

CalAIM Justice-Involved Funding Opportunities

## PATH JI Round 3 Deep Dive

PRESENTED BY: Julie White, MSW, Principal Rebekah Kharrazi, MPH, CPH, Senior Consultant

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# **WELCOME & INTRODUCTIONS**



#### **INTRODUCTION TO PRESENTERS**





#### Julie White, MSW Principal

#### Rebekah Kharrazi, MPH, CPH Senior Consultant



## HEALTH MANAGEMENT ASSOCIATES (HMA)

National healthcare and research consulting firm specializing in publicly funded health care and the partners and populations that rely on it

MAT in Jails and Drug Courts team – expertise in carceral settings; substance use disorders and treatment; justice involved and complex care populations; cross sector agency coordination and strategy, and more



HEALTH MANAGEMENT ASSOCIATES

https://www.healthmanagement.com/ https://addictionfreeca.org/

National with nearly 600 consulting colleagues and growing

## **LEARNING OBJECTIVES**

- >> Review information and pertinent dates for the PATH JI Round 3 application process
- >> Understand the differences between PATH JI Round 3 and the previous PATH JI funding opportunities
- > Navigate the application components and understand submission requirements
- >> Review the components of the DHCS pre-release services readiness assessment and understand the operational expectations of correctional agencies and behavioral health agencies
- >> Understand how the work of the MAT in Jails and Drug Courts Learning Collaborative relates to the PATH JI Round 3 funding opportunity



## AGENDA

- >> CalAIM Justice-Involved Initiatives Overview
- >> PATH JI Round 3 Funding Opportunity
  - ≫Purpose
  - »Qualified Entities
  - »Application Process & Portal
  - >> Funding Allocations
  - >> Permissible Funding Uses
  - >> Operational Expectations & Readiness Assessment
  - ≫County Impact
  - >>Funding Distribution & Progress Reporting
- >> Resources
- » Questions

