Health Home

Criminal Justice Tiger Team

CJ Acuity Score Sub-Committee

CJ Acuity Tiger Team Charges

PURPOSE:

To assess and determine acuity scores for individuals being released from jail and or prison, and to assess and determine acuity scores for the CJ population residing in the community who have been recently released in order to minimize recidivism

RESPONSIBILITIES:

1. Develop referral criteria for determining health home service eligibility which includes assessing potential members
2. Create a standardized set of Risk Categories to be utilized for assessment of the appropriateness of the referrals
3. Utilize acuity created for bottom up/ community referral process as the possible baseline for determining acuity for this population
4. Determining a base line acuity score
5. Integrate this information with the Consolidated workgroup and criminal Justice Workgroup

CJ Acuity Tiger Team Members

- **<u>Co-Chairs:</u>**
- Rosemary Cabrera (Community Healthcare Network)
- Robert Lebman (Huther Doyle Memorial Institute, HHUNY)

- **<u>Committee Members</u>**
- Don Kamin
- Karen Nelson
- Shari Suchoff
- Virgilina Gonzalez
- Michelle Colon
- Ellen Breslin

CJ HEALTH HOME REFERRALS

STEP 1- ASSESS ELIGIBLITY: Must meet eligibility for Health Home Services as described in the New York State Health Home State Plan Amendment (claims data should be used whenever available to verify medical and psychiatric diagnoses)

- Two chronic conditions (e.g., mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI over 25, or other chronic conditions, **OR**
- One qualifying chronic condition (HIV/AIDS) and the risk of developing another, **OR**
- One serious mental illness

STEP 2-ASSESS APPROPRIATENESS FOR HEALTH HOME AND CATEGORIZE

RISK/ACUITY. i.e high risk individuals with significant behavioral, medical or social risk factors which can be modified through care management services

IDENTIFIED CATEGORY RISKS

- ***There are two category risks under the Criminal Justice population***

CATEGORY Risk # 1:

- ✓ HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON

CATEGORY Risk # 2:

- ✓ HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN THE COMMUNITY

HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON

CATEGORY # 1:

Identified Risks:

Members at "Risk" are identified as being part of the higher risk bucket where as they are likely to use more inpatient services

- No Provider Connectivity out side of the CJ system i.e PCP, Specialty Providers, MH providers, etc
- Homelessness or no social/family support
- Non-adherence to treatments or medication(s)
- Repeated offenders
- Cognitive deficits or deficits in activities of daily living such as dressing, eating, etc

HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN THE COMMUNITY

CATEGORY Risk # 2:

Identified Risks:

Members at “Risk” are identified as being part of the higher risk bucket where as they are likely to use more inpatient services

- No Provider or inadequate Provider Connectivity i.e PCP, Specialty Providers, MH providers, etc
- Non-adherence to treatments or medication(s) or difficulty managing medical appointments
- Inappropriate ED use OR Repeated recent hospitalization for preventable conditions either medical or psychiatric
- High Risk individuals that meet the HH Criteria under The Department of Correction’s Community Supervision Unit
- Homelessness
- Repeated Offenders

Definitions of the categories and Risks

- At Risk: Members at "Risk" are identified as being part of the higher risk bucket where as they are likely to use more inpatient services. For the CJ population the term "At Risk" is used to Statistically validated factors that predict the probability of an offender committing assaultive and property crimes while on parole

- No Provider or inadequate Connectivity.: Members without a provider are those members that have no PCP or specialist linkage. Members with inadequate provider connectivity could be classified as those individuals that might have an identified PCP or specialist provider but because of a potential barrier, members lose connectivity i.e language barriers, location, poor care being received as perceived by the member

- Non-adherence to treatments or medication(s)or difficulty managing medical appointments : The most common definition of non-adherence refers to chronic under-use, i.e. patients use less medication than prescribed, or prematurely stop the therapy when the person have difficulties managing sppointments could be a secondary result of any of the other risks factors listed here

- Inappropriate ED use OR Repeated recent hospitalization for preventable conditions either medical or psychiatric. Unnecessary repeated use of the ER or hospitalization leading to higher MA cost

- Repeated offenders: A repeat offender is a person who has already been convicted for a crime, and who has been caught again for committing the crime and breaking the law for which he had been prosecuted earlier. The definition of the term and requirements related to a repeat offender vary depending upon the crime that is committed

- Cognitive deficits: is an inclusive term to describe any characteristic that acts as a barrier to the cognition process[1] The term may describe deficits in global intellectual performance, such as mental retardation, it may describe specific deficits in cognitive abilities (learning disorders, dyslexia)

- deficits in activities of daily living such as dressing, eating: Everyday routines generally involving functional mobility and personal care, such as bathing, dressing, toileting, and meal preparation. An inability to perform these renders one dependent on others, resulting in a self-care deficit

- High Risk individuals that meet the HH Criteria under The Department of Correction's Community Supervision Unit

- Homelessness or no social/family support: A homeless individual is defined in section 330(h)(4)(A) as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation

CJ Population Baseline Acuity Score

- Acuity should be assigned based on the eligibility criteria and the additional risk factors. Baseline acuity for both categories of the Criminal Justice Population is 9 points, each additional risk factor equates to one or more points of additional acuity (specified on the next slides), additively.

HEALTH HOME ACUITY SCORES FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON

CATEGORY Risk # 1:

<u>Identified Risks and Assigned Acuity Scores:</u>

- No Provider Connectivity out side of the CJ system= 1 additional point of acuity
- Homelessness or no social/family support=2 additional points of acuity
- Non-adherence to treatments or medication(s) 2 additional points of acuity
- Repeated offenders= 2 additional points of acuity
- Cognitive deficits = 2additional points of acuity
- Individuals with deficits in activities of daily living such as dressing, eating, lack of mobility etc = 1additional points of acuity

- **Maximum total acuity score for the highest needs individual meeting all risk categories under this bucket and meeting all acuity points is 19**

HEALTH HOME ACUITY SCORES FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN THE COMMUNITY

CATEGORY Risk # 2:

<u>Identified Risks and Assigned Acuity Scores:</u>

- No Provider or inadequate Provider Connectivity= 1 additional point of acuity
- Non-adherence to treatments or medication(s) or difficulty managing medical appointments = 2 additional point of acuity
- Recent Inappropriate ED use OR Repeated recent hospitalization for preventable conditions either medical or psychiatric=2 additional points of acuity
- High Risk individuals that meet the HH Criteria under The Department of Correction's Community Supervision Unit= 1 additional point of acuity
- Homelessness= 2 additional points of acuity
- Repeated Offenders= 2 additional points of acuity

- **Maximum total acuity score for the highest needs individual meeting all risk categories under this bucket and meeting all acuity points is 19**