

CalAIM Justice- Involved Initiative

Opportunities for Juvenile Justice & Probation

April 25, 2024

PRESENTERS



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LEARNING OBJECTIVES

- Summarize the changing healthcare landscape for detained youth in California
- Illustrate the unique needs of justice-involved youth
- Review the requirements of the CalAIM Justice-Involved (JI) Initiative related to substance use disorder (SUD), opioid use disorder (OUD), and medication assisted treatment (MAT)
- Identify opportunities for integrating county-wide efforts for MAT, pre-release services, reentry, and enhanced care management as they align with CalAIM JI components

UNIQUE HEALTH NEEDS OF JUSTICE-INVOLVED YOUTH



HEALTH RELATED SOCIAL NEEDS AND HEALTHCARE ACCESS

- Detained youth represent a vulnerable group, for whom social determinants often have had a detrimental impact on their lives and health.
- Insufficient access to food and stable housing, quality educational and economic opportunities, secure family and community environments, adequate recreation and transportation infrastructure, and community-based social and healthcare services are crucial factors in how and why many young people become involved in the criminal justice system

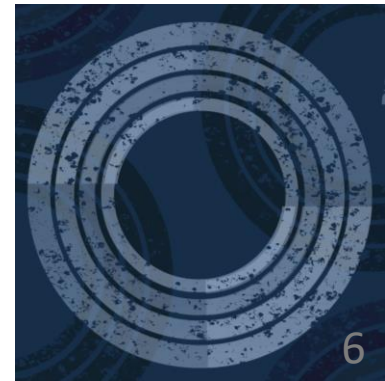
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UNIQUE HEALTHCARE AND HRSN OF YOUTH DETAINED

Detained youth with limited involvement in the justice system are a resilient group that has notably higher health risk than same-age peers, signifying a critical opportunity for intervention.

Between September 2018 and February 2019, social workers from the Los Angeles County Whole Person Care Juvenile Reentry Aftercare Program (WPC) assessed the health and social needs of youth in pre-trial detention.

- The researchers partnered with the WPC team to analyze assessments completed by 83 youth participants. Youth were on average 16 years old, most (83%) identified as male, and all were from racial or ethnic minority groups.
- Participants reported high behavioral health needs, including a high prevalence of prior suicide attempts (16%) and a history of substance use (81%).
- Participants demonstrated a pattern of crisis healthcare utilization.
- Most youth (74%) desired vocational training, and nearly all (94 %) wanted to return to school after release.



