California Department of Health Care Services

CalAIM Justice-Involved Initiative: Correctional Facility Readiness Assessment Template

DRAFT FOR STAKEHOLDER REVIEW:

October 2023

DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

DRAFT:
CalAIM Justice-Involved Initiative
Correctional Facility Readiness Assessment Template

Dear CalAIM JI Stakeholders and Implementing Partners,

As a condition of going live with the delivery of pre-release services, each correctional facility will be required to demonstrate readiness in meeting implementation requirements as detailed in the "Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative."

This draft Correctional Facility Readiness Assessment Template provides an overview of the readiness assessment process and outlines requirements and evaluation questions DHCS plans to use to determine readiness for implementation of the Justice-Involved Initiative.

DHCS requests that stakeholders submit written feedback on this Template by November 10, 2023. Feedback should be sent to the CalAIM Justice-Involved Advisory Group inbox (CalAIMJusticeAdvisoryGroup@dhcs.ca.gov).

Thank you,
DHCS

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SECTION 1: Overview of Readiness Assessment Process and Submission Requirements

I.   Introduction

Starting in October 2024, California will begin to offer a targeted set of Medicaid services to Medi-Cal-eligible youth and adults in state prisons, county jails, and county youth correctional facilities (YCFs) for up to 90 days prior to release. The Department of Health Care Services (DHCS) will partner with state agencies, counties, providers, and community-based organizations to establish a coordinated community reentry process that will assist people leaving incarceration to connect with the physical and behavioral health services they need before release and reentering their communities. The initiative will help California address the unique and considerable health care needs of justice-involved (JI) individuals, improve health outcomes, deliver care more efficiently, and advance health equity across the state.

In October 2023, DHCS released an updated "Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative" (hereinafter "Policy and Operational Guide") that lays out all the requirements and expectations for implementation. Each correctional facility (CF) is required to demonstrate readiness for the provision of pre-release services in alignment with the expectations documented in the Policy and Operational Guide.

CFs must obtain DHCS approval prior to going live with the delivery of pre-release services. Each CF must submit a completed readiness assessment with supporting materials at least six months prior to their planned go-live date. DHCS will determine and announce the CF's readiness two months before the planned go-live date. Readiness assessments will be conducted on a quarterly basis. All CFs must go live prior to September 30, 2026.

The following steps outline the Readiness Assessment Submission Process:

1. DHCS releases readiness assessment submission template.
2. CF submits readiness assessment and accompanying materials to DHCS.
3. DHCS evaluates CF's readiness assessment responses and materials and works with CF to address questions/feedback.
4. DHCS communicates final readiness decision to CF.
5. DHCS publicly posts CF approvals.
6. CF goes live with pre-release services on approved go-live date.

The table that follows provides an example Readiness Assessment submission process timeline for CFs that plan to go live on October 1, 2024.

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Readiness Assessment Submission Process – Illustrative Timeline	
Milestone	**Example Timeline for October 1, 2024 Go-Live**
CFs Submit Readiness Assessment to DHCS *CFs may submit their Readiness Assessment before the April 1 due date*	April 1, 2024
DHCS Reviews Readiness Assessments *DHCS will engage CFs as needed during review*	April – July 2024
DHCS Communicates Final Readiness Decision to CFs *DHCS will publicly post facilities approved to go-live on the Justice Involved Initiative website after approval is communicated to CFs*	August 1, 2024
CF Finalizes Preparations for Go-Live	August – September 2024
CF Goes Live with Pre-Release Services	October 1, 2024

II. Readiness Assessment Template and Requirements for Submission

A. Overview

As described above, DHCS requires that each CF complete a readiness assessment and receive DHCS approval to begin to provide pre-release services. The readiness assessment focuses on ensuring that CFs demonstrate readiness to meet minimum requirements in five key areas of focus that are critical to the successful delivery of these services:

1. Medi-Cal Application Process

2. 90-Day Pre-Release Eligibility and Behavioral Health Screening

3. 90-Day Pre-Release Service Delivery

4. Reentry Planning and Coordination

5. Oversight and Project Management

As part of the readiness assessment submission, CFs will be required to provide the following readiness documents:

1. **Completed Readiness Assessment Template**. This includes completion of a minimum requirements checklist, as well as submission of narrative responses describing how each readiness requirement has been met and any supplementary documentation to support attestations of readiness and narrative descriptions. The Readiness Assessment Template is included as Section 2 of this document.

2. **Signed Readiness Assessment Attestation Form**. The required list of attestations is included as Section 3 of this document.

CFs are encouraged to reference the Policy and Operational Guide in responding to the readiness assessment, and to submit questions or request assistance by sending an email to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov.

B. Readiness Assessment Template Structure

The Readiness Assessment Template is organized as follows:
1. **Focus Area:** This indicates which of the five key focus areas is being assessed.

2. **Readiness Element**: This describes the pre-release service component that is being assessed for implementation readiness within each focus area.

3. **Minimum Requirement(s) Checklist**: This lists the minimum requirements for a CF to go-live within each focus area. The narrative response and supporting documentation submitted must show that the facility meets the minimum requirements listed.

4. **Additional Information**: This provides additional detail on requirements for each focus area. CFs are encouraged to consult the Policy and Operational Guide for additional information on each readiness element.

5. **Evaluation Questions to Determine Implementation Readiness**: This lists the components that DHCS will consider when evaluating a CF's narrative description of its readiness in each area.

6. **Examples of Supporting Documentation**: This includes a non-exhaustive list of the types of documentation that a CF may consider submitting to demonstrate implementation readiness.

C.   Instructions for Completing the Readiness Assessment Template

To complete the Readiness Assessment Template, the CF should:

1. **Review the Minimum Requirements Checklist column in the Template** and assess whether the CF facility meets the minimum requirement (i.e., whether the CF has established processes and infrastructure for each of the minimum requirements listed, or an action plan to meet requirements by the requested go-live date). CFs are encouraged to reference the resources listed in the "Additional Information" column for further context and details on each requirement.

