



**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: January 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.

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.

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?

For Further Information:

- Contact: David Panush d.panush@calhps.com
- For more information about CalHPS, please visit www.calhps.com.

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](#)