

CalAIM & the Justice Involved Population:

How Re-envisioned Medi-Cal Changes the Game for Collaborative Courts and Access to Treatment

September 2021



GOALS AND OBJECTIVES

- Participants will learn about the rise of drug overdose deaths in California and through the United States, and the need for action.
- Participants will learn about how the Medi-Cal program and CalAIM can be leveraged to help justice-involved individuals who have behavioral health needs.

Why Do We Need a Game Changer?

Hon. Rogelio R. Flores

Judge of the Superior Court (retired)
Santa Barbara County, California

PEAK HEROIN USE



3+ YEARS SOBER

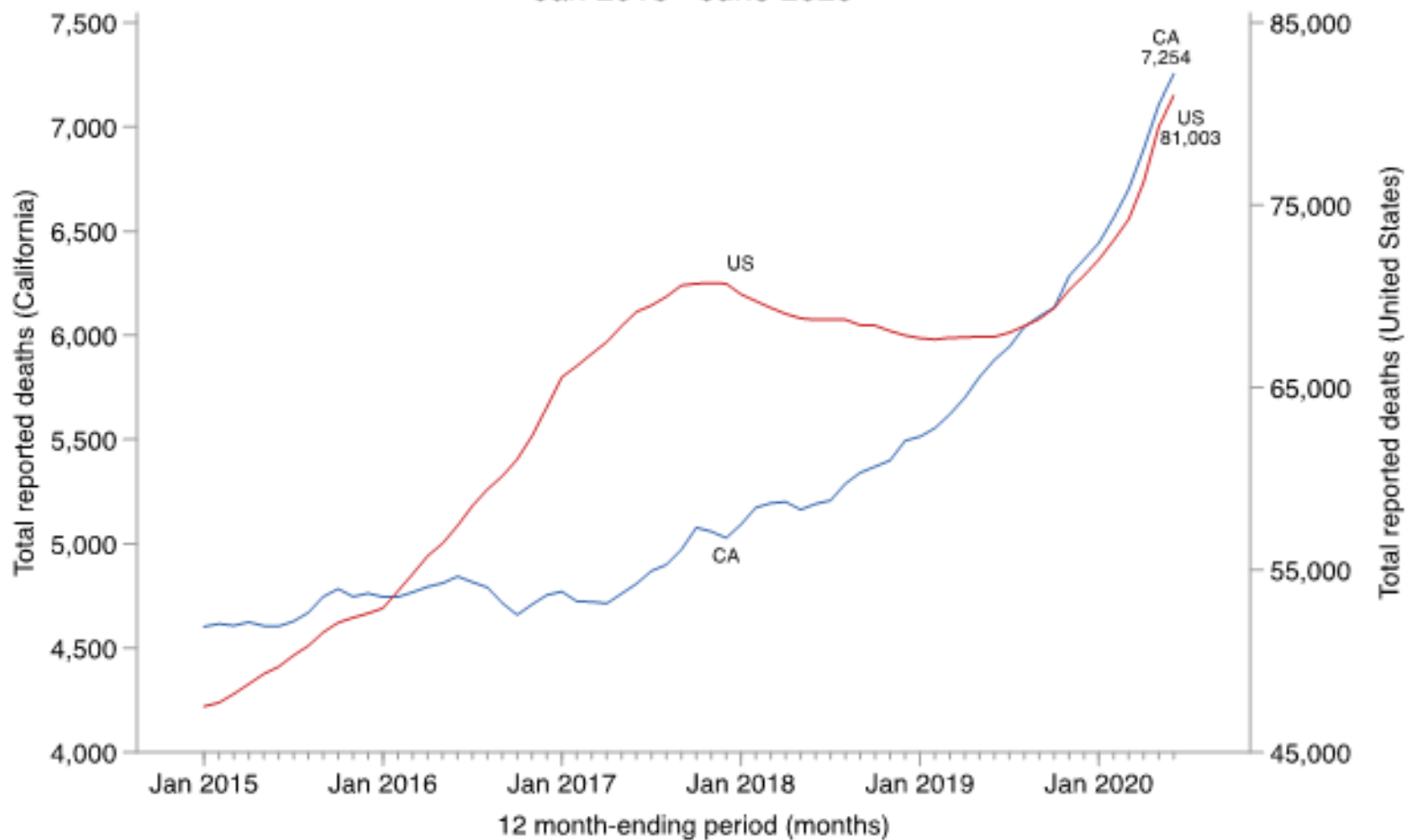


Do Collaborative Courts Need a “Game Changer?”

The rates of drug-related deaths in California and throughout the United States continues to skyrocket.

Even though the collaborative courts movement, specifically drug courts, have had an impact in addressing this crisis, there are too few people in these courts to stem the tide.

Fig 1. Drug Overdose Deaths in California (left) & the United States (right)
Jan 2015 - June 2020



Only one
question to
ask:

WHY???



Why haven't we increased our drug court enrollment?

