

A G E N D A
Community Justice Council
Executive Committee

Meeting of:

Wednesday, July 17, 2013
12:15pm-1:45pm
MATC, Room M610
700 West State Street, Milwaukee, WI

SCHEDULED ITEMS:

I. Convene and Updates (*John Chisholm*)

II. Approval of the Minutes (*John Chisholm*)

III. CJC Coordinator Updates (*Kent Lovern, Nate Holton*)

CIT Update

Chief Deputy District Attorney Kent Lovern provided an update on the Crisis Intervention Team (CIT) Committee. A communications link has been set up between MPD and the DA's office. When a police officer sees a mental health-related arrest, they will notify the Milwaukee Police Officer who is cross-designated to work with the Behavioral Health Division. That officer will notify Kent directly about the arrest so that Kent can flag the incoming case and attempt to find an effective and efficient means of disposition that takes into consideration the mental health status of the arrestee. In addition to providing quality outcomes for the arrestees flagged, this link will provide useful information that will inform CIT's efforts at creating a more structured and institutionalized means of addressing people with mental health issues in the criminal justice system.

Juvenile Justice Update

Tom Wanta is interested in hosting a regular CJC Executive Committee in October or November at the Vel Phillips Juvenile Justice Center. At that meeting, Wanta will provide an update on the Juvenile Detention Alternatives Initiative (JDAI).

TAD Symposium

A link to the registration website is in the June meeting minutes and the symposium agenda is attached to the June meeting minutes.

EBDM

The various workgroups are currently working on creating violations matrices. When a defendant is involved in a program, such as the Drug Treatment Court, they are expected to follow certain rules and meet certain goals. When they fail to do this, they've committed a "violation." A violations matrix codes different kinds of violations by severity and provides a menu of program responses that are proportionate to the severity of the violation. The matrices are designed to provide consistency in treatment as well as the opportunity for data capture and outcome measurement.

Ch. 51 Legislation

At the June meeting, the Executive Committee was asked to take a position on potential legislation that would provide the power of someone besides law enforcement to conduct an emergency detention. The Coordinator provided anecdotal perspectives from mental health advocates on this issue.

IV. Update on RFP for Huber/DRC Facility (*Kit McNally*)

The group discussed the money that was placed into Milwaukee County's 2013 capital budget for planning a new DRC/Huber facility. There is a concern that the money will be re-purposed if the planning process does not begin soon.

V. September 9th Event featuring Joe McCannon (*Tom Reed*)

Joe McCannon is a decorated professional who assists systems that are attempting to go through collaborative change. The UWM School of Public Health and the CJC will be hosting an event featuring Mr. McCannon on September 9th. The focus will be on the intersection of public health and the criminal justice system. It was suggested that the mental health redesign effort be brought into this event as well.

VI. Presentation on the Affordable Care Act's Impact on the Criminal Justice System (*David Riemer, Senior Fellow, Public Policy Institute*)

David Riemer provided a presentation on the Affordable Care Act. Under the terms of the new law, many individuals who cycle through the criminal justice system will have access to healthcare for the first time. Their healthcare package includes treatment for AODA and mental health issues. The various agencies will follow up to see how they can position themselves in preparation for the implementation of the Affordable Care Act.

VII. Adjourn

Next Executive Committee Meeting

Wednesday, August 21, 2013

Location: Courthouse, Room 609

Time: 12:15pm-1:45pm

The Affordable Care Act

The Impact of the Affordable Care Act on Wisconsin's Health Care System

July 2013

David Riemer and Michael Bare
Community Advocates Public Policy Institute

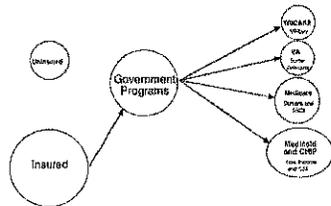


Overview

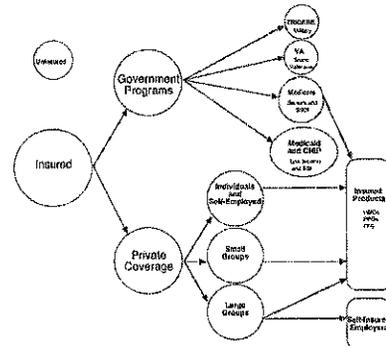
- **What the ACA Changes:**
 - Changes in *Who* Gets Insurance Coverage
 - Changes in *How* to Obtain Insurance
 - Changes to *What* Benefits Are Provided
- **Implications for Wisconsin**
 - Enrollment Mechanisms
 - Types of Insurance Coverage
 - Delivery Systems
 - Quality of Care
 - Cost and Inflation