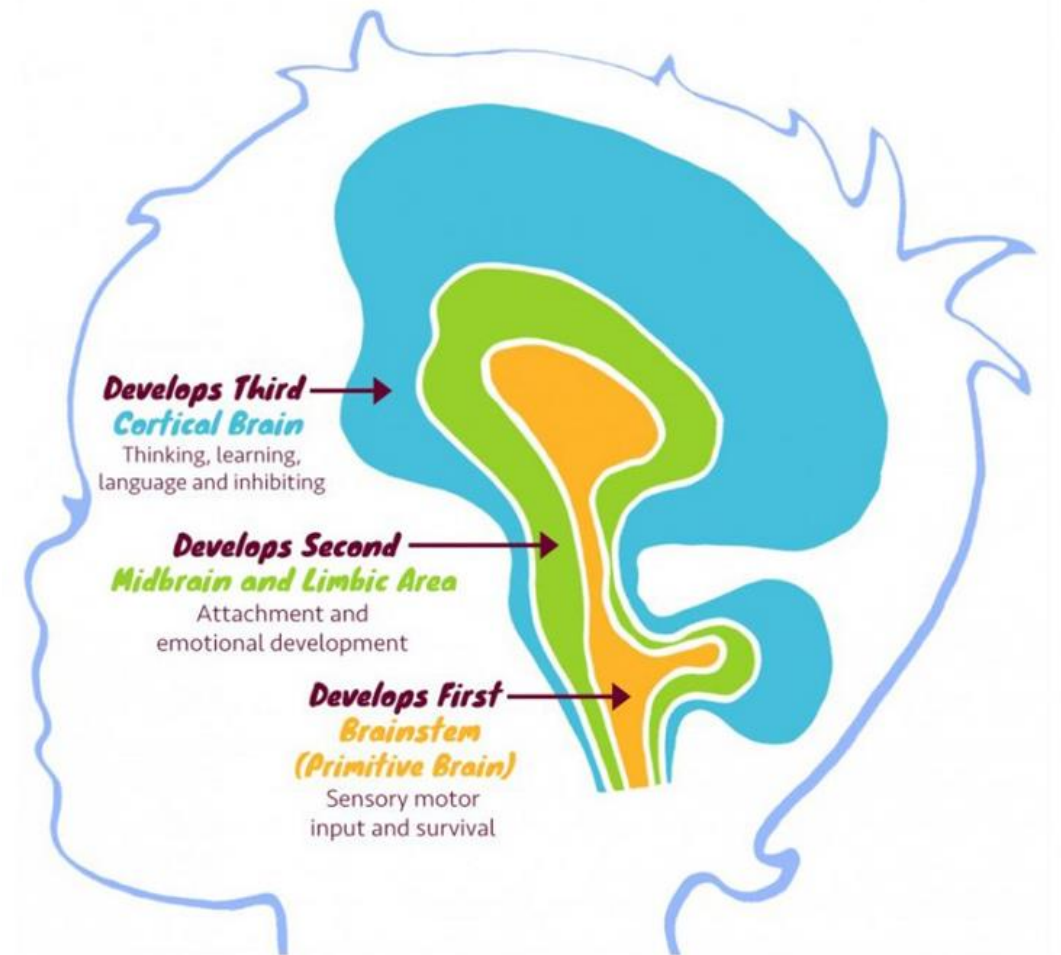
YOUTH WITH JUSTICE INVOLVEMENT & TRAUMA

More than 80% of juvenile justice-involved youth report a history of **exposure to at least one traumatic event** at some point in their lives, and the majority of youth report multiple forms of victimization.

Many youth in the juvenile justice system have experienced **multiple, chronic, and pervasive interpersonal traumas**, which places them at risk for chronic emotional, behavioral, developmental, and legal problems.

e.g., Abram et al., 2004; Charak, Ford, Modrowski, & Kerig, 2019; Dierkhising et al., 2013; Ford, Grasso, Hawke, & Chapman, 2013; Bennett, Kerig et al., 2014; for a review, see Kerig & Becker, 2012; Charak et al., 2019; Ford, Charak, Modrowski, & Kerig, 2018; Ford et al., 2013.

YOUTH AND ADOLESCENT BRAIN DEVELOPMENT



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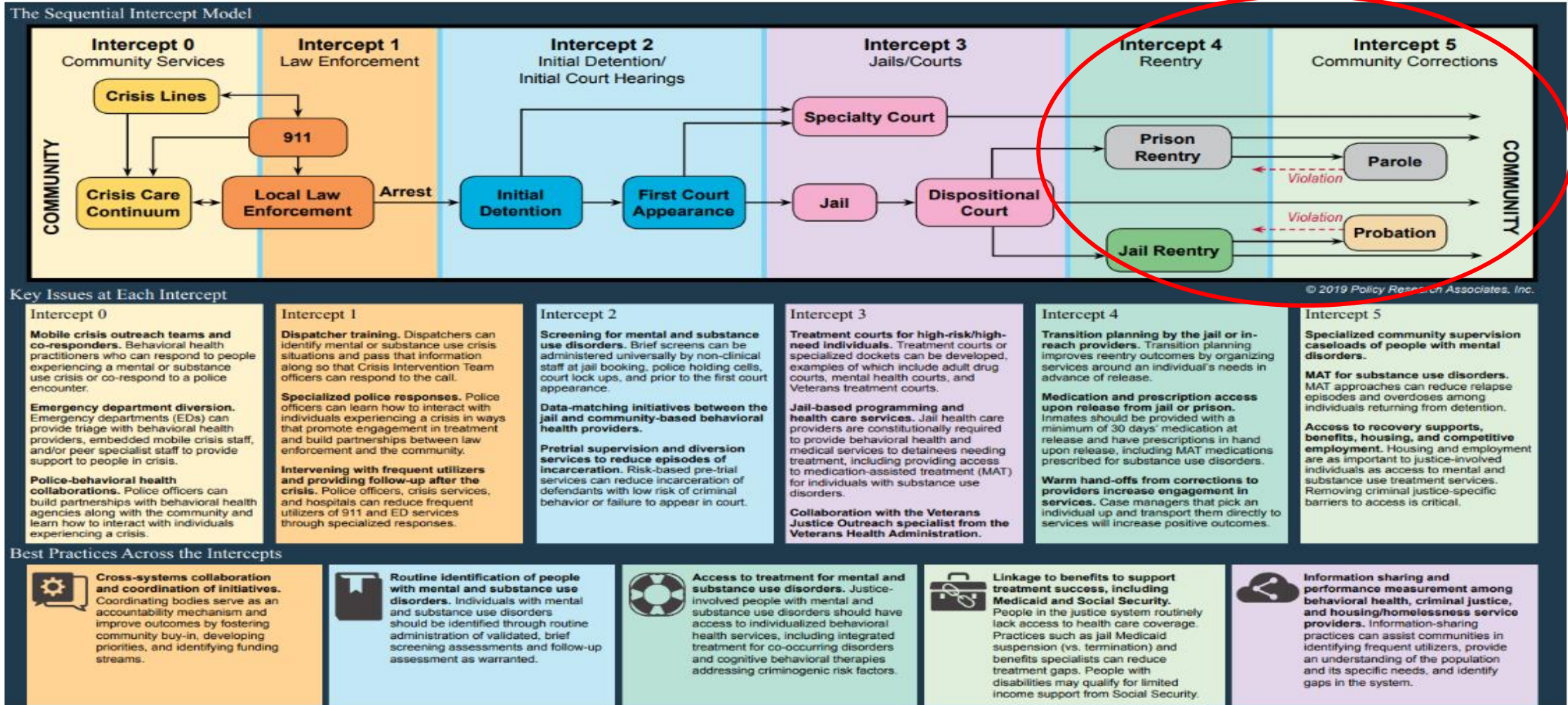
THE OPPORTUNITY FOR YOUTH DETAINED