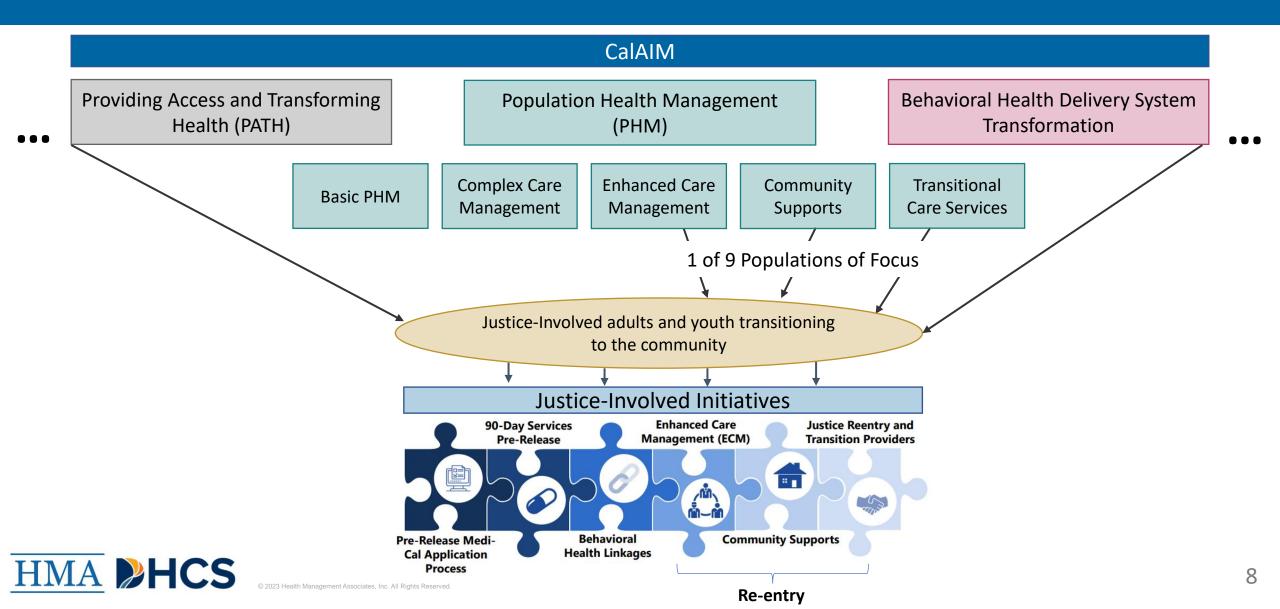




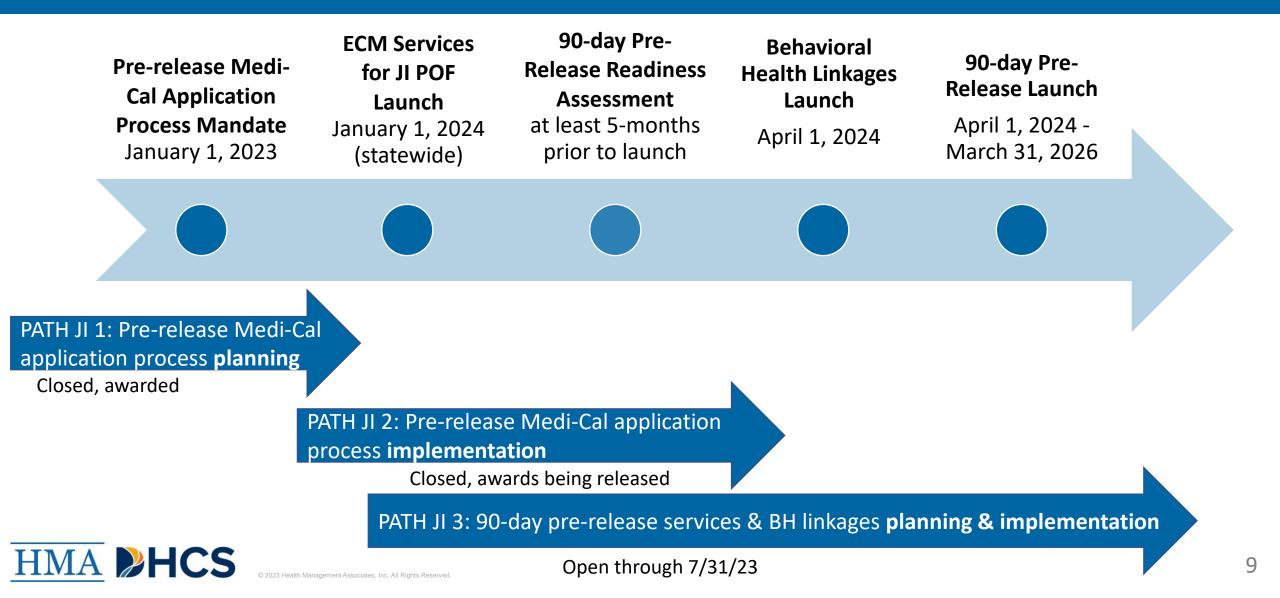
# **CALAIM JI INITIATIVES**



## CALAIM JUSTICE-INVOLVED INITIATIVES: OVERVIEW



#### CALAIM JI INITIATIVES: TIMELINE & PATH JI FUNDING OPPORTUNITIES

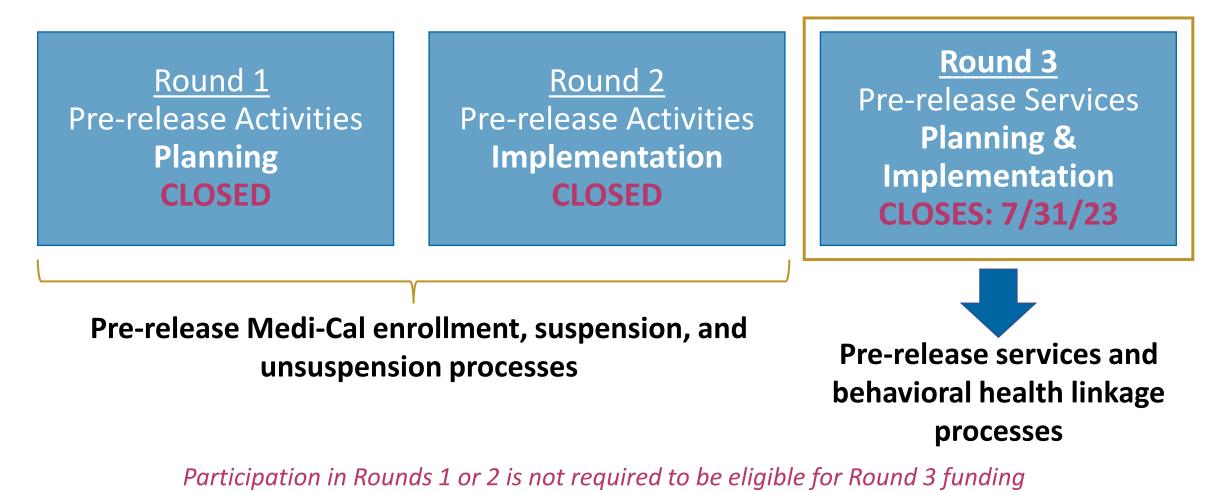




## PATH JI ROUND 3



## **PATH JI ROUND 3: PURPOSE**



HMA PHCS



# **APPLICATION PROCESS** & PORTAL



**County Sheriff's Offices** 

**County Probation Offices** 

County Behavioral Health Agencies

California Department of Corrections and Rehabilitation

Each entity will submit an independent application Delegate applicants must submit a letter of support from the qualified entity



## PATH JI ROUND 3: APPLICATION PROCESS

- 1. Apply for PATH JI Round 3 funding via the **PATH JI Round 3 Portal** (due July 31, 2023)
  - >> Applicant information
  - >> Data (case volumes)
  - Surrent state information and operational needs (complete the DHCS technical assistance survey) <u>Sorrectional Agencies survey</u> (see Appendix)
    - >>BH Agencies survey (forthcoming)
- Within 180 days of receipt of funds, submit an Implementation Plan describing how funding will be used
  - >> Budget template, including descriptions, justifications, and requested funding amounts





# PATH JI ROUND 3: APPLICATION PORTAL LANDING PAGE

#### $\cap$ ca-path.com/justice-involved PATH Shop TA Marketplace Sign In Home / Justice-Involved Justice-Involved **Capacity Building** Program The PATH Justice-Involved Capacity Building Program will provide funding to support implementation of pre-release Medi-Cal application and suspension processes. JI Round 3 application window now open! Apply Now

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HMA **HCS** 

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#### PATH JI ROUND 3: APPLICATION PORTAL GRANTS CONNECT PORTAL

		Sign in Sign up
	ENTER YOUR ACCOUNT DETAILS BELOW	
*	Email address*	
	Password*	
GrantsConnect	Remember me	
	Need help signing in	n? Sign in
	Resend account verification email	Forgot your password?



#### PATH JI ROUND 3: APPLICATION PORTAL CORRECTIONAL AGENCIES INFORMATION

Organization Name*	Type of Agency*	/
	County Sheriff's Offices to support county jails	× •
Name of Application Authorized Representative:*	Title of Application Authorized Representative*	
(First and Last)		
Telephone Number of Application Authorized Representative*	Email of Application Authorized Representative*	
Mailing Address of Application Authorized Representative*	County*	~
	County Agency*	
	Correctional Facility	× •
Number of facilities within county for adult jails and youth correctional facilities.*		
	Click or drop files here to upload	
Most recent publicly available source confirming average daily population (with attachments supporting the number		



