthen existing partnerships between county jails and community behavioral health organizations (CBHO) in an effort to reduce recidivism, connect returning individuals to care, and improve the lives of justice-involved individuals suffering from mental health and substance use disorders.

County jails house millions of individuals suffering from mental health and substance use disorders. This has occurred as the result of a lack of health coverage, poor access to behavioral health care early on and in the county jails, and inconsistent treatment services in the community. Further, the transient nature of this population adds to the instability and chaos that characterize the lifestyle of justice-involved individuals.

Timely access to appropriate levels of behavioral health treatment is key to ensuring a smooth and successful transition back to the community. CBHOs provide a means through which individuals returning to their communities can receive necessary treatment services, care management, care coordination, and patient and family support. Additionally, CBHOs can serve an essential role in supporting jails achieve integrated systems of care.

### Goals and Objectives

With this in mind, the National Council for Behavioral Health has teamed up with the National Sheriff's Association to launch the Health Justice Learning Collaborative (HJLC). This exciting new initiative aims to build upon existing relationships between CBHOs and county jails to bolster pre-planning in jails prior to an individual's release, and enhance efforts within partnering CBHOs to increase access to care, retention in care, and staff productivity ultimately improving individuals' access to needed services within the community.

To achieve these goals, county jails and CBHOs will need to enhance their processes and procedures around the following areas:

- Medicaid eligibility determinations and enrollment;
- Discharge planning;
- Care coordination;
- Streamline documentation;
- Concurrent collaborative documentation ;
- Walk-in access models;
- No-show management; and
- Employee engagement and maximization of staff productivity.

In response to this, the National Council is pleased to work with MTM Services, LLC to provide customized training and technical assistance to county jails and CBHOs. The project will launch in September with an in-person meeting and will run through the end of May. Through this 9-month

initiative, participating agencies will receive monthly individual and group TA to implement a “Rapid Cycle Change” process.

County jails will work to accomplish the following goals:

1. Assess the current discharge procedures and care coordination processes to find areas of concern that must be addressed. Typical challenges to be addressed are:
  - a. Extensive Documentation Requirements/Data collection issues
  - b. Challenges with Support and/or Discharge Coordination Staff
  - c. Little Time for Discharge Planning; no warning of when individuals will leave.
2. Establishing a discharge/pre-planning procedure that supports care coordination upon reentry.
3. Streamline documents: reduce documentation requirements by focusing on the removal of repetitive data elements and change formats to reduce overall documentation time.

CBHOs will work to accomplish the following goals:

1. Establish the current client flow through the organization’s intake/access system to find areas of concern that must be addressed. Typical challenges to be addressed are:
  - a. Extensive Documentation Times/Data collection issues during the first call and/or assessment
  - b. Challenges with Support and/or Intake Coordination Staff
  - c. Treatment Plan Timing; what it takes to get a client into care within a workable timeframe
2. Establishing a Same Day Access model that best meets the needs of the organization by determining:
  - a. The appropriate clinical staffing needs of the organization based upon the expected client flow
  - b. Establish the days and hours of operation that will best serve the organization and the Individuals it serves
  - c. Confirm what kind of Assessment Team staffing will best serve the organization and the Individuals it serves
  - d. Establish the appropriate flow to assure that the client moves through the system without significant wait between Access activities
3. Create the capacity for Centralized Scheduling to allow for the appropriate management of the process.
4. Establish the appropriate follow up time targets for the treatment and/or medical appointments that will occur after the same day assessment.

### **National Council and Participant Contributions**

The National Council is committed to covering the costs for the in-person meeting as well as all consultant costs associated with the project. We expect organizations to cover their staff time associated with participation in the project, along with the following commitments:

- Implement an HJLC Team consisting of three to six persons from each participating county jail and CBHO that will provide adequate time, energy and enthusiasm to participate in the process.
- Agree to identify a project lead who will consistently attend all meetings and activities pertaining to the initiative.
- Give my participation in this initiative as a high priority on my calendar.
- Support the National Council in publishing the findings of the initiative.
- Share findings of the initiative at state conferences/meetings.