Minutes of Criminal Justice and Health Homes Committee
April 28, 2015

Attendees

Governor's Office, Commission of Corrections, OMH, DOCCS, DOH-OHIP, OPCA, DCJS,

NYC Mayor's Office of Criminal Justice, NYC DOHMH

Brooklyn Health Home CUCS, Huther Doyle, Montefiore Medical Center, Bronx Lebanon, CBC Health Home

EAC-TASC, Correctional Association, John Jay College, CASES, CSH, LAC

Medicaid Enrollment/Suspension/Reinstatement

The meeting began with an update by David Bacheldor from the New York State Department of Health, regarding what New York State is doing around enrollment and suspension of Medicaid status regarding individuals incarcerated in New York State and local correctional facilities. Mr. Bacheldor went through the PowerPoint presentation he had prepared, which covered:

- Clinton County pilot taking subset of applications for those in DOCCS custody (those who were non-MAGI and did not live in NYC prior to their incarceration) starting September 2013.
- NYC HRA is responsible for the non-MAGI population under DOCCS custody returning to NYC.
- OMH discharge planners – Until Certified Application Counselors can support all State Correctional Facilities, continuing to work through Clinton County for those who are not from NYC and through HRA for NYC. OMH staff are assisting both MAGI and non-MAGI
- Transitioned DOCCS applications to the New York State of Health (exchange) in October 2014 for MAGI population
- There have been some problems with suspension and reinstatement through the Exchange
    - Certain individuals were not appearing on the suspension file SDOH sends to DOCCS
    - Releasees not having coverage reinstated thru WMS
    - DOCCS sending info but Exchange not processing properly
    - DOH is working on a fix to reinstatement through the exchange. Process should go live on May 7; interim solution in place until fix.
- Local jails outside NYC
    - Problems around jails not providing certain info to DCJS, regarding both pre-trial and sentenced population

        - There is no requirement for local jails to report client specific information to the DCJS; admission information is historically incomplete;
        - DCJS provides DOH with a monthly file of those it knows have been admitted to local jail after they have been in for 30 days. However, DCJS does not receive a discharge file from jails re: above. One issue is that each jail has a different management system.
        - DCJS is working on a process to accept files of who has been admitted.
        - Having conversations with DCJS, sheriff's association to fix discharge process. Not significant process
        - Part of the problem is that individuals can be released from a number of different locations, not just from the jail (e.g. from court)
        - Certified Application Counsellors (CACs) processing MAGI apps in some local jails thru the exchange. CACs must then assist those who are enrolled with having Medicaid reinstated after release
        - Non-MAGI must apply through their local social service district, using the WMS system
- Rikers
    - Provides both admission and release files to WMS.
    - Info not currently being sent to exchange because process not working
    - Conversations taking place with NYC HRA about processing applications for those on Rikers until exchange process works (for both MAGI and non-MAGI)
    - State DOH is partnering with CUCS to pilot taking applications through the exchange
        - Starting with small number of individuals – all individuals who are sentenced to jail term, are part of the MAGI population, are incarcerated in either the EMTC or Rose Singer facilities, and are not part of the Brad H lawsuit population
- Suspension
    - Individuals must have their Medicaid suspended because State does not want to pay managed care premiums for those who are incarcerated; however, because many people get out very quickly, suspension only occurs after the individual has been in for 30 days.
    - Individuals have coverage reduced to limited package of services when in suspension, essentially coverage for services provided outside of the jail system.
    - Looking for match with those who have active Medicaid
    - Potential savings to county of having a person's Medicaid active upon release.

- Medicaid cards
    - Those enrolled while incarcerated (or those who enter with a card) are released with a card.
    - Only begun getting cards recently – very few at present.
    - Making changes to WMS to allow for cards to be sent
    - Initially upon release, individuals have inpatient coverage only.
    - The release file is sent to DOH the next day. Use batching to change coverage overnight.
    - Individuals do not need cards to begin receiving services
    - Discussion about providing new cards for people who were "known to system" before their incarceration
        - State DOH unsure how to handle
        - As a result, most people do not have cards
        - Gap analysis being carried out by team working on issue

During the meeting, it was decided that the workgroup should establish a sub-group to work on the jail issue. Meg Egan from the Governor's Office agreed to create a list of members.

Leadership structure

Following the discussion about Medicaid, Greg Allen of DOH raised the issue of the workgroup's leadership structure. He pointed out that the group had gotten significantly bigger, the conversation were much more detailed, more work was taking place now at the local level, including efforts to enroll and connect people through the courts and through ATIs.

