



C-ROB



California Rehabilitation Oversight Board

NOTICE OF PUBLIC MEETING California Rehabilitation Oversight Board

The California Rehabilitation Oversight Board (C-ROB) will meet on Thursday, June 30, 2022, starting at 10:00 a.m. at the California State University, Sacramento, Sacramento State Harper Alumni Center, 7490 College Town Drive, Sacramento, CA 95819.

A campus map and driving directions are available at <http://www.csus.edu/campusmap>. Parking on campus is \$7. Permits may be purchased at self-serve kiosks throughout the parking lots. Parking rules are enforced 24-hours a day.

This notice can be accessed electronically from C-ROB's website: www.crob.ca.gov.

A copy of the agenda is enclosed.

If you would like to submit written materials pertaining to an agenda item for distribution to board members in advance of the meeting, please submit the materials to the address below no later than twelve o'clock noon (12:00 p.m.) on Monday, June 20, 2022, to allow staff time to distribute them to interested persons who have requested notice of board meetings.

Email to whitneyl@oig.ca.gov, or mail to address listed below.

If you need additional information, please call (916) 417-4092 or write to:

**Linda Whitney, Board Secretary
Office of the Inspector General
10111 Old Placerville Road, Suite 110
Sacramento, CA 95827**

The meeting location is architecturally accessible to persons with physical disabilities. Persons who need auxiliary aids or other assistance for effective participation, should phone Linda Whitney at (916) 417-4092 or TTY (800) 735-2929 no later than five (5) working days prior to the board meeting.

**Agenda Item
#3**



C-ROB



California Rehabilitation Oversight Board

AGENDA

Date: Thursday, June 30, 2022
Time: 10:00 a.m.
Location: California State University, Sacramento
Harper Alumni Center
7490 College Town Drive
Sacramento, CA 95819

Open Session

1. Call to order
2. Introduction and establish quorum
3. Review agenda
4. Review and approve minutes from the March 10, 2022, board meeting
5. Executive Director Updates
 - Continuity of Rehabilitation Methods
 - Legislation
6. Presentation by California Department of Corrections and Rehabilitation:
 - Division of Rehabilitative Programs: Rehabilitation Budget
 - Division of Adult Parole Operations: General Updates
7. Presentation by Department of Healthcare Services:
 - California Advancing and Innovating Medi-Cal
 - Justice Involved Initiative
8. Future board meeting schedule
9. Future agenda items
10. Public comment
 - The board will accept public comment on any matter under its jurisdiction. Speakers are asked to limit their comments to three (3) minutes. The board cannot act on any public comment or other matters not on the agenda.
11. Adjournment

Gavin Newsom, Governor

10111 OLD PLACERVILLE ROAD, SUITE 110 SACRAMENTO, CA 95827 PHONE: (916) 417-4092

THE ORDER OF BUSINESS MAY BE CHANGED WITHOUT NOTICE. Notice is hereby given that the order of consideration of matters on this agenda may be changed without prior notice. The board will recess for a lunch break, if necessary.

Additional information on the California Rehabilitation Oversight Board and all public notices for meetings may be viewed and downloaded from C-ROB's website: www.crob.ca.gov.

Individuals requiring accommodation for disabilities (including interpreters and alternative formats) should contact Linda Whitney at (916) 417-4092 or TTY (800) 735-2929 at least five (5) working days prior to the scheduled meeting.

Agenda Item #4

California Rehabilitation Oversight Board Minutes
March 10, 2022 Meeting

The California Rehabilitation Oversight Board (C-ROB) met in open session at 10:00 a.m. on March 10, 2022, via Zoom.

Board Members present: **Amarik Singh**, Inspector General (Chairperson); **Kathleen Allison**, Secretary, Department of Corrections and Rehabilitation (CDCR); **William Arroyo, M.D.**, Mental Health Representative (Speaker of the Assembly Appointee); **Jacey Cooper**, State Medicaid Director and Chief Deputy Director, (Designee for Will Lightbourne, Director of the California Department of Health Care Services); **Stephanie Clendenin**, Director, California Department of State Hospitals; **Alexa Sardina**, Assistant Professor, California State University, Sacramento (Chancellor of California State University appointee); **Susan Turner**, Professor, University of California, Irvine (President of the University of California appointee); **LeBaron Woodyard, PhD**, Dean, Academic Affairs (Designee for Eloy Ortiz Oakley, Chancellor, California Community Colleges) and **Carolyn Zachry**, Administrator, Adult Education Office, Career and College Transition Division, (Designee for Tony Thurmond, Superintendent of Public Instruction).

Board Members absent: none

Office of the Inspector General staff: Basil Richards, PhD., Executive Director; James Spurling, Counsel to the Board; Ashley Schiele and Junk Fujisue-Wells, Rehabilitation Analysts; and Linda Whitney, Board Secretary.

Public Comments:

Patricia Barrett

Item 1. Call to order

Chair Singh called the meeting to order at 10:00 am.

Item 2. Introduction and establish quorum

Chair Singh introduced the Office of the Inspector General (OIG) staff participating in the meeting. She thanked Wendy Still and Raul Arambula for their participation on the board and welcomed LeBaron Woodyard to the board. A quorum was established.

Item 3. Review agenda

There were no comments concerning the agenda.

