

How the CalAIM Justice-Involved Initiative Intersects with Your Jail MAT Efforts:

Tips & Strategies for Jail Administrators

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PRESENTERS



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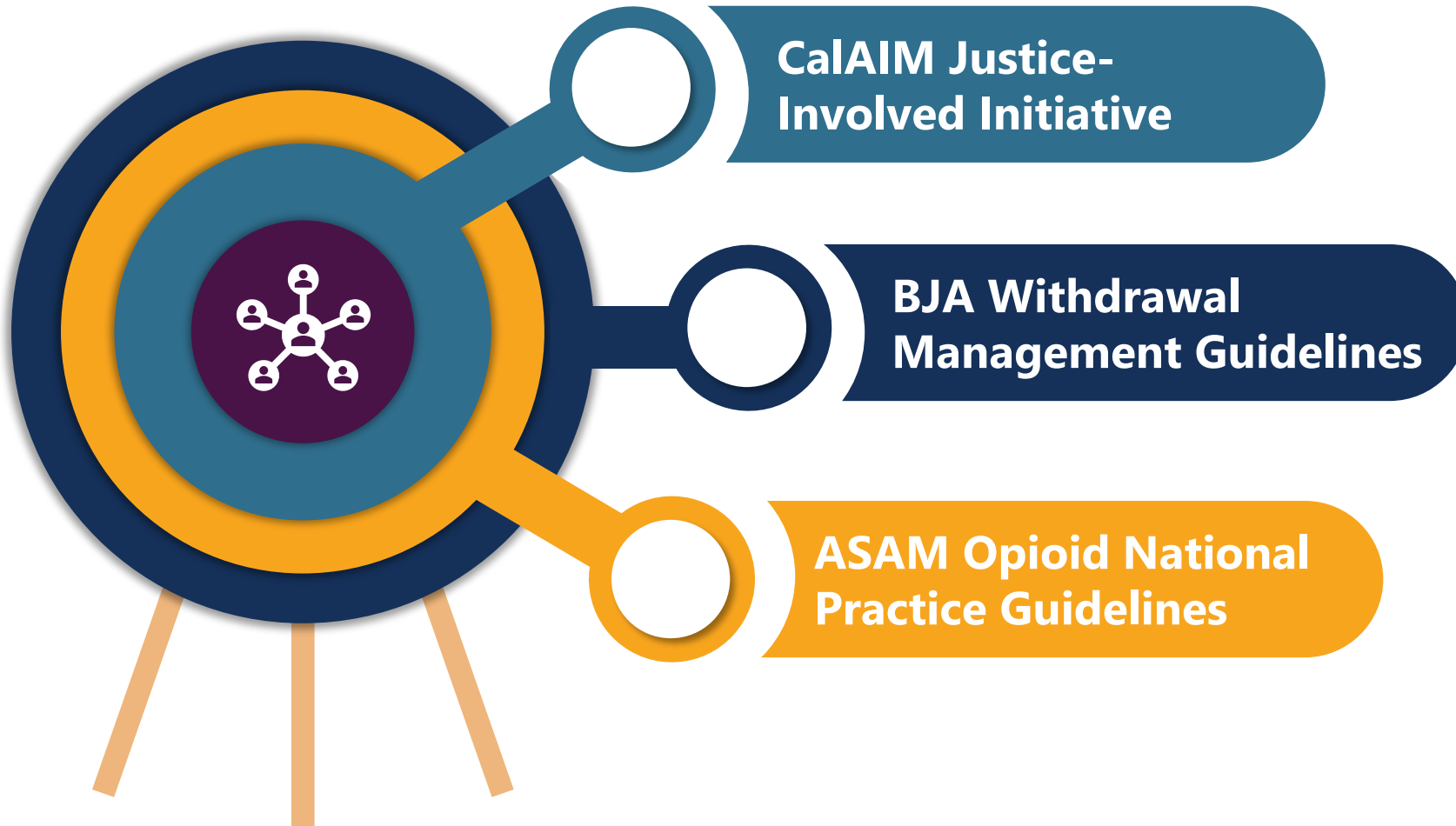
LEARNING OBJECTIVES