2. **Indicate whether the CF meets each Minimum Requirement by marking the requirement as met in the Checklist column, as applicable.** If the CF has not yet established processes and infrastructure to meet the minimum requirement nor developed an action plan to meet the requirement by the requested go-live date, CF should leave the checkbox unmarked.

3. **Develop a narrative response** that addresses the Minimum Requirements for each Readiness Element. The narrative response should address the questions listed in the "Evaluation Questions to Determine Implementation Readiness" column and include any other relevant details related to the CF's implementation approach. If there are requirements that have not been fully met/are not fully implemented at the time of the readiness assessment, the CF should include a detailed description of the action plan for ensuring that the requirement will be met by the requested go-live date as part of the narrative response, including specifying a date by which the requirement will be met.

4. **Submit supporting documentation** for each Readiness Element listed in the template. These documents may include, but are not limited to, policy guides, operational documents, process flows, organizational charts, and a list of providers and pharmacies utilized by CF including the NPI and facility address. CFs should provide only the pages/sections of policy/procedure that are relevant to the specific readiness element under review.

D.   Instructions for Completing the Attestation Form

CF should review and sign the required list of attestations as a component of their Readiness Assessment response (included as Section 3 of this document).

E.   DHCS Approach for Evaluating CF Readiness Assessment Submissions

For each of the five focus areas contained in the Readiness Assessment Template, DHCS will determine a composite score based on the CF's attestation and supporting documentation of its meeting the minimum requirements associated with each readiness element. Readiness decisions will be made at the county level. Specifically, all facilities within an agency (i.e., all jails in a county or all YCFs in a county) must go live with all required services at the same time. If there are situations where a facility within an agency will not be ready at the same time as the rest of the county, DHCS may consider an exception process.

DHCS will use the following rubric to determine the score for each focus area.

Focus Area Scoring Rubric
Pass: CF's response is complete and indicates total or almost total readiness (i.e., all minimum requirements are met) and CF receives a pass in each focus area, and the facility has processes in place to go-live with non-minimum requirement elements within six months of their go-live date.
Conditional Pass: CF response is complete and indicates that the CF meets some, but not all, components of the readiness assessment, and demonstrates a time-bound action plan to meeting the outstanding requirements by the requested go-live date, and that the CF will be ready to go-live with non-minimum requirement elements within six months of their go-live date.
Fail: CF's response is incomplete, the provided response does not sufficiently address the question, or the provided response does not indicate readiness to go live.

To receive approval from DHCS to go live, a CF must receive a "Pass" in all five focus areas by meeting each requirement categorized in the Readiness Assessment Template as a minimum requirement for go-live. The CF must also demonstrate that it has a process in place to implement the three non-minimum requirement elements

identified in the template (Clinical Consultation, Support for Durable Medical Equipment Upon Release, Governance Structure for Partnerships) within six months of go-live.

In some cases, a CF may receive a "Conditional Pass," indicating that the facility meets some, but not all, required components of the readiness assessment and has adequately demonstrated a time-bound action plan to meeting outstanding minimum requirements by the requested go-live date. In these cases, DHCS will work with the CF to determine if required components of the readiness assessment will be ready by the go-live date.

If a CF receives a "Fail" in any focus area, DHCS will engage the CF to develop an implementation plan so that it can work toward readiness by the proposed go-live date or for a future go-live date.

SECTION 2: Readiness Assessment Template

Focus Area 1: Medi-Cal Application Processes				
Readiness Element	**Minimum Requirement Checklist**	**Additional Information**	**Evaluation Questions to Determine Implementation Readiness**	**Examples of Documentation**

1a. Screening – Defined process and support model to screen for current Medi-Cal enrollment and eligibility if not yet enrolled.	☐ Process in place to screen Medi-Cal current Medi-Cal enrollment and eligibility if not yet enrolled (A&B)
	   a. Prior to 90 days for individuals with longer sentences and/or known release date
	   b. At or close to intake for individuals with short-term stays, and/or unknown release dates
	
	 ☐ Processes and infrastructure in place to facilitate the timely and accurate exchange of eligibility information between CF and county Social Service Departments (SSD)
		• Table 1, Section 4.2.a, Policy & Operational Guide
		
		 • For additional information related to types of Medi-Cal assessments, requirements, tools and CF responsibility please refer to [Care Coordination Medi-Cal Assessments](#)
			Describe and provide documentation on CF procedures for Medi-Cal eligibility screening process, including:
			 • When does an individual get asked about whether they are already enrolled in Medi-Cal (e.g., part of intake, within a few days after intake)and how is the question asked and recorded?
			 • Will the CF use the Medi-Cal eligibility verification system (EVS), the provider portal, or an alternative method (e.g., sending a list to county SSDs) to confirm if individual is already enrolled in Medi-Cal?
			 • When an individual is identified as not having Medi-Cal, what is the process to flag potential Medi-Cal enrollment (e.g., is there a list the individual gets put on to identify need for subsequent enrollment process)?
			 • Who is responsible for following up with individuals who are not enrolled in Medi-Cal to assist with completing application? What are the related timelines?
			 • What is the process to obtain consent to apply on behalf of youth under 18 years old?
				• Policy Manual
				 • Process Map
				 • Screening Tool

