



Alameda County Board of Supervisors'
Joint Health
& Public Protection Committee

April 25, 2022

Justice-Involved Population: California Advancing and Innovating Medi-Cal (CalAIM) Overview and County Planning

Situation Summary/Context

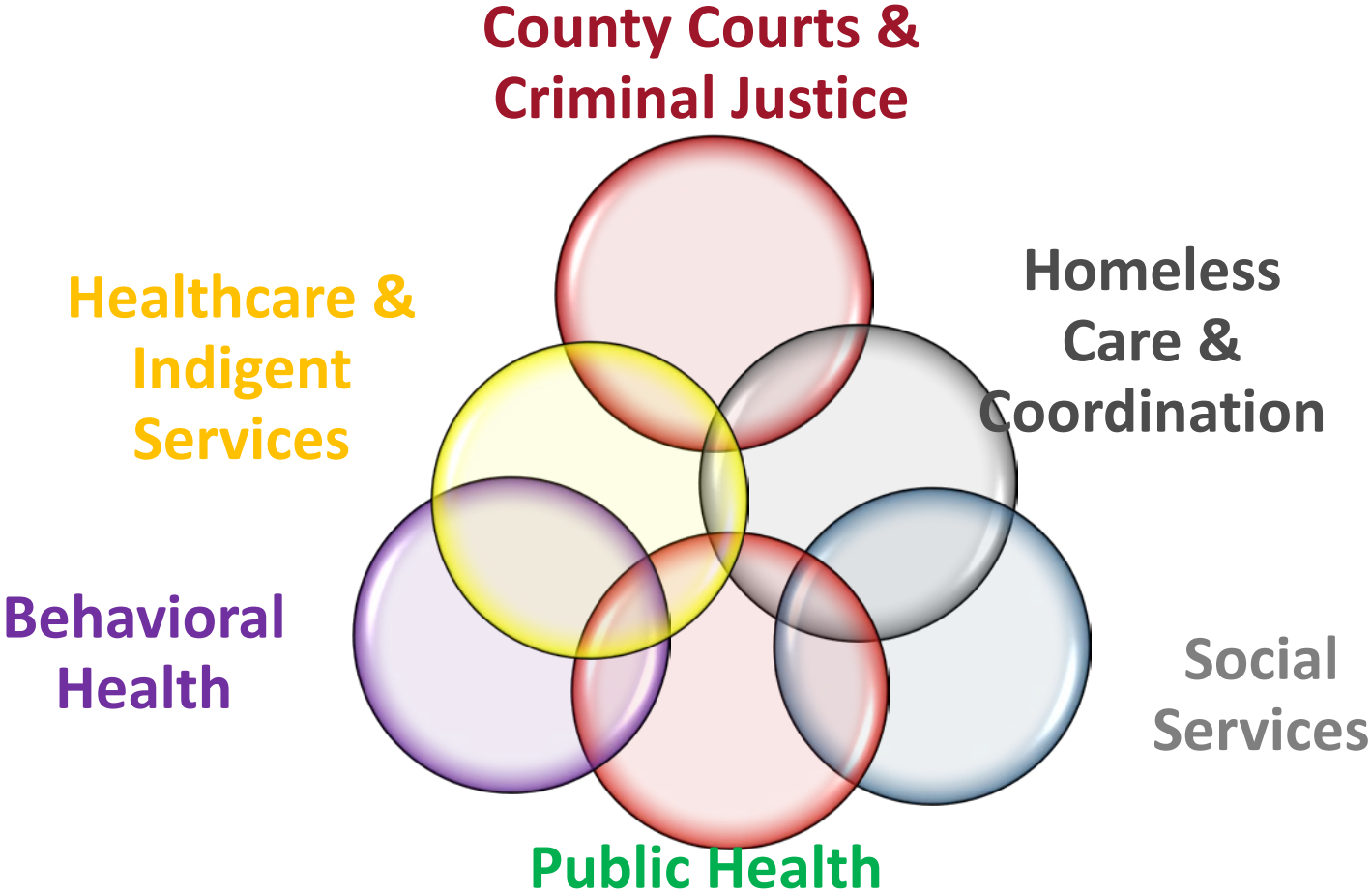
- CalAIM – the redesign of California's Medi-Cal Program – will bring new opportunities at State and County levels in 2022 and 2023 to redesign health and housing services for the highest need Medi-Cal beneficiaries, particularly those with intersecting needs in the areas of behavioral health, homelessness, and/or justice involvement.
- A number of groups are working to understand the needs and implement changes.
- Collaboration among Health, Public Protection, Managed Care Plans, the Housing and Homelessness System, Community-Based Organizations and clients to determine what is needed and how to implement these new opportunities will be critical for success.



