Administration of Justice Policy Committee
127th CSAC Annual Meeting
Thursday, December 2, 2021 · 9:45 am – 11:15 am
In-person: Monterey Marriott Hotel · San Carlos III Room
Conference Line: 916-517-4314; No passcode
Monterey County, California

Supervisor Kelly Long, Ventura County, Chair
Supervisor Damon Connolly, Marin County, Co-Vice Chair
Supervisor Susan Ellenberg, Santa Clara County, Co-Vice Chair

9:45 a.m. **I. Welcome and Introductions**
Supervisor Kelly Long, Ventura County, Chair
Supervisor Damon Connolly, Marin County, Co-Vice Chair
Supervisor Susan Ellenberg, Santa Clara County, Co-Vice Chair

9:50 a.m. **II. Shifting Intimate Partner Violence Programming in California – AB 372 Pilot**
Ryan Souza, Program Director, CSAC Support Hub for Criminal Justice Programming
Att. One: Domestic Violence PowerPoint Presentation

10:20 a.m. **Question and Answer**

10:30 a.m. **III. Felony Incompetent to Stand Trial – Department of State Hospitals Workgroup**
Farrah McDaid Ting, HHS Senior Legislative Representative, CSAC
Ryan Morimune, AOJ Legislative Representative, CSAC
Stanicia Boatner, AOJ Legislative Analyst, CSAC
Att. Two: Felony IST One-Page Memo
Att. Three: CalAIM Behavioral Health Initiatives PowerPoint Presentation
Att. Four: BHCIP and Community Care Expansion PowerPoint Presentation

10:55 a.m. **Question and Answer**

11:05 a.m. **IV. Administration of Justice 2022 Priorities - ACTION ITEM**
Supervisor Kelly Long, Ventura County, Chair
Ryan Morimune, AOJ Legislative Representative, CSAC
Stanicia Boatner, AOJ Legislative Analyst, CSAC
Att. Five: 2022 AOJ Priorities Memo

11:15 a.m. **V. Closing Comments and Adjournment**

***Informational Item: AOJ 2021 Legislative Outcomes**

ATTACHMENTS

Domestic Violence Batterer's Intervention Training Programs

Attachment One…….Shifting Intimate Partner Violence Programming in California – AB 372 Pilot PowerPoint Presentation

Felony Incompetent to Stand Trial – Department of State Hospitals Workgroup

Attachment Two…….Memo on Felony IST Workgroup

Attachment Three……..California Advancing and Innovating Medi-Cal (CalAIM) Behavioral Health Initiatives PowerPoint

Attachment Four……..Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion PowerPoint

Administration of Justice 2022 Legislative Priorities and Year in Review – ACTION ITEM

Attachment Five .....Memo on AOJ 2022 Legislative Priorities and 2021 Legislative Year in Review