#### PATH JI ROUND 3: APPLICATION PORTAL BH AGENCIES INFORMATION

Applicant Information	
Organization Name*	Type of Agency* County Behavioral Health agencies to support × ✓ behavioral health linkages.
Name of Application Authorized Representative:*	Title of Application Authorized Representative*
(First and Last) Telephone Number of Application Authorized Representative*	Email of Application Authorized Representative*
Mailing Address of Application Authorized Representative*	County*
	County Agency* BH agency × ✓
Number of individuals	s on SMHP/DMC/DMC-ODS*



#### PATH JI ROUND 3: APPLICATION PORTAL CURRENT STATE AND OPERATIONAL NEEDS

Eligible facility will be required to provide DHCS information on their current state and operational needs in order to be eligible for funds tied to the application approval. If a correctional facility has previously completed a DHCS-technical assistance survey (available here), they have already met this requirement and do not need to send additional information.

Please confirm you have submitted your DHCS-technical assistance survey.

#### Sorrectional Agencies survey (see Appendix)

>>BH Agencies survey (forthcoming)



#### PATH JI ROUND 3: APPLICATION PORTAL ATTESTATION & CERTIFICATION

#### **ATTESTATION & CERTIFICATION**

As the authorized representative of the entities applying for funding, each entity attests and agrees to the following conditions:

- The funding received through this program will not duplicate or supplant funds received through other programs or initiatives, or other federal, state, or local funding sources.
- The funding received through this program must not supplant funding provided for the state's Department of Corrections (DOC) for the purchase of technology for state prisons, county jails, and youth correction facilities.
- Funds from this initiative may only be spent on permissible uses of funds as documented in program guidance and this application.
- The entity will respond to general inquiries from DHCS and the TPA pertaining to this initiative within one business day of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. Entities that fail to meaningfully engage with DHCS and the TPA in response to these inquiries may be:
- Subject to audit, and if necessary, recoupment of grant funding by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures; and/or
- Precluded from receiving additional PATH funding.
- The entity is required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in this program application. In such cases, the entity may be required to return unused funds to DHCS contingent upon the circumstances.
- The entity agrees to submit an implementation plan to the TPA no more than 180 days (about 6 months) after initial funding is received, or March 31, 2024, whichever comes first.

