



CalAIM: A Game Changer for Reentry/Justice Involved Adults and Youth with Behavioral Health Needs

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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)*



... and One More

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:

(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

AND 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

Definition: Individuals Transitioning from Incarceration

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

CalAIM – 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 (ECM)

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

More about Enhanced Care Management

- 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.

ECM 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, DHCS has pre-approved 14 specific services. Examples:

- **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 months rent.)
- **Housing Tenancy and Sustaining Services**
- **Short term Post Hospitalization & Jail Housing** (up to six months)
- **Recuperative care (Medical respite)**
- **Sobering Centers** – alternative destination for intoxicated individuals instead of jail or emergency rooms.

Community Supports: Short Term Post Hospitalization or Correctional Facility Housing

Provides *up to six months* of housing for recuperation for beneficiaries who are homeless and who have high medical or behavioral health needs. This provides the opportunity to continue their medical/psychiatric/substance use disorder recovery immediately after exiting an inpatient hospital (either acute or psychiatric), substance abuse or mental health treatment facility, *custody facility*, or recuperative care. This service would be available once in an individual's lifetime.

Rate Range: \$97-\$118 per day.

Community Supports: Housing Deposits

Provides services identifying, coordinating, securing or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board. They include security deposits required to obtain a lease on an apartment or home, set-up fees/deposits for utilities or service access, first month coverage of utilities, including but not limited to telephone, gas, electricity, heating and water, or first month and last month's rent as required by landlord for occupancy.

Rate Range: \$5,000 (once in a lifetime)

Community Supports: Housing Transition Navigation Services

Assists beneficiaries with obtaining housing. Could include tenant screening and housing assessment; developing an individualized housing support searching for housing and presenting options; assistance in completing housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history); identifying and securing available resources to assist with subsidizing rent (such as Section 8.); identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, moving costs, and other one-time expenses; communicating and advocating on behalf of the client.

Rate Range: \$324-\$449 per person per month

Community Supports: Housing Tenancy and Sustaining Services

Once stable housing is secured, tenancy and sustaining services can help maintain it. Examples include early identification and intervention of behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations, education and training on the role, rights and responsibilities of the tenant and landlord, coaching on developing and maintaining key relationships with landlords/property managers; assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction, providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.

Rate Range: \$413-475 per person per month

Community Supports: Sobering Centers

An alternative destination for individuals found to be publicly intoxicated and who otherwise would be transported to a jail or emergency room. These centers can provide services such as medical triage, lab testing, a temporary bed, rehydration and food service, and treatment for nausea or wounds. Additionally, these centers may offer laundry facilities and education or counseling for substance use. Ideally, these centers could offer linkages to additional supportive services.

Rate Range: \$154-\$186 per diem

90 Day Jail In-Reach

DHCS 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

Capacity Building Opportunities

CalAIM Incentive Payments Program (IPP) \$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 (cont.)

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.

Capacity Building Opportunities (cont.)

PATH 2: Medi-Cal Pre-release Eligibility and Enrollment Support.

- \$151 million is available to counties to support implementation of processes to enhance capacity for Medi-Cal eligibility and enrollment prior to release from jail and juvenile correctional facilities.
- Funding is available to Social Service Departments, Sheriff Offices and Probation Departments.
- Deadline was March 31, 2023.

Housing Related Funding Opportunities

- **Behavioral Health Continuum Infrastructure Program (BHCIP)** One time \$2.2 billion for counties to acquire or renovate behavioral health facilities (such as short-term residential treatment facilities, permanent supportive housing for individuals with mental health and SUD needs). Competitive grants.
- **Community Care Expansion** One-time \$805 million to provide medical and supportive services in Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).
- **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 (HHAP)** \$2 billion over 2 years for flexible funding for local governments for homelessness.

2022-23 Budget Included:

- **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 by purchasing and installing tiny homes and providing time-limited operational supports in various bridge housing settings, including tiny homes and existing assisted living settings.
- **Medication Assisted Treatment (MAT)** . Additional \$96 million proposed to expand MAT. Also \$5 million from the A National Opioid Settlement with Distributors, Johnson & Johnson, and others. Funding would be used to expand the Naloxone Distribution Project, support 100 new MAT access points statewide, expand MAT in county jails and drug courts, and increase MAT services within state-licensed facilities.

CARE Court

(Community Assistance, Recovery & Empowerment Act – CARE Court) (SB 1338, Chapter 319, 2019 Statutes)

- Connects individuals with schizophrenia spectrum or other psychotic disorders with a court-ordered CARE plan or agreement for up to 12 months. Plan can include community-based services and supports including medication and connection to housing.
- Note: Eligibility can include individuals with misdemeanor Incompetent to Stand Trial proceedings (PC Section 1370.01).
- Implementation by October 2023 for first cohort: Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne and San Francisco. Also Los Angeles. Remaining counties: October 2024.

Food for Thought

Implementation for Reentry/Justice-involved Scheduled for April 2024-2026.

- (Counties have started phasing in other populations of focus including individuals experiencing homelessness and behavioral health)

How are program design decisions being made? Who's at the table?