Item 4. Review and approve minutes from the September 3, 2020 board meeting

Dr. Arroyo moved to approve the minutes and LeBaron Woodyard seconded the motion. K. Allison abstained. C. Zachary, J. Cooper, S. Clendenin, S. Turner, and A. Sardina, voted to approve the minutes.

Item 5. Executive Director updates

Dr. Richards welcomed Ms. Singh as the new Chairperson and introduced our new rehabilitation analyst Junko Fujisue-Wells.

**Item 6. Presentation by the California Office of the Inspector General
Road Map for the 2022 Annual C-ROB Report**

Ashley Schiele reviewed the Road Map plan for the 2022 Annual C-ROB Report. Among the topics and data to be included and reviewed for the report are correctional rehabilitation, recidivism rates, and the California Logic Model.

Review Recent Legislation

Ms. Schiele also reviewed the new legislation adopted (AB 932) and reviewed the changes made to California Penal Code section 2933.7. She also reviewed proposed legislation (SB 903). She stated that the analysts are looking at data and how to report should the proposed legislation be approved.

Item 7. Future board meeting schedule

Dr. Richards suggested moving the Report writing Subcommittee meeting to later in August. The group decided on August 25th and the following members volunteered for the subcommittee: J. Cooper, S. Turner, A. Sardina, and W. Arroyo.

Item 10. Future agenda items

Dr. Richards reviewed the previous agenda items suggested by W. Arroyo: the CDCR proposed budget, a DAPO update, post-release job placement, and pre-release benefits. W. Arroyo also requested an SUDT update. J. Cooper suggested the Department of Health Care Services Justice Package coordinated re-entry (AB 133) programs.

Item 11. Public Comment

Patricia Barrett stated she chair of their local behavior health board/mental health board, and she is advocating for mental health in the prisons. Mental health needs to be a higher priority and addressing prisoner mental health challenges is really important.

Item 12. Adjournment

The meeting was adjourned at 10:34am.

C-ROB Secretary

Dated

**Agenda Item
#6**

Division of Rehabilitative Programs Budget Discussion

California Rehabilitation Oversight Board

June 2022



Student studying at the yard.



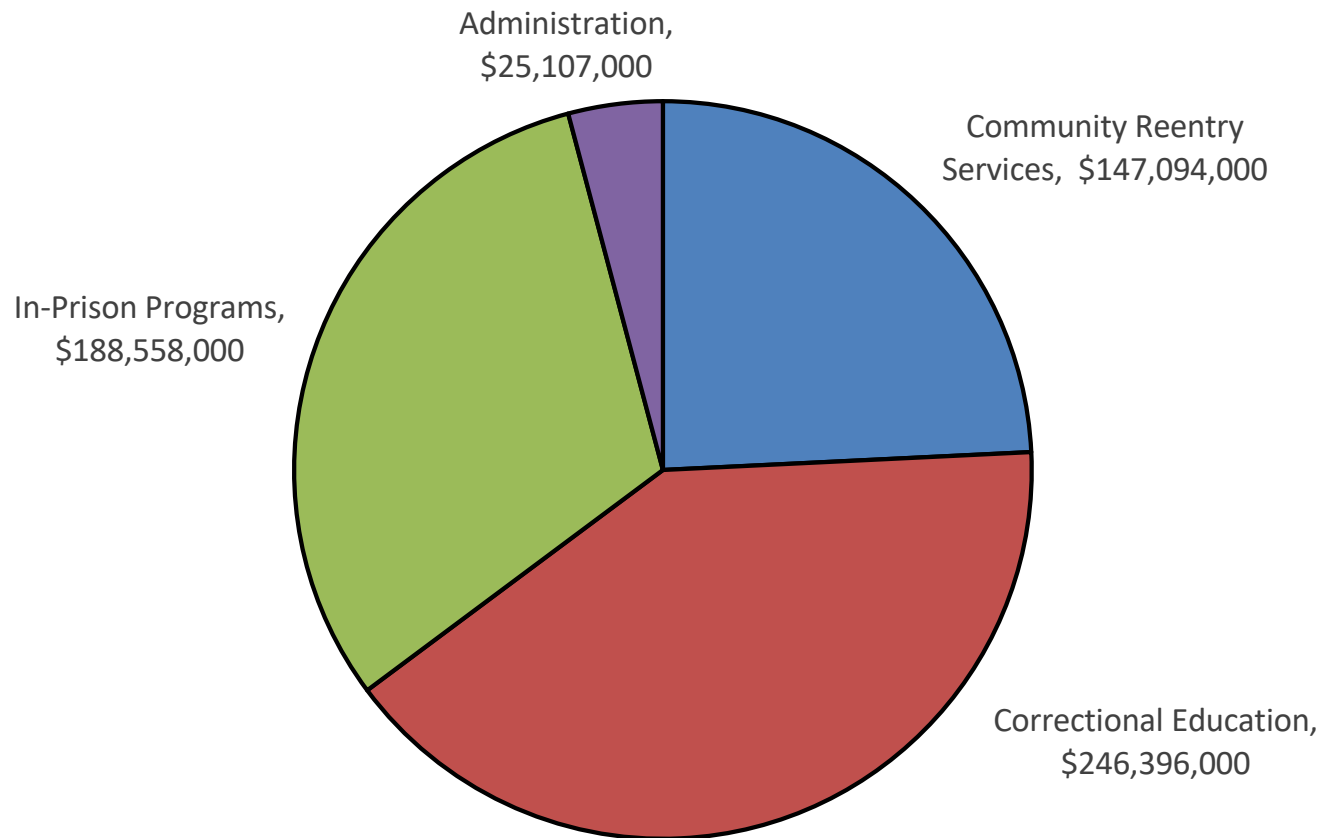
CBI class in session.