There are several factors, I believe that are to blame:

30 years ago, during the early days of the drug court movement, there was a passion, a fire in our souls that gave us all a drive to do something different. This gave birth to a collaborative environment that made all of this possible. Prosecution, defense, treatment, probation, mental health, the courts and the community in general were looking for an answer to the epidemic of drug abuse and the misery it was causing.

I'm afraid we've lost some of this fire.



Why...(continued)

However, in the past 30 years the sands have shifted under our feet. So many things have happened that too many of us have lost sight of the plight of our brothers and sisters suffering from addiction:

9/11 (and the wars that followed)

COVID-19

Political divisions, impeachment, January 6, and more...

How Does CalAIM Change the Game for the Justice Involved Population & Collaborative Courts?

David Panush
President, California Health Policy Strategies LLC

September 2021

County Touchpoints in Access to MAT for Justice Involved Individuals

A Joint Effort of the California Department of Health Care Services
Medication Assisted Treatment Expansion Project,
Health Management Associates, and California Health Policy Strategies



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What's 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.
- Funds Enhanced Care Management and new “In Lieu of Services” benefits. Builds on Whole Person Care pilots that emphasize social determinants of health (e.g., housing).
- Medi-Cal managed care plans control funding.



CalAIM – Key Elements

Seven Mandatory Target Populations

- **Homeless:** Individuals experiencing homelessness, chronic homelessness or at risk of homelessness.
- **High Utilizers:** Frequent utilizers with hospital or emergency rooms visit/admissions.
- **Serious Mental Illness (SMI), and Substance Use Disorder at risk of institutionalization.** (Also, SED for youth)
- **Children and Youth** with complex physical, behavioral, developmental and/or oral health needs.
- **Nursing Facility Transition to the Community.**
- **Risk for Institutionalization** – eligible for long term care.



CalAIM – Key Elements (cont.)

- **Inmates released from jail and state prison** who have “significant complex physical or behavioral health needs and may have other social factors influencing their health.”

Also, “individuals who are involved in pre- or post booking diversion, behavioral health and criminogenic treatment programs, and thus, are at risk of incarceration and could through care coordination and service placement, have a treatment plan designed to avoid incarceration through the use of community of community-based care and services.”



CalAIM – Other Key Elements

- **Pre-Release Planning.** Mandates that all jails have a pre-release planning and Medi-Cal application process. Implementation: January 1, 2023.
- **Behavioral Health Facilitated Referral and Linkage (Warm Handoff).** Requires individuals receiving behavioral health treatment in jail to receive a “facilitated referral and linkage to county behavioral health upon release. Implementation: January 1, 2023.
- **Enhanced Care Management and In Lieu of Services.** Requires Medi-Cal Managed Care Plans to provide intensive case management/care coordination to high-cost target populations AND more flexible, non-clinical services *in lieu of* more expensive hospital/emergency room care.



More about Pre-Release Planning & In-Reach

DHCS is requesting 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.



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. Addresses clinical and non-clinical needs. Can access non-traditional in lieu of services.
- 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.
- Implementation: January 2022. (1 year later for the Reentry Target population)



More about In Lieu of Services

Based on Whole Person Care approach: Non-traditional/non-clinical wrap-around services offered “in lieu of” more expensive services such as hospitals and skilled nursing facilities. 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.



CalAIM Incentive Payments & Other Opportunities

Incentive Payments. \$1.5 billion over three years to Medi-Cal managed care plans to build invest in necessary infrastructure and capacity building for Enhanced Care Management and In Lieu of Services. Can include:

- Planning & recruiting potential contractors
- Training
- Workforce Development
- IT

PATH (Providing Access and Transforming Health). Budget includes \$200 million to build capacity and infrastructure or Medi-Cal enrollment and transitional care for justice-involved population. PATH funding can go to counties, CBOs, probation, sheriffs, adult/juvenile correctional facilities, public hospitals or Medi-Cal managed care plans.



Budget & Timeline

State Budget (Most funding flows through Medi-Cal managed care plans)

- \$1.6 billion (All funds)
- \$1.5 billion for 2022-23
- ***\$900 million on-going.***

Implementation Timeline:

- January 2023 for Reentry Population



One More Thing ... Behavioral Health Infrastructure

- Budget includes \$2.2 billion (one time) 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.
- In 2022, CalAIM opens door to federal option to get federal matching funds for individuals in psych hospitals or “Institutions for Mental Disease” (IMD) with more than 16 beds. Currently, counties pay 100% of cost. The waiver would free up county behavioral health funds.
- Waiver is conditioned on budget neutrality and demonstrating a continuum of alternative placements



Food for Thought

- **Prioritize Goals** – Connect the justice system to the broader goals of reducing homelessness, recidivism, incarceration.
- **Huge Challenges for Reentry/Justice-involved ... but also unparalleled opportunities.**
- **Start Talking Now with your county and get to know your county's Medi-Cal managed care plans.** They have responsibility for implementation and will determine which in lieu of services benefits will be offered.
- **Don't forget CDCR and State Hospitals**
- **Use CalAIM to Transform the Criminal Justice System with emphasis on treatment for behavioral health needs.**



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