

Minutes from the April 22, 2013 Criminal Justice and Health Home Meeting

Recap and Update

Greg Allen from SDOH OHIP provided an overview of the history of the group and previous work done in this group addressing community release from the criminal justice system with smooth transition in Health Homes. Work has done identifying issues, pre-release, post-release and health homes issues. Our goals are to assist this transition and ensure mental health and substance use disorders and other health issues are addressed and to prevent recidivism and inappropriate use of emergency rooms. This mutual interest has led to the initiation of pilots addressing these issues. Greg also provided an overview of the status of the health homes. There was a proposed \$15 million health home infrastructure grant in the 2013-2014 Budget. Because of a crisis in the budget over Medicaid and developmental disabilities, the State Department of Health was able to get statutory language to put the grants out once the State Department of Health can find the funds. Greg said that he is hoping that the state Department of Health can free up resources, within the global cap, to make the infrastructure resources available by sometime this summer. The \$15 million should be in the 2014-2015 budget. The goal of the grants is to retro actively reimburse for at least part of the existing and startup costs that institutions have already advanced to do this work. One of the ideas for the pilots was to award points to the projects that are already working with the CJ population.

Health Home and CJ Connectivity

There has been work to use NYSID and the Medicaid CIN to facilitate connectivity between DOH data and criminal justice. The next step to be taken on this work is to identify the technological pieces to bring them together. This is a challenge of bringing together two different databases and then developing outcome measures. There was discussion about what information the NYSID would allow access to. For example, could it be used to pull up a rap sheet? What information can be offered after consent? What information pre-consent? What are the range of options for health homes that they can do pre-consent and post- consent. What is the ideal time for the care management team to do its best work? The NYSID may also help with outcome studies. Currently health homes can collect NYSID because it can be reported by the member themselves. The goal is to try to get a system to ensure a connection with the NYSID.

Health Home consent forms

These forms will allow the lead Health Homes to talk to downstream partners about a member and to connect to the health information exchanges of their local RHIOs for available information. The question was raised if there needed to be consent to obtain the NYSID number included in this consent. There were legal concerns and discussions about how to include this information to ensure that people can get connected by developing a general health home consent and providing an option to allow that general consent to provide access to NYSID. The state Department of Health will set up a discussion of relevant state agency lawyers to address emerging consent issues. Lyn Hohmann from SDOH, Jacqui Greene from DCJS and Alexandra Diaz from the Governor's office will talk in more depth about the technological issues-- especially those that pertain to metrics and enrollment.

Health homes and managed care organization

Lyn Hohmann provided an overview on this work. It is looking at how to assign a patient acuity level for a patient who has no previous history. Many members coming into the system have available clinical claims history – they are coming in from another managed care organization, for example. For persons coming out of jail or prison, there is little or no Medicaid information on which to build an acuity score. Generally in these cases, an average acuity score is assigned, but it is likely this group of people will actually be very high acuity. There is now a “tiger team” subgroup and they are working already to develop a baseline that depends on the level of need to build the acuity score that can get adjusted as it makes sense. This involves Health Homes upstate with Bob Lebman and downstate through Rosemary Cabrera.

OPCA-MH Project

There was a presentation by Bob Maccarone from the Office of Probation and Correctional Alternatives of the Division of Criminal Justice Services about a federally funded proposal to address the intersection of criminal justice and mental health in upstate counties. This has the potential to identify persons who need Health Home services, but who were diverted from the jail or prison system and might not otherwise be identified.

Operational Issues—Next Steps

Operational issues Greg led the group through overview of the criminal justice health home operational issues chart. This chart was developed at the beginning of the workgroup process and included issues that were identified by a numerous stakeholders in criminal justice health and social services mental health and addiction as well as a health homes.

Since the development of the chart, there are a number of issues that are being addressed through the broader Health Home initiative and we have recognized the challenge of identifying what issues are specific to the criminal justice pilot. To better address this, there will be an Operations subcommittee chaired by Bob Lebman from Huther Doyle and Pam Mattel from BAHN (Bronx Lebanon) identify the pilot specific operational issues and recommend strategies for addressing them.