There are no simple solutions to improve health outcomes for this vulnerable population. We must expect more of the systems and adults entrusted with the care of this population during detention.

- Improve screening for unmet health needs— inadequate childhood vaccination, poor oral health, possible STIs, or underlying mental, behavioral, or developmental health conditions
- Provide high-quality care in a timely, respectful, and adolescent-friendly manner
- Detention of a young person, although undesirable, can be a rare opportunity to address unmet health and social needs and to proactively re-establish connections with community-based resources before and upon release.

<https://www.thelancet.com/action/showPdf?pii=S2468-2667%2819%2930251-8>

SEQUENTIAL INTERCEPT MODEL (SIM) & YOUTH



SIM & DOMAINS FOR JUSTICE INVOLVED YOUTH

Three primary domains of trauma-informed care for justice-involved youth:

- Clinical services (e.g., screening and assessment, interventions)
- Agency context (e.g., workforce development and support, promoting a safe environment)
- System-level (e.g., system-level policies and procedures, cross-system collaboration)

Branson CE, Baetz CL, Horwitz SM, & Hoagwood KE (2017).

CALAIM JUSTICE-INVOLVED INITIATIVE OVERVIEW



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>



LEGAL AUTHORITY

- Effective July 27, 2021, California Welfare & Institutions Code section 14184.102 required DHCS to seek federal approval for and to implement the CalAIM initiative, which includes the provision of targeted pre-release Medi-Cal benefits to qualified individuals.
- With the 1115 demonstration approved by CMS, the CalAIM Special Terms and Conditions (STCs) related to the CalAIM Justice-Involved Initiative are mandatory for DHCS to implement and Correctional Facilities and county behavioral health agencies to participate in per federal and state law.

90-day-pre-release services and behavioral health links are a **state mandate** that must be implemented regardless of receipt of PATH JI funding.

90-DAY PRE-RELEASE SERVICES OVERVIEW



The intent of the demonstration is to **build a bridge to community-based care for justice-involved Medi-Cal members**, offering them services to stabilize their condition(s) and establishing a re-entry plan for their community-based care prior to release.



This demonstration is **part of California's comprehensive initiative to improve physical and behavioral health care for the justice-involved population** and builds on the State's substantial experience and investments on ensuring continuity of Medi-Cal coverage and access to care for JI populations.



With its 1115 demonstration, California will directly test and evaluate its expectation that **providing targeted pre-release services to Medi-Cal-eligible individuals will avert the unnecessary use** of inpatient hospitals, psychiatric hospitals, nursing homes, emergency departments and other forms of costly and inefficient care that otherwise would be paid for by Medi-Cal.

California is **first in the nation** to receive approval from the Federal government to offer a **targeted set of reimbursable services** to detained individuals on Medicaid (Medi-Cal) **90 days prior to release**

This is an exception to the federal inmate exclusion.

These youth would otherwise qualify for Medi-Cal services if they were in the community.

STATE-MANDATED FACILITIES

County Adult
Correctional Facilities
(Jails)