Presentation Goals

- To demonstrate the intersections, connections, and overlap between Behavioral Health, Homelessness, and Justice Involvement and who is affected.
- Share some examples of how the Alameda County Health Care Services Agency currently serves these populations;
- To identify additional opportunities that may be leveraged to support system improvement, expansion, and coordination.

Interconnections between and across County Agencies



A Cycle of Exclusion

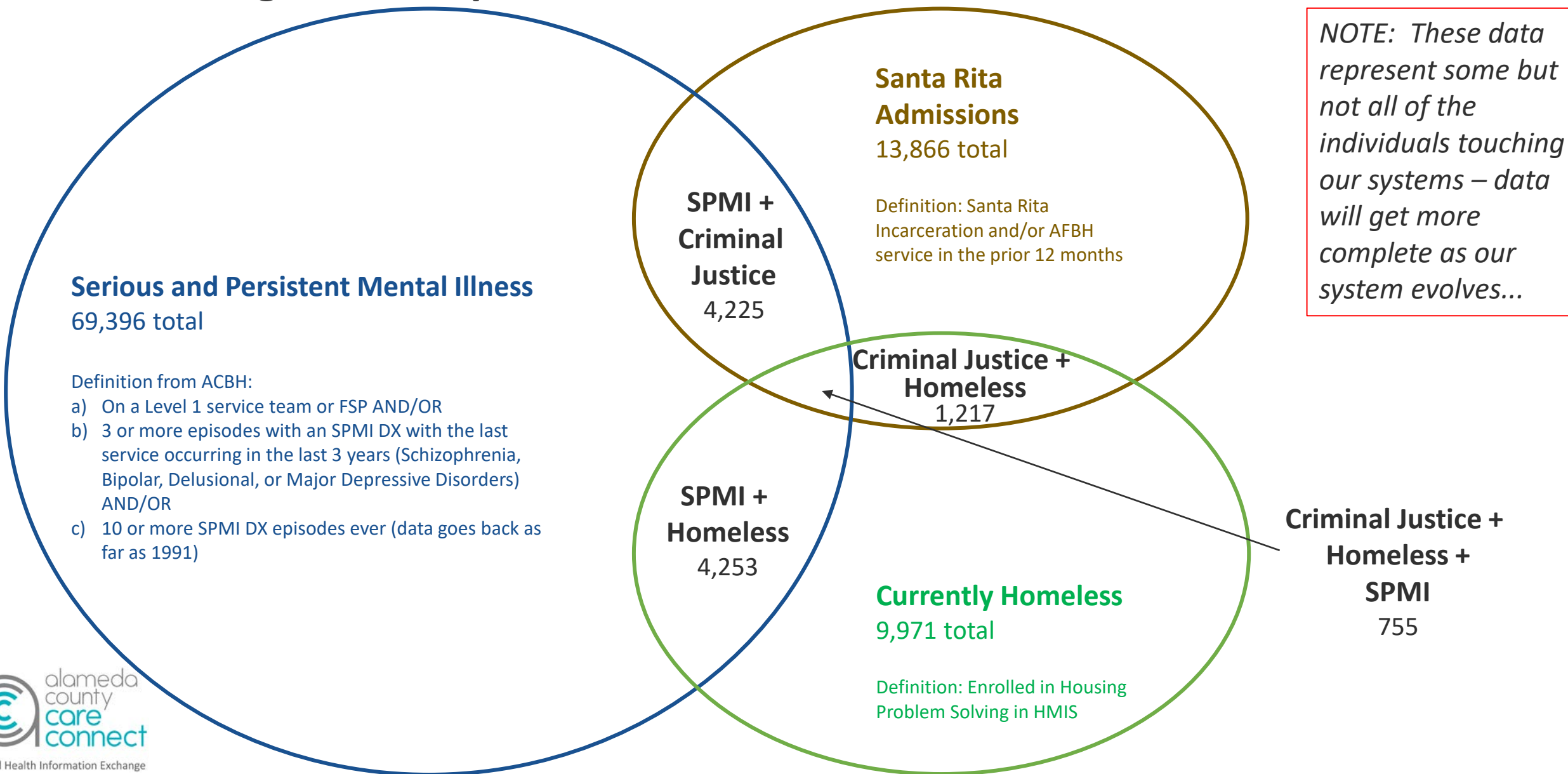
- The *Cycle of Exclusion* has a profound effect on people’s lives that becomes self-reinforcing.
- This leads to increased risk for Behavioral Health challenges as well as deterioration of preexisting illness.
- Overall, approximately nationwide 20% of inmates in jails and 15% of inmates in state prisons were estimated to have a serious mental illness (2016).
- Nationally, rates of mental illness and substance use disorder are much higher among “frequent utilizers” of jails (2017):
 - 27% of individuals with serious or moderate illness have been jailed 3 or more times within the past 12 months; and
 - 61% of individuals with a substance use disorder have been jailed 3 or more times within the past 12 months.
- Increasing suicide rates across the united states are disproportionate among populations most impacted by mass incarceration (2022).

