

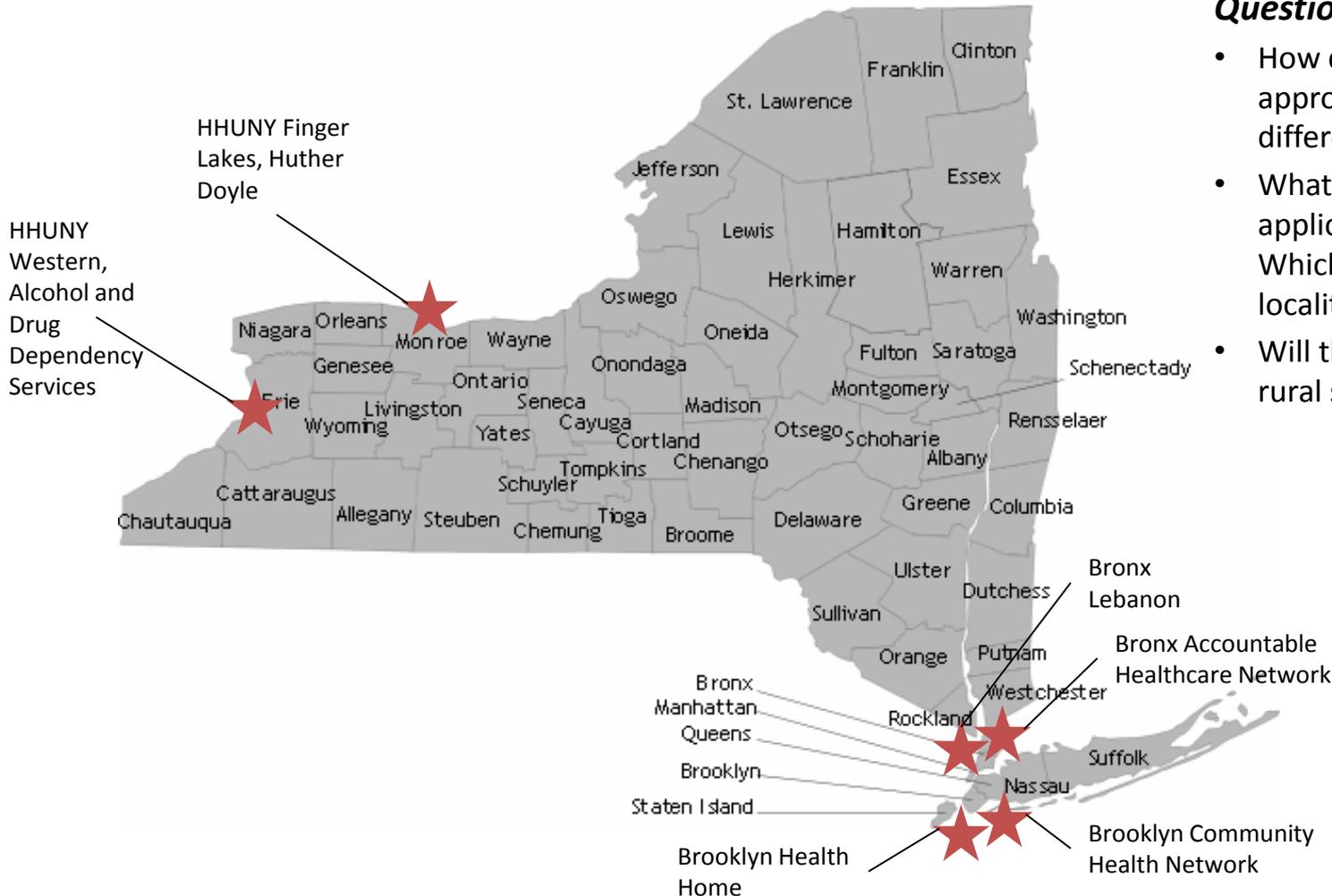
## Criminal Justice Health Home Demonstration Site Quick Comparison --

*Based on survey responses from Feb 2013 and Nov 2013*

### November 26, 2013

- Region and Setting
- Site Goals
- Provider mix
- Experience with this provider mix and the criminal justice system
- Criminal Justice Outreach Strategy

The location of criminal justice health home sites at first glance provide a simple basis for comparison across pairs of sites and across key regions.



### Questions to consider:

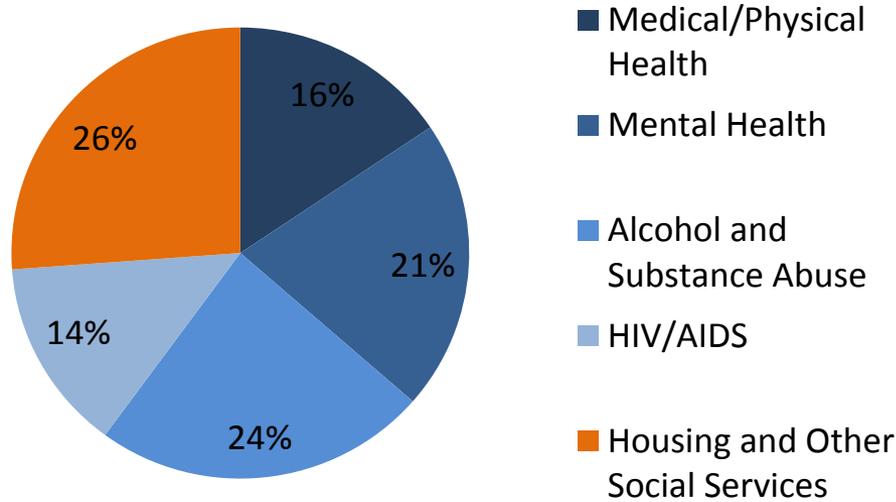
- How different or similar are the approaches taken by the different pilot sites?
- What best practices may be applicable across the state? Which are specific to locality/locality type?
- Will these CJHH models work in rural settings?

