Strategies to Reduce Recidivism and Criminalization

New York Association of Psychiatric Rehabilitation Services, Inc.

12th Annual Executive Seminar

Hilton Albany

April 21, 2016

Overview

- Landscape Prior to 2008
- New York State Health and Criminal Justice Initiatives
- Emergence of Federal and State Opportunities
- Program and Legislative Actions

Landscape before 2008

- Prior to April 1, 2008, Medicaid benefits were discontinued when an individual was incarcerated.

- To improve individuals' access to Medicaid upon release, New York State began "suspending" and reinstating Medicaid benefits for incarcerated individuals

Current Landscape

- While Federal rules prohibit Medicaid federal financial participation in covering services for incarcerated individuals, an exception is made for inpatient services off prison grounds.

Barriers to Connection and Care

- The practice of suspending Medicaid, though, can sometimes create barriers to effective medical and mental health discharge planning and can create gaps in coverage upon release.

- Critical services that require active Medicaid for enrollment.

- Facilitation of inmates to discharge planners and connections to community-based providers not seamless.

Opportunities

- Federal ACA
- NYS Medicaid Redesign
- 1115 Waiver
- Closure of NYS Prisons
- Governor’s Re-entry Council

New York State Health and Criminal Justice Goals

- Improve Health and Reduce Recidivism and Incarceration of Criminal Justice Population by:
  - Enrolling them in Medicaid; and
  - Linking them to and providing them the Health Care they need
- Enroll all Eligible Individuals in the Criminal Justice System onto Medicaid
- Link Individuals in the Criminal Justice System to Health Homes

New York State Discussions and Issue Identification

- Criminal Justice and Health Home Workgroup 2011

- Governor Andrew M. Cuomo's Council on Community Re-entry and reintegration, established in July 2014 to alleviate barriers experienced by people with criminal convictions

Key Issues

- How to facilitate a “warm hand off”?
- Legal issues impacting State and Federal restrictions on Medicaid in correctional facilities
- Activation of Medicaid in corrections “Inpatient Only”, fraud potential, ideal time frame

Executive and Legislative Response

- Governor Cuomo Acceptance of Re-entry Council recommendations which include Medicaid activation 30 days in advance of departure from Correctional Facility

- Legislative proposal by Assemblymember Danny O'Donnell

- Adoption of language of O'Donnell bill into Assembly One House

Final Article VII Language

§ 21-a. Subdivision 1-a of section 366 of the social services law, as added by chapter 355 of the laws of 2007, is amended to read as follows: 1-a. Notwithstanding any other provision of law, in the event that a person who is an inmate of a state or local correctional facility, as defined in section two of the correction law, was in receipt of medical assistance pursuant to this title immediately prior to being admitted to such facility, such person shall remain eligible for medical assistance while an inmate, except that no medical assistance shall be furnished pursuant to this title for any care, services, or supplies provided during such time as the person is an inmate; provided, however, that nothing herein shall be deemed as preventing the provision of medical assistance for inpatient hospital services furnished to an inmate at a hospital outside of the premises of such correctional facility **or pursuant to other federal authority authorizing the provision of medical assistance to an inmate of a state or local correctional facility during the thirty days prior to release**, to the extent that federal financial participation is available for the costs of such services. Upon release from such facility, such person shall continue to be eligible for receipt of medical assistance furnished pursuant to this title until such time as the person is determined to no longer be eligible for receipt of such assistance. To the extent permitted by federal law, the time during which such person is an inmate shall not be included in any calculation of when the person must recertify his or her eligibility for medical assistance in accordance with this article. **The state may seek federal authority to provide medical assistance for transitional services including but not limited to medical, prescription, and care coordination services for high needs inmates in state and local correctional facilities during the thirty days prior to release.**

Next Steps

- $5 million in the Executive Appropriation of Criminal Justice and Health Home funding
- Discussion and planning by key State and local entities
- Discussion and Planning between NYS and CMS

Questions?

Contact Information:

Tracie Gardner

Assistant Secretary for Health and Mental Hygiene

Office of Governor Andrew M. Cuomo

Tracie.Gardner@exec.ny.gov

518-408-2500

NEW YORK STATE CRISIS INTERVENTION SERVICES INITIATIVE

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Initiative Background

- Funded through a Senate Initiative
  - 2014/2015 $400,000
  - 2015/2016 $500,000
  - 2016/2017 $500,000

Initiative Background

- 2014/2015 Funding supported the development of Crisis Intervention Team (CIT) Programs in:
  - City of Binghamton
  - City of Auburn
  - City of Utica
  - Village of Hempstead
  - City of Syracuse
  - City of Newburgh
  - Town of Clarkstown

Initiative Background

- 2015/2016 Funding will support the development of Crisis Intervention Team (CIT) Programs in:
  - The City of Niagara Falls
  - Orleans County
  - Cattaraugus County
  - Putnam County
  - City of Poughkeepsie

- 2016/2017 locations have not been determined

Initiative Background

- The Initiative consists of the following components:
  - Development of a core team comprised of various stakeholders
  - Sequential Intercept Mapping
  - Crisis Intervention Team training for Law Enforcement
  - Mental Health First Aid training for Public Safety
  - Program Evaluation
  - Ongoing stakeholder forums
  - Ongoing technical assistance from OMH

It Takes a Village…

- The Office of Mental Health, Division of Forensic Services is the lead agency.
- In addition to OMH staff, OMH will utilize:
  - Don Kamin, Ph.D., Director, Institute for Police, Mental Health & Community Collaboration as the Lead Mental Health Consultant
  - Mark Giuliano, LMSW, Westchester County D.M.H.
  - Mark Walker, Officer, Rochester Police Department
  - Jim Quattrone, Lieutenant, Chautauqua County S.O.
  - Alan Bell, Sergeant (Ret), Niskayuna Police Dept.

It Takes a Village…

- In addition, the following agencies and groups will play an integral role:
  - The Mental Health Association in NYS (MHANYS);
  - County Mental Health;
  - The National Alliance on Mental Illness;
  - Department of Veterans Affairs;
  - Alzheimer's Association;
  - Consumers;
  - Consumer Advocacy;
  - Community Resources/Local Providers

It’s a collaborative effort!

$$ What will the Funding Support? $$

- All consultants, trainers, technical assistance, kickoff meeting, and materials/supplies
- Crisis Intervention Team training for law enforcement
  - 40 hour (5-day) course
  - Agencies will be reimbursed $1,500 for each officer trained in CIT.
  - The goal is to train 20% of the primary jurisdiction workforce
  - Trainings are capped at 30 officers
  - Unfilled slots are offered to surrounding jurisdictions

What is CIT?...

Hint – Its more than just a law enforcement training

Crisis Intervention Team (CIT) Programs

- Law Enforcement Pre-Booking Diversion
- Partnership between:
  - Law Enforcement
  - 911 Personnel
  - Mental Health Provider Community
  - Consumer Advocacy & Family Support Groups
  - Consumers
  - Government
  - Others…
- **Emphasis on Diversion**

CIT Goals

- Increase safety
  - Community
  - Consumers of mental health services
  - Law enforcement
- Provide police with tools to properly handle mental health crises
- Make Mental Health system understandable/accessible
- Diversion from Criminal Justice & Juvenile Justice systems

Sustainability

How do we reach a larger audience and sustain the program moving forward?

- Standardized training curriculum
  - Instructor manuals
  - Student manuals
  - PowerPoints
- Instructor level course (TTT)
- Agency specific and regional focus
  - Regional focus ensures that CIT programs don't become dormant due to attrition in staff

Active ongoing community forums are critical to success!

CIT…
“It’s More Than Just Training”

SAMHSA'S GAINS Center for Behavioral Health and Justice Transformation

Emerging Peer Workforce: An Effective Strategy for Decreasing Criminalization and Recidivism

Presented by LaVerne Miller

NYAPRS Executive Seminar

April 21, 2016

Peer Within the Context of Criminal Justice/Behavioral Health Collaborations

Individual with history of involvement in both the criminal justice and behavioral health systems.

Emerging Peer Workforce

- Three states (Hawaii, Pennsylvania and Maryland) have Forensic Peer Specialist Training Programs
- Several states including Oregon are currently working on designing and implementing Forensic Peer Specialist Training Programs or adding module preparing peers to work with justice involved individuals
- Some increased recruitment and access to State Certified Peer Specialist Training Programs
- SAMHSA requirement that grantees involve individuals with “lived” experience in the planning, implementation, service delivery, and evaluation of programs (Jail Diversion, Early Diversion, Adult Treatment Court Collaboratives, and Behavioral Health Treatment Court Collaboratives)

Challenges to Developing Peer Workforce

- Laws and regulations prohibiting or limiting the hiring of individuals with criminal justice backgrounds
- Limited outreach by training programs to justice involved peers
- Demand for trainings far outweighs the supply
- Difficulty harmonizing values and principles of peer support e.g. personal determination and choice
- Attitudes and interests of multi-stakeholder collaborations (corrections, police, prosecutors)

Keys to Breaking Cycle of Criminalization and Recidivism

- Crisis Intervention Services
- Early diversion programs (pre-booking)
- Treatment Courts
- Jail Diversion Programs

What's on the Horizon?

- States are carving out exceptions/parallel clearance process for peers with criminal justice histories (Idaho)
- Increased collaboration of peer operated programs and networks with criminal justice initiatives (California, Georgia, Massachusetts, Pennsylvania, Oregon and Tennessee)
- Increased leadership of justice involved peers in state certification initiatives(Tennessee)
- Increased demand for trained justice involved peers as communities focus on decreasing criminalization and recidivism

Peer Staff in Criminal Justice Settings

- Peers and Recovery Support Services Keys to Reducing Recidivism

San Francisco's Mentoring and Peer Support (MAPS) Program

- 1 peer mentor supervisor/5 peer mentors
- Recruitment in jails/ treatment courts
- Provide all non-clinical services to program participants
- Integrated WRAP
- Attend Court Sessions
- Provide services in the community
- Linkages to community based programs

Multnomah Behavioral Health Treatment Court (MBHTC)

- Peer Action Council
- Sub-contract with MHAO Oregon to hire and supervise 1.5 Peer Support Specialists and provide other services
- Stabilization for Treatment Program- staffed by peers
- Peers attend court sessions and report on participant's progress
- Provide linkages to community supports and treatment including transitional and permanent housing

Medicaid Health Homes

- Integrated Care
- Navigation
- Wellness and Person Centered

Challenges Faced by Justice-Involved Consumers

- Navigating complex health care system
- Suffer from chronic conditions
- Underutilization prevention services
- Loss of services following incarceration
- Lack of community connections
- Bridge between leaving criminal justice system and reentry

Schenectady DCJS/OMH Justice & Mental Health Collaboration Program

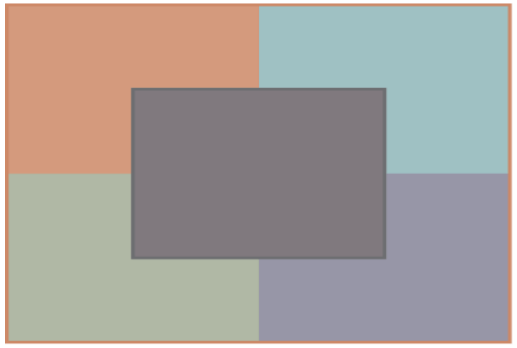
- Peers are Peer Advocates from Ellis Hospital
- Peers have involvement in the criminal justice and behavioral health systems
- Initially engage consumers while they are still in jail
- Continue relationship after release
- Peers work collaboratively with Care Coordinators
- Support from Corrections staff for Peer Advocates working in the facilities

Behavioral Health Homes: How Can Peers Be Integrated Into Health Homes?

- Providers can hire Certified Peer Specialists and Recovery Coaches as Qualified Health Home Specialists
- Providers can hire peer staff to provide recovery support services
- Providers can partner with consumer operated programs to provide peer support and other services to justice involved individuals

Specific Tasks for Peer Staff

- Discharge Planning
- Systems Navigation
- Wellness Coaches
- Recovery Coaches



SAMHSA's GAINS Center *for*

Behavioral Health and Justice Transformation

345 Delaware Avenue
Delmar, NY 12054
PH: (518) 439-7415
FAX: (518) 439-7612