

# Criminal Justice Sub-committee Meeting

MINUTES

NOVEMBER 6TH, 2013 11:05AM-11:36PM

CONFERENCE CALL:

TYPE OF MEETING	Criminal Justice Sub-Committee
NOTE TAKER	Shirley Cisneros
TIMEKEEPER	Shirley Cisneros
ATTENDEES	Rosemary Cabrera, Robert Lebman, Ellen Breslin, Lynda Holmann, Virgelina Gonzalez

## 1) Rate Structure Discussion

RATE STRUCTURE DISCUSSION

ROSEMARY CABRERA

DISCUSSION	<ul style="list-style-type: none"> <li>• Overall Discussion on the rate structure according to new recommendations:             <ul style="list-style-type: none"> <li>- Creating three separate buckets: High, medium and low needs</li> <li>- Moving to a flat rate according to the said needs (high, medium or low)                 <ul style="list-style-type: none"> <li>-Rosemary indicated that based on the "CHN Model," only about three hours a month is spent via care coordination by a care manager:</li> <li>-Robert is going to find out the rate of the amount of time that the case managers are spending with the CJ population</li> <li>-CHN Rate is \$184 and three hours may not be enough due to higher levels of needs</li> <li>-may be up to 9 hours of services for a rate of \$700 if it is at the \$184 rate</li> <li>-Robert stated that due to his research it is more about 12 hours a month that will need to be spent servicing the CJ population—specifically those coming out of incarceration</li> <li>-Lynda asked how long the 12 hours a month would be required to service and Robert indicated at least the first three to six months</li> <li>-Rosemary's recommendation:                     <ul style="list-style-type: none"> <li>* The High need bucket rate could apply to those that come out of incarceration in the first 6 months based on Medicaid eligibility</li> <li>*there needs to be recommendations on caseloads (an average)</li> </ul> </li> </ul> </li> <li>• Eliminating the acuity rate and basing it on a flat rate instead is due to the high needs of some coming out of incarceration in the first 6 months and then their needs will not be there after or will be lower</li> <li>• If someone is coming out of incarceration they will have very high needs- CJ committees job is to develop that rate for the high needs</li> <li>• For those out in the community, they might have different levels of needs if they have been out for more than six months—may be a medium to low need</li> <li>• All needs to also be associated to the caseloads****</li> <li>• Noted—all coordination has to be done by a care manager and not with peers because of the delicacy of trust amongst the CJ group—they have a hard time connecting and developing a relationship with others</li> <li>• Helen asked about caseload size:             <ul style="list-style-type: none"> <li>- If 9 hours a month is spent with the CJ client a month then the case managers will be spending 2.25 hours a week with the individuals- is this logical?</li> <li>- If it is under the CHN model will it be enough?</li> <li>- Caseload of 20 will not be reasonable</li> <li>- In terms of payment point- with average point of \$209?</li> </ul> </li> </ul> </li></ul>
CONCLUSIONS	<ul style="list-style-type: none"> <li>• Follow-up meeting to gather all of the data and have something to present for the consolidated work group on 11/15 for feedback – must have accurate information/research</li> <li>• Research must be presented to back up any information</li> <li>• Calendar invite for follow-up meeting will be sent out by November 6<sup>th</sup></li> <li>• Robert and Ellen to send out any researched information by Friday, November 8<sup>th</sup></li> <li>• Next meeting- November 13<sup>th</sup>, 2013 at 11am</li> </ul>