Focus Area 1: Medi-Cal Application Processes

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
1b. Application Support – Defined process to support individuals in applying for Medi-Cal coverage and submitting an application.	☐ Processes in place to support individuals in completing and submitting Medi-Cal application ☐ Processes in place to ensure individuals receive Medi-Cal documentation, including Notices of Action (NOA) related to eligibility determinations (e.g., approval or denial of Medi-Cal coverage or of eligibility for pre-release services) and benefits identification cards (BIC) ☐ Processes in place to support individuals' ability to request and participate in fair hearings	• Table 1, Section 4.2.a of the Policy & Operational Guide • Section 7 of the Policy & Operational Guide	Describe and provide documentation on CF procedures for Medi-Cal application process, including: • Who/what entity is responsible for submitting a Medi-Cal application to the county SSD? • How often/on what days are those Medi-Cal applications submitted? • What modality is being used (e.g., telephone, fax, online, paper, all)? • How will CF ensure that individuals receive all Medi-Cal documentation, including NOA and Benefits Identification Card, in a timely fashion and if the individual uses the correctional facility as their mailing address? • How will the CF ensure that individuals are able to make timely requests for a fair hearing if they choose to? For those who remain incarcerated during their scheduled hearing date, how will CF work with the county SSD to attend virtual fair hearings via videoconference or telephone? • How does the CF follow-up to track that the individual who requested being enrolled in Medi-Cal receives application assistance?	• Policy Manual • Process Map

Focus Area 1: Medi-Cal Application Processes

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
1c. Unsuspension/Activation of Benefits – Process and data sharing capability to notify the county SSD/DHCS of the individual's release date to reactivate coverage and deactivate the pre-release services aid code/enable full scope of benefits upon release.	☐ Processes and infrastructure in place to facilitate the timely and accurate exchange of release date information between CF and the county SSD/DHCS.	• Table 1, Section 4.2.a and Section 4.4 of the Policy & Operational Guide	Describe and provide documentation on CF procedures and data sharing capabilities for unsuspension/activation of benefits, including: • Who will enter release date and pre-release service eligibility information into the Screening Portal? • What is the process for updating release dates in the Screening Portal? • What is the process for confirming release date after individual has been released? • How frequently is the CF doing this reporting? Is it done in real-time or daily (or other frequency) batched process? • How is timeliness of notification tracked?	• Policy Manual • Process Map

Focus Area 2: 90-Day Pre- Release Eligibility and Behavioral Health Link Screening

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
2a. Screening for Pre- Release Services – Defined process and support model to screen eligibility for 90-day Medi-Cal Pre-Release Services. Screening should include securing consent from the individual to release information to relevant parties (e.g., assigned care manager), when required under federal and all other applicable law. DHCS supports the best practice of developing documentation of individuals' previous screenings in correctional facilities' applicable electronic data systems (e.g., electronic medical records) to expedite their enrollment upon re-incarceration.	☐ Processes in place to ensure all Medi-Cal-eligible individuals are screened for eligibility to receive pre-release services, including: • Tier 1 Initial Health Screening processes • Tier 2 Comprehensive Health Screening processes • Ongoing identification of eligible individuals	• Section 6.3, Policy & Operational Guide (describes pre-release Tier 1 and Tier 2 screening requirements) • Table 8, Section 6.2, Policy & Operational Guide (describes qualifying conditions for pre-release services) • CalAIM Data Sharing Authorization Guidance (provides additional information on data sharing requirements)	Describe and provide documentation of CF procedures for pre-release services eligibility screening process, including: • Who facilitates Tier 1 Initial Health Screening process at intake? • If it is not possible to assess the individual during intake, what is process and timing for conducting Tier 2 Comprehensive Health Screening? Who facilitates the Tier 2 Comprehensive Health Screening? • In addition to the standard screening tool, what additional screening tools and processes (e.g., self-attestation, reviewing medical records, leveraging correctional facility screening tool) will be used to identify pre-release service eligibility? • How will CF support ongoing assessments of pre-release services eligibility (e.g., if an individual self-attests or is identified by a clinician as having a qualifying condition subsequent to Tier 1 and 2 screenings)? • Does the screening include securing individual's consent where required by law to release information (e.g., when sharing Part 2 behavioral health data)? What consent form is used by the facility? • Who is responsible for entering pre-release eligibility determination (yes/no) into Screening Portal?	• Policy Manual • Process Map • Screening Tool(s) • Consent to Release Information Form

Focus Area 2: 90-Day Pre- Release Eligibility and Behavioral Health Link Screening

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
2b. Screening for Behavioral Health Links – Defined process and support model to conduct an initial mental health and SUD screening at intake. As indicated, a second screen and/or full assessment with tools and processes mutually agreed upon by the CF and the county behavioral health agency should be completed to determine if the individual's behavioral health need meets the behavioral health criteria and requires a behavioral health link.	☐ Processes in place to systematically screen all individuals entering facility for mental illness and SUD, including any history of alcohol/sedative or opioid withdrawal, to ensure identification of individuals with behavioral health needs and required links to behavioral health services ☐ Use of evidence-based, validated, and reliable screening tools with demonstrated applicability in justice settings	• Section 6.4, Policy & Operational Guide • AB 133 describes the minimum requirements for Behavioral Health Links	Describe and provide documentation of CF procedure for screening for BH links, including: • When does screening occur? At intake or near intake? Prior to release? • Who is responsible for conducting mental health and substance use screenings at intake, and at any secondary or additional full assessments, as appropriate? • What screening tools will be used to define eligibility for behavioral health links? And have they been agreed upon with county BH agency? • What is the process for ongoing screenings? • Does the CF have a self-attestation process to identify individuals who will be assessed? • How do care managers ensure timeliness of assessments from BH providers? • Is the CF collecting and using other clinical documentation/medical records to determine eligibility? • If assessments are done by embedded staff, are clinical providers conducting or overseeing assessments? • If assessments are done by in-reach staff, do you have an established process to connect with county behavioral health agency to perform assessments?	• Policy Manual • Process Map • Screening Tool(s) • MOU section showing agreement on screening tool between the CF and the county behavioral health agency

