



# CalAIM Justice Initiative Implementation & Next Steps



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# Introduction & Purpose



To provide an update  
and next steps  
associated with CalAIM  
Justice-Involved  
Initiative



## 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 special focus for justice-involved adults and juveniles
- Funds Enhanced Care Management and new “Community Supports” benefits
- Builds on Whole Person Care pilots that emphasize social determinants of health (e.g., housing services)
- Medi-Cal managed care plans administer most funding



# Seven Mandatory Populations of Focus

- 1. Homeless:** Individuals experiencing homelessness, chronic homelessness or at risk of homelessness. *(1/1/22 Go Live)*
- 2. High Utilizers:** Frequent utilizers with hospital or emergency rooms visit/admissions. *(1/1/22 Go Live)*
- 3. Serious Mental Illness (SMI), and Substance Use Disorder (SUD) at risk of institutionalization.** (Also, SED for youth) *(1/1/22 Go Live)*
- 4. Children and Youth** with complex physical, behavioral, developmental and/or oral health needs. Also, Foster Care. *(7/1/23 Go Live)*
- 5. Nursing Facility Transition to the Community.** *(1/1/23 Go Live)*
- 6. Risk for Institutionalization** – eligible for long term care. *(1/1/23 Go Live)*
- 7. Individuals Transitioning from Incarceration**  
who have “significant complex physical or behavioral health needs and may have other social factors influencing their health.”

***Go Live April 2024 – 2026***



# Definition

## Individuals Transitioning From Incarceration

**Definition has 2 parts for Adults:**

**Part 1:** Adults who are transitioning from incarceration or transitioned from incarceration within the past 12 months

**Includes:**

- County Jail (adult)
- State prison
- State hospital



# Definition

## Individuals Transitioning From Incarceration

**Part 2:** Adults who 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

**AND** All Juveniles.... regardless of medical or behavioral health conditions.



# 90-Day Jail In Reach

- State Department of Health Care Services has received federal approval to access federal Medicaid matching funds for care coordination services provided in a jail **90 days prior to release**. This could provide reimbursement for:
  - Conducting Initial Care Needs Assessment (medical, mental, SUD, social needs)
  - Developing a transition plan for community-based care
  - Screening and Referrals to community-based services and appointments – post release
  - Developing a medication management plan, in consultation clinical providers
  - 30 days supply of medication upon release

**Implementation: April 2024 - 2026**



# CaAIM

## Other Key Elements

### **Pre-Release Medi-Cal Application Process Mandate**

- Mandates that all jails and juvenile facilities have a process to assist inmates with the Medi-Cal application process prior to release
- **Implementation**
  - **January 1, 2023**





# CalAIM

## Other Key Elements

### **Mandate Requiring Behavioral Health Facilitated Referral and Linkage (Warm Handoff)**

- Requires adults and juveniles receiving behavioral health treatment in custody to receive a “facilitated referral and linkage” to county behavioral health upon release
- **Implementation**
  - **April 2024**



# CalAIM

## Other Key Elements

### Enhanced Care Management

- **New Medi-Cal Managed Care Benefit**
  - Provides intensive case management/care coordination to high-cost target populations
- **Implementation Schedule**
  - **January 2024** for justice-involved population
  - Overlapping populations of focus (e.g., homelessness, behavioral health, high utilizers) can begin now



# More About Enhanced Case Management for the Justice-Involved Population

- Goes beyond standard care coordination/case management by providing “high-touch, on-the-ground and face-to-face”
  - Whole Person Care approach
  - Collaborative
  - Multi-disciplinary – Multi Agency
  - Addresses clinical and non-clinical needs
- Enhanced care managers would work with primary care and behavioral health providers. Engage clients and family members
- Should include community health workers with lived experience



# Enhanced Case Management for Justice-Involved

## Enhanced Case Management Services include:

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community and Social Support Services



# Community Supports

**Based on Whole Person Care approach**, the State Department of Health Care Services has pre-approved 14 specific services. Examples include:

- **Housing Transition Navigation**
- **Housing Deposits** (including one-time payment for security deposits, set up fees/deposits for utilities, first month coverage of utilities, first and last month rent.)
- **Housing Tenancy and Sustaining Services**
- **Short term Post Hospitalization & Jail Housing - up to six month rent** (not offered yet by Alameda Alliance)
- **Recuperative care** (medical respite)
- **Sobering Centers** – alternative destination for intoxicated individuals instead of jail or emergency rooms (Alameda Alliance to offer 1/1/24)



# Housing Related Funding Opportunities

- **Behavioral Health Continuum Infrastructure Program:** One-time \$2.2 billion for counties to acquire or renovate behavioral health facilities
- **Community Care Expansion:** One-time \$805 million to provide medical and supportive services in Adult Residential Facilities and Residential Care Facilities for the Elderly
- **Housing and Homelessness Incentive Program.** One-time \$1.3 billion to provide incentive funds for Medi-Cal managed care plans for investments in addressing homelessness and keeping people housed.
- **Homeless Housing Assistance and Prevention:** \$2 billion over 2 years for flexible funding for local governments for homelessness.
- **Behavioral Health Bridge Housing \$1.5 billion:** (\$1 billion in FY 2022-23 and \$500 million in FY 2023-24) to address the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions



# Capacity Building Opportunities

- **CalAIM Incentive Payments Program**
  - **\$1.5 billion (over three years) administered by Medi-Cal managed care plans** to build and invest in necessary community infrastructure and capacity building for Enhanced Care Management and Community Supports
  - Incentive payments are tied to outcomes
  - Funding can be used for:
    - IT Infrastructure: health information and data exchange infrastructure for ECM and Community Supports
    - Workforce Training
    - Baseline data collection for quality/outcomes measures
    - Planning
- **Medi-Cal managed care plans** strongly encouraged to coordinate with local partners on gap and needs assessment/planning process



