

Health Home and Criminal Justice Agencies Perspectives on Health Home Criminal Justice Pilots

Health homes and criminal justice agencies that are planning to work with them have identified the following key issues that must be addressed to implement the pilots successfully:

Operations

- Medicaid needs to be in place prior to release
- Need to connect discharge planners with health homes before discharging client--this would allow the lead health home to begin the work of identifying linkages and resources for the client prior to the release date. If this is done there should be a time line for the transition plan i.e could the HH be notified 30 days prior to the client being released.
- Post release and reentry providers need same immediate linkage capacity. Roles of HH and Reentry should be clearly defined --referrals of individuals re-entering from state or county incarceration need to be made in advance of release to ensure prompt enrollment
- Caseloads/Staffing patterns need to be realistically set giving weight to the special needs of the this population
- Court mandates
- How to ensure client volume?
- Care Coordination—trend toward telephonic case management—it is not as stringent as COBRA and other structured MA case management.
- Must be able to get info from RIO electronic medical record system—big issues on consent and sharing of protected information.
- Client education about health home environment

Coordination and Information Sharing

- Need an information mechanism to allow communication between health homes and incarceration entity- i.e. know when a health home patient is once again incarcerated and how long they will be in prison
- The specific roles and responsibilities of Re-entry staff and Health Home care managers must be clearly defined to avoid duplication of effort and/or conflict. Need cooperation of provider network, care manager must have conversations across the different providers, there must be case conferencing, care plans have to be coordinated,-E-medical records need to be shared. Need for expertise in knowing how to work with the CJ system and, for court mandated patients, to communicate collaboratively with the courts, DA's and defense attorneys.

Housing and other supportive services

- Housing needs of those being released need to be identified and shared in advance to support good engagement/retention
- Health home to have access to the housing electronic systems, we should be able to determine housing availability

- Transportation services and related logistical support must be put in place
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Behavioral Health

- The mental health and substance abuse treatment caps (Medicaid) may be unrealistic for many individuals in the pilot – the state needs to track this and flex as appropriate
- Health home practices need to mesh with BHOs and other Medicaid redesign initiatives
- There needs to be discussion and development of a plan of action for sex offenders
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Reimbursement/Payment Issues

- Reimbursement must be adequate to meet the complex needs of the criminal justice population
- Who gets paid for the transitional plan?
- If individual not enrolled, how will costs be covered of any health/behavioral health care while benefits are being approved?