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
3a. Medi-Cal Billing and Provider Enrollment – Established plan is in place to enroll the facility as an *Exempt From Licensure Clinic* Medi-Cal provider in order to bill fee-for-service (FFS) for pre-release services (e.g., care management, X-rays/labs) and a process is in place to bill for services. Facilities with a pharmacy on-site that intend to provide pre-release authorized medications must also enroll as a Medi-Cal pharmacy.	☐ Facility enrolled as an *Exempt From Licensure Clinic* Medi-Cal provider ☐ Facility enrolled as a Medi-Cal pharmacy (if CF has pharmacy on-site) ☐ Processes in place for Medi-Cal billing and claiming utilizing CA-MMIS for medical services (including care management, clinical consultations, laboratory, and radiology) and Medi-Cal Rx for pharmacy	• Section 9, Policy & Operational Guide (describes provider/pharmacy enrollment) • Section 10, Policy & Operational Guide (describes billing/claiming approach)	Describe and provide documentation of CF Medi-Cal Billing and Provider Enrollment procedure, including: • What services will the CF be billing for? • Who is responsible for ensuring that facilities are enrolled as providers, and facilities with pharmacy onsite are enrolled as pharmacies? • For in reach services, do all providers have NPI? For embedded model, do Facilities have an NPI? • How is the CF ensuring that all providers providing services at their facility meet minimum credentialing requirements? What is the identification process?	• Policy Manual • Process Map • List of possible Providers
3b. Short-Term Model – Defined process and support model to ensure that facilities deliver pre-release services to individuals who have	☐ Infrastructure and processes in place for the delivery of pre-release services to individuals who have short stays or unknown release dates, including for: ☐ Ensuring that pre-release services begin as close to intake as possible for any person who has short or unknown	• Section 8.2, Policy & Operational Guide • CalAIM Data Sharing Authorization Guidance (provides additional information on data sharing requirements)	Describe and provide documentation of short-term model procedure, including: • How will the CF identify individuals who are likely to have a short or unknown length of stay to facilitate the screening and activation of services as close to intake as possible?	• Policy Manual • Process Map • Screening Tool(s) • Data Exchange Agreements/MOUs

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
short stays or unknown release dates.	length of stay ☐ Ensuring individuals do not receive pre-release services for more than 90 days ☐ Meeting and tracking compliance with short-term model timeline requirements, including implementing processes for the rapid scheduling of clinical consultations, pre-release care manager meetings, and accelerated delivery of pre-release services		• Who will be responsible for the initial high-level screening and in-depth eligibility screenings in the short-term model? • Does the screening include securing the individual's consent where required by law to release information (e.g., sharing Part 2 behavioral health data)? What consent form is used by the facility? • Who will enter the pre-release services eligibility information into the Screening Portal to activate the aid code? • How will the facility track when an individual's Medi-Cal enrollment is effective and the aid code is activated to begin the "clock" on the short-term model timeline requirements? • What is the facility's process for ensuring individuals who end up having longer stays than initially anticipated do not receive more than 90-days of pre-release services? • How will the facility track compliance with the short-term model timelines for provision of pre-release services? Who will have oversight of ensuring timeline requirements are met? • How will facility ensure compliance with all reentry requirements for individuals with short or unknown lengths of stays, including the exchange of necessary data (e.g.,	

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
			release date notifications, sharing of medical information and reentry care plan) and facilitate links, and where required warm handoffs, to community-based providers?	
3c. Support of Pre-Release Care Management	**If CF using an in-reach care manager model:** ☐ Infrastructure and processes in place for the delivery of pre-release care management via an in-reach model, including processes for: ☐ Leveraging the MCP JI Liaison and Provider Directory to identify and assign an in-reach, community-based care manager to the individual shortly after determining eligibility for 90-day Medi-Cal Reentry Services ☐ Identifying if an individual has existing relationships with a community-based ECM care manager who could be assigned to provide pre-release care management services ☐ Supporting the assigned care manager to perform a comprehensive health risk assessment, inclusive of obtaining consent to access and share any needed medical records with community-based providers/health plans, and coordination and support of delivery of services by the correctional	• Section 8.4 Policy & Operational Guide • Section 13.4.b Policy & Operational Guide • CalAIM Data Sharing Authorization Guidance (providers' additional information on data sharing requirements)	Describe and provide documentation of CF procedure for pre-release care management • Will the CF be using an in-reach or embedded care manager model? **If CF is using an in-reach care manager model:** • What is the process for assigning an in-reach care manager who will serve as the care manager during the pre- and post-release periods? • What is the process of scheduling the initial appointment and any follow-up care? • How will timeliness for assigning the in-reach care manager be tracked? • How will the facility support in-reach care management processes (e.g., via telehealth, development of in-person meeting spaces within the facility)? • How will the facility ensure that the provider completing the health risk assessment is a licensed provider or overseen by a licensed provider?	• Policy Manual • Process Map • Consent to Release Information Form

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
	facility clinical staff ☐ Supporting the assigned pre-release care manager to coordinate all needed care as part of the reentry stabilization, treatment, and planning for release ☐ Ensuring finalization and effectuation of care plan, including warm handoffs to community-based providers **If CF using an embedded care manager model:** ☐ Infrastructure and processes in place for supporting the delivery of pre-release care management via an embedded model, including for: ☐ Assigning an embedded pre-release care manager ☐ Supporting the assigned pre-release care manager to perform comprehensive health risk assessment, inclusive of obtaining consent to access and share any needed medical records with community-based providers/health plans, and coordination and support of delivery of services by the correctional facility clinical staff ☐ Supporting the assigned pre-release care manager and post-release ECM		• What is the process to perform a comprehensive health risk assessment? What tool(s) is being used? • How are client responses being stored and tracked? • What is the process for developing the final Reentry Care Plan, in collaboration with the individual, and documenting it in the individual's medical record? • What is the process for ensuring appropriate handoffs to post-release services, prior to release? • What is the process for ensuring appropriate handoffs to post-release care management and other services if the facility is unable to assign an in-reach care manager or complete care management requirements prior to release (e.g., due to a short stay or unplanned release)? • How will the facility transmit the Reentry Care Plan to post-release providers beyond the in-reach care manager (MCP, MHP, community-based clinical and support service providers)? **If CF is using an embedded care manager model:** • What is the process for assigning a pre-release care manager?	