- DHCS has established a state level CalAIM Justice-involved Advisory Group. But key decisions will be made at the county level.

More Food for Thought

Housing/Homelessness

- Reentry/justice-involved individuals are often left out of local programs to address homelessness. How can CalAIM's targeted resources improve access and take-up?

Data Sharing

- Collaboration will require effective sharing of health/human services and justice system client data.

Don't forget CDCR, and State Hospitals

- How will individuals transitioning from state prison, and state hospital systems receive CalAIM services?

More Food for Thought

How Can CalAIM Support Broader Goals?

- Connect the justice system to the broader goals of reducing addiction/overdose deaths, homelessness, recidivism, incarceration.

How will Enhanced Care Management be organized?

- Who will Medi-Cal managed care plans contract with? What training will they have? How will they communicate/collaborate with justice-system partners like probation?

More Food for Thought

Data Collection and Outcome Measures

- What are the key data elements needed for planning process?
- How will IT systems “talk” to each other?
- What performance measures and outcomes should be used to determine program success/effectiveness?

Implementation and on-going management.

- What governance structure is required to provide on-going support for the initiative?

What should the Juvenile Justice be concerned about?

Case Study Examples of CalAIM Strategies...

Embedding Mental Health Clinicians in Public Defender's Offices: A potential CalAIM Strategy

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Background

Who?

- Incarcerated adults who are suffering from mental health crisis, substance abuse and/or homelessness AND assigned a public defender

What? An innovative strategy that places mental health clinicians in public defender's offices

- *Early intervention in jail* facilitated by the public defender office to rapidly link newly incarcerated individuals with mental health professionals.
- *Client-Attorney privileges* to encourage rapport building between mental health clinicians and clients.
- *Timely and relevant information accessible* through the county records.
- *Mental health education and advocacy* within a judicial setting.
- *Measurable and direct linkage* to appropriate treatment upon exiting jail.

Background Cont...

When?

- Review of 2021 programs

Why?

- Leverages an under-utilized, but trusted engagement point for justice-involved individuals--- public defenders
- Successful in reducing number of days an individual is incarcerated

Where?

- San Diego County: Defense Transition Unit (DTU)
- Sacramento County: Pretrial Support Program (PTSP)

Overview of San Diego's DTU

Basics

- Mental Health Clinicians fully embedded in public defender's office, allows for client-attorney-clinician privilege
- MOU with county behavioral health for access to records
- Clinicians provide education in court about social services available to inmates for more speedy releases
- Any attorney requests clinician support for brief or full assessment

Finances

- Funded by County Mental Health Service Act Funds

Overview of San Diego's DTU Cont...

Outcomes

- 2021=1,300 individuals assessed and linked to services; Roughly 1,000 linked to highest level of outpatient care

Cost Savings?

- A 2018 internal analysis estimated jail cost-savings of \$400,000
 - DTU sampled incarcerated mentally ill inmates at the highest level of treatment and found that these inmates spent an average of 159 days in custody, costing a jail about \$22,000 annually per inmate.
 - DTU placed 36 of these high-level inmates in community treatment. If at least half stay in treatment (18 clients), DTU estimates first year jail savings at roughly \$400,000.

Overview of Sacramento County's PTSP

Basics

- Within 24 hrs of intake, law students visit inmates. Social work students do brief assessments, followed by licensed social worker full assessment (if needed); evidenced based screenings tools utilized
- Gather Release of Information (ROIs) to coordinate care and advocate for timely release; Access to Homeless Management Information System for more seamless linkage to appropriate housing support
- Results of assessment: 1) Released because deemed safe, 2) Followed by Licensed Clinician for linkage to outside care and/or 3) Recommended for Diversion Court

Finances

- Funded by various streams: Federal Bureau of Justice Assistance, State Judicial Council, County General Funds

Overview of Sacramento County's PTSP Cont...

Outcomes

- FY 2021-22=1,800 assessments; resulted in 900 warm hand-offs to community mental health services (462), substance abuse services (243) and housing services (252)

Cost Savings?

- Estimated that nearly half (41%) are released following their in-custody assessment, thus resulting in less days incarcerated

Conclusion and Recommendations

- Initial review suggests some of the most clinically complex inmates benefit from early intervention offered by mental health clinicians in a public defender's office—inmates facing felony charges, homelessness, psychiatric instability and substance use
- Further research and evaluation are warranted to explore the effectiveness, cost-savings and long-term outcomes of embedding Mental Health Clinicians into Public Defender's Offices
- CalAIM funds can and should be utilized to further the embedment of Mental Health Clinicians into Public Defender's Offices

For Further Information:

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Resources:

[CalAIM for Reentry Adults and Youth: Implementation Guide](#)

[Policy Brief: Embedding Mental Health Clinicians in Public Defender Offices: A CalAIM Strategy for Reducing the Mentally Ill Inmate Population in Jail](#)

[DHCS CalAIM Justice-involved Initiative Webpage](#)

[California Council of Criminal Justice & Behavioral Health \(CCJBH\) CalAIM Overview of Justice Population Issues](#)