DRP Funding 2021-22 Budget Act

- The 2021-22 Budget Act provides DRP with approximately \$607.2 million in general funds.
- Provides funding for Correctional Education, In-Prison Programs, Community Reentry Services and Administration.



DRP 2021-22 Budget Act



■ Community Reentry Services ■ Correctional Education ■ In-Prison Programs ■ Administration

Correctional Education

- Adult Basic Education/High School
 - 34 accredited schools
- Post Secondary Education
 - Associate of Arts
 - Bachelor of Arts
- Career Technical Education
- Peer Literacy Mentor Program
- Transitions

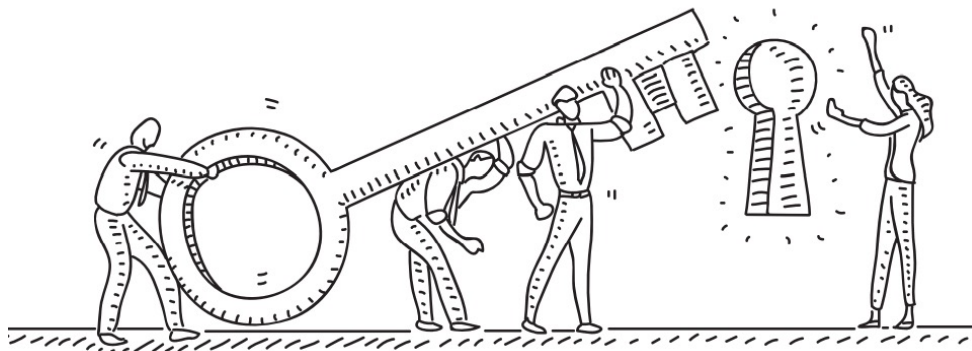


In-Prison Programs

- Integrated Substance Use Disorder Treatment (ISUDT)/Cognitive Behavioral Interventions (CBI)
- Offender Mentor Certification Program (OMCP)
- CARE Grants
- Arts in Corrections
- Anti-Recidivism Coalition

In-Prison Programs (continued)

- Pre-Release Community Programs
 - Male Community Reentry Program (MCRP)
 - Custody to Community Transitional Reentry Program (CCTRP)
 - Alternative Custody Program (ACP)
 - Community Prisoner Mother Program (CPMP)



Community Reentry Services

- Specialized Treatment for Optimized Programming (STOP)
- Community Based Coalition (CBC)/Day Reporting Center (DRC)
- Parolee Service Center (PSC)
- Long Term Offender Reentry Recovery (LTORR)/Transitional Housing Program (THP)
- Ventura Training Center (VTC)
- Caltrans Parolee Work Crew Program (CPWC)

Administration

- Office of Program Support
 - DRP TV
 - Data/Reports/Research
 - Learning Management System/Education Technology
- Office of Program Operations
 - Evidence Based Programs
- Office of Correctional Education
 - Academic
 - Vocational
 - Literacy



Proposed DRP Funding 2022-23 Budget Act

- The proposed 2022-23 Budget Act provides DRP with approximately \$654.5 million in general funds.
- Provides funding for new initiatives:
 - Returning Home Well
 - Bachelors Degree Expansion
- Subject to change pending final budget approval.





OMCP Graduates

CDCR MISSION STATEMENT

To facilitate the successful integration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.

CALIFORNIA REHABILITATION OVERSIGHT BOARD

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR)

DIVISION OF ADULT PAROLE OPERATIONS (DAPO)



ENHANCED REENTRY

- Community Transition Program facilitate the following:
 - Comprehensive Interview
 - Residence planning, employment/education planning, strengths/barriers
 - Initiate Goals (milestones reflected on a roadmap-visual case planning)
 - Pre-Release Video Conferencing (PRVC)
 - Stakeholders
 - Addressing barriers
 - Strengthening reentry plan
 - Update the “Roadmap to Success”

ENHANCED REENTRY

The Roadmap to Success

- Visual guide to memorialize achievements
- Parolee responsibility providing self-efficacy in achieving goals



PRVC

- Expand content and process of PRVC to include the case plan, roadmap and family systems.
- The PRVC is to occur in conjunction with the Pre-Release Residence Verification schedule at the proposed residence.
- The PRVC includes family members and/or supportive network.
- Initiate and solidify transportation plans.

INTEGRATED PARTNERSHIP TEAM MEETING (IPTM)

- The IPTM is a structured analysis of a case by the parole agent, supervisor, clinician, and the parolee
 - Other stakeholders may include, but are not limited to relevant service providers, the parolee's family members or members of the parolee's community support network (social capital)
 - The IPTM shall specify factors such as employment, residence, family support and/or social capital (i.e., peer support networks, church, volunteer organizations), adjustment under supervision, roadmap milestones relating to addressing their criminogenic needs and goals
 - Individualized Case Plan/Roadmap shall be reviewed/modified at each IPTM as needed by the parolee with the interactive team support