References: Boardman JC, A.; Killaspy, H.; and Mezey, G. *Social Inclusion and Mental Health*. RCPSYCH. 2010; Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health, 2017; 2018 National Survey on Drug Use and Health (2019), SAMHSA; Morgan, Rivara, Ta, Grossman, Jones, and Rowhani-Rahbar, *Incarceration and subsequent risk of suicide: A Statewide cohort study*, January 28, 2022 .

Who is affected by this cycle in Alameda County?



Evolving Data Snapshot (as of Dec 2021)



NOTE: These data represent some but not all of the individuals touching our systems – data will get more complete as our system evolves...

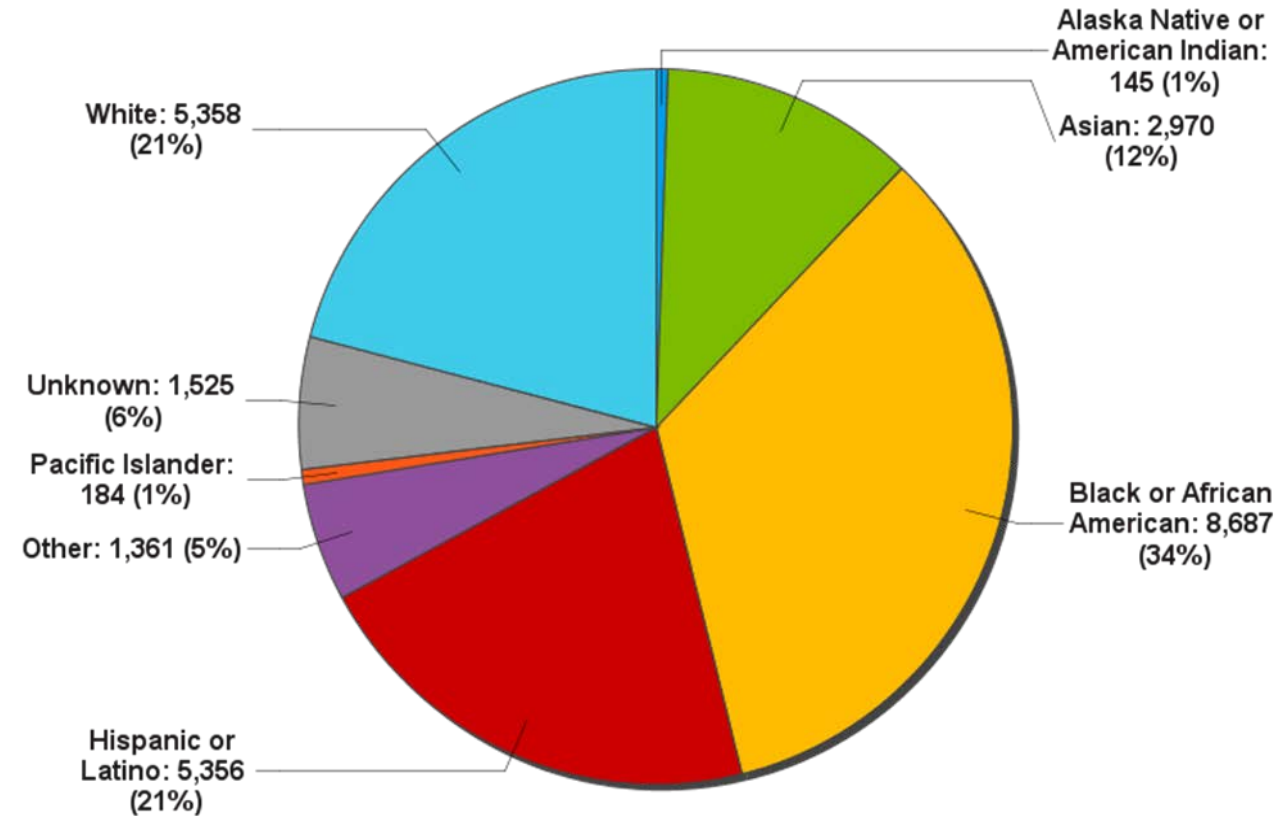


What Early Alameda County Data Reveal So Far.....

- The SHIE can provide us with information about who in Alameda County is struggling with multiple challenges.
- This Criminal Justice overlap population is a subset of the population with BH needs *and* the population of individuals who are experiencing homelessness.
- Important Note: The intersection of all three systems does *not* describe everyone who is homeless or everyone who has BH needs.

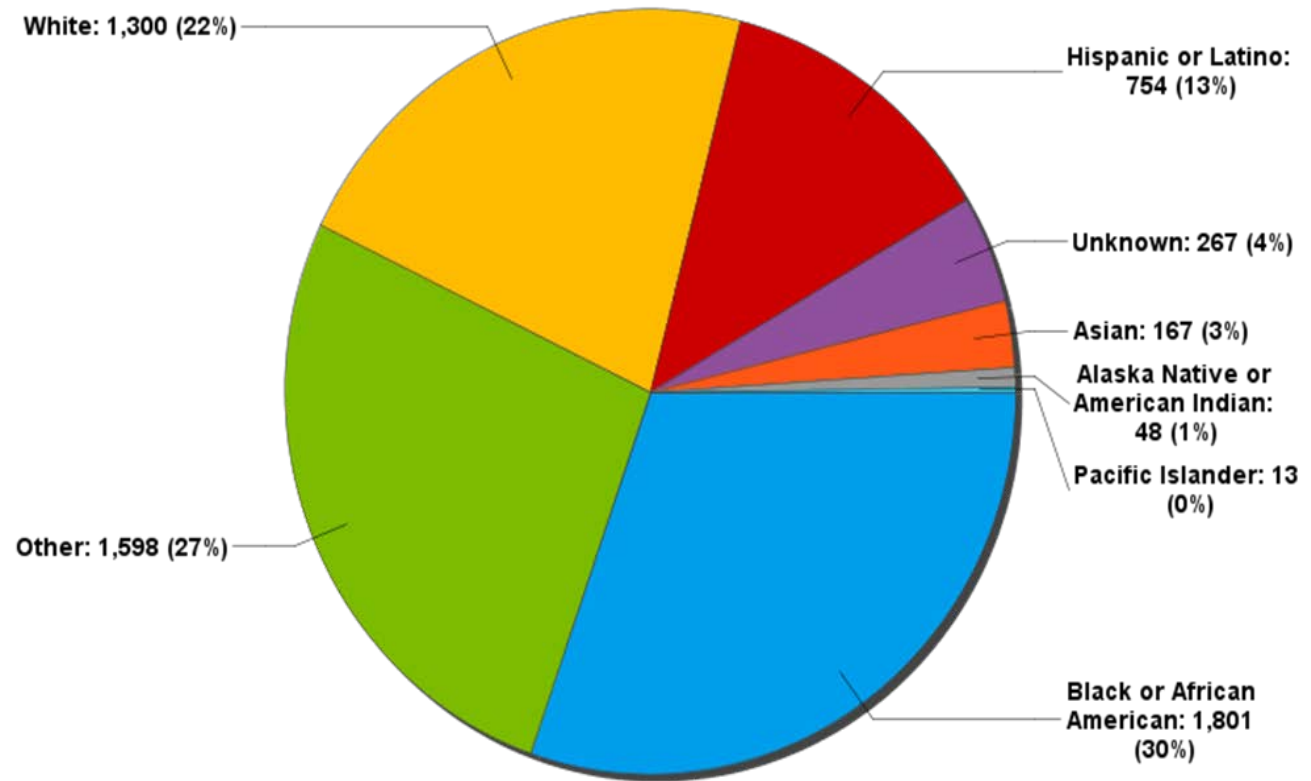
Populations served by ACBH through the Mental Health (MH) System (FY 21/22)

