



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

- **Co-Chairs:**

- Rosemary Cabrera (Community Healthcare Network)
- Robert Lebman (Huther Doyle Memorial Institute, HHUNY)

- **Committee Members**

- Don Kamin
- Karen Nelson
- Shari Suchoff
- Virgilina Gonzalez
- Michelle Colon
- Ellen Breslin

CRIMINAL JUSTICE FUN FACTS

According to a Vera Study
IN FISCAL YEAR 2010

- The New York Department of Correctional Services (DOCS) had \$2.7 billion in prison expenditures.
- The total cost of New York's prisons—to incarcerate an average daily population of 59,237—was therefore almost \$3.6 billion, of which 22.8 percent were costs outside the corrections budget.
- The cost of incarcerating an individual in state prison in NY at \$60,152 per year. The cost to house a prisoner in the MC jail is \$31,025 per year (probably similar across the state)
- www.vera.org/priceofprisons.

RECIDIVISM RATES

DCJS Presentation provided to Alternatives – to- Incarceration (ATI) community (4/13)

- **Even If Programs Are Effective for All, Prioritizing**
- **High Risk Will “Buy” More Public Safety**
- If we are seeking to reduce recidivism by 10% for 1,000
- offenders released from prison, we “buy” the most public
- safety if we target high risk offenders:
- **1,000 High Risk:** 69% - 6.9% = **62% Recidivism**
- 69 recidivists avoided, 179 events avoided
- (High Risk Recidivists: 2.6 reconvictions/recidivist)
- **1,000 Moderate Risk:** 43% - 4.3% = **39% Recidivism**
- 43 recidivists avoided, 77 events avoided
- (Moderate Risk Recidivists: 1.8 reconvictions/recidivist)
- **1,000 Low Risk:** 17% - 1.7% = **15% Recidivism**
- 17 recidivists avoided, 25 events avoided
- (Low Risk Recidivists: 1.5 reconvictions/recidivist)
- The greatest risk of Recidivism occurs in the first 6 months post discharge (monroecounty.gov)

CJ HEALTH HOME REFERRALS

- **STEP 1- ASSESS ELIGIBILITY:** 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
 - (HIV/AIDS) 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 CATEGORIES/BUCKETS

Original Proposal:

Two Risk Categories/Buckets

Category # 1:

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

Category # 2:

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

New Proposal

One Risk Category/Bucket

- HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON THAT ARE BEING TRANSITIONED INTO THE COMMUNITY OR HAVE BEEN TRANSITIONED IN THE PAST 120 DAYS

CJ Population Baseline Proposed Acuity/Rate Structure

Acuity Based Proposal

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

Flat Risk Rate Structure

- Currently we are proposing a flat rate structure based on High, Medium, and Low Risk Factors and Needs
- The proposed rate structure is being created based on a formula that consist of case load size, estimated touches per member per month, and average statewide PMPM rate

Current HH and CJ Models

Current HH Model

- **Staffing:** CM and Peer or Navigator
- **Caseload:** 50-65
- **Average HH payment:** \$184 outside of Legacy rates
*Statewide is \$209
- **Hours per member per month:** 3 hours

Current Criminal Justice Model

- **Staffing:** CM
- **Caseload:** 20-25
- **Average HH payment:** grant based
- **Hours per member per month:** 12 hours

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

New Proposal

- **One Risk Category/Bucket**

- HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON THAT ARE BEING TRANSITIONED INTO THE COMMUNITY OR HAVE BEEN TRANSITIONED IN THE PAST 120 DAYS

Recommended Rate Structure

- **HIGH RISK**
 - Caseload: 15
 - Hours per month spent on each member: 9
 - New Proposed payment based on risk:
 - Rate applies: first 6 months of transition or a whole year
- **MEDIUM RISK**
 - Caseload: up to 23
 - Hours per month spent on each member: 6
 - New Proposed payment based on risk:
 - Rate applies: after the first 6 months or a year
- **LOW RISK**
 - Caseload: up to 45
 - Hours per month spent on each member: 3
 - New Proposed payment based on risk:
 - Rate applies: after the first year or two

Definitions of the Categories and Risks

- **At Risk:** Members at “Risk” are identified as a population at higher risk of hospitalization, nursing home admission or death. For the CJ population the term, “At Risk”, is used based on 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 appointments could be a secondary result of any of the other risks factors listed here
- **Recent or repeated recent hospitalization (within a specific time frame)** for preventable conditions either medical or psychiatric. Unnecessary repeated use of the ER or hospitalization leads to higher MA cost

Definitions of the Categories and Risks

- **Repeat offenders:** A repeat offender is a person who has already been convicted for a crime, and who has been caught again for committing the same 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:** This 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

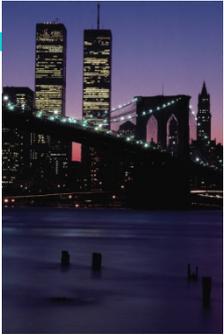
CJ Tiger Team Recommendations



Transitioning from Prison/Jail into the community

- Individuals need to have MA at least 30 days prior to discharge
- Allocation of funding through a different grant should be done to pay the leads for the initial transitional work that will be done
- Transportation services for the leads to transport these clients from point A to point B initially should be part of this process
- Referral to the leads should be done 30 days prior to discharge
- Staff Access to the Jails and Prisons needs to be arranged
- Acceptance of high acuity initially but gradually as needs are met an MA data exist this should be adjusted
- Have discharge planners and or HH staff use an assessment that assist to identify risks such as the COMPAS tool.
- Recommendation that a referral form can be created that can estimate what category the individuals will fall under

CJ Tiger Team Recommendations



CJ individuals recently released and already living in the community (these Individuals may not have enough MA data)

- Need to develop a process to work with Department of Corrections/Parole/Probation in identifying these individuals and linking them to the HH program