Greg proposed having the health homes and the criminal justice groups run the meetings. He explained that this would not involve the state backing away from the work. Instead, he felt that such a structure would enable those providing the services to own the work. He called on participants to nominate themselves as co-chairs by emailing him and Paul Samuels of LAC (the other current co-chair). The two of them would then select among the nominees. They would then develop a process for figuring out governance of the group.

Trish Marsik of the New York City Mayor's Office of Criminal Justice expressed concern that this would result in a loss of leadership and commitment by State DOH. Greg insisted that the State would remain focused, with continued involvement (and more engagement) by Lyn Hohmann and Deirdre Astin from DOH and Meg Egan and Tracie Gardner from the Governor's Office. Trish suggested that the group revisit the situation in the future, a suggestion that both Paul and Greg agreed to do after a couple of meetings.

Budget

Greg also gave an update on the State budget. He explained that the State had included $5 million in the budget to support the workgroup's efforts. He explained that the budget provided significant breadth in how the money could be used. Greg explained that the budget also included $1M to enroll "high risk" individuals, in particular those with substance use disorder and mental illness, onto Medicaid. He explained that this was particularly needed for people to access services from places such as pharmacies. He said that this money would be largely focused on jails, in order to encourage their capability to enroll people.

Updates

Deirdre Astin then went through a PowerPoint developed by DOH. She explained that the initiative had begun with the HH-CJ Pilots (which she described as early adopters), as well as Project Partnership HH, CBC. She said that DOH wanted to have a follow-up survey with the pilots to get an update on their activities. She also explained that DOH had a student working with them who would conduct a follow-up survey, based on the template used in prior surveys.

Deirdre also described certain themes from the pilots, including:

- Numerous efforts to work with Rikers
- Initiatives to work with parole
- Working with drug and mental health court
- Having a county sheriff and a local DA on one health home's board
- The leveraging of existing relationships

Another issue that Deirdre raised was data sharing, which she described as critically important. However, she explained that obstacles existed as a result of Medicaid privacy laws. She explained that DOH is having conversations with the federal Centers for Medicare and Medicaid Services regarding getting the ability to share date with parole and probation.

Deirdre also discussed the issue of metrics, explaining that DOH was doing work with DCJS to examine what could be done.

Deirdre ended her presentation by discussing New York's Medicaid waiver. She explained that most of the money was going to the State's DSRIP initiative which was working to improve safety net systems. which should result in benefits for the criminal justice population, who are frequently recipients of safety net services. She also explained that each of the DSRIP PPSs had been required to perform a community survey to determine what needs existed and that one area that was proposed as part of the survey was criminal justice. Deirdre explained that the waiver also included $190.6M for Health Homes to help with four areas. The first part of this money had gone to the health homes in March as a rate add-on. One of the areas included linkages to serve specific populations. DOH included the criminal justice population as a target population in this effort.

Pilot Updates

Brooklyn Health Home

Hannah Loeffert of the Brooklyn Health Home (BHH) provided a PowerPoint presentation on the work being done by BHH to serve the criminal justice population. She said that BHH had been working closely with Pat Brown of the New York City DOHMH. She explained that the work was targeting the mental health population and included efforts to secure long-term linkages.

Hannah explained that BHH has a liaison appointed to DOHMH. The liaison sends BHH's census to the City to help find people who are in the health home who are incarcerated on Rikers. BHH has developed a critical event notification system, which provides care managers with such data as: admission to Rikers, upcoming court dates, eligibility for Brad H. services, projected and actual discharge dates.

For all Brad H. clients, social workers on Rikers are notified of the individual's affiliation to BHH and efforts are made to connect the social worker with the care manager. If the individual is not assigned to another health home, BHH workers will try to connect the individual to services at BHH.

BHH has had issues around getting individual's Medicaid changed from "inpatient only" status to full Medicaid. When the system works well, the process takes between 48 and 72 hours.

The process is currently funded through grants and Maimonides is looking for mechanisms to make the project sustainable once the grant ends. Hannah explained some smaller agencies are unable to participate but the bigger ones are sometimes willing to accept the financial cost.

Lastly, Hannah explained that BHH has regular monthly meetings of the providers in its network and that it is working to try to expand its network. It is also looking to develop guidance about best practices.

Later, in response to a question about how many people were receiving services at Rikers, Hannah mentioned that BHH was finding 10% of its census population going through Rikers.