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
	Lead Care Manager to coordinate all needed care as part of the reentry stabilization, treatment, and planning for release, including for warm handoff ☐ Ensuring finalization of care plan, including warm handoffs to community-based providers		• What is the process of scheduling the initial appointment and any follow-up care? • What is the process for scheduling a contact with a post-release care manager? • How will timeliness for assigning pre-release and post-release care managers be tracked? • How will the facility ensure that the provider completing the health risk assessment is a licensed provider or overseen by a licensed provider? • What is the process to perform a comprehensive health risk assessment? Who facilitates the health risk assessment? What tool(s) is being used? • How are client responses being stored and tracked? • What is the process for developing the final Reentry Care Plan, in collaboration with the individual, and documenting it in the individual's medical record? • What is the process for ensuring appropriate links to services occur and a warm handoff to the post-release care manager is made, prior to release? How will pre-release care manager initiate the warm handoff with the post-release care manager and schedule the warm handoff meeting with the individual? • If facility is unable to conduct the warm handoff during the pre-release period (e.g.,	

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
			due to a short stay or unplanned release), what is the process for ensuring that the pre-release care manager facilitates appropriate links to post-release services and completes the warm handoff during the post-release period? • How will the facility transmit the Reentry Care Plan to post-release providers upon release (MCP, MHP, post-release ECM provider)?	
3d. Clinical Consultation – *Note: All minimum requirements for this readiness element must be met within six months following go-live* *Note: If infrastructure and processes are not currently in place, leave checkbox blank and include detailed narrative description of action plan to ensure that*	☐ Infrastructure and processes in place to support clinical consultation to ensure diagnosis, stabilization, treatment, coordination, and links to establish relationships with community providers ☐ Infrastructure and processes in place to obtain consent to provide and share information with community-based providers/health plans, provide these clinical services directly, prescribe durable medical equipment (DME) and medications, and/or ensure in-reach clinical consultations occur in a timely manner as needed	• Section 8.5, Policy & Operational Guide • CalAIM Data Sharing Authorization Guidance (provides additional information on data sharing requirements)	Describe and provide documentation of CF procedure on clinical consultation processes, including: • Are processes and infrastructure to support clinical consultation currently in place? If not, by when will they be implemented? What is the specific action plan and timeline for implementing required processes within six months following the requested go-live date? • Are clinical consultations provided in-person or through telehealth? • What policies and procedures are in place to ensure that appropriate data sharing is happening in a timely manner? What community-based providers does the CF plan to partner with to perform clinical consultation services?	• Policy Manual • Process Map • Screening Tool(s) • Consent to Release Information Form

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
	requirements are implemented within six months following the requested go-live date		• What processes are in place for outreach to community-based providers for clinical consultations?	
3e. Virtual/In-Person In-Reach Provider Support –	☐ Processes in place to support virtual or in-reach provider services (including care management, clinical consultation or community health worker services), including for: ☐ Rapid scheduling of in-reach provider services ☐ Provision of space, including physical space, for in-person visits and/or space and technology for virtual visits (e.g., laptop or similar device, webcam, internet access telephone line), while ensuring appropriate security protections remain in place	• Section 8.5, Policy & Operational Guide	Describe and provide documentation of procedures for in-reach provider services, including: • How are the timeliness for scheduling visits tracked? • Who is responsible for coordinating and scheduling visits? • What physical space will be provided to facilitate in-person and/or virtual visits? How will the facility ensure that appropriate security and privacy protections remain in place? • How is appropriate technology secured and tracked?	• Policy Manual • Process Map
3f. Support for Medications – Infrastructure and processes are in place to support the provision of all medications covered under Medi-Cal medication benefit	☐ Processes in place for pharmacy billing/claiming, including all real-time or batched billing/claims requirements and PA requirements for medications, that match current FFS processes via Medi-Cal Rx for prescriptions ☐ Facility enrolled as a Medi-Cal pharmacy (if CF has pharmacy on-site)	• Section 8.6, Policy & Operational Guide	Describe and provide documentation of procedures to support provision of medications, including: • What kind of pharmacy will provide medications (e.g., on-site, mail, or community partner)? • What assessments are used to determine medication needs, and what processes are in place to ensure timeliness on medication provision?	• Policy Manual • List of Providers utilized by Facility

Focus Area 3: 90-Day Pre- Release Service Delivery				
Readiness Element	**Minimum Requirement Checklist**	**Additional Information**	**Evaluation Questions to Determine Implementation Readiness**	**Examples of Documentation**
			• What is the process for pre-release coordination with any post-release clinical provider for any medication needs? • What processes are in place to ensure Prior Authorization (PA) and Utilization Management (UM) requirements are met? • Does the CF anticipate needing to dispense any shared stock medications? If so, for which medication types? What is the process for billing any shared stock medications?	

3g. Support for MAT	☐ Infrastructure and processes in place to support MAT, including to ensure:
	  ☐ All individuals entering the CF are immediately and systematically screened for SUD, including any history of alcohol/sedative or opioid withdrawal
	  ☐ All MAT options that would be available to individuals if they were not incarcerated; the decision to obtain medication for Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD), and the specific medication chosen, is the individual's decision and is informed by consultation with medical and treatment providers
	  ☐ All individuals who screen positive for an SUD or who later report
		• Section 8.7, Policy & Operational Guide	Describe and provide documentation of procedures for MAT services, including:
			• What happens when an individual is identified as qualifying for MAT services?
			• Does the facility have a process to screen all individuals entering for SUD to comply with the Policy and Operational MAT requirements (e.g., processes are in place to immediately and systematically screen all individuals for SUD, including any history of alcohol/sedative or opioid withdrawal)?
			• What screening tools are being used?
			• What is the clinical assessment process for determining SUD?
			• What types of MAT are currently offered at the facility and how will those MAT processes be adjusted to comply with the Policy and Operational MAT requirements
				• Policy Manual
				• SUD Screening Tool(s)
				• Assessment and Monitoring Tool(s)
				• Staff Training Courses with Descriptions