AB 372 Pilot PowerPoint Presentation
Attachment One

ADMINISTRATION OF JUSTICE POLICY COMMITTEE

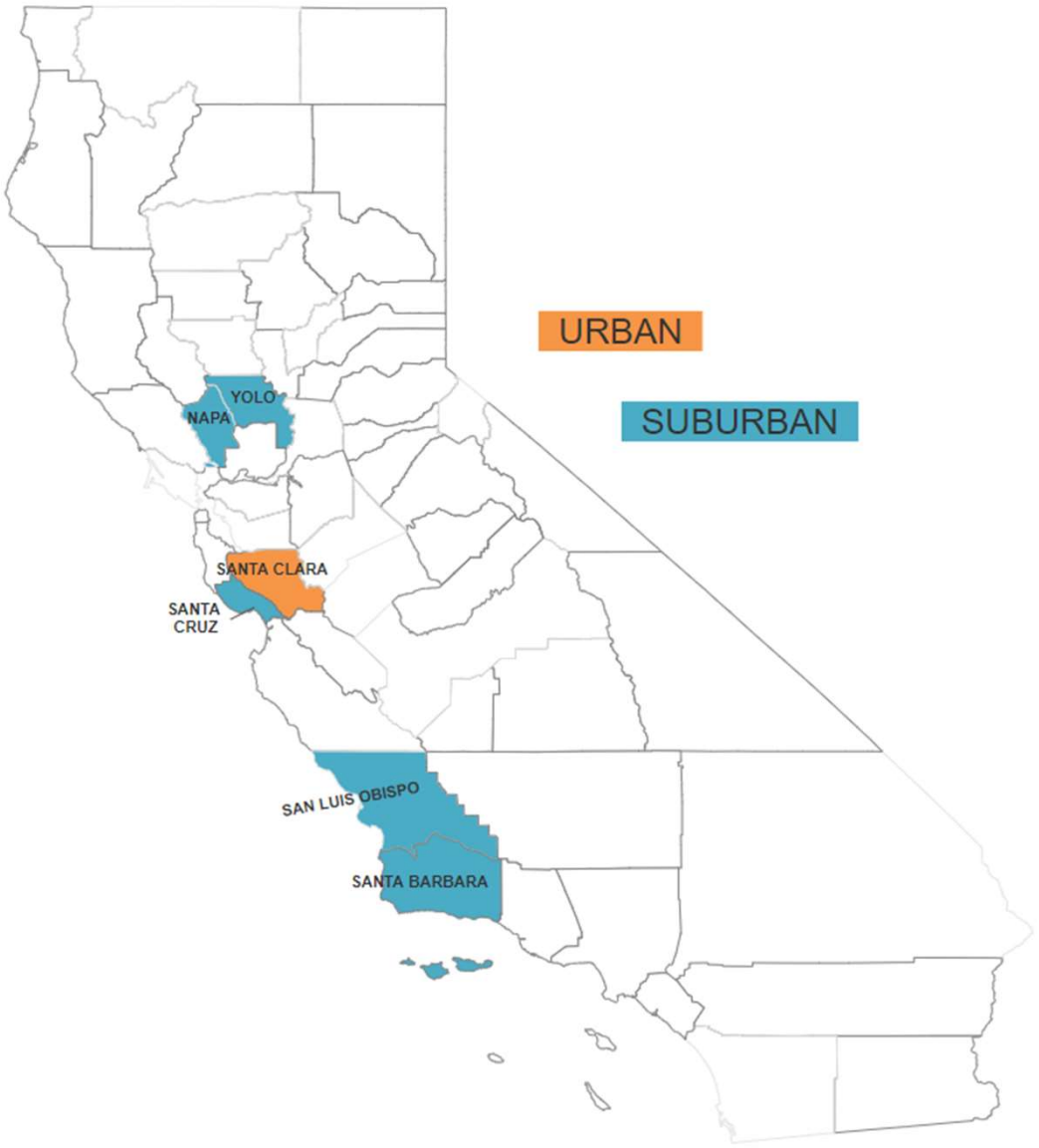
December 2, 2021

Ryan Souza
Program Director
CSAC Support Hub for Criminal Justice Programming
California State Association of Counties
RSouza@counties.org

CSAC SUPPORT HUB: VISION

A California criminal justice system that is data-driven and evidence-based, allowing policymakers and practitioners to draw on data and research to improve outcomes, cost-effectiveness, and equity.