STRENGTHS BASED SUPERVISION

- Timely contacts and ongoing assessments- critical elements in determining level of compliance, safety, risk, and well-being
- Substantive contacts with families, associates, and other community stakeholders to facilitate positive outcomes
 - Case plan engagement, identification of strengths, and overall safety and well-being
- Respond to behavior in ways that produce positive outcomes-tailor responses to prosocial behaviors
 - Intrinsic/extrinsic motivations-rewards

GENDER ADVISORY COUNCIL

- DAPO leadership recognized the need to improve outcomes utilizing a gender responsive and trauma informed approach
- DAPO established a Gender Advisory Council to address the current policies and practice related to Gender Responsivity
- DAPO participated in the National Institute of Corrections Gender Responsive Policy and Practice Assessment- Community Version (GRPPA-CV) with Texas, Colorado, Minnesota and Virginia
- The GRPPA-CV provided an evaluative process to examine the current policies and practice
- The GRPPA-CV provided the ability to assess where the Department is and where it needs to go to establish evidence-based practices, expand gender responsivity, incorporate trauma informed and strength based supervision practices

THE TEAM

- Diverse team of female staff representing DAPO statewide
 - Staff Manager, Parole Agent Supervisors, Parole Administrators
 - Training, Headquarters (Pre-release), Adult Programs, Field
 - Expectations, commitment, adherence to deadlines
- The team split into sub-groups to accomplish tasks based on expertise and exposure
- Check ins, SharePoint, internal updates to remain efficient and enhance communication
- Developed Action Plan relevant to policy and practices for female parolees

THE DOMAINS

- Leadership and Culture
- Staffing and Training
- Assessment and Case Planning
- Programs and Services
- Supervision Strategies
- Quality Assurance and Evaluation



THE SCOPE

- The DAPO approach covered statewide operations
- The team dispersed into various areas (prison and community) to obtain information
- The statewide approach allowed for the team to identify consistencies and/or inconsistencies between areas in the state.
 - Environmental factors
 - Programming availability
 - Population

BEHAVIORAL HEALTH REINTEGRATION (BHR) PROGRAM RESTRUCTURE

- Structured to provide transitional clinical case management services for individuals transitioning from prison to community supervision to mitigate any gap in services and reduce the risk of recidivism
- Immediate short-term solutions to urgent identified needs
- Swift establishment of long-term linkages for identified needs that can sustain once parole supervision ends
- A holistic person-centered approach toward establishing ***realistic and attainable individualized reintegration plans (IRP)*** that speak to each client's:
 - areas of need
 - severity of need
 - individualized ability and limitations
 - readiness to change
- Emphasis on self- navigation to enhance self sufficiency and self advocacy



BHR SERVICE AVAILABILITY

- Individuals in the Mental Health Services Delivery Systems (MHSDS) while incarcerated are automatically referred for BHR support upon release
- Any parolee who requests BHR support for areas of need can be referred
- Parole agents identifying needs or concerns relative to a parolee can make a referral for BHR support
- Medication Assisted Treatment (MAT)
 - BHR provides MAT services for parolees while establishing them with long term community-based programs

BHR SERVICE ACCESSIBILITY

- BHR clinicians (social workers, psychiatrists, psychologists) are embedded within each parole office allowing for rapid accessibility of services and ongoing collaboration with parole agents (pre and post release)
- BHR clinicians have unrestricted direct access to patient's prison records and in-reach capabilities thereby alleviating delays in incorporating valuable information for individualized case planning
- BHR clinicians have familiarity with prison culture allowing for increased sensitivity to the transitional experience

BHR SERVICE ACCESSIBILITY

- Administration of validated screening tools to assess for mental health severity, substance use and functional abilities/ limitations
- Phasing design where program movement is driven by the severity of identified need(s) and establishment of long-term community-based linkages to support such needs
- Frequency of services dependent upon client's degree and severity of need along with their ability to self-navigate resources provided
- Monitor client through duration of parole to ensure linkages sustained and assist in re-engaging as needed
- Utilize trauma informed and family system approach

FIELD BASED SERVICES

- Historically BHR services were limited to office-based services for clients
- Office-based services can limit accessibility to clients whose trauma histories, psychotic symptoms, status as unhoused, limited transportation, or active substance use interfere with their ability to continuously engage with services
- Field-based services will be an available resource for BHR clinicians and parole agents to utilize as a pro-active intervention for identified clients who are not engaging in office-based services
- Parole clients identified to benefit from field based services would be met in the community by *both* parole agents and clinicians to help ensure that parole clients receive the right services at the right time, wherever they are
- Field based services are not intended as crisis intervention but to pre-empt decompensation that could increase such risk
- Increase BHR clinician's first hand knowledge of client and environment
- Improve upon family systems approach and engagement of client's support system

“REACH AND RESPOND” PROJECT

- The National Organization Forensic Social Workers (NOFSW) is a multi-disciplinary organization with extensive experience training forensic practitioners nationwide
- Reach and Respond project is a collaboration between DAPO and National Organization of Forensic Social Workers (NOFSW) to tailor their existing evidenced based co- responding program to develop and implement an innovative and unique certificate-training program to meet the specific needs of DAPO’s field-based efforts
- The Reach and Respond training would be provided to all BHR clinicians and parole agents statewide
- DAPO was awarded a **\$466,500 grant** through Behavioral Health Justice Intervention Services and the California Department of Health Care Services, Advocates for Human Potential, Inc. to fund the “Reach and Respond” project