Signature of Authorized Representative:*	Date of Signature:*	
	MM/DD/YYYY	
	This input is required	





# FUNDING ALLOCATIONS & PERMISSIBLE USES



>>Allocations will likely not be published by DHCS

- Sentities may request funding allocation information by emailing: justice-involved@ca-path.com
  - Correctional Agencies: provide number of facilities and average daily population
  - >BH Agencies: provide number of individuals on Specialty Mental Health / Drug Medi-Cal / Drug Medi-Cal Organized Delivery System (SMHP/DMC/DMC-ODS)



## PATH JI ROUND 3: PERMISSIBLE USES OF FUNDING

#### **Correctional Agencies**

Implementing billing systems	Adoption of certified EHR Technology and IT		Adoption of Technology and IT	Behavioral Health Agencies
(recommended priority area)	technology	services	Training, technical assistance, and	
			planning efforts	
Hiring of staff and	Development of	Additional activities to		
training	protocols and procedures	promote collaboration	Recruitment, hiring, onboarding,	
			and supporting	
Planning	Screening for pre- release services (max 2 years)	Other activities to support provision of Medi-Cal reentry services	staff salaries	



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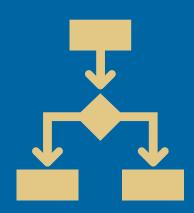
#### PATH JI ROUND 3: GUARDRAILS FOR SUPPORTING STAFF SALARIES

- >>Funding for directly pertinent portion of FTE only
- Salaries must be reasonable relative to similar positions within region
- >>Fringe benefits may be included
- >>Up to 5% additional funding available for indirect costs
- Salary support is capped for correctional facilities >New positions: 18 months max >Existing positions: 12 months max



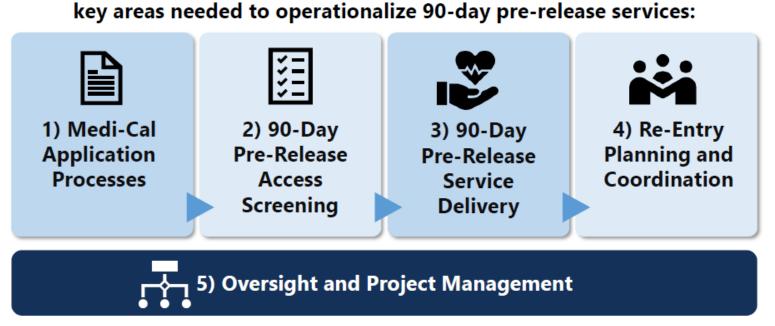


# OPERATIONAL EXPECTATIONS & READINESS ASSESSMENT



#### PATH JI ROUND 3: OPERATIONAL EXPECTATIONS FOR CORRECTIONAL AGENCIES

- >> Go-live for 90-day pre-release services is no sooner than April 1, 2024 and no later than March 31, 2026
- Readiness assessments must be submitted at least five months before
   go-live
   DHCS will launch a readiness assessment process that will focus on five



Entities are expected to meet operational criteria regardless of whether they seek PATH JI Round 3 funding



#### PATH JI ROUND 3: READINESS ASSESSMENT FOR **CORRECTIONAL AGENCIES**

Focus Areas	Readiness Element	Minimum Requirement for Pass or Conditional Pass?
1: Medi-Cal	1a: Screening	Minimum Requirement
Application	1b: Application Support	Minimum Requirement
Processes	1c: Unsuspension	Minimum Requirement
2: 90 Day Pre-	2a: Screening	Minimum Requirement
Release Eligibility	2b: Eligibility Notification to State Eligibility System	Minimum Requirement
Screening	2c: Release Notification to State Eligibility System	Minimum Requirement
	3a: Pre-release Care Manager Assignment	Minimum Requirement
	3b: Consultation Scheduling	
	3c: Virtual/In-Person Consultation Support	
3: 90 Day Pre- Release Service	3d: Support for Medications	Minimum Requirement
Delivery	3e: Support for Medication Assisted Treatment	Minimum Requirement
<b>,</b>	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
	4a: Release Date Notification	Minimum Requirement
4: Re-Entry Planning and Coordination	4b: Re-Entry Care Management Warm Handoff	Minimum Requirement
	4c: Re-Entry Behavioral Health Warm Handoff	Minimum Requirement
F. Ourselacht an d	5a: Staffing Structure and Plan	Minimum Requirement
5: Oversight and Project Management	5b: Governance Structure for Partnerships	
i rejecci management	5c: Reporting and Oversight Processes	Minimum Requirement

