

Prison population

Objectives	Existing Practices	Barriers	Opportunities	Considerations	Recommendations/Action Steps	Stakeholder Responsible <i>(HH, Parole, Jail, hospital, Government or not for profit provider)</i>	Timeframe
CJ staff communications with care managers & providers				Frequently in different areas of the state, making communication difficult	Use Re-entry Task Forces	Government	ASAP
Policies/Procedures regarding cross systems information sharing				Federal and state regulations	Any existing need to be reviewed; if none, they need to be developed	HH, Government, providers	Immediate
Co-location of staff in prisons					Identify barriers, if any	Government	ASAP
Screening during transition/re-entry				Training	Pilot in some facilities	Health Homes, n-f-p, government	Next 4 months
Post-release tracking				Staffing requirements/cost	pilot	HH	ongoing
Medicaid: Ensuring adequate reimbursement/billing for services provided in prison for pre-outreach and engagement (e.g. co-location, liaison, etc.)				Laws/rules for allowable billing, existing practices			

Working with community planning (LGUs) to ensure that all conditions are cohesively and comprehensively addressed – care management not siloed (HH offers right fit for individual)							
Single point of accountability							
Identify agreements (DEAA, HIPAA, HIV disclosure release, etc.) – standard forms and legal releases regarding data (aggregate and individual data sharing) to ease administration					Comprehensive Medical Review – summarizes the medical condition (those are completed and sent for referrals) – agreement to share enables data matching		Start gathering list now

Local Jail population

Objectives	Existing Practices	Barriers	Opportunities	Considerations for Uptake	Recommendations/Action Steps	Stakeholder Responsible <i>(HH, Parole, Jail, hospital, Government or not for profit provider)</i>	Timeframe
CJ staff communications with care managers & providers				Staff availability / funding	In-county meetings between HH and jail personnel	HH & jail	At onset
Policies/Procedures regarding cross systems information sharing				Regulations	Meetings to establish procedures that comply with law	Jail, HH. Providers	At onset
Co-location of staff in jails				Staff availability	Meet	Jail, HH, providers	As staff is identified

Screening during transition/re-entry				Training	Providers offer training to jail staff	Providers, jail	Ongoing
Post-release tracking				Cost/funding	Discuss with DOH	Government, providers	During implementation
Medicaid: Ensuring adequate reimbursement/billing for services provided in prison for pre-outreach and engagement (e.g. co-location, liaison, etc.)							
Medicaid: Lifting suspension from jail				Notification			
Working with community planning (LGUs) to ensure that all conditions are cohesively and comprehensively addressed – care management not siloed (HH offers right fit for individual)							
Single point of accountability							
Community resources to provide alternatives to incarceration / sentencing as well as residential treatment / transitional housing / treatment for those with MH and chronic care needs (esp. non-HIV)				Cost/ funding; programs that exclusions population	Discuss with DOH	Government, providers	During implementation
Identify agreements (DEAA, HIPAA, HIV disclosure release, etc.) – standard forms and legal releases regarding data (aggregate and individual data sharing) to ease administration					Comprehensive Medical Review – summarizes the medical condition (those are completed and sent for referrals) – agreement to share enables data matching		Start gathering list now

Community Corrections/Courts /Diversion

Objectives	Existing Practices	Barriers	Opportunities	Considerations for Uptake	Recommendations/Action Steps	Stakeholder Responsible <i>(HH, Parole, Jail, hospital, Government or not for profit provider)</i>	Timeframe
<p>Increase Identification of Health Home eligible probationers who would benefit from Care Coordination in the Brooklyn reporting site of NYC Probation.</p>	<p>Currently, no formal identification of chronic issues, data sharing with HHs or practical linkage process</p>	<p>Change in Practice for Probation and commitment by Coordinated Behavioral Care (CBC) Health Homes</p>	<p>1.Probation will use CBC one page form to screen for chronic issues at intake and refer possible eligibles to on-site CC. 2. Data matching DOP clients and CBC HH lists 3. Probation gain access to SDOH HCS Health Home Portal</p>	<p>1.Training on pilot including practice and protocols as well as the forms developed 2. DEAA Business Agreement required 3. SDOH approval required for access</p>	<p>1. Training to occur in 11/13. 2. Business agreement required 3.DEAA HCS Application submitted and approved by SDOH</p>	<p>1.NYC DOP, CBC and NYC DOHMH 2. NYC DOP and CBC 3. NYC DOP</p>	<p>1.All training completed by the end of this year 2. Agreement executed 3. Awaiting access</p>
<p>Increase Enrollment of Probationers flagging as possibly eligible for Health Home</p>	<p>Currently no enrollment process in place</p>	<p>No formal structure to do so at present time</p>	<p>Under this pilot, 6 CBC HH CBO's providing CC have agreed to identify several of their CC's to be located in DOP offices at certain times Coordination presence @ Brooklyn reporting sites to check WMS, HCS Portal for purpose of engaging or enrolling. Real time check on Medicaid/Health Home status and eligibility as well as enrollment</p>	<p>In January – all enrollments will be through Health Exchange. How will DOP position to do so? CAC counselors?</p>	<p>DOP/CBC /DOHMH are working to launch this by the end of the CY.</p>	<p>All three</p>	<p>End of CY</p>

Improve working relationship and information sharing between Care Coordination and Probation officer	Nothing currently exists	Implementation of pilot	Increase knowledge and improve working relationships between DOP and HH CCs.		1. Training of all Brooklyn POs and selected Care Coordinators. 2. Development of protocols and forms to enhance communication	1.DOP, CBC and DOHMH 2.DOP, CBC and DOHMH	1.All training are scheduled for Nov/Dec 2013 2.Forms have been developed
Measure the impact of this pilot	Currently no data sharing between DOHMH and DOP to allow for surveillance of Healthcare outcomes	Legal issues	MOU between DOHMH and DOP to allow for tracking of outcome measures.	Legal and use issues	DOHMH and DOP are discussing a data sharing agreement	DOHMH and DOP	End of CY 13.
Bring pilot to scale citywide	N/A	DOP commitment, HH commitment and all agreements must be place	Improve identification and connections to HH citywide	TBD	TBD	TBD	TBD
Long term tracking of Health and CJ outcomes for individuals on probation.	Currently no data sharing between DOHMH and DOP to allow for surveillance of Healthcare outcomes	Legal issues	MOU between DOHMH and DOP to allow for tracking of outcome measures.	Legal and use issues	DOHMH and DOP are discussing a data sharing agreement	DOHMH and DOP	TBD
Increase identification of health home eligible participants in drug court who would benefit care coordination	Have nurse perform health assessment/referral	Population already enrolled in other health home; unwillingness of identified individuals to accept care coordination				EAC TASC, Bronx Treatment Court, Bronx-Lebanon Health Home; Expanding to Queens Treatment Court	Begun enrolling

Unified criminal justice and health care coordination for individuals in treatment court		Trusted entity with knowledge of both health and criminal justice system's needs/ mandates to coordinate care				EAC TASC, Bronx Treatment Court	Begun enrolling
Intercept mapping to identify points in the courts/corrections system at which there is the opportunity to assess someone's physical and behavioral health and identify potential criminal justice health home eligible people early				<ul style="list-style-type: none"> - Who is responsible for this screening/identification? - What tool would house this information? How would it be shared? - How long after someone has been out of the system may they still be eligible for the health home? - HH as part of a diversion plan for someone who has recidivated? 		HH, parole, courts (what officers?), non profit (?)	