- Majority of clients were between the ages of 30-39 (17%), 13-17 (16%), and 6-12 (14%).
- Followed by ages 18-25 (12%), clients aged 40-49 (11%), and clients 50-59 years (10%)
- Gender:
 - 54% Male (13,865)
 - 46% Female (11,712)



Populations served by ACBH through the Substance Use Disorder (SUD) System (FY 20/21)

- Majority of clients were between the ages of 30-39 (30%), 40-49 (21%), and 50-59 (19%).
- Followed by ages 26-29 (10%), and under 25 (9%)
- Gender:
 - 65% Male (3,861)
 - 35% Female (2,086)



ACBH High Need & High Utilization: “High Utilizers” & “Familiar Faces”

Typical Diagnoses:

- Bipolar and Related Disorders
- Bipolar Disorders
- Depressive Disorders
- Schizophrenia Spectrum and/or other Psychotic Disorders

One or more of the following in the previous twelve (12) months:

- Six (6)+ Psychiatric Emergency Services (PES) visits
- Three (3)+ Psychiatric Acute Inpatient admissions
- Six (6)+ or more Primary Care/Medical Emergency Department visits
- Three (3)+ Santa Rita Jail visits
- Two (2)+ Cherry Hill Sobering Center Visits
- Two (2)+ Subacute Program admissions

