

## Ohio Correctional Health Program (Ohio Offender Project)

### Project Description

The Ohio Correctional Health Program (Ohio Offender Project) targets offenders who are eligible for Medicaid and preparing to be released from prison to re-entering society. Ohio currently has 26 state prisons, a medical facility and a pre-lease facility. Approximately 15,000 offenders are released each year from these facilities. The Ohio offender community total numbers are around 55,000. The project will begin with three all-female corrections facility, releasing between 150-200 offenders monthly. The project goal is to be statewide by 2017.

The primary focus of the project is to provide initial discharge planning/transition of care coordination for offenders who are determined to be at high risk of poor health as determined by their health care status while incarcerated. For this project, high risk is defined as an inmate determined to have any combination of two or more identified health conditions as reported to the offender's chosen health plan by the Ohio Dept. of Corrections (DRC). This criterion is as follows:

- Offender has an infectious disease such as HIV, Hep C, and/or
- Offender has a chronic condition(s) such as --SMI, addiction, diabetes, COPD, etc.

An offender with 2 or more conditions as described above will meet the criteria for participation. The offender will be asked to complete a release of information request in order for DCR to share personal health information with the receiving health plan. Health Plans will then be asked to outreach to the offender to begin development of a transition of care plan (ToC) that will support the offender as they prepare for their re-entry into society. In developing the ToC plan, health plans are required to take into account--and coordinate care with--existing transitional care programs available to re-entering offenders. For example, the Ohio Department of Health (ODH) operates a care management programs for re-entering offenders with HIV. The Ohio Department of Mental Health and Addiction Services (MHAS) operates a care management program for re-entering offenders needing addiction treatment/recovery services, and persons with SMI. Every county also has re-entry coalition and community linkages team who can potentially be included in the development of this transition of care plan.

### Project Partners

- 5 current Medicaid-participating managed care plans
- Ohio Department of Medicaid (ODM)
- Ohio Department of Rehabilitation and Corrections (DRC)
- Ohio Department of Mental Health and Addiction Services (MHAS)
- Ohio Department of Health (ODH)
- Ohio Reformatory for Women (ORW), MonDay Community Correctional Institution (MonDay CCI) and Northeast Ohio Community Alternative Program (NEOCAP)

The Project began on 9/22/2014, with 10 Offenders identified at ORW for release in January, 2015. Offenders were paired with a peer mentor, who assists offenders in making Medicaid application (if needed) and in reviewing health plan benefits and services to assist the offender to be released in making a health plan choice. Peer mentors are offenders with long term sentences who have been identified by prison officials for this peer mentorship role. An additional 77 offenders have been identified for inclusion in the program, also for a January 2015 release date. The project will be implemented in 2015 to the 3 Ohio correctional facilities housing women. It is yet to be determined by DRC if the program will expand in 2015 beyond the three facilities identified above. The goal is to be operational in all 26 correctional facilities during the 2016-2017 biennium.

### **Project Significance and Impact**

Of the 50,000+ Ohioans currently incarcerated in Ohio's corrections system, approximately 18,909 have at least one identifiable chronic condition. 1,000 offenders are over the age of 60 and approximately 5,000 have a chronic liver condition. In ORW, of the approximately 2,300 inmates, 1,100 are identified with psychological disorder. 500 of those offenders are identified with a severe mental illness (SMI). When these Ohioans return to society from offender status, they do so with a 14 day supply of medications (30 days with two, 30-day refills for persons with an SMI diagnosis), no identified PCP and little assistance in re-establishing their lives from a healthcare perspective. By developing transition of care plans, the health plan can ensure that these new members have access to needed care, medications and assistance with food/shelter/safety issues and access to community services that directly impact their ability to successfully re-enter and remain in society. This is a clear opportunity to positively impact a population of Ohioans previously left to their own devices upon release from a correctional facility. Ohio currently has a recidivism rate of approximately 26%. One goal of this program is to positively impact this rate and reduce the number of Ohioans returning to prison due to an inability to effectively manage chronic health or mental health conditions that contribute to the individual's potential incarceration.

The project is just underway. First services will not be delivered until December, 2014 and first dates of service to repatriated offenders will not begin until January, 2015. At this time, there are no measurable outcomes.

No additional funding is required for this project. Health plans are paid a capitation payment by ODM for each person who elects to enroll in the health plan. ODM expects participating health plans to manage the operational costs of this program utilizing administrative dollars already included in the health plan's capitation rate.

### **Additional Information and Project Contacts**

- For information about the Ohio Medicaid Managed Care program: <http://medicaid.ohio.gov/PROVIDERS/ManagedCare.aspx>
- For information regarding the Ohio Department of Rehabilitation & Corrections: <http://www.drc.ohio.gov/>
- Ohio Department of Mental Health & Addiction Services: <http://mha.ohio.gov/>
- Ohio Department of Health: <http://www.odh.ohio.gov/>
- UnitedHealthcare Community Plan: Jeff Corzine, MS Vice-President, Strategic Account Development [Jeffrey.corzine@uhc.com](mailto:Jeffrey.corzine@uhc.com) or Ph: 614-410-7952