AB372 – PILOT AUTHORIZATION FOR BATTERER INTERVENTION PROGRAMS



AB 372 COUNTIES

KEY ASPECTS OF AB372

- Perform a risk and needs assessment for future recidivism and intimate partner violence using validated tools
- Treatment referrals are based on risk assessment results
- Treatment programs are either evidence based or promising in their design
- Programs have a written curriculum and operational guidelines
- Treatment dosage, if less than 52 weeks, is established by the risk and needs assessment

HOW ARE COUNTIES CHANGING PRACTICE FOR AB372

Varied Programmatic Approaches

Cognitive-Behavioral curriculums using promising approaches for reducing future domestic violence

- *STOP* by David Wexler
- *Another Way* by Nada York
- Cognitive Behavioral Interventions-IPV
- *Streets2Schools* Online

Risk Based Dosage

County	High Risk	Medium Risk	Low Risk
Napa	52 weeks	26 weeks	26 weeks
San Luis Obispo	52 weeks	52 weeks	26 weeks
Santa Barbara	26 weeks + cognitive behavioral treatment	26 weeks	16 weeks (Online)
Santa Clara	26 weeks	26 weeks	13 weeks
Santa Cruz	26 weeks + cognitive behavioral treatment	26 weeks	16 weeks (Online)
Yolo	52 weeks	52 weeks	10 weeks

GOALS OF YEAR 1 REPORT (RELEASED EARLY 2021)

01

Provide Context for Implementation and Impacts from COVID

02

Explore Differences in Client Populations and underlying Demographics

03

Convene Policy and Practice Workgroups to Define:

- Risk-Needs Responsivity
- Dosage
- Decision Making Frameworks

04

Identify Evidence Based and Promising Practices

COVID IMPACTS ON YEAR 1 & INTO YEAR 2

- Lack of face-to-face programming and supervision engagement
- Provider capacity and ability to transition to online model varied
- Cases and trials delayed, meaning the number of people entering the program could be delayed
- Shelter in place mandates may have pushed new acts of domestic violence into the shadows

01

Update Differences in Client Populations and Underlying Demographic Information

02

Provide Context and Describe Changes in Programming or Operations from Year 1 to Year 2