Connecting CalAIM with your current MAT implementation efforts

- Understand the requirements of CalAIM Justice-Involved (JI) Initiative related to substance use disorder (SUD), opioid use disorder (OUD), and MAT, as outlined in the *Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Reentry Initiative*
- Identify next steps on integrating county-wide efforts for medication assisted treatment (MAT), pre-release services, reentry, and enhanced care management as they align with CalAIM JI components

Connecting CalAIM with Your Current MAT Implementation Efforts

CURRENT LANDSCAPE | NEW GUIDANCE – DIFFERENT SOURCES – **SAME GOALS**



- Increasing access to MAT for persons with SUD, including OUD and AUD
- Improving withdrawal management practices in jails, including providing MAT
- Emphasizing collaboration/multi-disciplinary teams
- Setting patients up for success in correctional facilities and upon release into the community

Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative



DHCS Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative
<https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf>

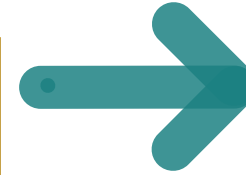
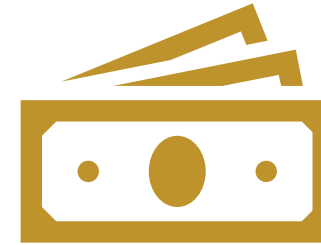
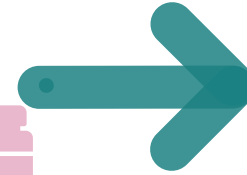
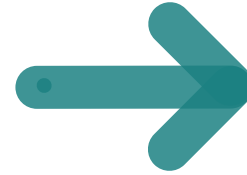
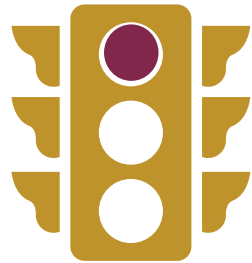
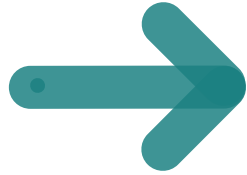
TERMS USED IN DOCUMENT

Behavioral Health Link	Behavioral health links seek to ensure continuity of treatment for individuals who receive behavioral health services while they were incarcerated and who wish to continue to receive these services from SMHS, DMC, and/or DMC-ODS in the Community
Correctional Facility (CF)	State prisons, county jails, and county youth correctional facilities
Justice-Involved Individual	An individual who is currently or was formerly incarcerated within the past twelve months
Medication Assisted Treatment or medications for addiction treatment (MAT)	DHCS defines this term as Medications for Substance Use Disorder Treatment and will refer to it as such in the document. This includes medications to treat opioid use disorder or medications (MOUD) to treat alcohol use disorder (MAUD), including the important use of medication as a stand-alone treatment without the pre-requisite use of psychosocial services, when clinically indicated

MAT IN JAILS: WHAT YOU ARE WORKING ON NOW THAT ALIGNS WITH CAL-AIM JI REQUIREMENTS

- ✓ Screening and assessment for SUD with validated tools
- ✓ Access to MAT for all JI-individuals with OUD who may benefit from it and wish to engage in treatment
- ✓ Pre-Release Planning
- ✓ Continuation of treatment and recovery supports upon reentry

CALAIM JI COMPONENTS AFFECTING CORRECTIONAL FACILITIES – ENTERING CORRECTIONAL FACILITY



Individual entering Correctional Facility (CF)