REHABILITATION

- Reentry Resource Centers (RRC) opened November 2021
 - DAPO spearheaded the opening of collaborative Reentry Resource Centers (RRC): Los Angeles and Stockton
 - Provides immediate access to resources and programs through onsite community based organizations, public agencies, and justice involved advocacy groups
 - Affords immediate assistance for individuals reintegrating post release (DMV, Medi-Cal, public health, colleges, workforce development, social services, etc.)
 - Over 800 individuals on parole supervision have received direct assistance with their reentry needs through RRC

REHABILITATION

- LA County-Career Expansion Program
 - A collaboration between DAPO and the Department of Rehabilitation for a construction training program to assist parolees with 5 weeks of free training to provide certifications and connections to construction companies for employment
- Prison to Employment/Corrections- Workforce Partnerships
 - Developed partnerships and referral process between DAPO and California Workforce Development Board & American Job Centers of California to provide employment services and connections to justice-involved individuals
 - Over 2900 justice involved-individuals have received employment services and 775 have obtained employment since 2019
- Reentry Resource Fairs
 - Community based providers and social services onsite
 - In 2021, there were over 450 participants at DAPO resource fairs that received direct linkages to rehabilitative resources and service providers.

REHABILITATION

- Peer Mentoring
 - Women Empowerment Group
 - Women peer mentoring to achieve successful reentry
 - Creating self-efficacy
 - Meetings facilitated statewide
 - Over 1080 women actively participate
 - Peer Reentry Navigation Network (PRNN)
 - Long Term Offenders
 - Peer to peer reentry support and specialized reentry services
 - Over 2500 participants attended these meetings and received support in 2021



REHABILITATION

- Parole and Community Team (PACT)
 - Statewide Parole District monthly reentry meetings front loading services
 - Community based organizations, public service agencies, and contract providers provide rehabilitative resource information to participants
 - Over 4700 individuals attended meetings and were provided opportunities to obtain services in 2021
- Ventura Training Center (VTC)
 - Firefighter Training and Reentry Program offering firefighter certifications, rehabilitative services and high school diplomas to justice involved participants
 - The Eighteen month program started in October 2020
 - 91 participants obtained careers with the California Department of Forestry and Fire Protection (CAL FIRE)
 - 52 participants obtained employment in other fields
 - 62 participants obtained their high school diplomas through the onsite John Muir school program

REHABILITATION

- Partnership with Sacramento Covered
 - Provide medical referrals, transportation, mental health support, ADA support, housing, case management, and community navigation
 - Over 40 individuals on parole supervision have been provided services in 2022

Current collaboration

- UC Davis Healthcare to provide a pathway to employment for those on parole supervision in Sacramento and Yolo counties
- Currently in the development stages
- Four parolees have obtained employment

CONCLUSION



Agenda Item

#7



Overview of CalAIM Justice-Involved Initiative

*California Rehabilitation Oversight Board
(C-ROB)*

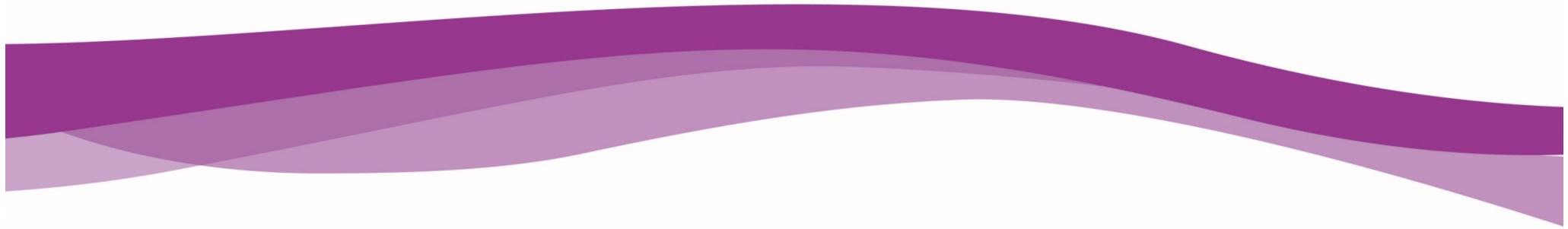
Thursday, June 30, 2022

Meeting Objectives and Agenda

Agenda

- » **Context Setting**
 - » CalAIM Overview
 - » Enhanced Care Management (ECM)
 - » Community Supports
 - » Pending 1115 Waiver Request
- » **CalAIM Initiatives to Support Justice-Involved Populations**
 - » Overview and Objectives
 - » Targeted Populations
 - » Proposed Pre-Release Services
- » **Discussion**

Context Setting



Approved California Advancing and Innovating Medi-Cal (CalAIM) Waivers

DHCS has received federal approval from the Centers for Medicare & Medicaid Services (CMS) to authorize the CalAIM Section 1115 and CalAIM Section 1915(b) waivers through December 31, 2026.

[CalAIM Section 1115 Demonstration & Section 1915\(b\) Waiver Webpage](#)

- Section 1115
- Section 1915(b)
- Approval letters

[Approved CalAIM State Plan Amendments](#)

[CalAIM Homepage](#)

CaAIM Overview

The CaAIM Justice-Involved initiatives focus on ensuring continuity of coverage through Medi-Cal pre-release enrollment and providing key services to support a successful re-entry into the community.