DHCS CalAIM JI Advisory Group Meeting on February 23, 2023 HMA **HCS** 

#### **Readiness Assessment Scoring Rubric**



**Response is complete and indicates** total or almost total readiness in the focus area.



**Response is complete and indicates** partial readiness with a defined plan to achieve readiness by or shortly after the go live date.



Response is incomplete, the provided response did not sufficiently address the question, or the provided response did not indicate readiness or define a plan to achieve readiness by or shortly after the go live date.

#### PATH JI ROUND 3: OPERATIONAL EXPECTATIONS FOR BEHAVIORAL HEALTH AGENCIES

- >> Go-live for behavioral health linkages is April 1, 2024 (except Professional-to-Professional Clinical Handoff)
- >> Go live for pre-release services is based on correctional agency launch date(s)

3. Release Planning • Follow-up Appointments\* 2. Data Sharing for Transportation\* 1. Initial Data Sharing\* Release\* 5. Follow-up Post-Release 6. Oversight & Project Management Post-Release Scheduling\* 4. Professional-to- Post-Release Follow-up\* Staffing Structure and Plan\* **Professional Clinical**  Governance Structure for Handoff\* **Partnerships** Reporting and Oversight\*

Entities are expected to meet operational criteria regardless of whether they seek PATH JI Round 3 funding



\*Minimum Requirement

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>>90-day pre-release services and BH linkages are considered a mandate

Services reimbursable to Medi-Cal (first in nation)
New services: not previously provided by carceral settings
Existing services: previously provided by carceral settings
To the extent services are covered that were previously provided or paid by the carceral facility, the state must reinvest all new federal dollars

>Draft Policy & Operational Guidance expected early June





# FUNDING DISTRIBUTION & PROGRESS REPORTING



# PATH JI ROUND 3: FUNDING DISTRIBUTION AND PROGRESS REPORTING

#### 1. Application Approval

 10% of max funding within 90 days of approval

#### 2. Implementation Plan Approval

 60% of requested funding upon approval

#### 3. Interim Progress Report Approval

- Submitted once 50% of operational criteria are successfully implemented
- 15% of requested funding upon approval

#### 4. Final Progress Report Approval

- Submitted once 100% of operational criteria are successfully implemented
- 15% of requested funding upon approval





# RESOURCES



## PATH JI ROUND 3: FUNDING RESOURCES

>>DHCS CalAIM Justice Involved Initiative website

» PATH JI Round 3 Application Portal (submit here)

Sciences Sign Up and Password Reset Guide

- »DHCS Technical Assistance Survey (Correctional Agencies)
- ≫PATH JI Round 3 Guidance Memo
- >> DHCS Third Party Administrator Contact