03

First Look at Victim Input Through use of Surveys

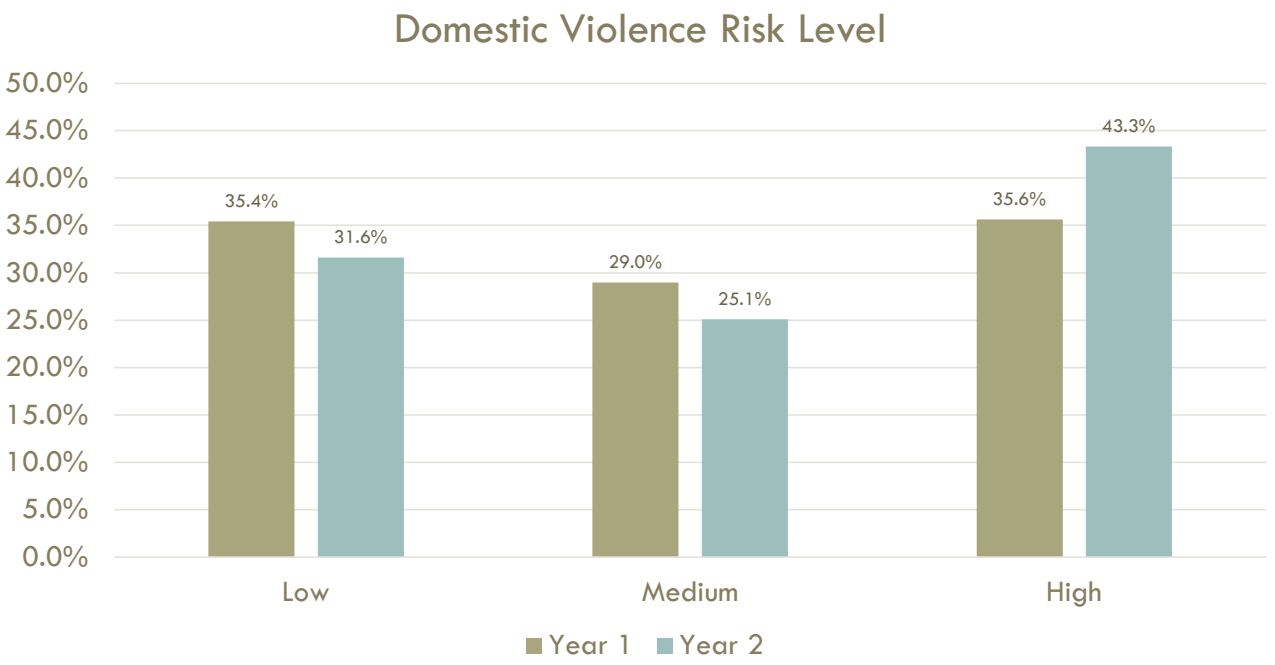
04

First Look at Recidivism Numbers as Required in the Legislation – *provide context*

GOALS OF YEAR 2 REPORT (RELEASE EARLY 2022)

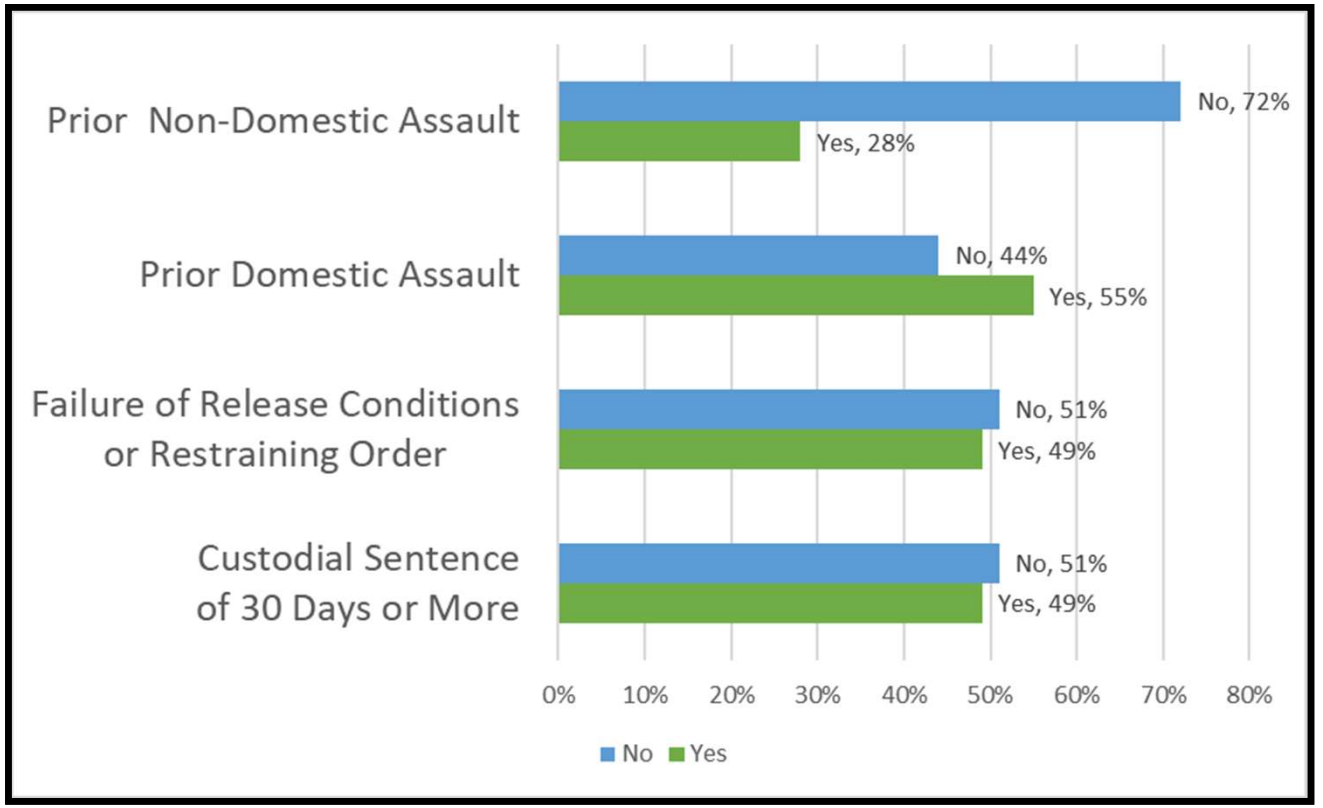
RISK ASSESSMENT USING VALIDATED TOOLS

- Programming and levels of supervision are tied to their risk to re-offend and their risk of future Intimate Partner Violence
- Gives probation more flexibility in meeting human service needs as well as public safety needs