# Capacity Building Opportunities (Continued)

- **PATH (Providing Access and Transforming Health)**
  - \$1.8 billion total (one-time)– \$561 million 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. Sample uses include:
    - Hiring and training staff with direct role for ECM and Community Supports
    - Billing processes and contracting – Technical Assistance
    - Implementing collaborative planning processes
- **Eligible for Funding**
  - Counties, CBOs, probation, sheriffs, adult/juvenile correctional facilities, public hospitals





# CalAIM Justice-Involved Initiative

## Update and Next Steps

- **PATH 1** - Medi-Cal Re-Release Enrollment Planning  
*Received \$125,000*
- **PATH 2** – Medi-Cal Pre-Release Enrollment Process. *Submitted 5/20. Requesting \$1.45 million (Sheriff, \$500,000; Probation \$500,000; Social Services Agency, \$450,000)*
- **PATH 3** – 90 Day In-Reach and Behavioral Health Warm Hand-off. *Eligible for \$10-11 million*
- **Enhanced Care Management and Community Supports**
- **Reinvestment Plan**



# **PATH 3 Funding**

## **Capacity Building**

- **\$410 million for PATH 3 Justice-involved capacity building**
- **Alameda County Allocations**
  - **Sheriff:** \$4.5-\$5 million
  - **Probation:** \$2-\$2.5 million
  - **County Behavioral Health:** \$3.451 million
- Application process now open



## PATH 3 Issues

# Eligibility for 90-Day Pre-Release Services

### Juveniles

- All incarcerated youth are eligible

### Adults

- Must be Medi-Cal eligible AND meet following health care need category
  - Mental Illness and or Substance Use Disorder
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability
  - Traumatic Brain Injury
  - HIV/AIDS
  - Pregnant or Postpartum



# PATH 3 Issues

## Covered Pre-Release Services

- Re-entry case management
- Physical and BH clinical consultation for diagnosis, treatment and pre-release case management and discharge planning
- Lab and radiology services
- Medications and medication administration
- Medication for Addiction Treatment (MAT)
- Services provided by Community Health Workers with lived experience
- 30-day supply of medication and durable medical equipment (e.g., wheelchairs) upon release



# PATH 3 Issues

## Evaluation - Examples

- How long does it take to access pre-release services?
- What is the utilization of specific pre-release services (e.g., MAT, BH management, prescriptions filled, etc.)?
- What is the impact of pre-release services for engaged enrollees post release, on health outcomes for Medi-Cal members, on hospital and ER visits?
- What is the duration of Medi-Cal eligibility and enrollment in the months following release?



# PATH 3 Issues Timeline

- **Pre-Release Services**
  - Policy and Operational Guidance
  - Draft in May 2023; Final in Summer 2023
- **Launch for Pre-Release**
  - April 2024 (through March 2026)



# Reinvestment Plan

Savings attributable to the use of new federal funds must be reinvested in re-entry efforts including:

- New re-entry services
- Improved access to behavioral health and physical community-based health services
- Improved access to and quality of carceral health
- Improve health information technology and data sharing
- Increased community provider capacity
- Other investments to support re-entry, smooth transitions, divert individuals from incarceration, etc.



# Enhanced Care Management & Community Supports

- Overlapping Populations of Focus (Homeless & Behavioral Health) can begin now
- Implementation for Justice-Involved Population
  - **January 1, 2024**
- Model of Care for Justice Involved to be submitted to the State Department of Health Care Services in July
- Community Supports Updates





# How Can CalAIM Support RAJ Justice System Reform Goals?

## Opportunities for Intervention

- Medical
- Behavioral Health
- Social Determinants of Health
- Substance Use Disorder (SUD)
- Mental Illness
- Medically Fragile/Chronic Health Conditions
- Pregnancy
- Experiencing Homelessness



# CalAIM Justice-Involved Initiative

## How Many Individuals in Alameda County?

### 2021 Admissions to Jail and Juvenile Facilities Number of Persons (Unduplicated)

Santa Rita Jail	18,122
Juvenile Hall	326
Camp Sweeney	23



# CalAIM Justice-Involved Initiative

## How Long Are they Incarcerated?

Released Within:	1-48 Hours	2-13 Days	14-29 Days	After 30 Days
Santa Rita Jail	58%	23%	5%	14%
Juvenile Hall		34%	20%	32%
Camp Sweeney			3%	97%



# Assessing Community Capacity & Infrastructure for Justice-Involved Population

- **SUD Treatment** – including access to Medication Assisted Treatment
- **Mental Health Treatment** - Residential and Outpatient (for Specialty and Mild/Moderate)
- **Clinics and Community Health Workers** with Lived Experience
- **Supportive Housing**



# Assessing Operational Issues

- Medi-Cal Eligibility
  - Out-of-county residents
  - Process to determine eligibility (EVS)
  - Process to support enrollment assistance
  - Suspension and Unsuspension process
- Enhanced Care Management Enrollment and Coordination
- IT Systems and Data Sharing (e.g., jail Medi-Cal billing, utilization management, outcome tracking)
- Coordination with Probation
- Behavioral Health Warm Hand-offs
- Coordination with Courts (including Collaborative Courts), probation, parole, child welfare services/foster care
- Coordination with California Department of Corrections & Rehabilitation
- Labor issues





# QUESTIONS?

## THANK YOU