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
	OUD-associated cravings are clinically assessed by a qualified treatment provider to determine whether MAT is clinically indicated ☐ Policies and procedures related to MAT do not limit the types of MAT, dosages, or duration of treatment ☐ All persons for whom MAT is 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 MAT continuation and withdrawal management are available every day, with the goal of preventing gaps in care that is intended to precipitate or sustain withdrawal ☐ MAT programs 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 ☐ Pregnant individuals receive specialized MAT services to prevent and reduce health risks during pregnancy		(e.g., access to at least one agonist for OUD)? • Will the facility be using an embedded or in-reach MAT provider? • How will the facility ensure that MAT services and withdrawal management are available every day? • What is the process for determining medication nonadherence? • Do you provide specialized MAT services for any pregnant individuals? How are these services provided? • Have correctional staff been trained in MAT? • How and where are MAT medications stored and who has access to them? • What is the process to transition individuals receiving MAT to community providers?	

Focus Area 3: 90-Day Pre- Release Service Delivery				
Readiness Element	**Minimum Requirement Checklist**	**Additional Information**	**Evaluation Questions to Determine Implementation Readiness**	**Examples of Documentation**
	☐ Individuals couple MAT with counseling and appropriate wraparound services where clinically indicated and when the patient agrees ☐ Correctional facility staff have received training and education on MAT ☐ Facilities are able to store MAT medicines and have processes in place for appropriately safeguarding their inventory ☐ Processes are in place to ensure that individuals receiving MAT are transitioned to community providers at reentry via a warm handoff.			
3h. Support for Prescriptions Upon Release	☐ Processes and infrastructure in place to support dispensing prescriptions upon release, including to ensure: • Individuals are provided a "full" supply of medications in hand upon release with prescriptions for refills in place, as appropriate • CF uses a Medi-Cal-enrolled pharmacy to fill medications provided upon release • CF complies with Medi-Cal's PA/UM requirements	• Section 8.8, Policy & Operational Guide	Describe and provide documentation of the procedure for dispensing Medi-Cal prescriptions upon release, including: • What kind of pharmacy will provide medications (e.g., on-site, mail, or community partner)? • How will the facility ensure that the individual has necessary prescriptions in hand upon release? Are there any clinical documentation processes for medications? • What processes are in place to ensure PA/UM requirements are met?	• Policy Manual

Focus Area 3: 90-Day Pre- Release Service Delivery

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
	• CF supports overdose prevention by providing naloxone upon release and a clinically appropriate supply of MAT with follow-up		• Are there processes in place to provide Naloxone upon release?	
3i. Support for DME Upon Release *Note: All minimum requirements for this readiness element must be met within six months following go-live*	☐ Processes and infrastructure in place to ensure provision of DME upon release, including to ensure: ☐ Individuals are screened for DME needs ☐ Individuals are provided with any DME needed to safely reenter the community, including (1) in hand upon release or (2) via in-residence set up, depending on individuals' needs ☐ Individuals who use DME reenter the community with prescription(s) for all needed DME in hand to support individuals in their ability to obtain the needed DME in the community (e.g., for DME that requires replacement or refills) *Note: If infrastructure and processes are not currently in place, leave checkbox blank and include detailed narrative description of action plan to ensure that requirements are implemented within six*	• Section 8.9, Policy & Operational Guide	Describe and provide documentation of procedure for providing DME upon release, including: • Are processes and infrastructure to support DME upon release currently in place? If not, when will they be implemented? What is the specific action plan and timeline for implementing required processes within six months following the requested go-live date? • What is the screening process to identify individuals with DME needs? • When does the screening take place (e.g., at intake, at evaluation after booking, pre-release care manager-initiated meeting)? • How will the facility support the pre-release care manager to facilitate the individual's access to DME upon release? • How will the facility ensure that the individual has necessary DME prescriptions in hand upon release? • How will the facility ensure that DME prescriptions have undergone treatment authorization requests (TARs) or other requirements?	• Policy Manual • DME Screening Tool(s)

Focus Area 3: 90-Day Pre- Release Service Delivery				
Readiness Element	**Minimum Requirement Checklist**	**Additional Information**	**Evaluation Questions to Determine Implementation Readiness**	**Examples of Documentation**
	months following the requested go-live date			

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
4a. Release Date Notification – Established process to provide electronic notification of the individual's release date to the county SSD, DHCS, pre- release care manager, post- release ECM provider (if different than the pre-release care manager), Medi-Cal MCP, and county behavioral health agencies and/or their subcontracted providers (as applicable)	☐ Processes and infrastructure in place to facilitate the timely and accurate exchange of release date information between CF and the county SSD, DHCS, pre- release care manager, post-release ECM provider (if different from the pre-release care manager), Medi-Cal MCP, and county behavioral health agencies and/or their subcontracted providers (as applicable)	• Section 4.2, Policy & Operational Guide (describes pre-release Medi-Cal application process requirements)	Describe and provide documentation of the procedure on release date notification, including: • Who is responsible to input information into the Screening Portal to record release date information? • Does the facility have a process in place to update the release date notifications if date changes? • What is the process the facility will use to share the release date information with the pre-release care manager? The post-release ECM provider (if different from the pre-release care manager)? The Medi-Cal MCP (if MCP assignment is known)? • How is the timeliness of notifications tracked to ensure compliance with all related timeline requirements (e.g., the CF submits release data information to the county SSD within one week of the individual's expected release and no later than one business day before release, unless the release is unplanned)?	• Policy Manual • Screenshot or Example of the CF's notification to the county SSD or other stakeholders • Data Sharing Agreements/MOUs
4b. Care Management Reentry Plan Finalization – Establish processes and procedures to support the assigned care manager in creating the	☐ Processes to support finalization and distribution of the reentry care plan, including to ensure: ☐ The reentry care plan includes all minimally required elements	• Section 8.4.e, Policy & Operational Guide • CalAIM Data Sharing Authorization Guidance (provides additional information on data	Describe and provide documentation of procedure for reentry care plan finalization. If CF is using an in-reach care manager model:	• Policy Manual • Transitional Care Plan Template • Needs Assessment Template