CaAIM will build on existing requirements through new initiatives across jails, youth correctional facilities, and prisons that will:

- » Ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and youth correctional facilities by January 1, 2023 (*this process is already in place in all state prisons*).
- » Engage with individuals who meet clinical criteria in the 90 days prior to re-entry to assess their health and social needs; stabilize their health; and provide care management and targeted services 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 and other health care services, and ensure people have the necessary medications and medical supplies (e.g., a wheelchair) upon re-entry.
- » Offer intensive, community-based care coordination for individuals upon re-entry, including Enhanced Care Management.
- » Provide Community Supports (e.g., housing supports or food supports) upon re-entry if offered by their Managed Care Plan.
- » Provide funding to build capacity for workforce, IT updates, data sharing, and infrastructure to support justice-involved initiatives.

Enhanced Care Management (ECM)

Through CalAIM, California is implementing Enhanced Care Management (ECM), a Medi-Cal managed care benefit that addresses clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

ECM Overview:

- » ECM is interdisciplinary, high-touch, person-centered and provided primarily through in-person interactions with 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
- » **Individuals who meet the CalAIM Pre-release access service criteria will qualify for ECM Justice Involved Population of Focus and will be automatically eligible for ECM until a reassessment is conducted by the MCP, which may occur up to six months after release.**

ECM Core Service Components

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community and Social Support Services

Community Supports Services Approved in California

Community Supports are services that Medi-Cal managed care plans are strongly encouraged, but not required, to provide as medically appropriate and cost-effective alternatives in lieu of other services and settings (ILOS) such as hospital or skilled nursing facility admissions. The services below were approved as CalAIM Community Supports, including both ILOS and 1115 demonstration services

Managed Care ILOS Authority

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Caregiver respite services
- Day habilitation programs
- Nursing facility transition/diversion to assisted living facilities
- Community transition services/nursing facility transition to a home
- Personal care and homemaker services
- Environmental accessibility adaptations
- Medically supportive food/meals/medically-tailored meals
- Sobering centers
- Asthma remediation

1115 Authority

- Short-term post-hospitalization housing
- Recuperative care (medical respite)

Examples of the types of providers Medi-Cal health plans may choose to contract with, include but are not limited to:

- Social services agencies;
- Life skills training and education providers;
- Home health or respite agencies;
- FQHCs;
- Home delivered meals providers;
- Affordable housing and supportive housing providers;
- Sobering centers.

Services with a room and board cost component will not be approved as ILOS, per CMS's interpretation of Medicaid statute. California will cover these-services through its 1115 demonstration.

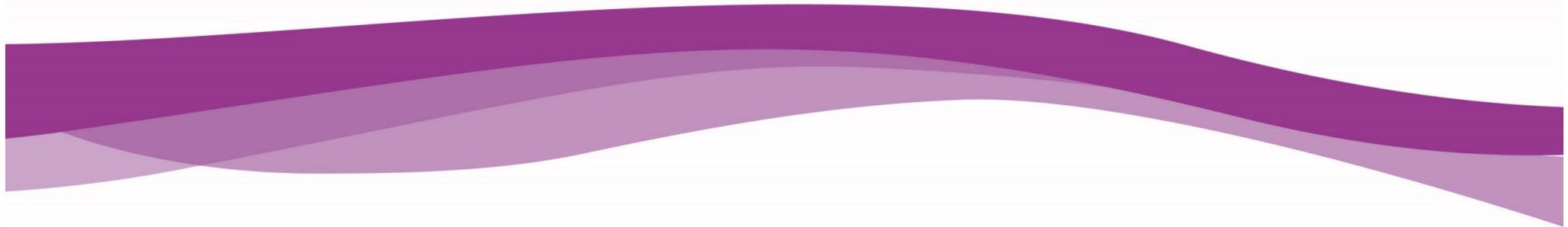
DHCS Continues to Negotiate with CMS the Justice Involved Component of the 1115 Waiver

CMS Update

- » The initiative to provide pre-release services to individuals in the 90 days prior to release from state prison, county jails, and youth correctional facilities is dependent on CMS approval of DHCS 1115 Waiver request.
- » Negotiations between the State and CMS is ongoing and has been since the fall of 2021.
- » CMS has informed DHCS that the approval of the state's waiver request are dependent on the following, both of which have not yet occurred:
 - Submission of an HHS Report to Congress; and
 - Release of a State Medicaid Director Letter on justice-involved 1115 Waivers.
- » DHCS will provide an update on the status of negotiations as information becomes available to share.
- » All pre-release service parameters discussed today are subject to change.

Source: 11-W-00193/9, "California CalAIM Demonstration," December 29, 2021, available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Waiver-Approval-Letter-STCs-12-29-21.pdf>.