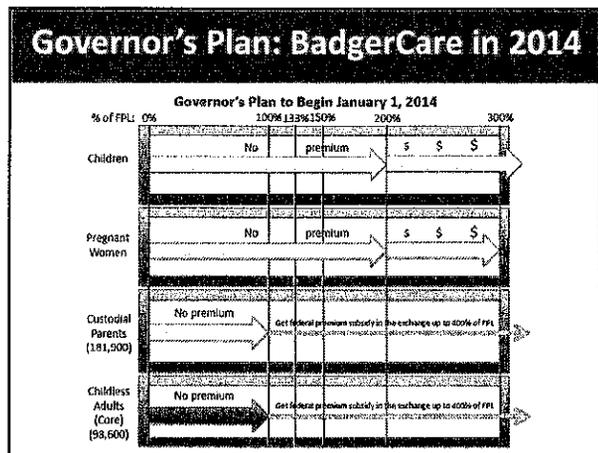
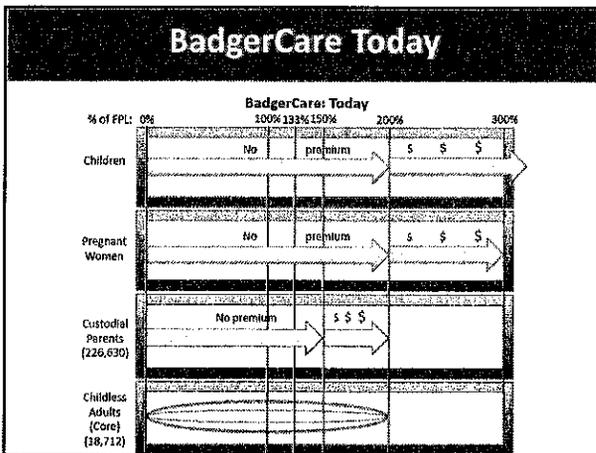
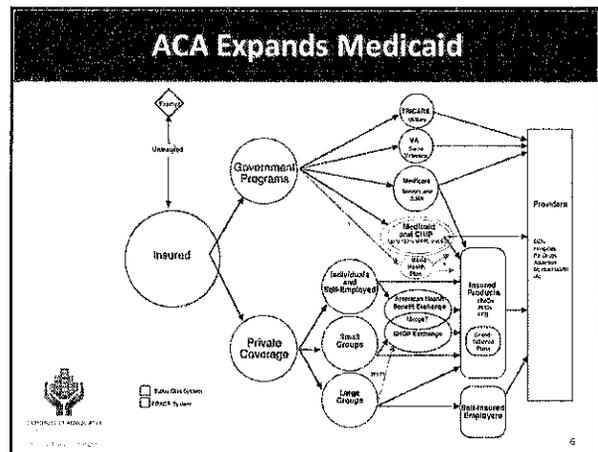
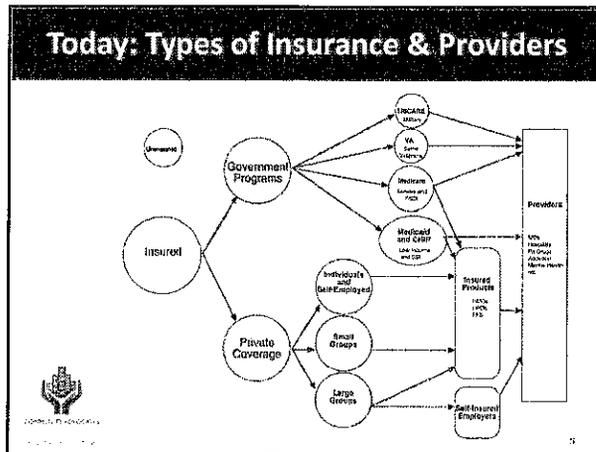