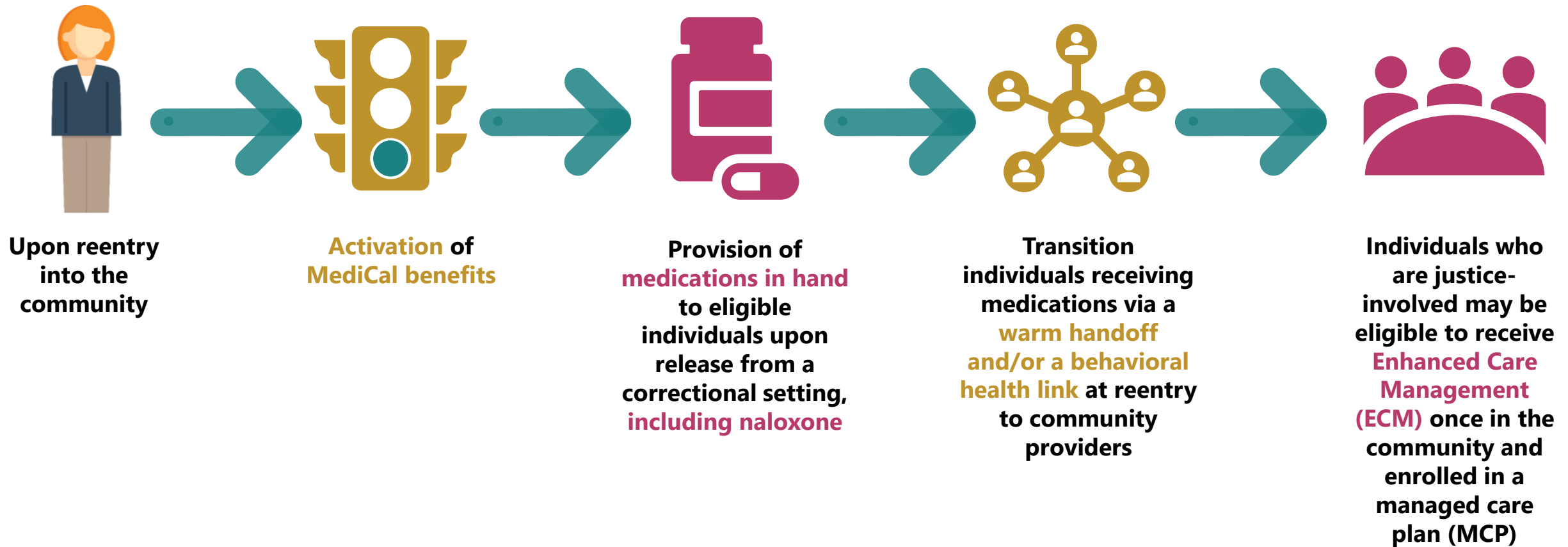
Suspension (rather than termination) of **MediCal benefits** for individuals with stays of **28 days or longer**

Screen individual for mental illness and SUD; where appropriate, **provide MAT for SUD** (OUD, AUD, and other) in conjunction with **psychosocial services**

County CFs must **bill and claim for medications for SUD** within 8 days of JI aid code activation

CFs can contract with County BH to perform timely **in-reach** BH clinical consultations, assessments, counseling or therapy, Medi-Cal Peer Support Services, MAT, other medications and/or medication administration

CALAIM JI COMPONENTS AFFECTING CORRECTIONAL FACILITIES – REENTRY INTO THE COMMUNITY



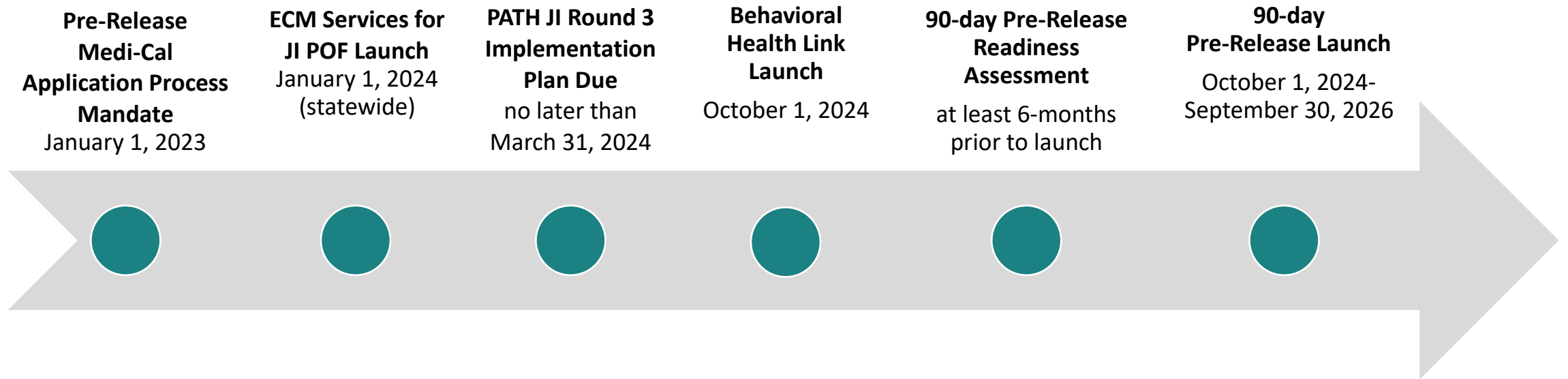
MEDICATION ASSISTED TREATMENT (MAT) REQUIREMENTS

MAT for OUD includes all medications approved under section 505 of the federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. § 262) to treat OUD as authorized by Social Security Act Section 1905(a)(29). **DHCS will require CFs to provide access to at least one agonist medication (i.e., either methadone or buprenorphine).**

MAT for AUD and non-opioid SUD includes all FDA-approved drugs and services to treat AUD and other SUDs.

Psychosocial services delivered in conjunction with MAT for OUD as covered in the State Plan 1905(a)(29) MAT benefit, and MAT for AUD and non-opioid SUD as covered in the State Plan 1905(a)(13) rehabilitation benefit, **including assessment; individual/group counseling; patient education; and prescribing, administering, dispensing, ordering, monitoring, and/or managing MAT.**

CALAIM JI INITIATIVE: KEY DATES



Implementation Plan =
PATH JI Round 3
Grant Deliverable

Readiness Assessment =
Prerequisite for Go-Live

SCREENING AND ASSESSMENT

PAGES 69-70

- To ensure individuals with behavioral health needs are identified and behavioral health links are provided, as required by AB 133, DHCS will require that CFs systematically **screen all individuals entering the CF for mental illness and SUD, including any history of alcohol, sedative or opioid withdrawal**
- Screening for mental health and SUD should be **performed using validated tools, with demonstrated applicability in justice settings**
- Additionally, screening and assessments must be **performed or overseen by a licensed professional**



Recommended SUD screening tools:

- Texas Christian University Drug Screen V (TCUDS V)
- Alcohol Smoking and Substance Involvement Screening Test (ASSIST)
- Simple Screening Instrument (SSI)

INITIATING & PROVIDING MEDICATIONS FOR SUD

PAGE 85

- All CFs are **responsible for initiating and providing medications for SUD** as soon as a need is identified
- Individuals with an identified need must have **access to all forms of medications for opioid use disorder (MOUD) (including one agonist medication (i.e., either methadone or buprenorphine))**
- The county CF should **determine the needed medications for SUD for the incarcerated individual during the initial intake process**. This determination ideally occurs within the first 8 hours of incarceration or before the county CF's next scheduled dosage time/med pass

- **Timely continuation of any agonist medication prescribed in the community, for the duration of incarceration**
 - CF providers must use the available legal pathways to administer these medications, including the DEA 72-hour emergency rule for methadone, where needed
 - CF must have **policies and procedures to support evidence-based dosing, urine drug screening, diversion control, and patient expectations/consent**

TAPER, DISCONTINUATION AND WITHDRAWAL

PAGES 116; 119

- **Tapering or discontinuation determined in shared decision-making** between the clinician and the patient on a case-by-case basis and in accordance with policies. **Discontinuation determined by both clinician and patient**, and on a case-by-case basis in accordance with **evidence-based practice**
- **Assessment and provision of medication continuation and withdrawal management are available every day**, with the goal of preventing gaps in care that can unnecessarily precipitate or sustain withdrawal
- **Management of opioid withdrawal with agonist medication** (i.e., either methadone or buprenorphine) using evidence-based tools and interventions.