As the demonstration has progressed, the sites are implementing strategies that touch upon all identified goals, but do reflect unique nuances and priorities.

	Bronx Lebanon	Bronx Accountable Healthcare Network	Maimonides Brooklyn Health Home	Brooklyn Community Healthcare Network	HHUNY Finger Lakes Huther Doyle Memorial	HHUNY Western Alcohol & Drug Dependency Services
Improve care and outcomes	✓	✓	✓	✓	✓	✓
Integrated care delivery across both medical and social service providers	✓	✓	✓	✓	✓	✓
Effective communication through use of health information technology	✓	✓	✓	✓	✓	✓
Engage patients, improve health literacy and meet patient preference	✓	✓	✓	✓	✓	✓
Provide care with cultural sensitivity	✓	✓	✓	✓	✓	✓
Reduce avoidable/ preventable treatment and expenditure	✓	✓	✓	✓	✓	✓
Patient and caregiver satisfaction			✓		✓	✓
Improve preventive care	✓				✓	✓
Key Words	<ul style="list-style-type: none"> <li>• Education</li> <li>• Understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Culturally-Sensitive</li> <li>• Comprehensive</li> <li>• Advocacy</li> <li>• Educate</li> </ul>	<ul style="list-style-type: none"> <li>• Measurable</li> <li>• Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>• Measures</li> <li>• Communication</li> </ul>	<ul style="list-style-type: none"> <li>• Relationships</li> <li>• Information</li> </ul>	<ul style="list-style-type: none"> <li>• Support Providers</li> </ul>

**Criminal Justice Health Home demonstration sites generally share a similar service mix.**

**Average Service Mix**



- Three sites reported that 25% or greater of their services are housing and other social service
  - Maimonides Brooklyn Health Home and HHUNY Finger Lakes

**All Criminal Justice Health Home demonstration sites report working with the criminal justice population prior to the demonstration. Some sites expanded their service networks to better serve this population in light of the demonstration project.**

- Areas where gaps were bridged were housing, employment services, peer mentoring/supports and spiritual/holistic services
  - Two sites engaged new service providers
  - Providers needed to have experience with the criminal justice population

**Each site is working with criminal justice partners to identify and engage formerly incarcerated patients.**

Sites are communicating with the criminal justice health home system through a mix of informal and formal partnerships

- Sites in NYC are working with Transitional Health Services at Rikers
- Multiple sites are working with Division of Parole to identify candidates
- Some sites are working with drug and mental health courts
- One site has their County Sheriff and County DA serving on the board of the lead CJHH agency, creating buy-in and collaboration
- Two sites noted leveraging relationships that already existed between the community-based agencies in their network and the criminal justice system

## **Education strategies are increasingly being highlighted.**

- **Education for Clients**
  - Several sites highlighted providing health education services to clients and their families to understand and manage their health issues
  - Educating patients about the role of ambulatory care, thereby increasing patients' motivation to engage in ambulatory care in order to increase access to early intervention
- **Education for Providers**
  - HHUNY Finger Lakes is providing bi-weekly webinars to support providers in a person-centered, recovery-focused care management practice. Supplemented by Learning Collaboratives organized by the Western Region Behavioral Health Organization
- **Education for Criminal Justice Partners**
  - Including downstream service providers in policy planning
  - Provider and staff tours so as to understand operations and values

## The biggest challenges are with regard to Medicaid, housing linkage, access to clients prior to release, and drop-off coordination

- Medicaid benefits being in place
  - Lifting suspensions from people released from jail
  - Signing up for Medicaid so that benefits are available on day 1
- Housing linkage
  - Location
  - Low availability of Housing options
- Access prior to release for client engagement
  - Depends on relationships with facility, resources
- Drop-off misses
  - Transportation and drop-off coordination is important
- Other issues
  - Funding for staff
  - Client negative attitudes toward services
  - Need for more training on workflow, client engagement (e.g. motivational interviewing) and identifying subgroups of clients, etc.

### *Questions to consider:*

- What can the state do to address some of these challenges?
- Have some sites been able to address these challenges and have specific insights to share?

**It is important to engage people in the criminal justice system – clients as well as criminal justice professionals – early on with the right staff and services in place.**

- Engagement with care coordination must begin prior to release from jail with clients as well as with criminal justice system coordinators
  - Important to know the release process from each facility that is being worked with
- Health home staff and criminal justice system staff have different languages and cultures
  - The CJS staff are very much focused on community safety and reducing recidivism
  - HH staff are focused on supporting and treating patients
- Not all Care Managers can work with the population, need to identify staff that have certain skill set
- Beneficial to hold ongoing case management meetings
  - Providing direct line staff the ability to present case, develop service plan, and see the implementation and conclusion of the aforementioned
- Transportation services need to be in place so that drop-off times coincide with clinic hours and appointments

# DISCUSSION