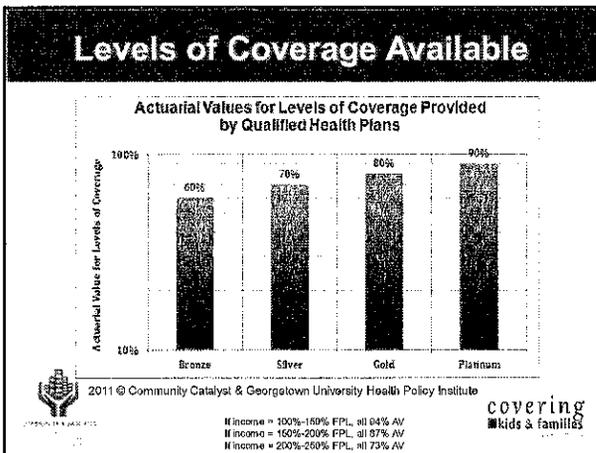
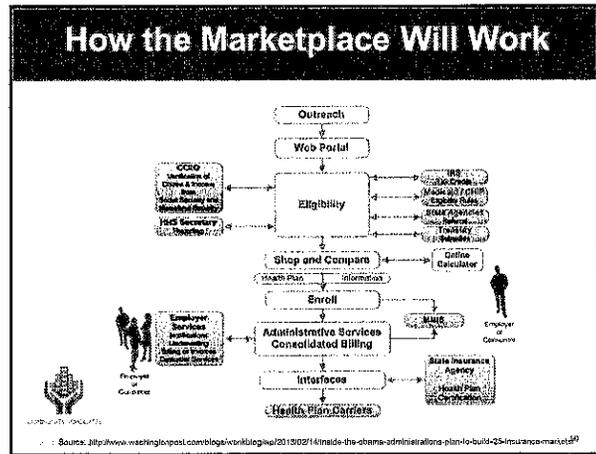
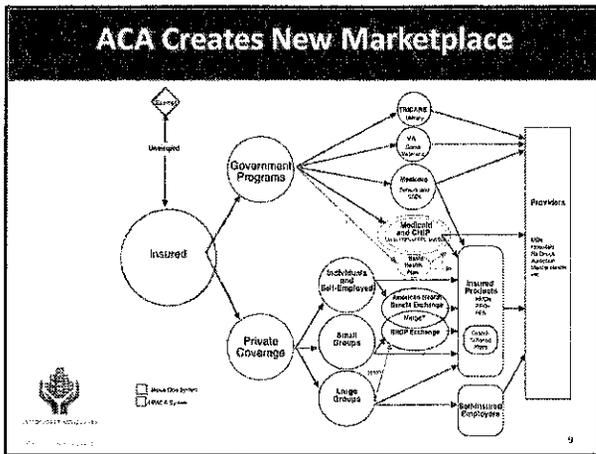
Today: Government Coverage Programs



Today: Private Insurance Coverage







Premiums Based on Income

- Individuals who use Marketplace to buy insurance must pay premiums = % of their income based on Federal Poverty Level

Up to 133% FPL	2% of income
133 - 150% FPL	3 - 4% of income
150 - 200% FPL	4 - 6.3% of income
200 - 250% FPL	6.3 - 8.05% of income
250 - 300% FPL	8.05 - 9.5% of income
350 - 400% FPL	9.5% of income

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Estimated Premiums for Individuals

ACA Estimated Premium Payments: Individuals: 2013

Percentage of poverty line	Annual income	Percentage of income towards premiums	Annual premium due
100 - 133%	\$11,490 - \$15,282	2%	\$228 - \$300
133 - 150%	\$15,282 - \$17,235	3 - 4%	\$456 - \$684
150 - 200%	\$17,235 - \$22,980	4 - 6.3%	\$684 - \$1,452
200 - 250%	\$22,980 - \$28,725	6.3 - 8.1%	\$1,452 - \$2,316
250 - 300%	\$28,725 - \$34,470	8.1 - 9.5%	\$2,316 - \$3,264
300 - 350%	\$34,470 - \$40,215	9.5%	\$3,264 - \$3,816
350 - 400%	\$40,215 - \$45,960	9.5%	\$3,816 - \$4,368



Angelle, January, "Making Health Care More Affordable: The New Premium and Cost-Sharing Assistance," Center on Budget and Policy Priorities. Updated April 3, 2013. <http://www.cbpp.org/sites/default/files/atoms/attachments/1199.pdf>
 (These amounts assume the coverage provisions in these bills were in effect in 2013. The 2014 FPL has not yet been calculated.)

