



# Health Home

Criminal Justice Tiger Team  
CJ Acuity Score Sub-Committee

# CJ Acuity Tiger Team Charges

## **PURPOSE:**

To assess and determine acuity scores for individuals being released from jail and or prison, and to assess and determine acuity scores for the CJ population residing in the community who have been recently released in order to minimize recidivism

## **RESPONSIBILITIES:**

1. Develop referral criteria for determining health home service eligibility which includes assessing potential members
2. Create a standardized set of Risk Categories to be utilized for assessment of the appropriateness of the referrals
3. Utilize acuity created for bottom up/ community referral process as the possible baseline for determining acuity for this population
4. Determining a base line acuity score
5. Integrate this information with the Consolidated workgroup and criminal Justice Workgroup

# CJ Acuity Tiger Team Members

- **Co-Chairs:**

- Rosemary Cabrera (Community Healthcare Network)
- Robert Lebman (Huther Doyle Memorial Institute, HHUNY)

- **Committee Members**

- Don Kamin
- Karen Nelson
- Shari Suchoff
- Virgilina Gonzalez
- Michelle Colon
- Ellen Breslin

# CRIMINAL JUSTICE FUN FACTS

## In Fiscal Year 2010\*:

- The New York Department of Correctional Services (DOCS) had \$2.7 billion in prison expenditures.
- The total cost of New York's prisons—to incarcerate an average daily population of 59,237—was almost \$3.6 billion, of which 22.8 percent were costs outside the corrections budget.
- The cost of incarcerating an individual in state prison in NY at \$60,152 per year. The cost to house a prisoner in the MC jail is \$31,025 per year (probably similar across the state)

\* [www.vera.org/priceofprisons](http://www.vera.org/priceofprisons).

# RECIDIVISM RATES

DCJS Presentation provided to “Alternatives – to- Incarceration (ATI)” community (4/13):

## Even If Programs Are Effective for All, Prioritizing High Risk Will “Buy” More Public Safety

If we are seeking to reduce recidivism by 10% for 1,000 offenders released from prison, we “buy” the most public safety if we target high risk offenders:

- **1,000 High Risk:**  $69\% - 6.9\% = 62\% \text{ Recidivism}$   
69 recidivists avoided, 179 events avoided  
(High Risk Recidivists: 2.6 reconvictions/recidivist)
- **1,000 Moderate Risk:**  $43\% - 4.3\% = 39\% \text{ Recidivism}$   
43 recidivists avoided, 77 events avoided  
(Moderate Risk Recidivists: 1.8 reconvictions/recidivist)
- **1,000 Low Risk:**  $17\% - 1.7\% = 15\% \text{ Recidivism}$   
17 recidivists avoided, 25 events avoided  
(Low Risk Recidivists: 1.5 reconvictions/recidivist)

The greatest risk of Recidivism occurs in the first 6 months post discharge .([monroecounty.gov](http://monroecounty.gov))

# CJ HEALTH HOME REFERRALS

- **STEP 1- ASSESS ELIGIBILITY:** Must meet eligibility for Health Home Services as described in the New York State Health Home State Plan Amendment (claims data should be used whenever available to verify medical and psychiatric diagnoses)
  - Two chronic conditions (e.g., mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI over 25, or other chronic conditions, **OR**
  - (HIV/AIDS) **OR** One serious mental illness
- **STEP 2-ASSESS APPROPRIATENESS FOR HEALTH HOME AND CATEGORIZE:**
  - **RISK/ACUITY. i.e** high risk individuals with significant behavioral, medical or social risk factors which can be modified through care management services

# IDENTIFIED CATEGORIES/BUCKETS

## *Original Proposal:*

### *Two Risk Categories/Buckets*

#### **Category # 1:**

- ✓ HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON

#### **Category # 2:**

- ✓ HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN THE COMMUNITY

## *New Proposal*

### *One Risk Category/Bucket*

- HEALTH HOME CATEGORY FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON THAT ARE BEING TRANSITIONED INTO THE COMMUNITY OR HAVE BEEN TRANSITIONED IN THE PAST 180 DAYS

# CJ Population Baseline Proposed Acuity/Rate Structure

## Acuity Based Proposal

- Originally we proposed that Acuity be assigned based on the eligibility criteria and the additional risk factors.
- Baseline acuity for both categories of the Criminal Justice Population was 9 points; each additional risk factor equates to one or more points of additional acuity

## Flat Risk Rate Structure

- Currently we are proposing a flat rate structure based on High, Medium, and Low Risk Factors and Needs
- The proposed rate structure is being created based on a formula that consist of case load size, estimated touches per member per month, and average statewide PMPM rate



# Current HH and CJ Models

## Current HH Model

- **Staffing:** CM and Peer or Navigator
- **Caseload:** 50-65
- **Average HH payment:** \$184 outside of Legacy rates  
\*Statewide is \$209
- **Hours per member per month:** 3 hours

## Current Criminal Justice Model

- **Staffing:** CM
- **Caseload:** 20-25
- **Average HH payment:** grant based
- **Hours per member per month:** 12 hours

# HEALTH HOME ACUITY SCORES FOR INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM RESIDING IN JAIL/PRISON

## Recommended Rate Structure

- **HIGH RISK**
  - Caseload: 15
  - Hours per month spent on each member: 9
  - New Proposed payment based on risk:
  - Rate applies: first 6 months of transition or a whole year
  
- **MEDIUM RISK**
  - Caseload: up to 23
  - Hours per month spent on each member:6
  - New Proposed payment based on risk:
  - Rate applies: after the first 6 months or a year
  
- **LOW RISK**
  - Caseload: up to 45
  - Hours per month spent on each member:3
  - New Proposed payment based on risk:
  - Rate applies: after the first year or two

# CJ Tiger Team Recommendations



## Transitioning from Prison/Jail into the community

- Project should target the highest risks individuals as they are 62% at risk of recidivism
- Referral to the leads should be done 30 days prior to discharge
- Staff Access to the Jails and Prisons needs to be arranged so assessment could be conducted prior to discharge
- Have discharge planners and or HH staff use an assessment that assists to identify risks such as the COMPAS tool.
- Individuals need to have MA at least 30 days prior to discharge
- Allocation of funding through a different grant should be done to pay the leads for the initial transitional work that will be done
- Transportation services for the leads to transport these clients from point A to point B initially should be part of this process
- Recommendation that a referral form can be created that can estimate what category the individuals will fall under