HARM REDUCTION: NALOXONE

PAGES 113; 122

- Ensure that opioid overdose reversal medication is available, and staff have been trained in its use. Support access to overdose-reversal medication (naloxone)
- At the time of release, **all individuals** must be offered naloxone and instruction on its use, regardless of any history of OUD



MEDICATIONS UPON RELEASE

PAGES 119-120

- The CalAIM JI Initiative includes the **provision of medications in hand to eligible individuals upon release from a correctional setting in order to ensure individuals have enough medications to follow their treatment plans; maintain stabilization on the medications** they were prescribed when incarcerated; and **avoid decompensation in the period between release and any appointments** they may have with their community-based physical and/or behavioral health providers



OTHER REQUIREMENTS FOR TREATMENT FOR OUD

PAGES 114-115

- **Assessment** of individuals who screened positive for OUD
- **Treatment planning**, consistent with Medi-Cal requirements, including Cal. Code Regs. Tit. 9, § 10305 – Patient Treatment Plans (also known as “Title 9”) **for applicable NTP services, in collaboration with the patient**
- **Timely induction of an appropriate form of medication** based on the individual’s preference for agonist or antagonist treatment

ALIGNING DIFFERENT FUNDING STREAMS

PERMISSIBLE USES OF FUNDING – PATH GRANTS

NOTE: ALL PATH FUNDING OPPORTUNITIES ARE CLOSED AND NO LONGER ACCEPTING APPLICATIONS

PATH 1 Funding

- Permissible uses: Facilitating meetings and collaborative planning sessions; hiring vendors or consultants to help identify operational gaps; support for initial costs related to recruiting, hiring, and onboarding staff; and support for staff time

PATH 2 Funding

- Permissible uses: modifying technology and IT systems; recruiting, hiring, onboarding, and training staff; developing or modifying protocols and procedures; facilitating collaborative planning activities; modifying the physical infrastructure; supporting salaries (with guardrails); and setting up infrastructure/processes to draw down Medicaid administrative activity (MAA) funding

PATH 3 Funding

- Permissible uses (CFs): implementing billing systems; adoptions of certified EHR technology; technology and IT services; hiring of staff and training (with guardrails); development of protocols and procedures; activities to promote collaboration; planning; and screening for pre-release services (max 2 years).
- Permissible uses (behavioral health agencies): training, technical assistance, and planning efforts; and recruitment, hiring, onboarding, and supporting staff salaries

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

ALLOWABLE COSTS – JAIL MAT IMPLEMENTATION GRANTS



Salaries and fringe benefits for staff directly serving patients or managing grant funds or activities



Patient transportation, such as bus passes, taxis, and ride-sharing services, as well as patient transportation to transport individuals from jails to NTPs



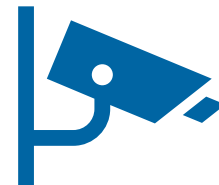
FDA approved medications for OUD and withdrawal management (e.g., methadone, buprenorphine, extended-release naltrexone)



Purchase/upgrades related to provider telehealth systems, including hardware to be used by providers (e.g., laptops), software, and improvements to EHR



Services and residential treatment for incarcerated patients with OUD or stimulant use disorder



Medical equipment necessary to project operation; locked medication carts and/or safes to store MAT medications or for patients; and installation/retrofitting of security cameras and alarms for medication storage security

HOW IS THIS GOING IN YOUR COUNTY?

- Questions?
- Discussion

CONTACT US

FOR ANY QUESTIONS OR COMMENTS
MATinCountyCJ@healthmanagement.com

POLLING QUESTIONS

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

REMINDER: APPLICATIONS DUE DECEMBER 1ST: LAST OPPORTUNITY TO JOIN LEARNING COLLABORATIVE

- Counties are eligible to join under the following categories:
 - Jail MAT or Drug Court (includes implementation grant)
 - Child Welfare (includes participation stipend)
 - Juvenile Justice (includes participation stipend)



**Word versions of application can be requested by emailing MATinCountyCJ@healthmanagement.com.*

REFERENCES/RESOURCES

- California Department of Health Care Services. (2023, December 20). DHCS Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative.
<https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf>