

Criminal Justice Health Homes Operational Issues

Operational	Coordination and Information Sharing	Housing and other supportive services	Behavioral Health	Reimbursement/ Payment Issues
Having Medicaid in place prior to release	Need info mechanism to allow communication between HH and incarceration entity (allow HH to know when patient reincarcerated and for how long)	Housing needs of releasees must be IDed and shared in advance to support engagement/retention	Medicaid MH and SUD treatment caps may be unrealistic for some in pilot pop - state needs to track and make changes as appropriate	Reimbursement must be adequate to meet complex needs of CJ pop
Create timeline for connecting discharge planners with HHs pre release - this would allow the lead HH to begin IDing linkages and resources pre-release	Clear definition of roles of HH and reentry/ATI staff - avoid duplication and/or conflict (must have conversations across providers, case conferencing, care plans coordinations,-sharing E-medical records. Need expertise for how to work with CJ system and, for court-mandated patients, to communicate collaboratively with courts, DA's and defense attorneys.)	Ability of HHs to help in IDing housing opportunities - access to housing electronics system	HH practices need to mesh with BHOs and other MRT initiatives	Who gets paid for transition plan?
Post-release/reentry providers need immediate linkage capacity - roles must be clear		Transportation services and related logistical support	Need to discuss/develop plan of action for sex offender pop	If individual not enrolled, how will costs of health/BH be covered while benefits are being approved
Referrals for releasees from state/ county incarceration should be made pre-release to ensure prompt enrollment		What are protocols for engaging special populations in CJ: women, juveniles, families.		
Caseload sizes/ staffing must take into account special needs of this population				
Court mandates				
Ensuring client volume				
Care coordination - trend towards telephonic case mgmt				
	Each HH should have a plan for engagement and enrollment			
How to ensure network adequacy/ capacity to address Cj specific HH needs				
Need access to RHIO - consent/sharing of protected info				
Client education about HH in various CJ venues				