

**Presentation on the
Council on Criminal Justice and Behavioral Health's
Medi-Cal Utilization Project
and the
California Department of Corrections and Rehabilitation's /
California Correctional Health Care Services
CalAIM Implementation Efforts**

**Presented to the
Collaborative Justice Courts Advisory Committee / Mental Health Subcommittee
September 13, 2023**

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**Brenda Grealish, Executive Officer
Council on Criminal Justice and Behavioral Health**



California Department of Corrections and Rehabilitation / Department of Health Care Services Medi-Cal Utilization Project

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CDCR-DHCS Medi-Cal Utilization Project

- The CCJBH Medi-Cal Utilization Project (MCUP) monitors enrollment into Medi-Cal, including selection of Medi-Cal Managed Care Plans (MCP), as well as access to and utilization of Medi-Cal behavioral health services for people releasing from CDCR who suffer from mental illness(es) and/or substance use disorders (SUDs).
- To date, using these matched data, CCJBH has produced the following reports/documents:
 - [Medi-Cal Utilization Report](#) ([Medi-Cal Utilization Report Executive Summary](#))
 - Informational Brief: [Reducing Preventable Emergency and Inpatient Utilization](#)
 - [20th Annual Legislative Report](#) (includes updated MCUP data)



CDCR-DHCS Medi-Cal Utilization Project

Data Match Methodology

- DHCS shares information for Medi-Cal eligibles information (e.g., First/Last Name, Middle Initial, Social Security Number, and Birth Date) with CDCR. CDCR uses these data to identify Medi-Cal beneficiaries transitioning from incarceration and returns “matches” to DHCS for further analyses of enrollment and service utilization.

Penetration and Engagement Rates

- In line with DHCS’s Behavioral Health Services reporting, service utilization is measured in terms of penetration rates, indicating utilization of one or more (1+) services, and engagement rates as a subset of penetrations rates, indicating utilization of five or more (5+) services



CDCR-DHCS Medi-Cal Utilization Project

- Most individuals released from CDCR are enrolled into Medi-Cal within one year (85 percent for those released in FY 2018-19).
- Of the individuals enrolled into Medi-Cal, the time to select a Managed Care Plan was as follows:
 - 32% selected a plan within one month
 - 70% within three months
 - 79% within six months
 - 83% within one year



CDCR-DHCS Medi-Cal Utilization Project

For individuals released from CDCR in FY 2018-19 who were enrolled into Medi-Cal, the demographic characteristics and behavioral health services utilization rates (within two years of release) are as follows:

- **52 percent** had an identified **SUD** designation at release
 - **23 percent** SUD service penetration
 - **12 percent** SUD service engagement
 - **8 percent** SMHS penetration
 - **4 percent** SMHS engagement
- **19 percent** had a **co-occurring SUD and mental health** designation at release
 - **35 percent** SUD service penetration
 - **17 percent** SUD service engagement
 - **33 percent** SMHS penetration
 - **20 percent** SMHS engagement



CDCR-DHCS Medi-Cal Utilization Project

Demographic characteristics and behavioral health services utilization (cont'd):

- **7 percent** had a **mental health disorder** designation at release
 - **39 percent** SMHS penetration
 - **27 percent** SMHS engagement
 - **28 percent** SUD service penetration rate*
 - **12 percent** SUD service engagement rate

*SUD service penetration rates were higher (by 5 percent) for individuals designated as having a mental health disorder only than for those with a SUD designation only, which may indicate that the SUD service needs of these individuals was underestimated or unidentified.



CDCR-DHCS Medi-Cal Utilization Project

In Summary:

- CCJBH remains concerned with the low utilization rates of Medi-Cal behavioral health services for individuals released from prison with identified behavioral health needs who are enrolled into Medi-Cal.
- To better understand low utilization of services, CCJBH partnered with the California State University, Sacramento, to conduct listening sessions for individuals with lived experience in the justice system and having a behavioral health condition (the results of these sessions will soon be published to the CCJBH website).
- It is anticipated that implementation of CalAIM, as well as recent housing investments, will improve these rates.



Upcoming Events

[Juvenile Justice Workgroup](#)

Friday, September 15, 2023, from 12:45-2:45 PM

[Diversion/Reentry Workgroup](#)

Friday, September 15, 2023, from 3:00-5:00 PM

[Full Council Meeting](#)

Friday, October 27, 2023, from 2:00-4:30PM

View [CCJBH's Project Portfolio](#)

View CCJBH's [2023 Framework](#)

If you would like to be added to CCJBH's listserv, click [HERE](#).

