

**Health Home Criminal Justice Workgroup**

**August 25, 2016**

Welcome and Introductions

Chairs: Greg Allen and Tracie Gardner

Update on Waiver for Coverage of Transitional Services

- Greg announced that the department is in the process of developing a waiver to allow for the coverage of services to incarcerated individuals within the 30 days prior to discharge from criminal justice facilities. The categories of services include Health Home services, medical and behavioral health consultations, and certain pharmaceuticals. The details of these services still need to be worked out. At the next meeting, the department will present additional details on the workflow and operationalization of the permissible services for the waiver (i.e. care management, medications, clinical services). The waiver request will be submitted by the end of September. The committee will be notified when the waiver is officially submitted.

Update on Funding for HHCJ Pilots

- Greg also announced the release of \$2.5M for program development by the Criminal Justice Pilots and stated that the DOH is looking to see what additional resources can be made available to the Health Homes. The Health Homes will receive further information on this funding. The DOH would like the pilots to provide a progress report at the next meeting. Re-entry was emphasized again as a top priority.
- Greg explained how the waiver application is both related and separate from the above funding for the pilots.

Health Home Pilot Updates:

BAHN presented by Antonette Mentor

- BAHN has been working closely with Rikers Island and connecting with the incarcerated individuals there.
- They currently have a data exchange system with the NYC DOHMH.
- They are providing technical guidance to improve CMA's work with this population and also stated plans to contract with CMAs who have a criminal justice expertise soon.
- Some challenges expressed were that pre-release work is very important, but also unfunded and is not sustainable without resources. Labor costs make it expensive to get staff to Rikers, but they are utilizing and sharing resources with those who do. More resources for research is needed. MCOs should also be providing data on their members, but they haven't been yet.

Brooklyn Health Home presented by Hannah Loeffert

- Brooklyn HH is doing daily data matches, however funding is needed to sustain the effort.



- Training for the care management network was absolutely needed. They utilized a free curriculum from the CUCS Academy for Justice Involved in Harlem to provide training of best practices to their CMAs. However, more funding for training is needed.
- They have a full-time person to help relay information.
- Trish mentioned the importance of understanding the difference between an individual who is *detained vs. incarcerated* when we talk about the number of people in need of assistance.
- There are many challenges to obtain consent for the CMAs. They have a partnership with Correctional Health Services where they do have consent for a “care team member.” The social work team at Rikers is also essential for obtaining consent to services.
- More analytical support is needed to evaluate readmissions before and after Brooklyn Health Home’s involvement, but anecdotally it looks like the rate of recidivism is going down.
- Other strongly emphasized concerns involved the need for trauma informed care and high caseloads.
- Brooklyn Health Home will usually know within a day if readmission, court dates, etc. are occurring.

#### Bronx Lebanon Health Home presented by Dr. Isaac Dapkins

- Bronx Lebanon has experienced many challenges with retaining members in engagement.
- They have a longstanding relationship with Rikers Island.
- Caseload is about 30-40 people per case manager. Currently they have 15 engaged individuals and 10 new enrollees.
- Engaging in “care” is still problematic. Many of the individuals who become discharged have high substance abuse issues and will overdose. These clients require intensive care in facilitating and managing their prescriptions. The Bronx has the highest rates of overdose in NYS. They are finding that there is a lack of ability for individuals with SUD and/or Mental Health problems to get back into care. So this population continues to be challenging.
- The Governor’s Opioids Initiative doesn’t seem to be gaining any traction. Medicaid eligibility is critical for individuals with opioid addiction.
- There is a need for funding for curriculums.
- Medicaid pending letters may be helpful with engaging individuals who are in an outpatient substance abuse treatment facility.

#### Huther Doyle presented by Paula Randall

- Huther Doyle is experiencing challenges with being physically present in the jail at all times. They had a full-time staff member who was physically embedded in the jail and had his own office, which facilitated connectivity. This individual is no longer in the jail, but he has maintained some early members on his caseload. This practice demonstrated that there had to be a connection prior to release. A client can be lost within minutes of release if there is no warm handoff.
- An average caseload for care managers is 45-50 individuals.
- Some challenges expressed involved a shortage of mental health providers in Monroe County and the expensive cost of pharmaceuticals such as Vivitrol, which remains a challenge to



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effective treatment. Also, Huther Doyle has experienced challenges with broadening the scope of treatment beyond SUD.

#### Next Steps/ Discussion

- The DOH will provide an update on the elements of the waiver amendment.
- The DOH will also provide an update on the funding for connectivity.
- Our state agency partners at AI, DOCCS and OMH will also be encouraged to provide updates on the work they've been doing with criminal justice involved populations.
- Any questions and/or comments and suggestions should be sent to Tracie Gardner at [tracie.gardner@health.ny.gov](mailto:tracie.gardner@health.ny.gov) and they can help formulate the next agenda.
- The next Health Home Criminal Justice Workgroup is tentatively scheduled for [REDACTED]. The committee will be notified.