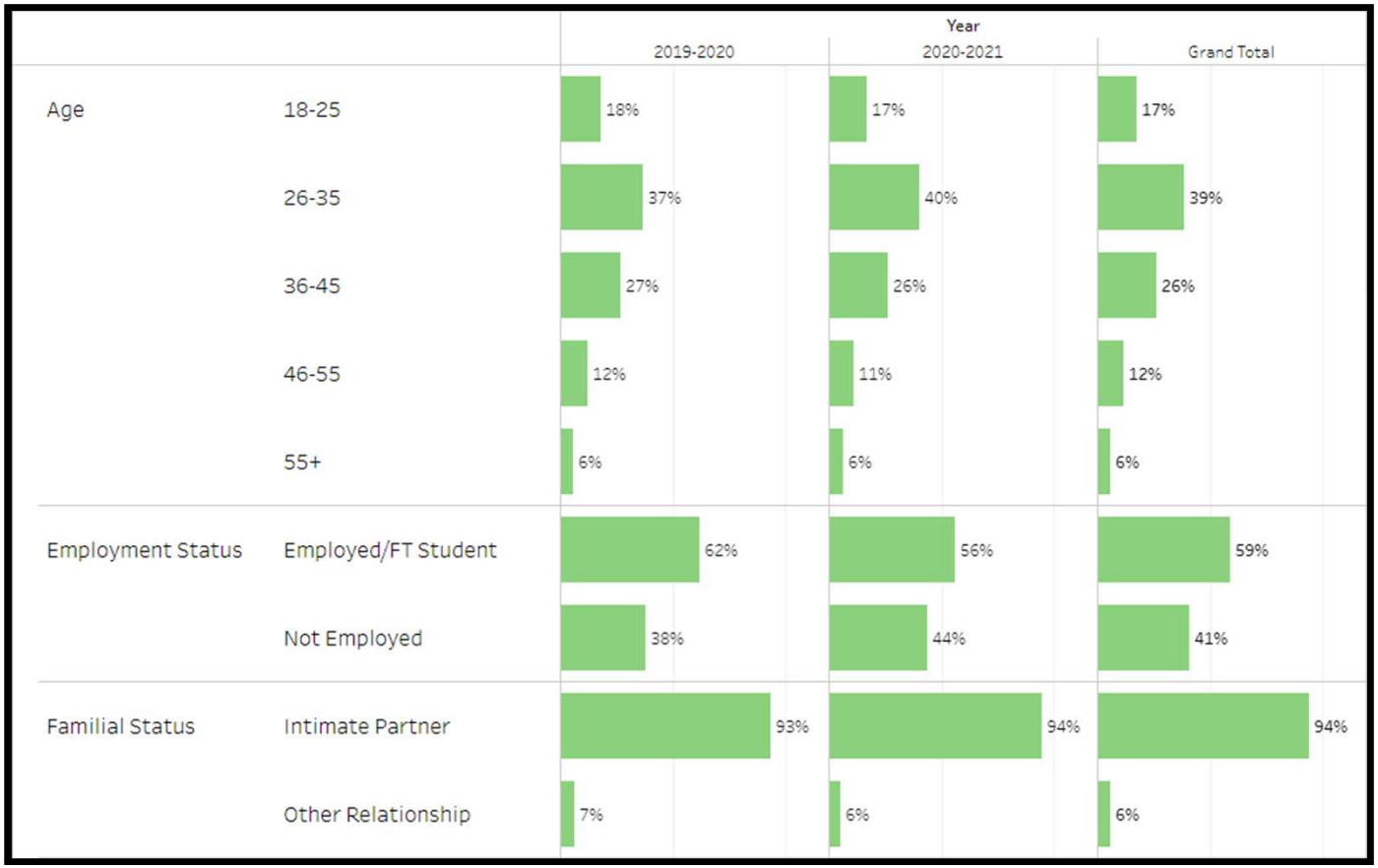
2021 PROGRAM PARTICIPANT CRIMINAL HISTORY POINTS – A MORE NUANCED VIEW

- Nearly half of individuals had a prior sentence of 30 days or more
- Nearly half of individuals had a prior restraining order failure
- Over half of individuals had prior domestic assault
- More than one quarter had a prior non-domestic assault