Alameda County Sequential Intercept Map

Intercept 0
Hospital, Crisis Respite, Peer & Community Services

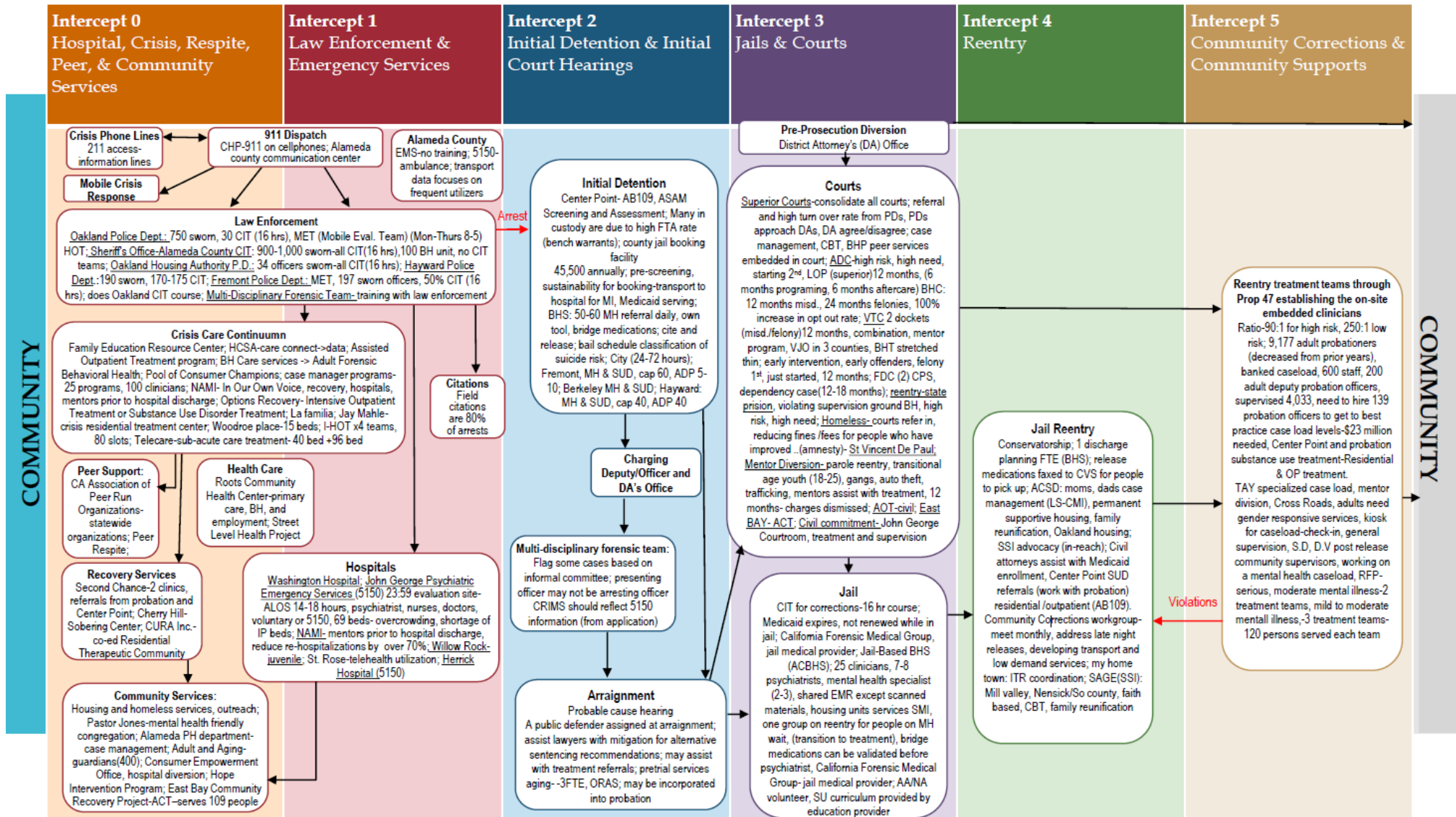
Intercept 1
Law Enforcement & Emergency Services

Intercept 2
Initial Detention & Initial Court Hearings

Intercept 3
Jails & Courts

Intercept 4
Reentry

Intercept 5
Community Corrections & Community Supports



Homelessness and Justice Involvement in Alameda County

2019 Homeless Point in Time (PIT) Count survey of people experiencing homelessness:

- Nine percent (9%) of respondents reported being on probation at the time of the survey,
- Three percent (3%) reported being on parole
- Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth.
- Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.
- Formerly incarcerated people were almost **ten times** more likely to experience homelessness than the general public.

*2022 PIT Count Data will be available in May

What Health and Housing Services Are Currently Available to Justice-Involved Individuals in Alameda County?



Key HCSA Programs & Collaborations that Include Justice-Involved Individuals

Programs:

- In-Home Outreach Teams
- Street Health Outreach Teams
- Mobile Crisis, Mobile Engagement Teams, and Community Assessment & Transportation (CATT) Teams
- Medication Assisted Treatment for Substance Use Disorder
- Healthy Measures (Specific to Justice-Involved individuals)

Collaborations:

- Homelessness Coordination across HCSA departments and with safety net partners
- Medi-Cal Managed Care

Alameda County Healthcare Services Include Justice-Involved Individuals

- HCSA supports a network of outpatient clinics and some hospital systems that provide
 - Primary and specialty outpatient care
 - Acute and Emergency services (including psychiatric emergency)
 - Behavioral health services
 - Street Health Outreach services
 - Medication assisted treatment for SUD treatment
 - Some social services
- In 2021, that network served 378,000 people including:
 - At least 11,306 who were experiencing homelessness
 - At least 9,314 had been incarcerated at Santa Rita at some point during the year.

Countywide Opportunities

- Behavioral Health Continuum Infrastructure Program (BHCIP) & Community Care Expansion (CCE): Partners have applied for several hundred new beds/units
- \$35M State Budget Ask – BH/Homeless Continuum
- CalAIM – Currently operating housing navigation and tenancy sustaining services... *more details in next section.*

Countywide Planning Initiatives

- Care First, Jails Last Task Force
- Reimagining Adult Justice
- Behavioral Health Forensic Redesign

New Opportunity: CalAIM for the Justice Population

What is CalAIM?