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation

final reentry care plan that is shared with the individual, CF clinical care team, MCP, and ECM provider (if different from the pre-release care manager).	☐ The reentry care plan is developed by the pre-release care manager in partnership with the individual
	☐ The reentry care plan is shared with the individual, correctional facility clinical care team, MCP, and ECM provider if different from the pre-release care manager)
	☐ The reentry care plan includes documentation of any consents needed, including for information sharing
	☐ If the CF is using embedded model and the pre-release care manager is unfamiliar with services in the county to which the individual will be released, the pre-release care manager collaborates with the ECM provider to develop the reentry care plan and to coordinate post-release community-based services
		sharing requirements)	• What is the timeline for completing the reentry plan? How will the facility monitor compliance with all timeline requirements?
			• What is process for developing the final reentry care plan, in collaboration with the individual, and documenting it in the individual's medical record?
			• How will the facility ensure that the reentry care plan includes:
			  ○ Identified needs from a comprehensive needs assessment
			  ○ Identified community needs, including HRSN, housing, LTSS, med management, financial assistance, etc.
			  ○ Demonstrating that post-release meds have gone through prior authorizations
			  ○ Plan for DME
			  ○ Links to reentry services
			  ○ Follow up care
			  ○ Transportation
			  ○ Plan for engagement for individual supports
			  ○ Who receives the reentry care plan
			  ○ Documentation of any consents to share information
			
			• How will the facility ensure that the reentry care plan is transmitted to the post-release providers other than the in-reach care
				• Consent to Release Information Form
				• Data Sharing Agreements/MOUs

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation

			manager upon release (MCP, MHP, community-based clinical and support service providers)?
			
			If CF is using an embedded care manager model:
			
			• What is the timeline for completing the reentry care plan? How will the facility monitor compliance with all timeline requirements?
			• What is process for developing the final reentry care plan, in collaboration with the individual, and documenting it in the individual's medical record?
			• How will the facility ensure that the care plan includes:
			    o Identified needs from a comprehensive needs assessment
			    o Identified community needs, including HRSN, housing, LTSS, med management, financial assistance, etc.
			    o Demonstrating that post-release meds have gone through prior authorizations
			    o Plan for DME
			    o Links to reentry services
			    o Follow up care
			    o Transportation	

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
			o Plan for engagement for individual supports o Who receives the reentry care plan o Documentation of any consents to share information • How will the facility transmit the reentry care plan to post-release providers upon release (MCP, MHP, ECM provider)? • If the facility is unable to finalize the re-entry care plan during the pre-release period (e.g., due to a short stay or unplanned release date), how will the facility ensure all relevant needs assessment information is transmitted to the ECM provider for finalization of the care plan?	
4c. Reentry Care Management Warm Handoff – Established process to ensure and support a warm handoff between the pre-release care manager and ECM provider, if the post-release ECM provider is different from the pre-release care manager (e.g., providing space and	☐ Processes to ensure warm handoffs between pre-release care manager and post-release care manager (if using an embedded model), including to ensure: ☐ Scheduling of an in-person or telehealth warm handoff meeting that includes the individual, pre-release care manager and ECM provider to take place prior to release ☐ Participation of pre-release care manager and ECM provider in the face-to-face or telehealth warm	• Section 8.4.f, Policy & Operational Guide (describes warm handoff requirements) • CalAIM Data Sharing Authorization Guidance (providers additional information on data sharing requirements)	Describe and provide documentation of the procedure to support the reentry care management warm handoff process, including: • Is the facility using an embedded or in-reach care management model? • What processes are in place to schedule and conduct a warm handoff? • What happens during the warm handoff process? Does the process include: o sharing of the reentry care plan o reviewing of the reentry care plan o a plan to address any outstanding needs and identification of additional	• Policy Manual • Reentry Care Plan Template • Release of Information Consent Form

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
infrastructure for warm handoff meeting either in person or via telehealth). *Note, if the correctional facility is using an embedded care manager, the correctional facility must establish processes and procedures to ensure a warm handoff will occur between the pre-release care manager and the ECM provider in the pre-release period and for behavioral health links to occur based on clinical acuity. In cases when a warm handoff cannot occur prior to release (e.g., unexpected early releases from court) warm handoffs must occur within one week of release. This should*	handoff visit that includes the individual ☐ As part of the warm handoff meeting, care managers review the reentry care plan with the individual and update it to address any outstanding services, needs, or other supports required for successful reentry and ensure individual has Benefits Identification Card (BIC) ☐ Post-release providers (e.g., ECM Lead Care Manager and MCP) receive all appropriate records and information from the pre-release period ☐ If the warm handoff does not take place prior to release (e.g., due to unexpected release), pre- and post-release care managers must conduct a warm handoff in the community within one week of release ☐ Documentation of any consents necessary for information sharing		supports for successful community reentry • How does the pre-release care manager ensure that the ECM provider has everything they need? • How is the care manager ensuring the timeliness of the warm handoff? • How soon prior to release does the warm handoff occur? If not conducted prior to release, what is the process and timeline for conducting the warm handoff post-release? • Is the warm handoff conducted in-person or via telehealth?	

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
include information sharing within 24 hours of release with the ECM provider, the MCP, and the county behavioral health agency and/or their subcontracted providers as appropriate.				