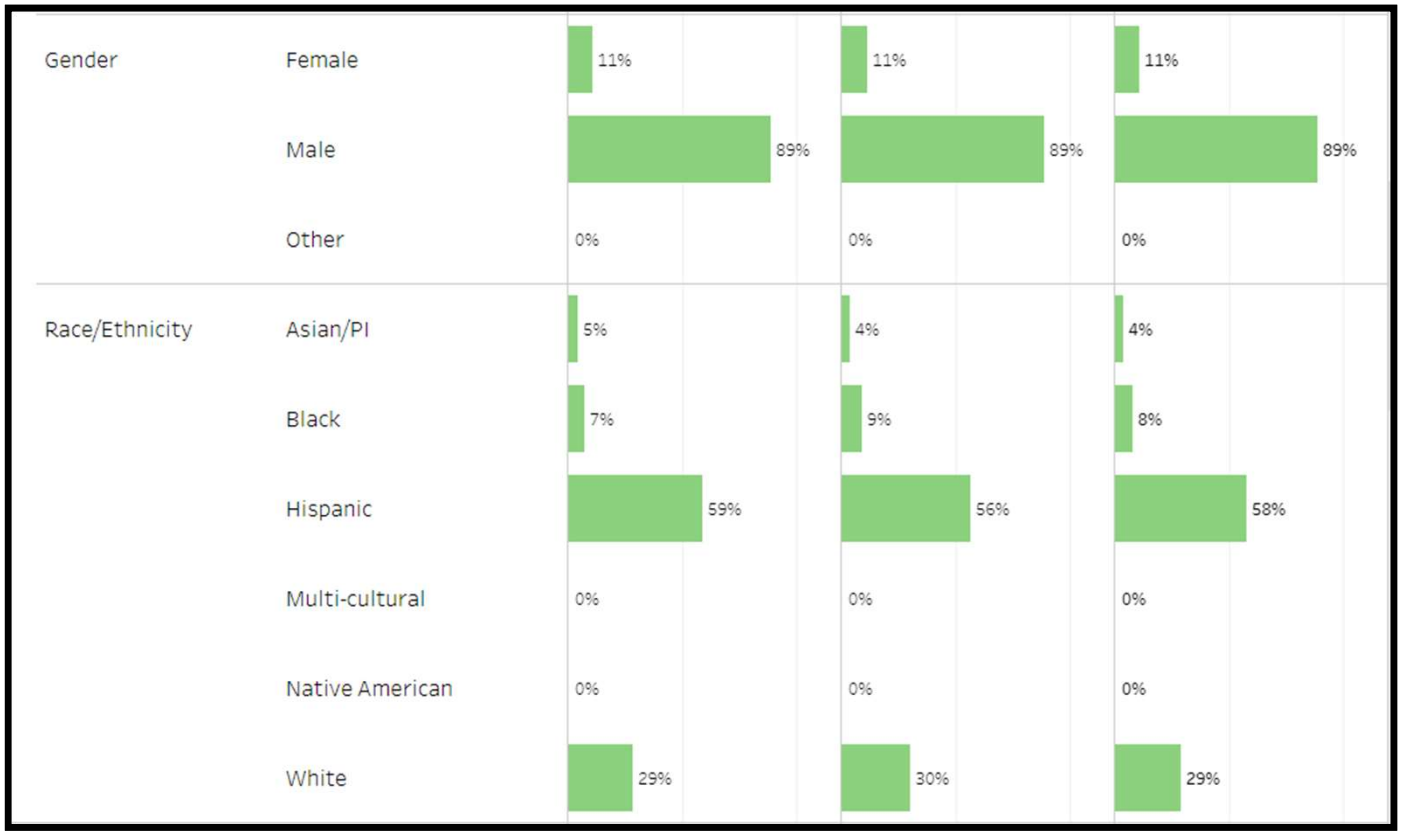
2021 PROGRAM PARTICIPANT DEMOGRAPHICS

- ✓ 57% are under 35
