

California Advancing and Innovating Medi-Cal (CalAIM) Approach to Serving Justice Involved Populations

A webinar for DHCS SORII County Touchpoints & Jail MAT Learning Collaboratives

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



CALIFORNIA
HEALTH
POLICY
STRATEGIES, L.L.C.

DECEMBER 16, 2021
11:00AM – 12:30PM

INTRODUCTIONS



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■ AGENDA

- Health Needs of the Justice-Involved Population
- CalAIM's Commitment to Justice-Involved Population
- CalAIM Initiatives to Support Justice-Involve Population
- Justice Involved Advisory Group
- Council on Criminal Justice and Behavioral Health (CCJBH)
- Discussion

LEARNING OBJECTIVES

Learning Objective #1: Understand the health and behavioral health needs of the justice-involved population

Learning Objective #2: Describe the federal funding sources and demonstration objectives

Learning Objective #3: Identify CalAIM components that support improved outcomes for the justice-involved population

Learning Objective #4: Understand Behavioral Health Services policies that support re-entry and linkage to community-based services

Learning Objective #5: Identify stakeholder advocacy opportunities



California Advancing and Innovating Medi-Cal (CalAIM) Approach to Supporting Justice-Involved Populations

Revised: November 10, 2021



Health Needs of the Justice-Involved Population



Health Needs of the Justice-Involved Population

People who are now, or have spent time, in jails and prisons experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk for injury and death as a result of trauma, violence, overdose, and suicide than people who have never been incarcerated.



Of people incarcerated in state/federal prison, nationally:

- **26.3%** have high blood pressure/hypertension, compared to 18.1% of the general public
- **15%** have asthma, compared to 10% of the general public
- **65%** smoke cigarettes, compared to 21% of the general public^{1*}
- The mortality rate two weeks post-release from prison is **12.7 times** the normal rate, driven largely by overdoses²



People with behavioral health disorders are overrepresented in the criminal justice system.

- **51%** of people in prison and **71%** of people in jail in the U.S. have/previously had a mental health problem
- **58%** of people in state prison and **63%** of people in jail in the U.S. meet the criteria for drug dependence or abuse³
- **Overdose deaths are >100x** more likely for justice-involved individuals 2-weeks post release than the general population⁴

Focus on California

- Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by **63%**⁵
- California's correctional health care system drug overdose rate for incarcerated individuals is **3x** the national prison rate⁶
- Among justice-involved individuals, **2 of 3** individuals incarcerated in California have high or moderate need for substance use disorder treatment⁷



Addressing the Needs of the Justice-Involved Population Is Key to Advancing Health Equity

Addressing the unique and considerable health care needs of justice-involved populations—who are disproportionately people of color—will help to improve health outcomes, deliver care more efficiently, and advance health equity.



Serving the justice-involved population is key to CalAIM's efforts to address health disparities.

In California, and across the US, justice-involved populations are disproportionately people of color.¹

In California:

- **28.5% of incarcerated males are Black**, while Black men make up only 5.6% of the state's total population
- **Incarceration rate by race and ethnicity:**
 - **Black men:** 4,236 per 100,000
 - **Latino men:** 1,016 per 100,000
 - **Men of all other races/ethnicities:** 314 per 100,000

At least 80% of justice-involved individuals in California are eligible for Medi-Cal²

Additional Benefits to Providing Pre-Release Medi-Cal Services

Pre-release Medi-Cal services are anticipated to:

- ✓ Avert inefficient, unnecessary and costly care, producing cost savings for the State and federal government
- ✓ Achieve progress in realizing the goals of the Americans with Disabilities Act by strengthening community integration for individuals with mental illness and other disabilities (Olmstead)



Medi-Cal's Commitment to Justice-Involved Populations



Current DHCS Initiatives that Support the Behavioral Health Needs of Incarcerated Individuals

California is currently leveraging multiple federal funding streams to support behavioral health services for incarcerated individuals.

SUD Funding Supporting Justice-Involved Populations

State Opioid Response

- ✓ **Expanding MAT in Criminal Justice Settings Project:** 34 county-based teams to expand access to MAT in jails and drug courts
- ✓ **California Department of Corrections and Rehabilitation (CDCR) Training & TA:** Implement curriculum for Addiction Medicine Certification, and expand access to MAT in the prison system and train providers

Substance Abuse Prevention & Treatment Block Grant

- ✓ **California MAT Re-Entry Incentive Program (AB 1304):** Reduction in parole period for persons released from prison who are on parole and who were enrolled in or successfully completed an SUD program that employs MAT

Mental Health Funding Supporting Justice-Involved Populations

Community Mental Health Services Block Grant

- Funding to counties for 24-hour crisis intervention, day treatment/partial hospitalization, intensive outpatient treatment, and psychiatric rehabilitation services, whether they are provided within jail settings or in community settings
- Screening for those in need of state hospital services for psychiatric care
- Competency restoration for individuals with severe mental illness (SMI) so that they can understand charges against them and participate in their own defense



CalAIM Initiatives Focused on Improving the Health of Justice-Involved Individuals

CalAIM builds on legislative initiatives already passed and implemented in California that are focused on ensuring continuity of coverage through Medi-Cal pre-release enrollment strategies and on providing services necessary to support a successful transition into the community.

CalAIM will build on existing requirements through new initiatives that will:

- ✓ Ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and juvenile facilities by 2023*
- ✓ Engage with individuals who meet clinical criteria (e.g., pregnant, chronic illness, behavioral health diagnosis) in the 90 days prior to re-entry to stabilize their health and assess their health, social, and economic needs in order to prepare for a successful re-entry into the community
- ✓ Provide “warm handoffs” to health care providers in the community for individuals who require behavioral health and other health care services and to ensure people have necessary equipment, medical supplies and prescriptions upon re-entry.
- ✓ Offer intensive, community-based care coordination for individuals transitioning to the community, including through the new statewide Enhanced Care Management (ECM) benefit
- ✓ Provide access to available Community Supports (e.g., housing, food) upon re-entry
- ✓ Provide capacity building funding for workforce, IT systems, data, and infrastructure to support justice-involved initiatives

Note: *Process is already in place in state prisons.



CalAIM Services for Justice-Involved Population Builds on Current Whole Person Care Pilots

Whole Person Care (WPC) Pilots

In **2016**, DHCS launched the Whole Person Care (WPC) Pilots as part of its Medi-Cal 2020 Section 1115 Demonstration. WPC Pilots have tested interventions to coordinate physical, behavioral and social services in a patient-centered manner, including interventions that improve access to housing and supportive services.

17 WPC Pilots – including LA County – are specifically dedicated to serving justice-involved populations reentering the community post-incarceration and have designed programs to directly engage local jails and probation departments.

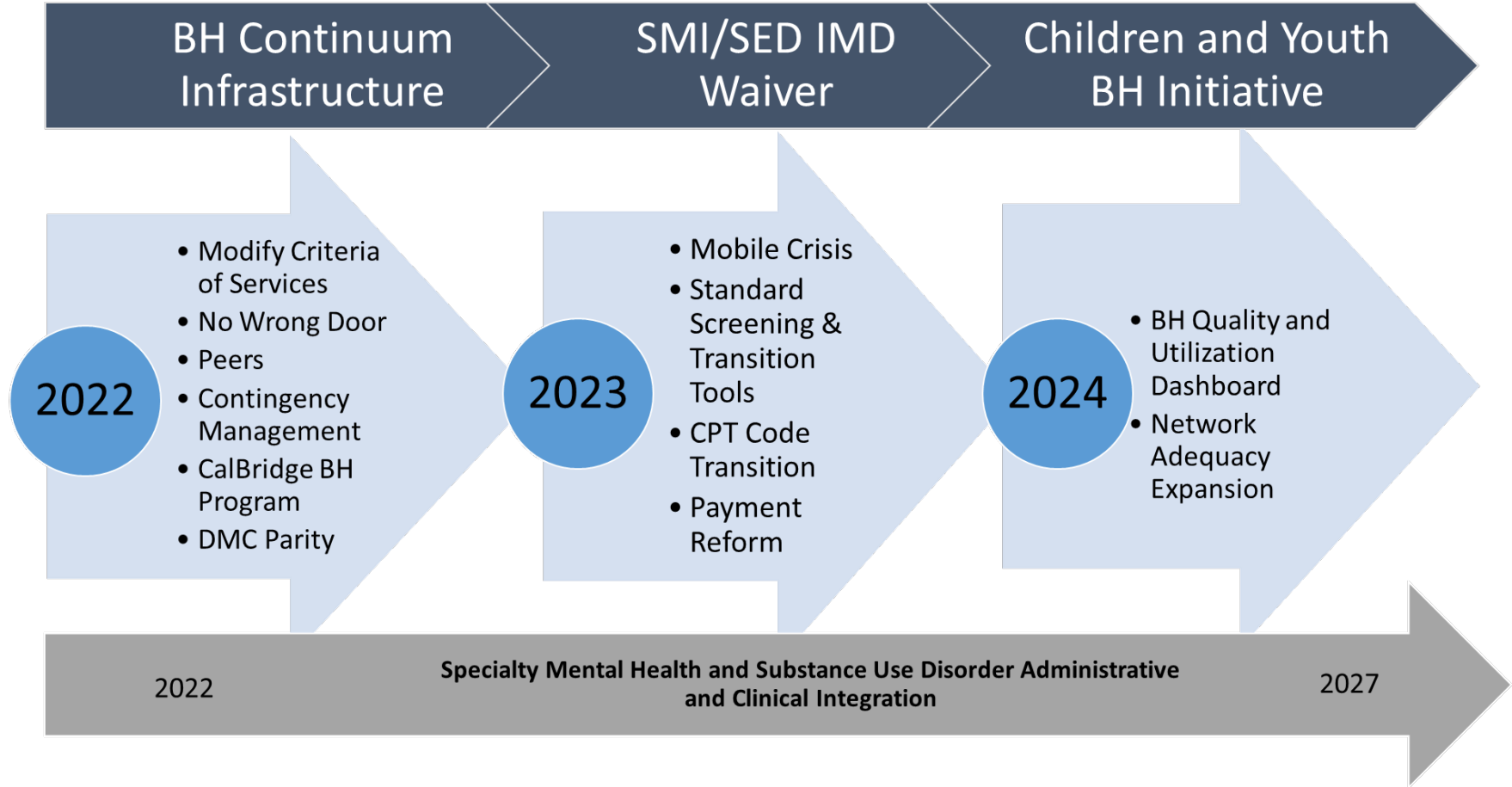
Examples of services provided to justice-involved populations within WPC pilots:

- Conducting physical, mental health, and substance use **assessments**;
- Connecting individuals to **behavioral health services**;
- Reconnecting with pre-incarceration **primary care**;
- Supporting access to needed **prescriptions**;
- Transferring in-custody **medical records** to the client's community-based provider(s); and
- Following up with the community-based providers to ensure **continuity of services**.



CalAIM Behavioral Health Initiatives

In parallel with the justice-involved initiatives, California is strengthening behavioral health programs.





Behavioral Health Continuum Infrastructure

California is making a \$2.2B investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets for community-based behavioral health facilities.

Proposed funding rounds:

- **Round 1:** Mobile Crisis \$150 million and \$55 million SAMHSA (July 2021)
- **Round 2:** Planning Grants \$8 million (November 2021)
- **Round 3:** Launch Ready \$585 million (January 2022)
- **Round 4:** Children and Youth \$460 million (August 2022)
- **Round 5:** Addressing Gaps #1 \$462 million (October 2022)
- **Round 6:** Addressing Gaps #2 \$460 million (December 2022)



Behavioral Health Policy Timeline Update

Policy	Go-Live Date
Changes to criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation redesign for SUD & SMHS	July 2022
Co-occurring treatment	July 2022
No Wrong Door	July 2022
Standard screening & transition tools	January 2023
Payment reform	July 2023



Criteria for Access to Specialty Mental Health Services

January 2022

- Language crafted thorough multiple iterations with stakeholders and finalized in AB 133.
- Goal to increase access: covering services during assessment period, allowing treatment without confirmed diagnosis, and expanding criteria for individuals under age 21 to include experience of trauma, such as homelessness, child welfare or juvenile justice involvement.



Drug Medi-Cal-Organized Delivery System 2022-2026

January 2022

- Sustain recent policy updates (e.g. coverage during assessment period; remove annual residential treatment limits; require providers to offer or refer for MAT; recovery services available immediately after incarceration)
- New services pending CMS approval (e.g., contingency management pilot; Traditional Healers and Natural Helpers)

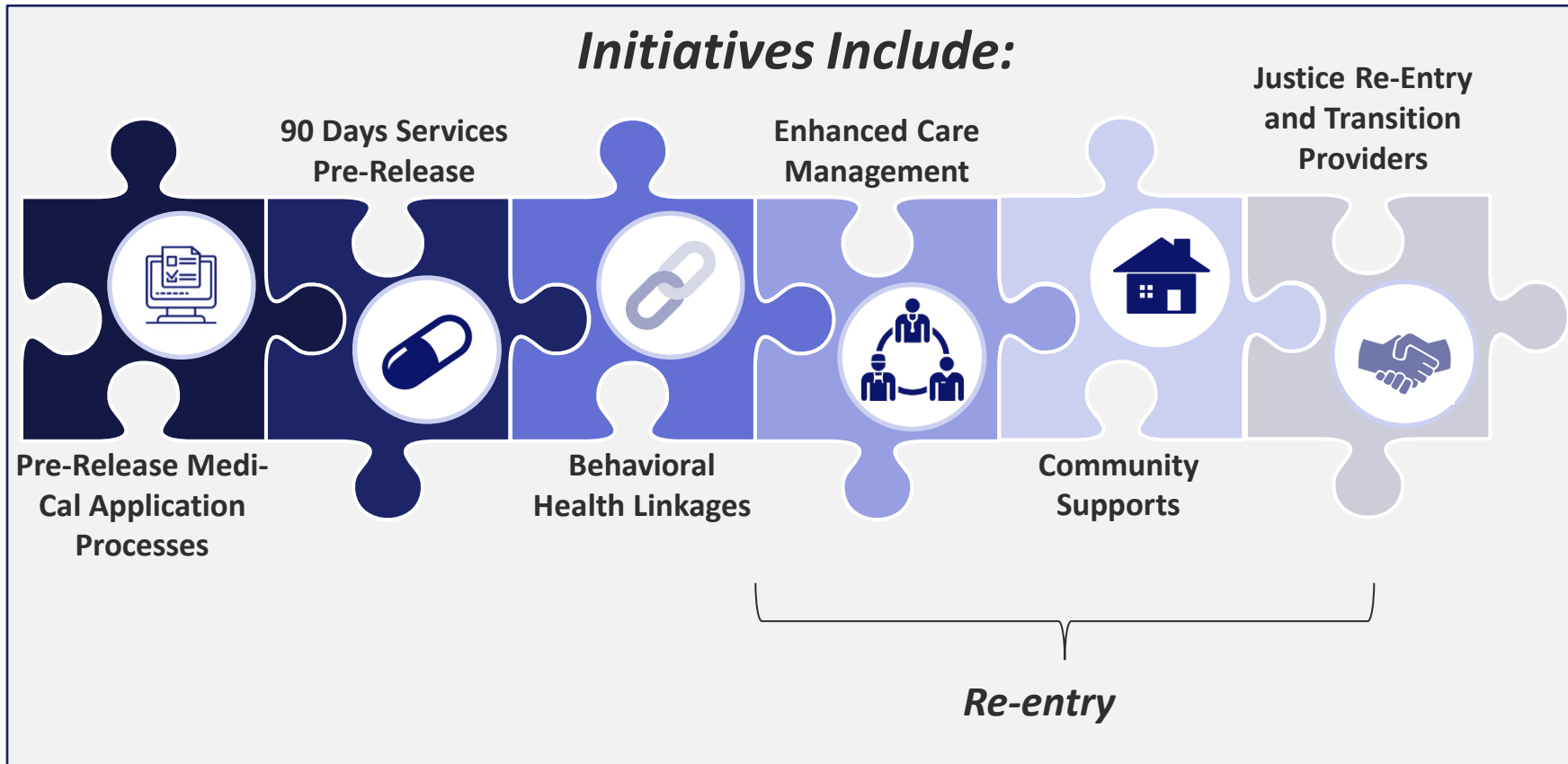


CalAIM Initiatives to Support Justice-Involved Populations



CalAIM Initiatives to Support Justice-Involved Populations

CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.





Pre-Release Medi-Cal Application Processes

California statute mandates all counties implement pre-release application processes in county jails and youth correctional facilities by January 1, 2023. Establishing pre-release Medi-Cal application processes is part of the State's vision to enhance the Medi-Cal health care delivery system for justice-involved populations.

Rationale







Pre-release application process will help establish to ensure Medi-Cal coverage upon re-entry into the community in order to facilitate access to needed Medi-Cal covered services and care



Providing Services 90-Days Prior to Release

Through its 1115 waiver, California seeks to test its expectation that providing health care services to Medi-Cal-eligible individuals for 90 days prior to release will prevent unnecessary use of health care services, while also improving health outcomes post-incarceration.

<i>Rationale</i>	
	Service provision in the pre-release period is designed to engage eligible justice-involved populations, prepare them for return to the community and mitigate gaps in services and medications
	Approach establishes trusted relationships with care managers/care coordinators to develop a transition plan, coordinate care and support stabilization upon re-entry
	<p>Extending Medicaid coverage in jails and prisons would allow for pre-release management of ambulatory care sensitive conditions (e.g., diabetes, heart failure and hypertension), which would reduce post-release acute care utilization</p> <ul style="list-style-type: none">▪ If not managed, a period of incarceration perfectly aligns with the time needed to have a well-controlled condition decompensate (diabetes, HIV, hypertension, epilepsy)▪ A poorly controlled, but not acutely decompensated condition, requires more significant, hospital-based care
	The level of services that will be available during the pre-release period will depend on the length of the stay of the inmate

The request is closely aligned with the Biden Administration and Congressional priorities.



Medi-Cal Application Processes in Prisons and Jails are Central to Pre-Release Services

All county jails are required to establish pre-release Medi-Cal application processes by January 1, 2023.

The mandated county inmate pre-release application process will **standardize policy, procedures, and collaboration** among California's county jails, county sheriff's departments, youth correctional facilities, county behavioral health and other health and human services entities.

- **Jails:** At least a **quarter of county jails** already have some form of pre-release application processes already in place.
- **Prisons:** As of May 2015, **all state prisons** implemented a standardized process for pre-release applications for all state inmates.

The goal of the proposed mandate is to **ensure the majority of county inmates/juveniles that are eligible for Medi-Cal** and are in need of ongoing physical or behavioral health treatment **receive timely access to Medi-Cal services upon release from incarceration.**



Objectives of Providing Services Prior to Release

By bridging relationships between community-based Medi-Cal providers and justice-involved populations prior to release, California seeks to improve the chances these individuals receive stable and continuous care.

- Improve physical and behavioral health outcomes post-release
- Reduce the number of justice-involved people released into homelessness through connection to pre-release enhanced care management and Community Supports
- Reduce recidivism, emergency department visits, hospitalizations, other avoidable health care services through connection to ongoing community-based physical and behavioral health services
- Continue medication treatment for individuals that receive pharmaceutical treatment
- Reduce health care costs through continuity of care and services upon release into the community



Pre-Release Services: Eligible Populations

Select Medi-Cal-eligible individuals will be eligible for Medi-Cal coverage 90 days pre-release from county jails, state prisons and youth correctional facilities.

Eligibility Criteria for Pre-Release Medi-Cal Services

To be considered eligible, incarcerated individuals must:

- ✓ Be part of a **Medicaid Eligible Group**, and
- ✓ Meet **one** of the following health care need criteria:
 - Chronic mental illness
 - SUD
 - Chronic disease (e.g., hepatitis C, diabetes)
 - Intellectual or developmental disability
 - Traumatic brain injury
 - HIV
 - Pregnancy

Note: All incarcerated youth are eligible for pre-release services and do not need to demonstrate a health care need

Medi-Cal Eligible Individuals

- Adults
- Parents
- Youth under 19
- Pregnant people
- Aged/blind/disabled
- Current and former foster care youth



Pre-Release Services: Covered Services

DHCS seeks authority to provide limited Medi-Cal services to inmates of prisons, county jails, and youth correctional facilities during the 90 days prior to their release and return to the community.

Covered Services



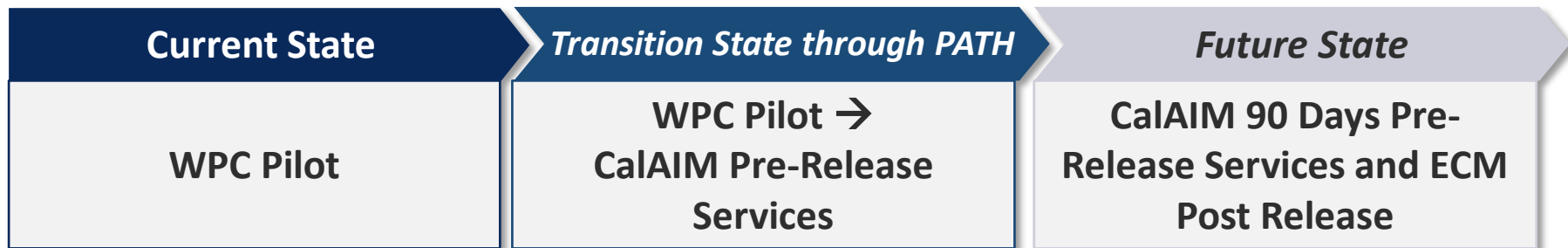
- In-reach intensive care management/care coordination for eligible inmates
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed, via community-based providers
- Limited laboratory/X-rays
- Medication Assistance Treatment (MAT)
- Psychotropic medications
- Services provided within jail/prison for post-release:
 - 30 days of medications, including up to 30 days of MAT (depending on timing of follow-up visit), for use post-release into the community* and/or
 - Durable medical equipment (DME) for use post-release into the community.

Note: *Because medications used for addiction include those that create high risk of overdose or diversion, the quantity of these medications depends on the timing of the arranged follow-up visit, the particular risk for the patient and the clinical judgment of the prescriber.



Expenditure Authority for Providing Access and Transforming Health Supports (PATH) Funding

As part of the 1115 Waiver, DHCS is seeking expenditure authority for PATH funding advance coordination and delivery of quality care and improve health outcomes for justice-involved individuals.



- PATH funding will be used to support the transition of WPC Pilot services, capacity and infrastructure required for ECM, Community Supports and other CALAIM initiatives to transition to managed care
- A key aspect of PATH funding is that it would **support capacity building for effective pre-release care for justice-involved populations and enable coordination with justice agencies and county behavioral health agencies.** PATH will be available to county behavioral health, prisons, jails, juvenile facilities, providers, and community-based organizations.

Note: *ECM go-live will be staged, as described on slide 13.



Transition from Current State to 2022

ECM and Community Supports will replace both WPC and HHP beginning on January 1, 2022, with the initiatives scaling up to eventually form a statewide care management approach.

Enhanced Care Management

A Medi-Cal managed care benefit that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

Community Supports

Services that Medi-Cal managed care plans **are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions.

More information about ECM and Community Supports can be found here: https://www.dhcs.ca.gov/Pages/ECMandCommunity_Supports.aspx



Enhanced Care Management (ECM)

ECM is a whole-person approach to comprehensive care management that addresses the clinical and non-clinical needs of high-need, high-cost Medi-Cal managed care members, including justice-involved individuals.



- **DHCS expects that Managed Care Plans will contract with WPC/HHP providers and community-based organizations that have experience serving the justice-involved population to provide ECM and can provide targeted services to meet their needs**
- ECM will be interdisciplinary, high-touch, person-centered and provided primarily through in-person interactions with Medi-Cal members where they live, seek care or prefer to access services
- DHCS' vision for ECM is to coordinate all care for eligible members, including across the physical and behavioral health delivery systems
- Every Medi-Cal managed care member enrolled in ECM will have a dedicated care manager
- ECM will be available to Medi-Cal managed care members who meet ECM "Population of Focus" definitions, which includes people who are justice-involved; members may opt out at any time



Re-Entry and Transitions to Behavioral Health

DHCS will require jails and county juvenile facilities to refer individuals who receive behavioral health services while incarcerated to the appropriate Medi-Cal coverage and services to allow for continuation of behavioral health treatment in the community.

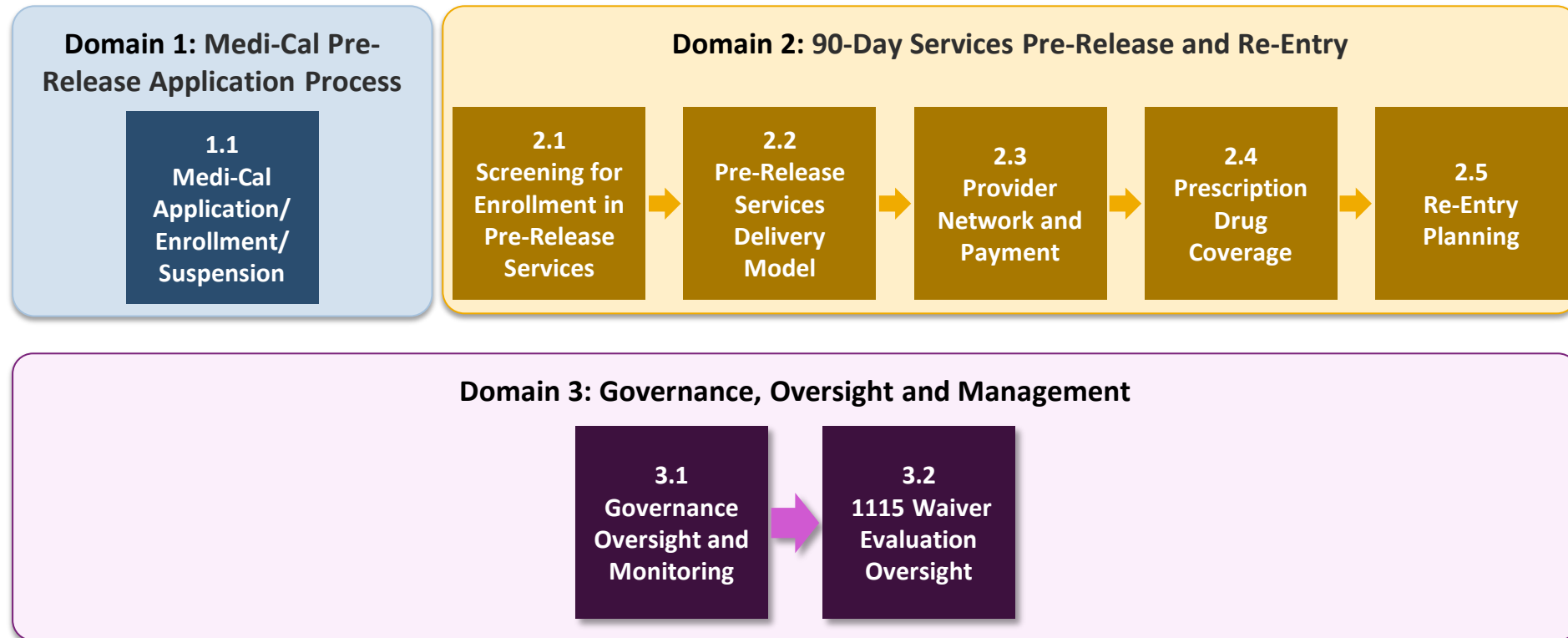


- Individuals may be linked to the following Medi-Cal delivery systems:
 - Specialty Mental Health Services (SMHS)
 - Drug Medi-Cal (DMC)
 - Drug Medi-Cal-Outpatient Organized Delivery System (DMC-ODS)
 - Medi-Cal managed care plan (MCP)
 - Fee-for-service providers
- DHCS expects counties to implement medical record release processes that will allow medical records to be shared with county behavioral health and Medi-Cal managed care providers prior to release



Key Planning Domains and Program Design Requirements for Justice-Involved Initiative

DHCS will work with stakeholders through a Justice Involved Advisory Group to resolve open policy questions, address operational issues, identify necessary IT systems changes and financing to support these justice involved initiatives across numerous domains.



DHCS will engage stakeholders throughout the policy design process across domains – including design of re-entry planning policies.



Justice-Involved Advisory Group



Advisory Group Key to Justice-Involved Initiatives Design

Overarching Objective

To solicit stakeholder input on policy and operational design of multiple justice-involved CalAIM initiatives

Workgroup Logistics

- **When:** October 2021 – July 2023
- **Where:** Sacramento (in-person) or virtually
- **Who:** 40 – 50 Advisory Group members



Sub-Workgroups

DHCS will also facilitate two sub-workgroups that will meet separately on specific topic areas that emerge from the Advisory Group meetings. Sub-workgroups will be comprised of individuals with relevant expertise, including those from the Advisory Group. Design recommendations discussed in the sub-workgroups will be shared with the full Advisory Group. Sub-workgroups include:

- Medi-Cal Pre-Release Application Process Workgroup
- 90 Days Services Pre-Release and Re-Entry Workgroup

California Advancing and Innovating Medi-Cal (CalAIM) Approach to Serving Justice Involved Populations

December 16, 2021



Brenda Grealish
Executive Officer, CCJBH
Office of the Secretary, Kathleen Allison
California Department of Corrections and Rehabilitation (CDCR)



Who We Are

Council on Criminal Justice and Behavioral Health (CCJBH)

- ❖ 12-Member Appointed Council
- ❖ Chair, Secretary of the California Department of Corrections and Rehabilitation (CDCR)
- ❖ Vice-Chair, Department of Health Care Services (DHCS)
- ❖ Department of State Hospitals (DSH)
- ❖ Local experts from both criminal justice and behavioral health systems (e.g., Behavioral Health Directors, Judges, Probation, Education and Law Enforcement, Consumers).



CCJBH Goals and Purpose

Goal

- To investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with behavioral health (BH) disorders who are likely to become justice system involved (JI) or who have a history of JI ((hereafter referred to as the BH/JI population).

Strategies

- **Prevent:** the BH/JI population from criminal involvement (ever and recidivism).
- **Improve** the cost-effectiveness of services for the BH/JI population.
- **Identify** incentives to encourage adoption of cost-effective approaches for serving the BH/JI population.



CCJBH Council Meetings and Activities

- CCJBH holds Full Council Meetings quarterly
- CCJBH facilitates two workgroups that meet bi-monthly:
 - Juvenile Justice Workgroup
 - Diversion/Reentry Workgroup
- CCJBH produces bi-monthly newsletters
- CCJBH is mandated by Penal Code Section 6044(h)(1), to produce an annual Legislative Report on the Council's activities during the preceding year by December 31st of each year.



CCJBH Efforts to Date (and ongoing)

- In September 2021, CCJBH release a [Brief Overview of the Department of Health Care Services \(DHCS\)' California Advancing and Innovating Medi-Cal \(CalAIM\) Proposals that Impact the Criminal Justice Population.](#)
- The October 2021 CCJBH Full Council Meeting featured a Comprehensive CalAIM Overview for Councilmembers and CCJBH system partners / stakeholders, which was presented by DHCS Executive Leadership.
- CCJBH staff and Councilmembers participate in DHCS' CalAIM Justice-Involved Advisory Group and working sub-groups.
- CCJBH is working to support DHCS' staff and contractors by identifying subject matter expertise that is necessary to advance the CalAIM justice-related proposals.
- 2021 CCJBH Legislative Report includes recommendations to optimize CalAIM implementation for the BH/JI population.



Some Important Considerations

- Multi-system / Multi-level / Multi-disciplinary Collaboration (Between and Within)
 - Primary Care, Behavioral Health, Criminal Justice, Housing, Social Services
 - Federal/State/Local/Community & Individuals
 - Primary Care Providers / Behavioral Health Providers / Law Enforcement Partners / Continuums of Care / Consumers & Family Members(These are not exhaustive.)
- Relationships & Collaboration are KEY!
 - Develop a shared vision and goals
 - Expand knowledge understanding
 - Mutual support and respect – sharing is caring!
 - Building trust and safe spaces for learning
 - Acknowledge the complexity of the work and approach frustrating challenges as growth opportunities
 - Continuous Quality Improvement Approach



Important Considerations (cont'd.)