4d. Reentry Behavioral Health Links – Established process to allow for in-person behavioral health links, when clinically indicated, between the pre-release care manager, individual, pre-release service care team, and post-release behavioral health care manager where possible and if the post-release behavioral health care manager is different from the pre-release care manager (i.e., providing space in a reentry area for warm	☐ Processes in place to facilitate required behavioral health links including:
	  ☐ Screening processes to identify those who may qualify for a behavioral health link
	  ☐ Process to obtain any consents necessary to receive information from prior providers and to share information with in-reach and other community providers
	  ☐ Information exchange with relevant providers in the community (e.g. behavioral health providers, county behavioral health plan, MCP) to identify behavioral health needs and coordinate links to community-based providers
	  ☐ Clear structure for providing behavioral health treatment during
		• Section 11.4, Policy & Operational Guide
		• CalAIM Data Sharing Authorization Guidance (providers additional information on data sharing requirements)
			Describe and provide documentation of the procedure for behavioral health links, including:
			• Who is responsible for scheduling and facilitating the warm handoff?
			• How is the care manager ensuring that everyone who qualifies for county BH services receives all components of the BH Link?
			• What processes are in place to exchange data with county BH plans?
				• Policy Manual
				• Process Map
				• Consent to Release Information Form
				• Data Sharing Agreements/MOUs

Focus Area 4: Reentry Planning and Coordination

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
handoff meeting, either in person or via telehealth). Behavioral health links must include basic care coordination for referrals to continued treatment post-release. Processes for behavioral health links will be designed and mutually agreed upon by the correctional facility and the county behavioral health agency.	the pre-release period, including MAT, clinical consultations, and care management ☐ Pre-release reentry care planning processes ☐ Defined process to support a warm handoff and behavioral health links with the individual and community-based providers			

Focus Area 5: Oversight and Project Management

Readiness Element	Minimum Requirement Checklist	Additional Information	Evaluation Questions to Determine Implementation Readiness	Examples of Documentation
5a. Staffing Structure and Plan	☐ Clear staffing and/or contractor structure to support each readiness element and compliance with DHCS requirements for 90-day Medi-Cal Reentry Services and reentry coordination	• [PATH Funding: Justice-Involved Reentry Initiative Capacity Building Program Guidance](#) (Provides details on guardrails for using PATH funds to support staff salaries)	Describe and provide documentation of staffing structure to meet each readiness element, including: • Who is responsible for each readiness element? • How will the facility ensure sufficient staffing or contractor support to implement all program requirements? • How will staff or contractors be trained on reentry program requirements?	• Organizational Chart • List of Job Descriptions • List of Staff, Positions, and Credentials
5b. Governance Structure for Partnerships *Note: All minimum requirements for this readiness element must be met within six months following go-live*	☐ Defined governance structure for coordinating with key partners (e.g., regular collaboration with the county SSD, care management organizations, providers, MCPs, county behavioral health agencies; MOUs) *Note: If infrastructure and processes are not currently in place, leave checkbox blank and include detailed narrative description of action plan to ensure that requirements are implemented within six months following the requested go-live date*		Describe and provide documentation of governance structure to facilitate coordination with all partner organizations (e.g., the county SSD, care management organizations, providers, MCPs, County Behavioral Health Agencies), including: • Are governance structure and process for coordinating with key partners currently in place? If not, by what date will they be implemented? What is the specific action plan and timeline for implementing all required processes within six months following the requested go-live date? • Who are key implementation partners? Have communication/data exchange pathways been established? • Is the correctional facility part of a regular meeting series with implementation partners	• Policy Manual • Process Map • MOUs • Workgroup Charters or other governance documents • Implementation Partner Meeting Agendas or Materials • Data Sharing Agreements/MOUs

Focus Area 5: Oversight and Project Management				
Readiness Element	**Minimum Requirement Checklist**	**Additional Information**	**Evaluation Questions to Determine Implementation Readiness**	**Examples of Documentation**
			(county BH agencies, MCPs, county SSDs, etc.)? • Who is responsible for communications among partners? • How are implementation decisions made in collaboration with key partners documented and disseminated? • How is information shared among partners? • Is there an MOU or other formal agreement in place to appropriately share information with MCPs? With County BH Agencies?	
5c. Reporting and Oversight Processes	☐ Processes in place to support the collection, monitoring, and reporting of DHCS required measures, including corrective action processes to address operational challenges.	All County Welfare Directors Letter (ACWDL) 22-27 and Medi-Cal Eligibility Division Informational Letter (MEDIL) 23-24E	Describe and provide documentation of the procedure for reporting and oversight processes, including: • How is information collected? • Who provides oversight at the facility? • Who addresses operational challenges and develops corrective action plans? • Who is responsible for developing reports?	• Policy Manual • Reporting Templates

SECTION 3: Readiness Assessment Attestation Form

I certify that, as the representative of the correctional facility submitting this Pre-Release Services Readiness Assessment, I agree to the following conditions:

☐ The correctional facility will abide by the Justice Involved Initiative program requirements set forth in the Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative.

☐ The correctional facility will respond to inquiries from DHCS pertaining to the contents of their Pre-Release Services Readiness Assessment within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. DHCS will consider reasonable timelines that will be dependent on the type and severity of information when making such requests.

☐ The correctional facility will respond to general inquires pertaining to program administration received from DHCS pertaining to the Justice Involved Initiative (before or after the go-live of pre-release services) within one business day after acknowledging receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. DHCS will consider reasonable timelines that will be dependent on the type and severity of information when making such requests.

☐ The correctional facility will enter into and abide by the HIPAA Data Use Agreement with DHCS.

☐ The correctional facility will enter into a forthcoming Memorandum of Understanding (MOU) with DHCS pertaining to the Justice Involved Initiative.

☐ All information provided in this Readiness Assessment is true and accurate to the best of my knowledge, and that this Readiness Assessment has been completed based on a good faith understanding of the CalAIM Justice Involved Initiative participation requirements as specified in the Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative.