BEHAVIORAL HEALTH HOMES
and
THE NEW JERSEY DEPARTMENT OF CORRECTIONS

A GUIDE TO THE REFERRAL FLOW PROCESS FOR INTEGRATED CARE TO THE MEDICAID ELIGIBLE INDIVIDUALS RELEASED FROM COUNTY JAILS AND STATE PRISON

Division of Mental Health & Addiction Services
wellness*recovery*prevention

State of New Jersey
DHS
Department of Human Services

Project Overview

- Individuals who are incarcerated have a disproportionate rate of serious mental illness and significant physical health needs. The prevalence of serious mental illness is two to four times higher in the state prisons than in the community
- Upon release, if left untreated, these serious concerns lead to increased recidivism, higher health care costs and unmet social needs
- Integrated care, which addresses both the mental health and physical health needs, available immediately upon release, presents one option for addressing these obstacles to integration into the community for released inmates

Project-Goals

- Develop the most effective means by which NJ Family Care/Medicaid can provide integrated services for individuals leaving state and county correctional facilities who have a serious mental illness
- Establish linkage between BHH, MCO Case Management and the correctional system with ongoing information sharing and regular contact through face to face meetings or conference calls
- The State to pilot, develop procedure and coordinate services utilizing BHH in existing five counties by which the DOC's centralized transition release team can identify eligible individuals and initiate contact with the BHH providers prior to release

DOC Referrals

- Rutgers University Correctional Health Care (UCHC) will fax the following documents to NJ Family Care contact for individuals released from county jails and state prisons from five counties (Bergan, Mercer, Atlantic, Cape May, Monmouth)
- Cover sheet with the client's demographic information, diagnosis and DOC contact information Client's discharge summary including presenting problem, procedures, medications, immunizations, directives, allergies and adverse reactions and services due

Referral Flow Process

- Medicaid contact person will log information into the referral tracking sheet, reach out to the clients county BHH and if the county has more than one BHH the referral will be based on the proximity of the client's future community residence and client choice
- The BHH administrator will provide the following update to the NJ Family Care contact person about each client:
  - Acceptance status and the BHH enrollment date
  - Engagement activities
  - Discharge date from the program with the reason
- The DOC referral flow should be included in the BHH provider policy and procedure manual

Referral Flow Process

- The BHH Care Coordinator reaches out to the DOC social worker/contact person listed on the referral fax cover sheet. Contact should be made within 24 hours in order to:
  - Engage with an individual prior to release and ensure an initial appointment to be scheduled as quickly as possible
  - Develop a care plan for the treatment and transition from the correctional institution to the community

Outcomes Reporting

- The BHHs should continue to report outcomes that are required as part of the approval of the existing SPA

- Other data elements may be added for the DOC population.

Contact Information for Referrals

Anjana Multani, MSW
BHH/DOC Project Coordinator
Office of Managed Health Care, Behavioral Health Unit
Department of Human Services
NJ Division of Medical Assistance and Health Services
5 Quakerbridge Plaza
Trenton, NJ 08619
Anjana.Multani@dhs.state.nj.us
Tel. 609.588.3828
Cell. 609 789 7602
Fax 609.588.3354

DMHAS Contact

John J. White LPC, LCADC, ACS
Coordinator of Utilization Management
SAPTI Program Manager
Behavioral Health Home Program Manager
Office of the Medical Director
Division of Mental Health and Addiction Services
Capital Place One
222 South Warren Street
PO Box 700
Trenton, NJ 08625
Tel: (609) 633-8693
E-Mail: john.white@dhs.state.nj.us