 $\gg$ justice-involved@ca-path.com

≫(866) 529-7550

## **REMINDER:** Round 3 Application due July 31, 2023





# QUESTIONS



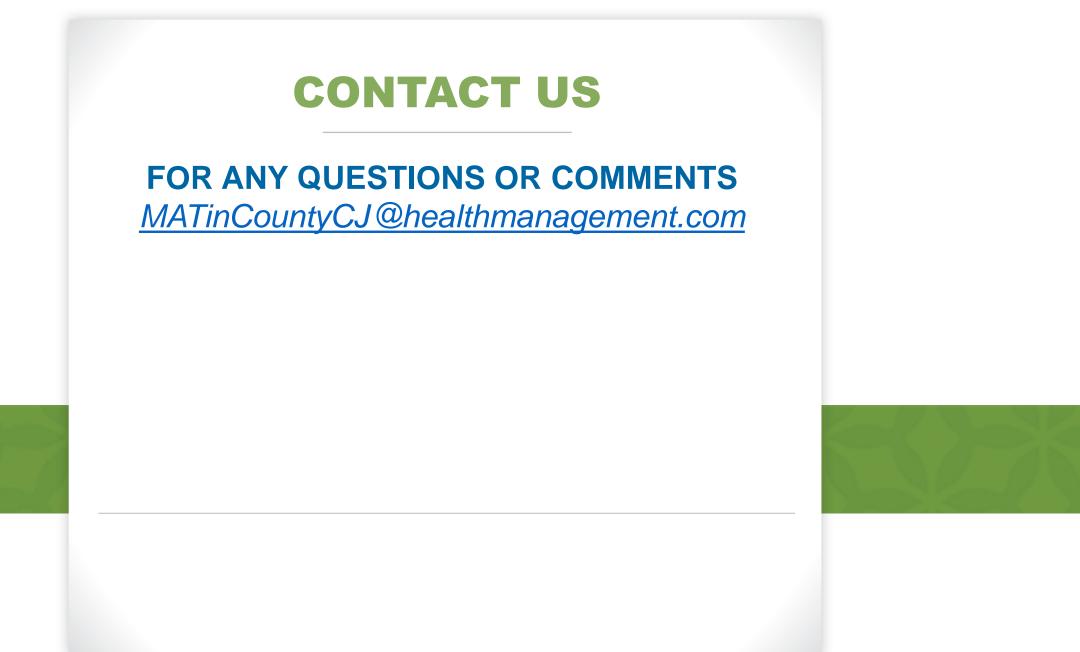


# SUBMIT COMMENTS IN CHAT



To inform the June 7<sup>th</sup> Discussion Session, please share any concerns you have about:

- PATH JI Round 3 application
- 90-day pre-release services
- Behavioral health linkages



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## **EVALUATION POLL**

## 1. Overall, today's webinar was:

- A. Very useful
- B. Somewhat useful
- C. Not very useful
- D. Not useful at all
- 2. The material presented today was:
  - A. At the right level
  - B. Too basic
  - C. Too detailed





# APPENDIX



#### **DHCS Technical Assistance Survey link**

* Name
* 2 Email Address
* 3 Position
* County
* S Number of correctional facilities in county for which you are filling out this survey. If you are filling our for only the adult facilities please leave youth count blank; if you are filling out for only youth facilities please leave adult count blank.
Adult Facilities       Youth Facilities



Focus Areas	Readiness Element	Minimum Requirement to Go-Live
	<b>1a: Screening</b> – Defined process and support model to screen for current Medi-Cal enrollment and eligibility if not yet enrolled	Minimum Requirement
1: Medi-Cal Application	<b>1b: Application Support</b> – Defined process to support individuals in applying for Medi-Cal coverage and submitting an application	Minimum Requirement
Processes	<b>1c: Unsuspension</b> – Process and data sharing capability to notify the SSD of the individual's release date to reactivate coverage and deactivate the pre-release services aid code/enable full scope benefits	Minimum Requirement

#### Which of the following options best describes your agency's readiness as it relates to the requirements outlined in the table above?

Our agency currently has a process in place that meets the above requirements.

Our agency does not currently have a process in place that meets the above requirement but is actively planning to update processes; no technical assistance will be needed.

Our agency does not currently have a process in place that meets the above requirements, and we will need technical assistance

Out of the following options, which do you believe would be the best possible source of technical assistance for this requirement for your agency? Please check all that apply.

One on one meetings with the State to discuss county specific questions.

Connection to other counties who have developed these processes.

Written policy guidance on how to comply with requirements. Please note this guidance is available here: <u>https://www.dhcs.ca.gov/services/medi-</u> <u>cal/eligibility/letters/Documents/22-26.pdf</u>

Other (please specify)



Focus Areas	Readiness Element	Minimum Requirement to Go-Live	
2: 90 Day Pre- Release Eligibility Screening	<b>2a: Screening</b> - Defined process and support model to screen eligibility for 90-day Medi-Cal Reentry Services and Behavioral Health Linkage. Screening should include securing consent from the individual to release information to relevant parties (e.g., assigned care manager) and follow 42 CFR Part 2 level written consent for disclosure as a requirement for all data sharing. DHCS supports the best practice of developing documentation in correctional facilities applicable electronic data systems (e.g., electronic medical records) that can be leveraged for high- utilizers (i.e., individuals who are incarcerated 2 or more times within 12 months) to expedite their enrollment.	Minimum Requirement	<ul> <li>Which of the following options best describes your agency's readiness as it relates to the requirements outlined in the table above?</li> <li>Our agency does not currently have processes in place that meets the above requirement but is actively planning to update processes; no technical assistance will be needed.</li> <li>Our agency does not currently have a process in place that meets the above requirements, and we will need technical assistance</li> <li>Out of the following options, which do you believe would be the best possible source of technical assistance for this requirement for your agency? Please</li> </ul>
	<b>2b: Eligibility Notification to DHCS</b> – Process and infrastructure in place to electronically communicate to the State on a timely basis a list of individuals who are eligible for 90-day pre-release services for the purpose of aid code reassignment	Minimum Requirement	<ul> <li>check all that apply.</li> <li>One on one meetings with the State to discuss county specific questions.</li> <li>Connection to other counties who have developed these processes.</li> </ul>
	<b>2c: Release Notification to DHCS/County SSD</b> - Process and infrastructure in place to electronically communicate to the State and County SSD on a timely basis a list of individuals who are released from custody.	Minimum Requirement	Written policy guidance on how to comply with requirements.



Focus Areas	Readiness Element	Minimum Requirement to Go-Live	(10) Pre-Release Care Manager Assignment. Does your agency plan to leverage	(14) Support for MAT. Do you have MAT processes in place?
	3a: Pre-release care manager assignment - Established process for leveraging the ECM Justice Involved MCP network provider directory to identify and assign a community-based care manager, or alternatively an embedded care manager, to the individual shortly after determining eligibility for 90- day pre-release services. Once an assignment is made, the agency must notify the care manager and validate that necessary consent has been obtained to share information.	x	correctional health care staff or to coordinate with community-based providers to provide care management services? Please note, as described in Focus Area 4 (next page), that a warm hand-off to a community-based provider will be required as part of the care management model. Correctional health care staff Coordinate with community-based providers Outreach to County Behavioral Health providers	<ul> <li>All facilities have MAT processes in place</li> <li>Some facilities have MAT processes in place and agency has plans to expand to all facilities to meet CalAIM requirements</li> <li>Agency will require technical assistance to develop processes for delivery MAT</li> <li><sup>7</sup> Support for Prescriptions Upon Release. Do you provide medications in-hand upon release? Please check all that apply.</li> </ul>
	3b: Consultation scheduling – Supports rapid scheduling of in-person or virtual consultations with the individual and care manager and other providers (e.g., behavioral health providers), as needed 3c: Virtual/in-person consultation support – Established process for providing space for consultations, including physical space for in-person		Other (please specify)	<ul> <li>All facilities have processes in place to provide medications in-hand upon release</li> <li>All facilities have processes in place to provide prescription for medications in-hand upon release</li> <li>Agency will require technical assistance to develop processes for providing medication in hand upon release</li> </ul>
3: 90 Day Pre-	visits and/or space and technology for individual to connect to virtual consultation (e.g., laptop or similar device, webcam, internet access, telephone line) while ensuring appropriate security protections remain in place		<ul> <li>Consultation Scheduling. Does your agency have process in place to support scheduling of in-person and virtual consultations?</li> <li>Yes, for all relevant providers (e.g., community-based clinical providers, county behavioral health providers)</li> </ul>	DME. Do you provide DME to individuals to have in hand upon release? Please check all that apply.
Release Service Delivery	3d: Support for Medications – Infrastructure and processes are in place to support the provision of Medi-Cal medications or an action plan has been defined to support provision of Medi-Cal medications upon go-live.	x	<ul> <li>Yes, but only for some providers</li> <li>No, agency will require technical assistance to develop scheduling processes for in-person and/or virtual consultations</li> </ul>	<ul> <li>All facilities have processes in place to provide DME in-hand upon release</li> <li>All facilities have processes in place to provide prescription for DME upon release</li> <li>Facilities have a mix of DME in-hand and prescriptions and do not require technical assistance from state to update processes</li> </ul>
	3e: Support for Medication Assisted Treatment (MAT) - Infrastructure and processes are in place to support MAT for OUD and AUD or an action plan has been defined to support MAT upon go-live.	x	<sup>1</sup> (12) Virtual/In-Person Consultation Support. Does your agency have any of the below processes in place to support in-reach clinical consultation? Please	Agency will require technical assistance to develop processes for providing DME upon release <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup> <sup>1</sup>
	3f: Support for Prescriptions Upon Release – Infrastructure and processes are in place to support dispensing of Medi-Cal medications on day of release or an action plan has been defined to support provision of Medi-Cal medications on day of release upon go-live.	x	check all that apply.  Dedicated space for in-person clinical consultation  Telehealth capabilities for in-reach consultation  Agency will require technical assistance to develop processes for clinical consultations	process in place? Yes No, but agency is in the process of developing billing processes and does not require technical assistance
	3g: Support for DME Upon Release – Infrastructure and processes are in place to support provision of DME on day of release or an action plan has been defined to support provision of DME on day of release by January 1, 2025.		Support for Medications. Does your correctional facility have a pharmacy on site?	○ No, agency will require technical assistance to develop processes for Medi-Cal billing
	3h: Medi-Cal billing - Processes are in place to support Medi-Cal billing for pre-release services and medications, including enrolling providers and pharmacies (as necessary) as Medi-Cal providers.	x	<ul> <li>All facilities have a pharmacy on site</li> <li>Some facilities have a pharmacy on site</li> <li>No facilities have a pharmacy on site</li> </ul>	42

