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TO: Deputy Secretaries Elizabeth Glazer and James Introne

FROM: Greg Allen, NYSDOH
Jacquelyn Greene, NYSDCJS
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SUBJECT: Status Report on Criminal Justice/Health Home Project

We write to report on the substantial progress we have made in our work to improve the engagement of the criminal justice population into the healthcare system.

In addition to the efforts already under way to enroll eligible people in state prisons on Medicaid, we decided to focus first on engaging the criminal justice population in health homes by creating 6 health home pilots that will pioneer effective engagement by the health homes of people in state prisons, local jails and probation and alternative to incarceration/reentry programs. The first phase of the work will focus on people who are being released to the community after serving a sentence of incarceration in a jail or prison for the commission of a crime.

The goal of these pilots is to identify models for successful collaborations between the health care and criminal justice systems to engage and serve this population most effectively. Existing care management dollars are now available to the health home pilots to begin this work. These models then can be replicated in health homes across the state. They also can be included as New Models of Care that can be funded through New York State's 1115(b) waiver when the waiver is approved waiver funds could be used to 1) support pilot project infrastructure needs such as IT connectivity, data management, specialized staffing and 2) evaluation of the criminal justice elements of the pilots.

We have made considerable progress in moving forward with the pilots:

Identification of health homes: Six health homes were selected that represent both New York City and upstate New York. They include:

- Bronx: Bronx-Lebanon Hospital and Montefiore Medical Center
- Brooklyn: Community Healthcare Network and Maimonides Medical Center
- Monroe County: Huther Doyle
- Buffalo: Alcohol &Drug Dependency Services, Inc. (ADDS)

Establishment of workgroup: We created a workgroup of over 40 members that consists of DOH, DCJS, the health home pilots and representatives from many state and local agencies and community-based criminal justice and health care groups. The workgroup is charged with

devising the objectives, operating principles and mechanics of the pilots. A list of workgroup members is attached.

Identification of implementation issues: The Legal Action Center (LAC) polled the six pilot health homes, as well as ATI and reentry programs, about issues they felt needed to be resolved in order for the pilots to succeed, as well as their recommendations for possible solutions. These issues were shared and briefly discussed at the meetings, and a small workgroup has been set up to discuss how to move forward to address these issues, including identifying the issues that are key to success of the pilots and establishing a process to plan how the pilots will address them.

Information sharing: In order to help health home and criminal justice partners understand and learn about each other's systems, an overview was provided of the criminal justice system and opportunities to engage the criminal justice population into health homes. Subsequently, each of the six health homes gave a presentation about their goals, networks, and current work toward engaging the criminal justice population.

Identification of metrics for the pilot: A subgroup was created to determine metrics for measuring the impact of the pilots on the criminal justice population. This subgroup developed recommendations that it presented to the full workgroup for consideration and will finalize based on the workgroup's feedback:

- The metrics subgroup identified six data collection categories, several of which require input from the criminal just system; the rest include data that is already being tracked.
- The subgroup noted the need for efficient collection of information that is easily identifiable, and recommended that the health home pilots use NYSID numbers (the unique identifier assigned to an individual by the New York State Division of Criminal Justice Services) to track criminal justice health home participants.

Data match: NYC DOHMH and NYS DOH performed a data match that identified individuals who were incarcerated on Rikers Island who were enrolled on Medicaid. A similar data match is being conducted between NYS DOH and DCJS.

DOCCS: LAC met with DOCCS staff, including Deputy Commissioner Angela Jimenez, Doctor Koenigsmann, DOCCS Medical Director and members of the medical staff to discuss opportunities for DOCCS to connect people leaving state prison with health homes. DOCCS already provides comprehensive discharge planning for individuals with mental illness and those with HIV and/or Hepatitis C leaving DOCCS. These discharge planning processes may offer a promising opportunity to connect these individuals to health homes. Discussions will continue to determine the best ways for DOCCS and the health home pilots to connect.

Timetable:

By the end of the next 3-4 months, the following should be accomplished:

1. Identification of priority issues the health home pilots will address
2. Selection of metrics and measures for the pilots
3. Each pilot's identification and documentation of its referral process to engage clients
4. Drafting of a DOCCS/OMH discharge to health home protocol