- A few thoughts about engagement:
 - Historically low engagement rates
 - Examples: CCJBH's Medi-Cal Utilization Project
 - Explanations for these process outcomes (stigma, fear, trauma, systemic racism, broken trust, harm, and many more)
 - Enhanced Care Management is an important new benefit, but efficacy will hinge on engagement
 - Opportunity for peers as a “secret sauce”
 - Critical to include individuals with lived experience at the beginning and throughout all planning and implementation efforts



Related CCJBH Efforts



Housing Report and Webinar Series

- Report: [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health](#)
- 5-part [webinar series](#) from December 2021 to April 2022 covering the following topics:
 - Building Partnerships Between Housing and Criminal Justice Systems in California
 - Defining, Screening and Assessing for Homelessness Risk
 - Common Practices for Connecting to and Using Housing as a Strategy for Diversion & Re-Entry
 - Developing New Housing
 - Leveraging Rental Assistance and Supportive Service Funding for People with Behavioral Health Needs Leaving Jails and Prisons



Forensic Peer Support (FPS) Specialty

- CCJBH seeks to expand the FPS Specialty across multiple sectors (e.g., health, behavioral health, criminal justice, social services and housing).
- CCJBH is in the process of finalizing a FPS Specialty Draft Report and will work with California State University, Sacramento to plan focus groups in 2022 to engage stakeholders to gather feedback on the report.
 - For behavioral health, CCJBH will coordinate with the California Mental Health Services Authority (CalMHSA) and other behavioral health stakeholders as they work to implement SB 803, Peer Certification.
- CCJBH is also working with CSU Sacramento on a two-phase project to identify barriers (Phase I) and solutions (Phase II) for hiring individuals with lived experience in the Criminal Justice And Behavioral Health sectors. The [Phase I report](#), was finalized in September 2021, and Phase II is expected to be released by January 2022.



SB 369 Veto Message Report

- SB 369 would have established the California Reentry Commission, which would have been tasked with developing a new health and safety agenda for those returning home from custody, reviewing the barriers to reentry, and coordinating with other entities to establish a grant program for reentry service providers.
- SB 369 passed both the Assembly and the Senate in the 2020 Legislative Session, but was vetoed by the Governor.
- The Governor's veto message of SB 369 directed CDCR and CCJBH to "*engage with stakeholders, evaluate the barriers to reentry and determine what steps need to be taken to overcome those barriers.*"
- Thirty-two barriers were identified at the individual, program/provider and system levels.
- The [final report](#) was submitted to the Governor's Office in September 2021 (see appendices for the barriers/solutions inventory).



Data: Public Health Meets Public Safety

- Public Health Meets Public Safety (PH/PS) is a two-year project being conducted in consultation with the Council of State Governments (CSG) Justice Center.
- Project goal is to marshal data to inform policy decisions that seek to reduce the number of adults and young people with behavioral health needs in California's justice system.
- CSG is leveraging the CCJBH Lived Experience Contractors to inform the PH/PS project through a facilitated focus group.
- CSG has developed an [Open Datasets Inventory](#) for publicly available data that can be used to better understand the intersection of justice & behavioral health, which may be accessed on the CCJBH [website](#).



Data: Medi-Cal Utilization Project

- The Medi-Cal Utilization Project (MCUP) is an ongoing data sharing collaboration between CDCR and DHCS. The goal is to track Medi-Cal enrollment and service utilization for people involved in the criminal justice system to identify opportunities for quality improvement.
- Data analysis on the following metrics has been conducted for individuals transitioning from incarceration in FY 2017-18:
 - Medi-Cal & Medi-Cal Managed Care Plan Enrollment
 - Mental Health (Non-Specialty and Specialty) Service Utilization
 - Substance Use Disorder Treatment Utilization
- Statewide reporting on these metrics has been included in the 2021 CCJBH Annual Legislative Report (due by December 31st)
- CCJBH will also be posting the data to the CHHSA Open Data Portal, and developing factsheets based on focused analyses.



CCJBH Project Portfolio

Current projects include:

- ✓ CalAIM and Behavioral Health Transformation
- ✓ Housing & Homelessness
- ✓ Forensic Peer Support Specialists
- ✓ Identifying and Addressing Employment Barriers for Individuals with Lived Experience
- ✓ Public Health Meets Public Safety
- ✓ Medi-Cal Utilization Project
- ✓ CCJBH 2025 Goals
- ✓ Juvenile Justice Contract: Juvenile Justice Evidence-Based Practices and Programs Compendium and Toolkit
- ✓ Mental Health Diversion Consultation, TA & Policy Recommendations Contract
- ✓ Lived Experience Projects (Regional Contractors and CSU, Sacramento)
- ✓ Mental Health, Suicide Prevention and Recovery Awareness Months



Upcoming CCJBH Events

Full Council Meeting

Friday, January 28, 2022, 2:00-4:30PM

Webinar Series

[Building Blocks for Coming Home: How California Communities Can Create Housing Opportunities for People with Complex Needs Leaving the Justice System](#)

Please visit our website at www.cccjbh.ca.gov.

Email: CCJBH@cdcr.ca.gov

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

THANK YOU!



Discussion

■ 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**



SAVE THE DATE

MAT 101 for Treatment of Adolescents

Tuesday, January 25th

10:30 – 12:00 pm PST

A webinar for DHCS SOR II
County Touchpoints & Jail
MAT Learning Collaboratives



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Questions?

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