CalAIM Initiatives to Support Justice-Involved Populations



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
- The mortality rate two weeks post-release from prison is **12.7 times** the normal rate, driven largely by overdoses

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

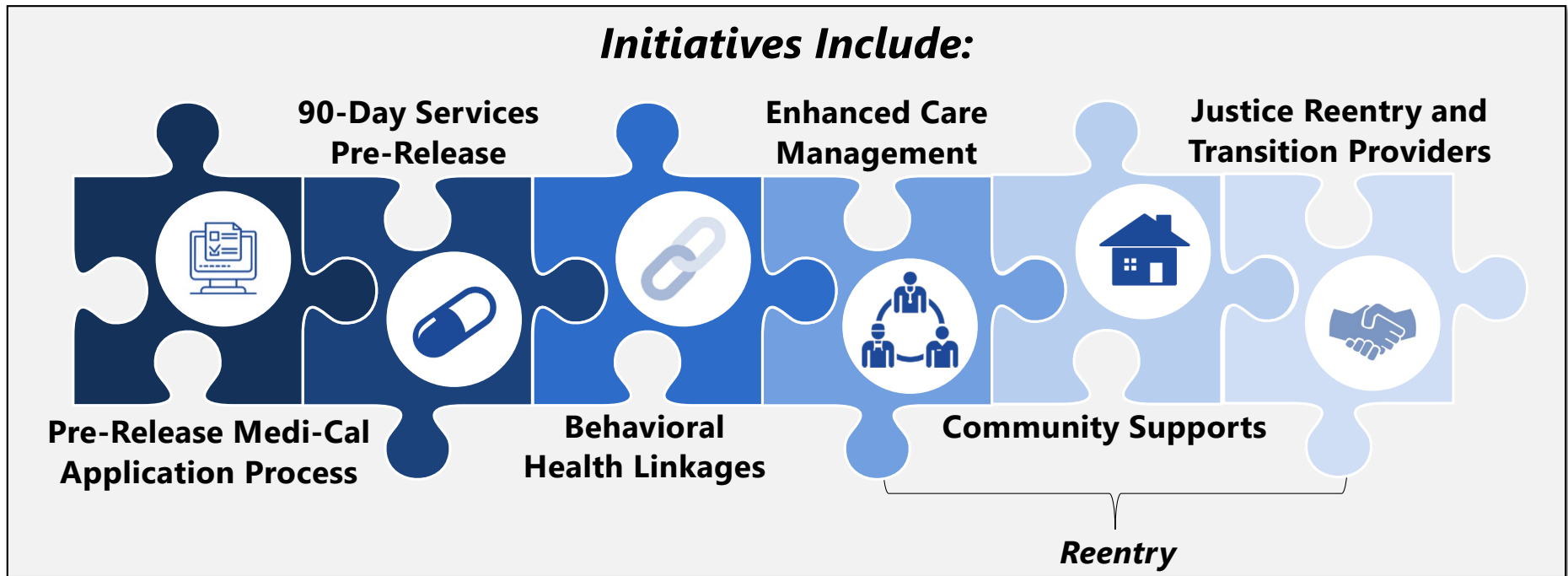
- **51% of people in prison and 71% of people in jail** in the U.S. have/previously had a **mental health problem**
- **58% of people in state prison and 63% of people in jail** in the U.S. meet the criteria for **drug dependence or abuse**
- **Overdose deaths are >100x** more likely for justice-involved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

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

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 reentry from prisons, jails and youth correctional facilities.



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 to ensure Medi-Cal coverage upon re-entry into the community in order to facilitate access to needed Medi-Cal covered services and care

90-Day Pre-Release Services

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.

Rationale for Providing Pre-Release Services to Incarcerated Populations

	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 correctional facilities 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 individual

Proposed Target Populations

Medi-Cal-eligible individuals will be able to receive targeted Medi-Cal pre-release services 90 days prior to release from county jails, state prisons, and youth correctional facilities.

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria:
 - Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic Condition/Significant Clinical Condition
 - Intellectual or Developmental Disability (I/DD)
 - Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need*

Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



Pre-Release Covered Services

Covered Services



- In-reach care management
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in person, as needed, including via community-based providers
- Laboratory/radiology
- Medications, consistent with the full scope of covered outpatient drugs under Medi-Cal State Plan
- Medications for addiction treatment (MAT)*
- Services provided within jail/prison for post-release:
 - Supply of medications, consistent with Medi-Cal clinical policy, for use post-release into the community and/or
 - Durable medical equipment (DME) for use post-release into the community

**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.*

Faces of CalAIM: Patient Vignette

Cameron is completing his time in prison. He has bipolar disorder and takes medication to manage his condition. He has a support network who can't wait to welcome him home.

- Prior to release, Cameron will enroll in Medi-Cal.
- In the 90 days prior to his release:
 - Cameron will work with a pre-release care manager who will conduct an assessment and collaborate with Cameron to develop a re-entry care plan that focuses on his goals and needs
 - The re-entry care plan will be designed to ensure a warm hand-off to behavioral health providers, community-based providers, and Community Supports necessary for successful re-entry into the community. The re-entry care plan will be informed by consultation with a community-based behavioral health provider.
 - Medications that Cameron receives in the 90 days prior to release will be covered by Medi-Cal.
- Upon release, Cameron will be given a supply of medication covered under Medi-Cal and an asthma inhaler.
- During the re-entry period, Cameron will receive ECM through his Medi-Cal Managed Care Plan. Cameron will be supported to continue taking medication, participate in community-based behavioral health care, and attend a scheduled medical appointment. He chooses to have his sister meet with his ECM Care Manager and stay updated on his care plan.

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 **support capacity building for effective pre-release care for justice-involved populations and enable coordination between justice agencies and county behavioral health agencies.**
- PATH funding will be available to county Sheriff's Offices, County Probation Offices, the California Department of Corrections and Rehabilitation, County Social Service Departments, and County Behavioral Health Agencies
- The approved CalAIM 1115 waiver authorizes \$151 million for the PATH JI Capacity Building Program to support collaborative planning and IT investments intended to support implementation of JI pre-release Medi-Cal application and suspension processes. *See next slide for more details*
- DHCS is currently seeking approval for \$410 million in additional funding for the PATH Justice-Involved Capacity Building Program to support planning and IT investments specifically related to the provision of pre-release and re-entry services

Available PATH Funding

\$151 million in initial PATH funding will be made available in two rounds.