Thank you for your participation!



California Department of Corrections and Rehabilitation / California Correctional Health Care Services

CalAIM Implementation Efforts

Janene DeMundo, Deputy Director

Integrated Substance Use Disorder Treatment / Special Projects

Justice-Involved Initiative

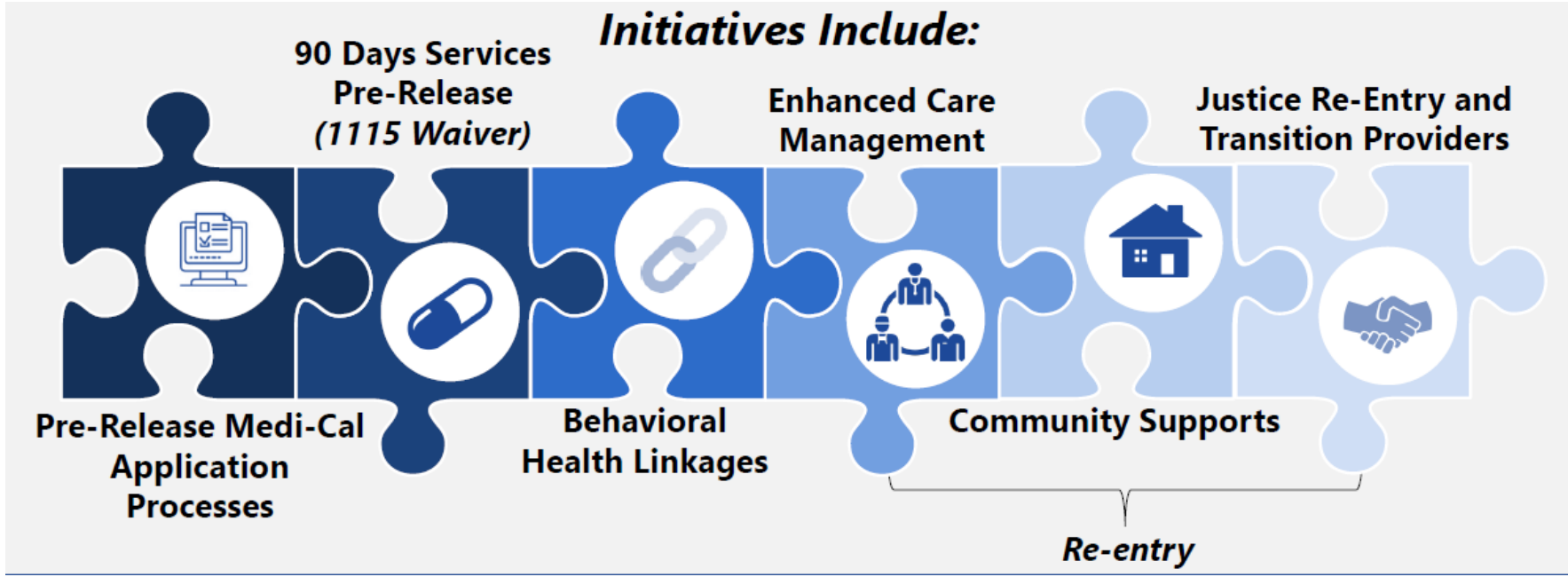


THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) WAIVER WAS APPROVED
JANUARY 26, 2023

THROUGH TARGETED CALAIM MEDICAL SERVICES AND SUPPORTIVE COMMUNITY REENTRY, CALIFORNIA IS SETTING A NEW STANDARD FOR
EQUITABLE, PERSON-CENTERED CARE



Overall CalAIM Initiative



Enhanced Pre-Release Planning

210-180 days

- Transitional Case Management Program (TCMP) (UC San Diego Benefit Workers) at each institution offer application services to all incarcerated persons
- American Society of Addiction Medicine (ASAM) Reentry Interview Script Enhancement (RISE) assessment to determine level of care (Medical LCSWs)

135 days

- Submit Medi-Cal Application (Benefit Workers submit to County)
- Medi-Cal Approval Received (**no later than 91 days**) (County notifies Benefit Workers, **to be automated**)
- **Access Eligibility Determined (IT System)**

90 days

- 90 Day Pre-Release Services (Nursing, Mental Health, Dental, Medical)
- **Care Coordination with External Enhanced Care Manager/Managed Care Plan/Behavioral Health (Mental Health, Nursing, UM)**