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Estimated Premiums For a Family

ACA Estimated Premium Payments: Family of Four: 2013

Percentage of poverty line	Annual income	Percentage of income towards premiums	Annual premium due
100 - 133%	\$23,550 - \$31,322	2%	\$468 - \$684
133 - 150%	\$31,322 - \$35,325	3 - 4%	\$936 - \$1,416
150 - 200%	\$35,325 - \$47,100	4 - 6.3%	\$1,416 - \$2,964
200 - 250%	\$47,100 - \$58,875	6.3 - 8.1%	\$2,964 - \$4,740
250 - 300%	\$58,875 - \$70,650	8.1 - 9.5%	\$4,470 - \$6,708
300 - 350%	\$70,650 - \$82,425	9.5%	\$6,708 - \$7,824
350 - 400%	\$82,425 - \$94,200	9.5%	\$7,824 - \$8,940



Angelle, January, "Making Health Care More Affordable: The New Premium and Cost-Sharing Assistance," Center on Budget and Policy Priorities. Updated April 3, 2013. <http://www.cbpp.org/sites/default/files/atoms/attachments/1199.pdf>
 (These amounts assume the coverage provisions in these bills were in effect in 2013. The 2014 FPL has not yet been calculated.)

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Subsidies for Low-Income People

- People between 100-400% of the FPL will get subsidies if buying coverage in the Marketplace
- Subsidy = Cost of 2nd lowest Silver Plan **minus** Premium based on income/poverty



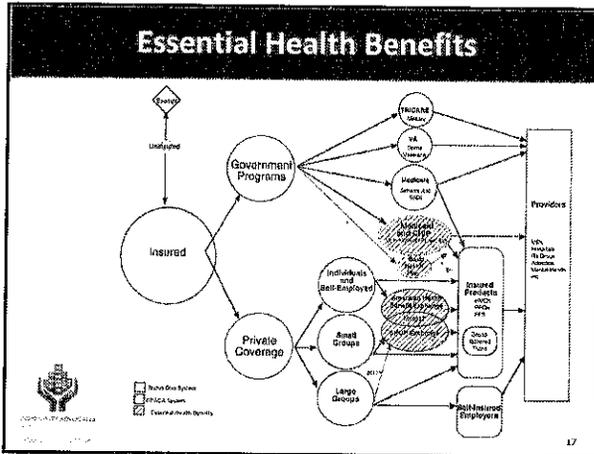
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Subsidies for Low-Income People

- Subsidies will be provided by U.S. Treasury, as federal tax credits...but paid directly to health plan
- Calculator for estimating subsidy:
<http://kff.org/interactive/subsidy-calculator/>



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Expanded Coverage Package

Essential Health Benefits Package:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

ACA Insurance Reforms

Several across-the-board reform of insurance system:

- Coverage of children to age 26 on parents' plans;
- Bans lifetime and annual limits on coverage;
- Ends rescissions of coverage;
- A process for appealing insurance company decisions; and
- Ban on discrimination because of pre-existing condition.

What Does it All Mean for WI ?

Large Number of Milwaukeeans To Obtain & Change Health Insurance

Populations Needing Enrollment Assistance

Individuals Transitioning Off Medicaid	~17,000
Uninsured	
Newly Eligible for Medicaid <100% FPL	~44,000
Other Uninsured ~85,000 >100% FPL	
100-300% FPL	~60,000
At Risk for Discontinuous Enrollment	
Pregnant Women <300% FPL	
Families 100 - 300% FPL	
Homeless / Transients / Mentally Ill	
Released from incarceration	
Population Eligible for Enrollment	~150,000*
Population Needing Enrollment Assistance	~100,000-120,000



MILWAUKEE HEALTH CARE
PARTNERSHIP

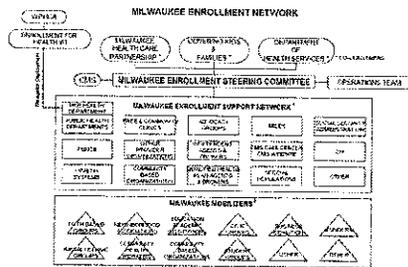
Enrollment Assistance

- Individuals applying for coverage and subsidies through the Marketplace can get help:
- **In person:** Navigators and Certified Application Counselors, community organizations, public health departments and Federally Qualified Health Centers will provide application assistance and referrals
- **By phone:** Through a national call center
- **Online:** Chat with a Marketplace representative when filling out an application



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Milwaukee Enrollment Network



MILWAUKEE HEALTH CARE
PARTNERSHIP

www.ckf.org

Training, fact sheets, blog, links and Wisconsin-specific resources

<http://www.ckfwi.org/affordablecareeachome.html>

The graphic titled 'The Affordable Care Act: Tools and Information' lists various resources available on the website, including:

- Training
- Fact Sheets
- Blog
- Links
- Wisconsin-specific resources
- Tools and Information



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www.healthcare.gov

Overview of ACA, timeline of changes, Marketplace information, glossary of terms, brochures, blog, FAQs, sign up for email updates



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Thank you!

Please feel free to contact us:

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