(California Advancing and Innovating Medi-Cal)

- New approach for delivering health care to highly vulnerable, hard-to-serve high utilizing Medi-Cal beneficiaries with complex needs. Includes specific elements for justice-involved population and reentry process.
- Requires: pre-release Medi-Cal Application Processes in all county jails and youth correctional facilities.
- Funds Enhanced Care Management and new “Community Supports” benefits. Builds on Whole Person Care pilots that emphasize social determinants of health (e.g., housing).
- The State is adding more Medi-Cal resources for the Justice Involved

Implementation Issues – Justice Involved Services

- **New State Mandates for Jail & Juvenile Facilities**
 - Medi-Cal Enrollment Process pre-release
 - Warm Handoff with County Behavioral Health
 - January 1, 2023 Implementation Date
- **New Medi-Cal Enhanced Care Management and Community Supports funded through the Medi-Cal managed care program:** Access and Coordination for the Justice-involved population effective January 1, 2023.
- **Planning and Capacity Building.** Accessing new one-time state funding to support planning, data exchange systems, workforce recruitment, training, behavioral health facilities and supportive housing. Includes partnership with CBOs.

CalAIM Community Supports

Based on results of the Whole Person Care pilots, DHCS has pre-approved a list of services for eligible beneficiaries (including justice-involved) that can be covered with Medi-Cal dollars. Those adopted in Alameda County include:

- **Asthma remediation** (children currently, adults to be added)
- **Housing Transition Navigation**
- **Housing Deposits**
- **Housing Tenancy and Sustaining Services**
- **Recuperative care - "medical respite"**
- **Food/Medically-tailored meals (by July 2022)**
- **Environmental accessibility adaptations – “home modifications” (by 1/1/2024)**
- **Sobering Center (by 1/1/2024)**



Capacity Building Opportunities

PATH (Providing Access and Transforming Health).

\$561 million state-wide targeted for Justice-involved over 5 years to begin July 1, 2022. Build capacity and infrastructure for Medi-Cal enrollment and transitional care for justice-involved population: pre-release and post-release services.

Eligible for Funding: counties, CBOs, probation, sheriffs, adult/juvenile correctional facilities, public hospitals.

Incentive Funding. In addition, the State is funding multiple incentive programs to build and invest in necessary infrastructure and capacity building for Enhanced Care Management and Community Supports.



Definition: “Individuals Transitioning from Incarceration”

Eligibility: Individuals Transitioning from Incarceration

who have “significant complex physical or behavioral health needs and may have other social factors influencing their health.”

Youth and Adults who are transitioning from incarceration or who have transitioned from incarceration within the past 12 months. Includes:

- Jail
- Juvenile Facilities
- State and Federal Prison
- State Hospital



Definition: Individuals Transitioning Incarceration

AND have at least one of the following conditions:

- Chronic mental illness,
- Substance Use Disorder (SUD)
- Chronic Disease (e.g., hepatitis C, diabetes)
- Intellectual or developmental disability
- Traumatic brain injury
- HIV
- Pregnancy

Still in Negotiation: 90 Day Detention In-Reach Services

California Department of Health Care Services is requesting federal approval to access federal matching funds for care coordinating services provided in prisons, jails and juvenile correctional facilities starting 90 days prior to release. This could provide reimbursement for:

- Conducting an Initial Care Needs Assessment (medical, mental health, SUD and social needs).
- Developing a medication management plan in consultation with clinical providers.
- 30-day supply of medication upon release.

Alameda County Implementation Update

- Public Protection, Justice and Health Collaborative – Governance Charter
- Data Collection and Landscape Analysis
- Participation on State CalAIM Justice Involved Advisory Committee
- Identification of Funding Opportunities for Planning and Capacity Building – First PATH Funding Planning Grant RFP Expected soon in April
- Initial Discussions with Key Agency Stakeholders on State Mandate Requirements for Medi-Cal enrollment.



Questions or Comments