Round 1

**Applications
Open Until
7/31**

Provides small planning grants to Probation Offices, Sheriff's Offices, and CDCR to conduct planning with county social service departments, correctional institutions, Managed Care Plans (MCPs), and County Behavioral Health Agencies to understand protocols and processes as well as IT modifications that are needed to support pre-release enrollment and suspension processes

Round 2

Provides larger application-based grants to Probation Offices, Sheriff's Offices, CDCR, and departments of social services to support implementation/modification of pre-release application/suspension processes

- County Probation offices and Sheriff's offices will be required to submit joint applications with local departments of social services
- Applications submitted by County Probation offices and Sheriff's offices must include a joint budget that describes funding needed by the local social service department in addition to the correctional agency
- PATH funding for changes to county social service department enrollment and eligibility systems and processes will only support activities that are not eligible for Medicaid Enterprise System or other administrative match funding from CMS



Thank you

Please send questions and comments to
CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

**Agenda Item
#10**

Good Morning

My name is Patricia Barrett, and I am here today because the last time I attended you had brought up three factors and two of them were housing and mental health.

As a person that works with people's challenges my main concern is the mental health services within our prisons. Not one inmate has escaped a mental health challenge through either biological, environmental or a traumatic event. Our system calls it the rehabilitation system and that is what we need to stay focused on.

Victim Centered does just that. It starts at the time of arrest and follows them to through parole. We do not have enough clinicians to stay focused on weekly, biweekly, or even monthly so that is why I am introducing Peer Support Specialists, those that relate with lived experiences. Also want to mention programs such as NAMI and others who have great programs giving inmates tools to cope with.

The importance here is to start an inmate's rehabilitation as soon as they enter the system since the inmate is the state's property making it your responsibility to ensure they leave with well used tools to start parole and end recidivism.

Focusing on "state property" it is your responsibility to ensure housing so that they do not experience homelessness for which all do not have a place to go to because programs are limited beds and hotels are not the answer. We need your support in Sacramento to allocate monies for housing programs that will not turn down a felon when released from prison.

Lastly,

I want to address my needs.

- My son an inmate with mental health challenges and diabetes needs foods that will benefit him. If I choose to buy products for him, I should have the options to shop that offer healthy foods, vitamins, etc.
- I want to complain that we can not get a live voice on the prompts it took me 31 calls to finally reach a person to tell him his daughter took her life.
- COs bbq while inmates are denied yard due to lack of staff.
- Why are inmates still getting covid when they do not have contact with the outside world.
- When staff has a family member that is on isolation for covid that staff should not be allowed for two weeks. Now the unit is on isolation.
- My son was very sick and didn't want a covid test because his cell and property would have been uprooted. Being a person with a mental health challenge this would not be in his best interest. He risked his health over feeling violated through uncertainties of will he get it back. This should not be an issue. There is not a reason that justifies moving his property. There housing is all they can call their own.
- If the prison is short on staff find a way to house COs for the week. There are many occupations that have this in their objectives, and they survive, military, pilots, ship crews and more. Or move our inmates where there are staff. There are 800 beds in Stockton Prison

Thank you

"One of the many things we share in our groups is hope. Hope can be contagious in a NAMI Connection group setting. Another thing I treasure sharing in NAMI Connection groups is our strength. We lift one another up week to week."

NAMI Connection Participant



NAMI Connection

A confidential and safe support group for adults living with mental health conditions.

As someone living with a mental health condition, you may face unique challenges: social stereotypes and misunderstanding, complex family dynamics, changing medical developments. It can be overwhelming.

Our program can help you. NAMI Connection provides a safe, accepting and confidential setting with access to a community of people who relate to your experiences.

You will gain support from people like you who get it, who have been there. Trained facilitators will guide you in learning to empower yourself in a place that offers respect, understanding, encouragement and hope.

What should I know?

- Open to all adults living with mental health conditions, regardless of diagnosis
- Meets weekly for 90 minutes
- Free of cost to participants
- Led by people who successfully manage their own recovery
- No specific medical therapy or medication is endorsed or recommended

Why should I attend?

- Find community support in a confidential setting
- Discover your own inner strength
- Express yourself in a setting free of judgment
- Find hope in knowing you are not alone

NAMI Connection

- Available in 47 states in the U.S.
- Available in some communities in Spanish as NAMI Conexión

To locate a support group, visit www.nami.org/local and contact the NAMI Affiliate in your area.

Connection

A Free Peer-led Support Program

"I don't know where I'd be without NAMI Connection; it literally saved my life. I'm so grateful for my group and now I just want to share this program with everyone living with a mental illness"

NAMI Connection Participant

About NAMI

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization. NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives.

If you are seeking support or need information on how to better manage a mental health challenge in yourself or a loved one, you are not alone. NAMI is here for you.

NAMI supports and enriches you and your family's unique journey toward wellness. Our outstanding peer-led programs provide free education, skills training and support. Thousands of trained volunteers are bringing these programs to your communities every day. We invite you to join our movement to ensure better lives for everyone.

www.nami.org/connection

NAMI HelpLine
800-950-NAMI or info@nami.org