Bronx-Lebanon

Virgilina Gonzalez spoke briefly about the work being done by the Bronx-Lebanon Health Home to work with individuals being released from Rikers. She spoke about Bronx-Lebanon's strong history of working with Rikers and of the relationship that the facility has with Alison Jordan of DOHMH

Virgilina described the pilot as a real challenge and mentioned the need for housing and the transition process as particularly important areas, emphasizing the need for a "warm handoff."

She explained the need for care coordinators to go to Rikers to speak with individuals prior to their release and to be there and meet them on day of release. Virgilina said that Bronx-Lebanon has been working with the Fortune Society around getting assistance with care coordination around the transition back to the community. She explained that Fortune was providing clients with education, care coordination and initial help with finding housing.

Lastly, Virgilina discussed the weekly conferences that Bronx-Lebanon staff have with Alison Jordan and her team to share information.

NYC DOHMH

Alison Jordan provided an overview of some of the efforts being made by DOHMH staff on Rikers Island. She explained that DOHMH is looking to expand its discharge planning efforts on Rikers but that DOHMH is not at a point where it can provide services to all health health members. She explained that DOHMH was receiving grant funding from Bronx-Lebanon to support a project coordinator and frontline discharge planning. Alison also explained that DOHMH was looking to assess the outcomes of the interventions it has been offering.

Michelle Martelle from DOHMH also spoke briefly. She explained that DOHMH is now doing roster sharing with seven of the health homes in New York City. She said that 4 - 9% of the health homes' rosters have histories of incarceration in New York City. Furthermore, 1300 of the 10,500 individuals on Rikers on any day were affiliated with one of the seven health homes.

DOCCS

Doctor Carl Koenigsmann explained that DOCCS was in the very early stages of exploring how to link individuals being released from DOCCS to health homes. He explained that DOCCS had created a video for those who are in phase three of the release process to introduce them to the concept of health homes. He said that DOCCS was still waiting for a brochure from DOH to be able to roll the video out.

Dr. Koenigsmann also explained that DOCCS did not have significant infrastructure in place around the discharge planning process for linking individuals to health home services, though they do have services for placing the sickest patients into nursing homes. However, DOCCS is in the process of creating a discharge planning unit that would be primarily responsible for interacting with health homes on the outside. He said that DOCCS is currently looking to promote or hire into the needed positions in the unit. The unit would be responsible for identifying health home candidates and helping them to transition into the community.

Lastly, Dr. Koenigsmann described a pilot of 5 health home eligible individuals being released from DOCCS. He said that DOCCS had gotten a health home to come into the facility and meet with clients. Dr. Koenigsmann said that the process had worked very well, there was good flow and four of the five individuals were engaged by health homes (the fifth person violated his parole).

Ana Enright from the community supervision section of DOCCS explained that she wanted some health homes to come present at parole offices about health homes in order to help train the officers, in order to help them be able to identify those eligible for health home services, though one of the health homes explained that DOCCS should start referring individuals and allow the health home to determine whether the individual is eligible for services.

DCJS/OMH JUSTICE MENTAL HEALTH COLLABORATION PROGRAM

The meeting ended with a presentation from Bernard Wilson and Valerie Chakedis from the Office of Probation and Correctional Alternatives (OPCA) regarding a webinar that OPCA is planning to present on June 22, which would include discussion of health homes.

They explained that OPCA had performed sequential intercept mapping of individuals of opportunities and services in 10 counties, which represent half the population (under supervision) outside New York City. There is also significant overlap between these counties and the 16 county reentry taskforces outside New York City.

They explained that the project was part of a federal Bureau of Justice Assistance grant to support collaboration between the criminal justice and mental health systems. The grant works to encourage community care coordination technical assistance.

OPCA's webinar is taking place on June 22, from 2 to 3:30. All 10 counties that are participating in the collaboration program, including their coordinating committees, were being invited to participate in the webinar, along with the other 47 probation departments outside of New York City and the 16 county reentry taskforces. (Valerie explained that OPCA was focusing on upstate in part because of the health home implementation schedule.)

They explained that OPCA would provide an update about timelines around the transition to manage care. OPCA had invited Kelly Hansen from the New York State Conference of Local Mental Hygiene Directors and Bob Lebman of Huther Doyle to present and was also looking to possibly have Hannah Loeffert present on lessons learned at the Brooklyn Health Homes. She said that she and Bernard had also spoke

OPCA is hoping to also have an update regarding information sharing from the county implementation teams and/or the county reentry taskforces, regarding efforts to link with health homes.