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Focus Areas	Readiness Element	Minimum Requirement to Go-Live	
	4a: Release date notification – Provides electronic notification of the individual's release date		
	to the pre-release care manager, post-release ECM provider (if different), and Medi-Cal managed care plan	Minimum Requirement	
4: Re-Entry Planning and Coordination	4b: Reentry care management warm handoff – Established process to allow for in-person warm handoff between pre-release care manager and post- release ECM provider, where possible and if the post- release ECM provider is different than the pre- release care manager (e.g., providing space in re- entry area for warm handoff meeting either in- person or via telehealth)		
	4c: Re-entry behavioral health warm handoff – Established process to allow for an in-person warm handoff between pre-release care manager and post- release BH care manager, where possible and if the post-release BH care manager is different than the pre-release care manager (e.g., providing space in re-entry area for warm handoff meeting either in- person or via telehealth)	Minimum Requirement	

18	Release Date Notification. Do you have processes in place to electronically share release dates with pre-release care managers, post-release ECM providers (if different) and Medi-Cal managed care plans?
	<ul> <li>Agency has process in place to provide electronic notification of release date to members of care team, including pre-release care manager, post-release ECM provider (if different), and Medi-Cal managed care plan (as applicable)</li> </ul>
	Agency is building processes and does not require technical assistance
	O Agency will require technical assistance to develop processes for sharing release date
19	Reentry Care Management Warm Handoff. Do you have processes in place to
	allow for in-person/telehealth warm handoff between pre- and post-release
	care managers? Please check all that apply.
	Agency has process in place to allow for care management warm handoff in-person
	Agency has process in place to allow for care management warm handoff via telehealth
	Agency is building processes and does not require technical assistance
	Agency will require technical assistance to develop processes for care management warm handoff
20	Reentry Behavioral Health Warm Handoff. Do you have processes in place
	allow for in-person/telehealth warm handoffs between pre- and post-release
	behavioral health providers? Please check all that apply.
	Agency has process in place to allow for behavioral health warm handoff in-person
	Agency has process in place to allow for behavioral health warm handoff via telehealth
	Agency is building processes and does not require technical assistance
	Agency will require technical assistance to develop processes for behavioral health warm handoff



Focus Areas	Readiness Element	Minimum Requirement to Go-Live
	5a: Staffing structure and plan – Clear staffing and/or contractor structure to support each readiness element and compliance with DHCS requirements for 90-day pre-release services and re- entry coordination	Minimum Requirement
5: Oversight and Project Management	5b: Governance structure for partnerships – Defined governance structure for coordinating with key partners (e.g., SSD, care management organizations, providers, MCPs, county BH agencies)	
	5c: Reporting and oversight processes – Established process to collect, monitor and report on DHCS required measures, including corrective action processes to address operational challenges	Minimum Requirement

21	Which of the following options best describes your agency's readiness as it
	relates to the requirements outlined in the table above?
	Our agency currently has a process in place that meets the above requirements.

) Our agency does not currently have a process in place that meets the above requirement but is actively planning to update processes; no technical assistance will be needed.

 Our agency does not currently have a process in place that meets the above requirements, and we will need technical assistance

Qut of the following options, which do you believe would be the best possible source of technical assistance for this requirement for your agency? Please check all that apply.

One on one meetings with the State to discuss county specific questions.

Connection to other counties who have developed these processes.

Written policy guidance on how to comply with requirements.

Other (please specify)



$^{(23)}$ Which of the following options best describes how likely you are to apply for	or
PATH funding?	
County will likely apply	
County will likely not apply	
County requires technical assistance to understand PATH applications	