60 days

- Integrated weekly pre-release meetings (DAPO CTP, Nursing, Mental Health, Medical)
- Patient Interview

30 days

- Release plan generated to meet medical and SUD transitional needs, including MAT, cognitive behavioral interventions, medical, transportation, and housing
- Coordinates and partners with County Transition and DAPO services (Mental Health, Nursing, Medical, DAPO)
- **Warm Hand-off with Participant to External Enhanced Care Manager/Managed Care Plan/Behavioral Health. Release plan shared.**

7-0 days

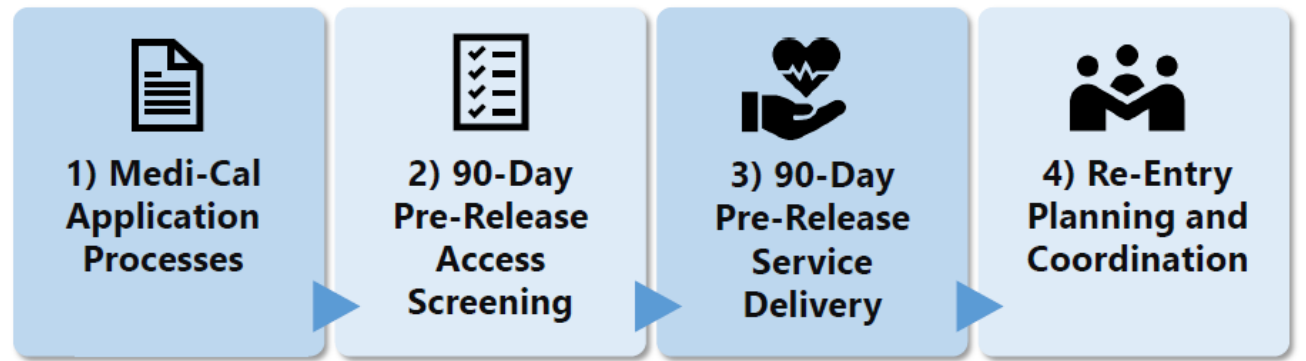
- Release plan and list of appointments (Discharge Nurse)
- Naloxone education (Discharge Nurse)

What we currently do for Enhanced Pre-Release and Transition Services does not include the New CalAIM tasks (**new tasks listed in purple**).

CalAIM Justice-Involved Initiative

90-day pre-release/in-reach services to start no sooner than April 1, 2024, and no later than March 31, 2026

CDCR/CCHCS to become a Medi-Cal billing entity.



5) Oversight and Project Management

1: Medi-Cal Application Processes	1a: Screening	Minimum Requirement
	1b: Application Support	Minimum Requirement
	1c: Unsuspension	Minimum Requirement
2: 90 Day Pre-Release Eligibility Screening	2a: Screening	Minimum Requirement
	2b: Eligibility Notification to State Eligibility System	Minimum Requirement
	2c: Release Notification to State Eligibility System	Minimum Requirement
3: 90 Day Pre-Release Service Delivery	3a: Pre-release Care Manager Assignment	Minimum Requirement
	3b: Consultation Scheduling	
	3c: Virtual/In-Person Consultation Support	
	3d: Support for Medications	Minimum Requirement
	3e: Support for Medication Assisted Treatment	Minimum Requirement
	3f: Support for Prescriptions Upon Release	Minimum Requirement
	3g: Support for Durable Medical Equipment Upon Release	
	3h: Medi-Cal Billing and Provider/Pharmacy Enrollment	Minimum Requirement
4: Re-Entry Planning and Coordination	4a: Release Date Notification	Minimum Requirement
	4b: Re-Entry Care Management Warm Handoff	Minimum Requirement
	4c: Re-Entry Behavioral Health Warm Handoff	Minimum Requirement
5: Oversight and Project Management	5a: Staffing Structure and Plan	Minimum Requirement
	5b: Governance Structure for Partnerships	
	5c: Reporting and Oversight Processes	Minimum Requirement

Milestones

DHCS finalize policy guidelines September 2023

CDCR/CCHCS review finalized requirements

IT build Medi-Cal Reimbursement System

CDCR/CCHCS to enroll as Medi-Cal Provider

Readiness Assessment Review by DHCS

Go-Live no later than March 31, 2026

CalAIM Justice-Involved Initiative

Most importantly, Californians involved in the justice system will now have the support and care they need even before they leave prison offering a better, healthier transition