Sheriff's Offices



County Youth
Detention Facilities

Probation Offices

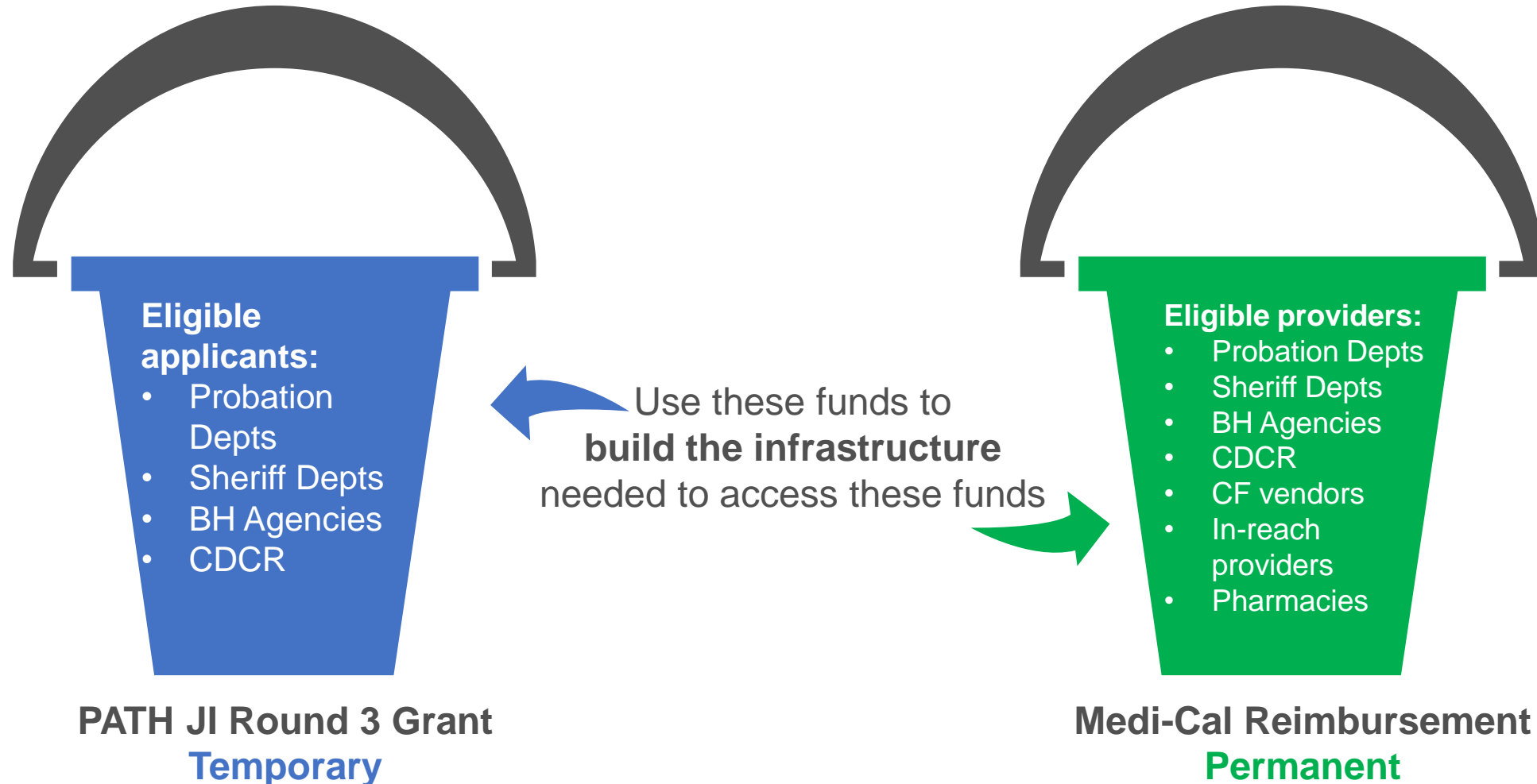


**All youth on Medi-Cal or
CHIP qualify for pre-
release services**

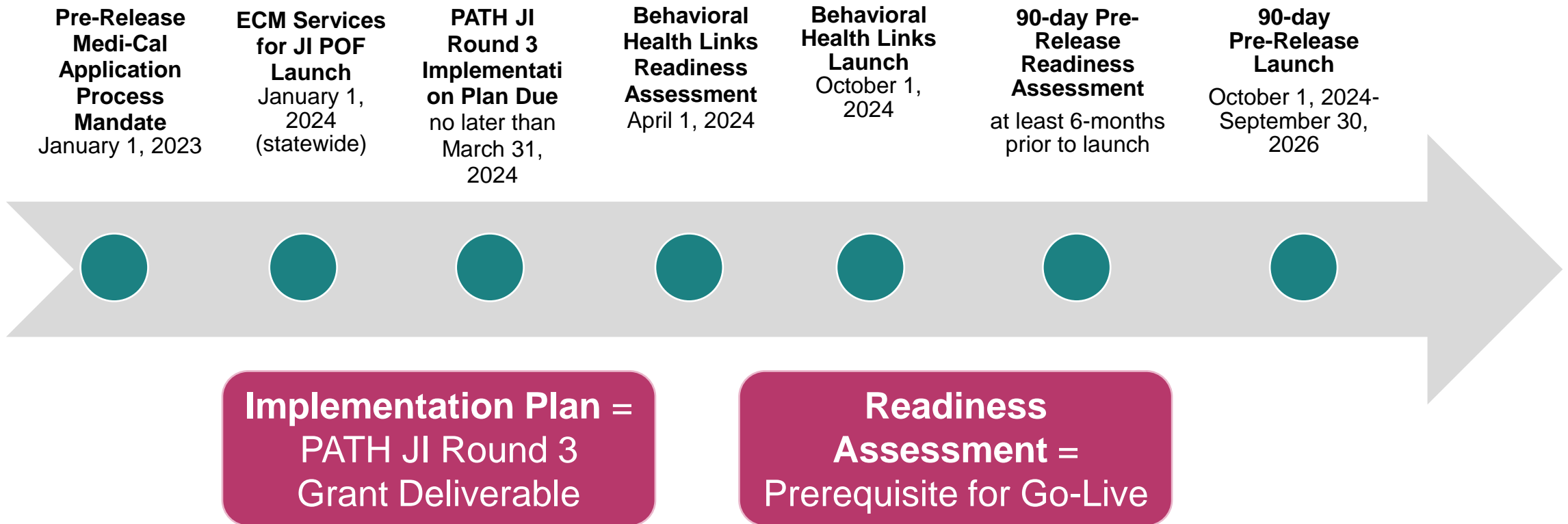
State Prisons

California Department
of Corrections and
Rehabilitation

TWO BUCKETS OF DHCS FUNDING



CALAIM JI INITIATIVE: KEY DATES



COVERED SERVICES

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.



In addition to the pre-release services specified above, qualifying members will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

PROBATION READINESS ASSESSMENT

- Probation Departments (for county youth detention facilities) can launch **as early as October 1, 2024 but no later than September 30, 2026**
- The Correctional Facility Readiness Assessment is due to DHCS **at least 6 months prior to launch**

*minimum requirements for go-live

Focus Area	Readiness Element
1. Medi-Cal Application Processes	1a. Screening for Medi-Cal Eligibility and Enrollment 1b. Medi-Cal Application Support 1c. Unsuspension/Activation of Benefits
2: 90-Day Pre- Release Eligibility and Behavioral Health Link Screening	2a. Screening for Pre-Release Services* 2b. Screening for Behavioral Health Links*
3: 90-Day Pre- Release Service Delivery	3a. Medi-Cal Billing and Provider Enrollment* 3b. Short-Term Model* 3c. Support of Pre-Release Care Management* 3d. Clinical Consultation 3e. Virtual/In-Person In-Reach Provider Support* 3f. Support for Medications* 3g. Support for MAT* 3h. Support for Prescriptions Upon Release* 3i. Support for DME Upon Release
4: Reentry Planning and Coordination	4a. Release Date Notification* 4b. Care Management Reentry Plan Finalization* 4c. Reentry Care Management Warm Handoff* 4d. Reentry Behavioral Health Links*
5: Oversight and Project Management	5a. Staffing Structure and Plan* 5b. Governance Structure for Partnerships 5c. Reporting and Oversight Processes*

BEHAVIORAL HEALTH SERVICES AND LINKS

- Screening for behavioral health needs during detention
- Initiation of behavioral health services during detention
- Link pre- and post-release behavioral health providers
- Ensure smooth transition and continuity of care (critical!)

County Behavioral Health will be responsible for links for individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)



MCPs will be responsible for links for individuals with mild or moderate behavioral health needs upon their transition into the community

BEHAVIORAL HEALTH AGENCIES READINESS ASSESSMENT

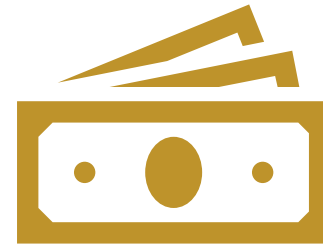
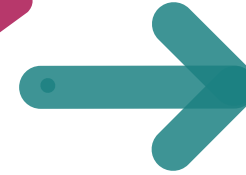
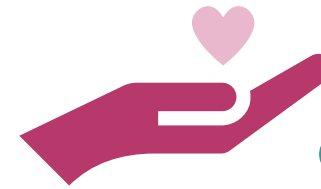
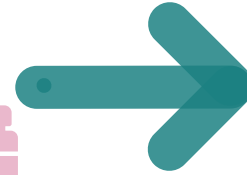
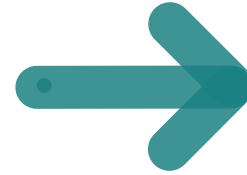
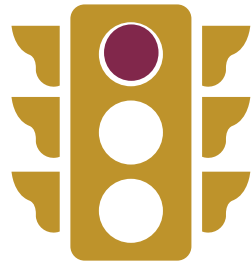
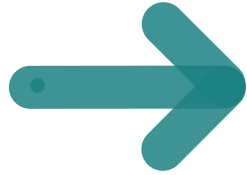
- Effective **October 1, 2024**, County BH Agencies will launch BH links
- Pre-release services for BH will launch in conjunction with correctional agency schedule(s)
- The BH Agency Readiness Assessment was due to DHCS on **April 1, 2024**

Focus Area	Readiness Element
1: Data Sharing	1a: Initial data sharing* 1b: Data sharing for release*
2: Pre-Release Planning	2a: Follow-up appointments* 2b: Transportation*
3: Professional-to-Professional Clinical Handoff	3a: Reentry professional-to-professional clinical handoff*
4: Follow-Up Post-Release	4a: Post-release scheduling* 4b: Post-release follow-up*
5: Medi-Cal Billing	5a: Medi-Cal billing*
6: Program and Initiative Oversight	6a: Staffing structure and plan* 6b: Governance structure for partnerships 6c: Reporting and oversight processes*

*minimum requirements for go-live

PRE-RELEASE SUD SERVICES AND LINKS

CALAIM JI COMPONENTS AFFECTING PROBATION – ENTERING YOUTH DETENTION FACILITY



Youth entering Probation Detention Facility

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

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

Probation 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

Probation submits **Medi-Cal claims for SUD services** provided within 90 days of release

SCREENING AND ASSESSMENT

- To ensure youth with behavioral health needs are identified and behavioral health links are provided, DHCS will require that Probation systematically screens all youth entering the detention facility 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

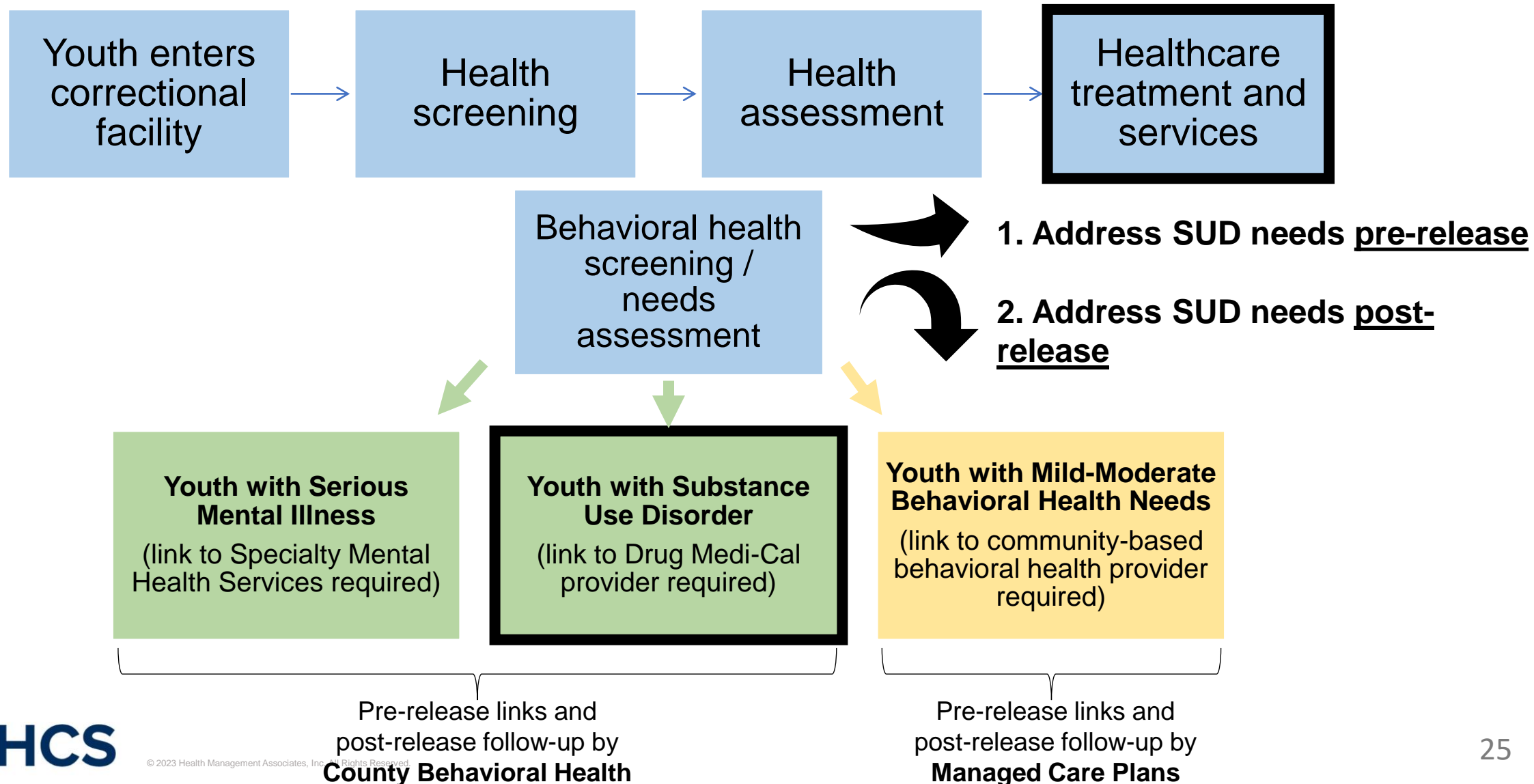
[CalAIM JI Policy and Operational Guide, Oct. 2023, pgs. 69-70](#)



Recommended SUD screening tools:

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

TWO LEVELS OF SCREENING



INITIATING & PROVIDING MEDICATIONS FOR SUD

- Probation is **responsible for initiating and providing medications for SUD** as soon as a need is identified
- Youth 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)**
- Probation should **determine the needed medications for SUD for the detained youth during the initial intake process** - this determination ideally occurs within the first 8 hours of detention or before the next scheduled dosage time/med pass

[CalAIM JI Policy and Operational Guide, Oct. 2023, pg. 85](#)

CONTINUATION OF MAT



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

[CalAIM JI Policy and Operational Guide, Oct. 2023, pg. 114](#)

TAPER, DISCONTINUATION, AND WITHDRAWAL

- **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.

MEDICATIONS UPON RELEASE

- Provision of medications **in hand** to eligible youth upon release
- Ensure youth have enough medications to:
 - **Follow their treatment plans**
 - **Maintain stabilization on the medications** they were prescribed when incarcerated
 - **Avoid decompensation in the period between release and any appointments** they may have with their community-based physical and/or behavioral health providers



[CaAIM JI Policy and Operational Guide, Oct. 2023, pgs. 119-120](#)

HARM REDUCTION: NALOXONE

- 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 youth must be offered naloxone and instruction on its use, regardless of any history of OUD**



MEDICATION-ASSISTED TREATMENT (MAT) OVERVIEW

Probation is responsible for **initiating and providing medications for SUD as soon as a need is identified** and **continuing or discontinuing medications per clinical guidance.**

All forms of FDA-approved medications for the treatment of alcohol use disorder and substance use disorder are covered.

Provide at least one form of an FDA-approved opioid agonist or partial agonist for opioid use disorder treatment.

Psychosocial services delivered in conjunction with MAT, such as counseling and patient education, are covered.

May provide standalone medications.

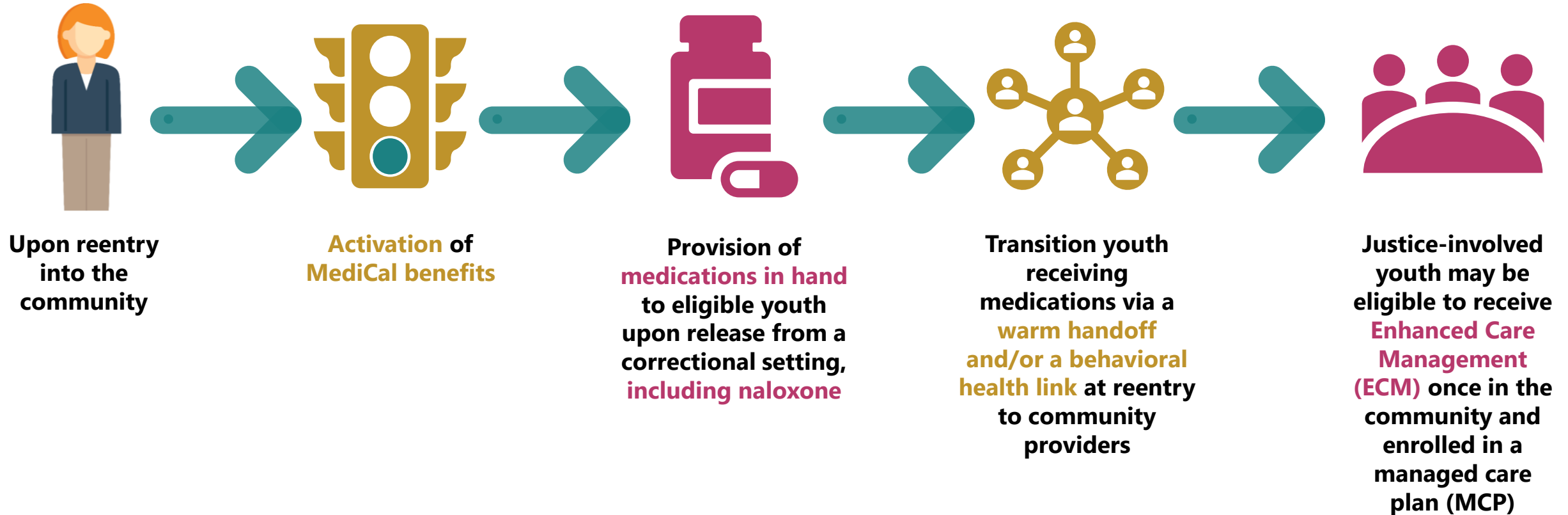
As clinically appropriate, provide “full supply” of medications in hand upon release with prescriptions for refills in place.

Additionally provide naloxone upon release to support overdose prevention.

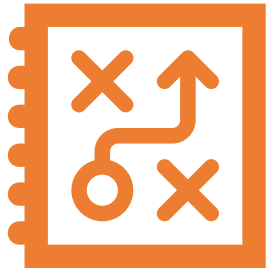
[CalAIM JI Policy and Operational Guide, Oct. 2023, pg. 78](#)

REENTRY PLANNING

CALAIM JI COMPONENTS AFFECTING PROBATION – REENTRY INTO THE COMMUNITY



REENTRY PLANNING ELEMENTS



Reentry Care Plan

- Documented in medical record and provided to youth and key providers
- Guides post-release care



Reentry Planning Meeting

- Probation Officer
- Care manager(s)
- BH and other pre- and post-release providers



Handoffs and Linkages

- BH professional-to-professional clinical handoff
- Care management warm handoff (embedded model)

**Coordinated by
the Pre-Release
Care Manager**

CARE MANAGEMENT

Pre-Release



Completion of whole-person needs assessment



Creation of care linkages and coordination with community-based providers and services



Completion of a reentry care plan



Participation in warm handoff encounter (when pre-and post-release care manager are different)

Post-Release

Enhanced Care Management (ECM)



Outreach and Engagement



Member and Family Supports



Comprehensive Assessment and Care Management Plan



Health Promotion



Enhanced Coordination of Care



Comprehensive Transitional Care



Coordination of and Referral to Community and Social Support Services

DHCS Enhanced Care Management (ECM) Implementation Timeline & Updated Populations of Focus, Updated December 22, 2022

OPPORTUNITIES FOR ALIGNMENT AND NEXT STEPS

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

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-youth with OUD who may benefit from it and wish to engage in treatment
- ✓ Pre-release planning
- ✓ Continuation of treatment and recovery supports upon reentry

MEDICATION FOR SUBSTANCE USE DISORDER READINESS ASSESSMENT

To ensure the successful implementation of medication for SUD as a pre-release service, CFs must pass a readiness assessment. The following readiness requirements would demonstrate full compliance:

- ❑ Processes are in place to immediately and systematically screen all individuals entering a jail for SUD, including any history of alcohol, sedative or opioid withdrawal.
- ❑ Facilities can provide all medication treatment options that would be available to individuals if they were not incarcerated. The decision to obtain medication for SUD, including OUD or AUD, and the specific medication chosen, should be the individual's decision and be informed by consultation with medical and treatment providers.
- ❑ Processes are in place for all individuals who screen positive for an SUD or who later report SUD-associated cravings to be clinically assessed by a qualified treatment provider to determine whether treatment is clinically indicated.
- ❑ Policies and processes related to medications do not limit the types of medication, dosages, or duration of treatment.
- ❑ All persons for whom medications are clinically indicated and who consent to its use are inducted into treatment in a timely fashion and maintained on treatment throughout incarceration
- ❑ Assessment and provision of medication continuation and withdrawal management are available daily, to prevent gaps in care that can unnecessarily precipitate or sustain withdrawal.
- ❑ Processes are in place for treatment programs to include ongoing monitoring through drug screening and other diversion/risk mitigation strategies, including protocols for when an individual has a urine drug test that indicates medication nonadherence.
- ❑ Processes are in place for pregnant individuals to receive specialized treatment services to prevent and reduce health risks during pregnancy.
- ❑ Processes are in place for individuals to couple medications with counseling and appropriate wraparound services where clinically indicated and the patient agrees.
- ❑ Correctional staff have received training and education on medication-based treatment and naloxone use.
- ❑ Facilities can store medicines and have processes in place for appropriately safeguarding their inventory.
- ❑ Processes are in place to transition individuals receiving medications via a warm handoff and/or a behavioral health link at reentry to community providers (see Sections 6.4 and 11.3 for more on behavioral health link eligibility and requirements).
- ❑ Processes are in place to provide an appropriate supply of take-home medication in hand upon release to meet the need between release and transition to community provider.

QUESTIONS



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

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