- ✓ 44% are unemployed
- ✓ 94% are intimate-partner

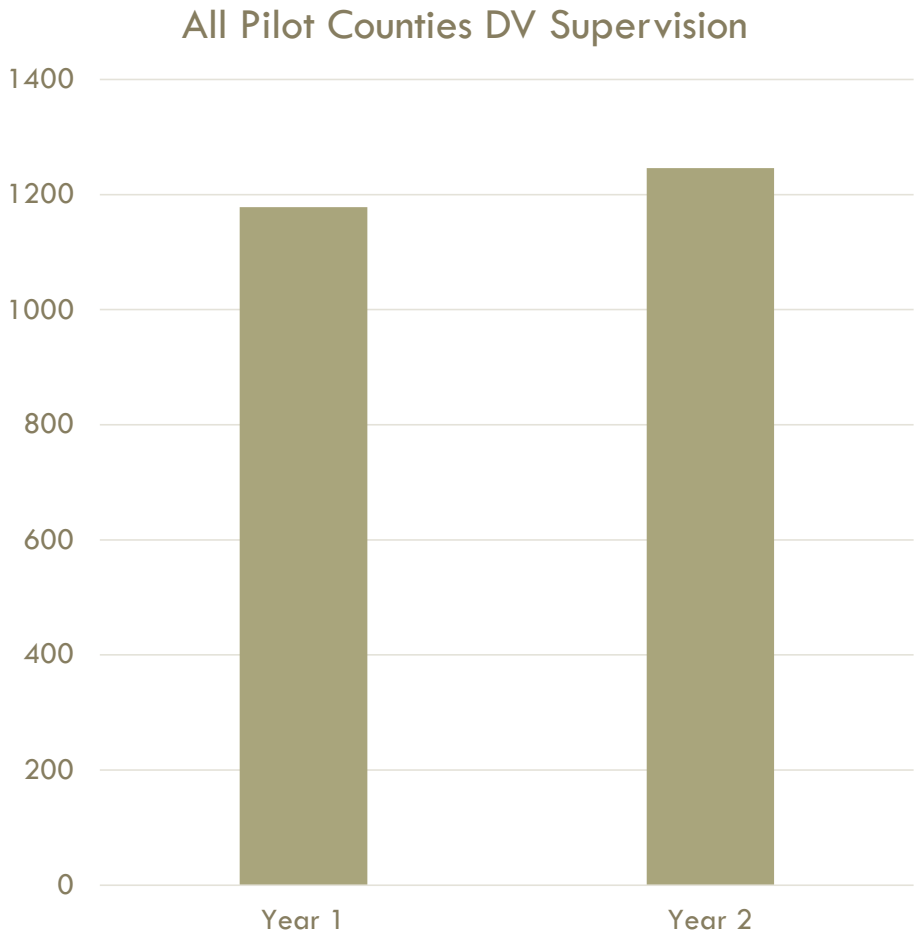


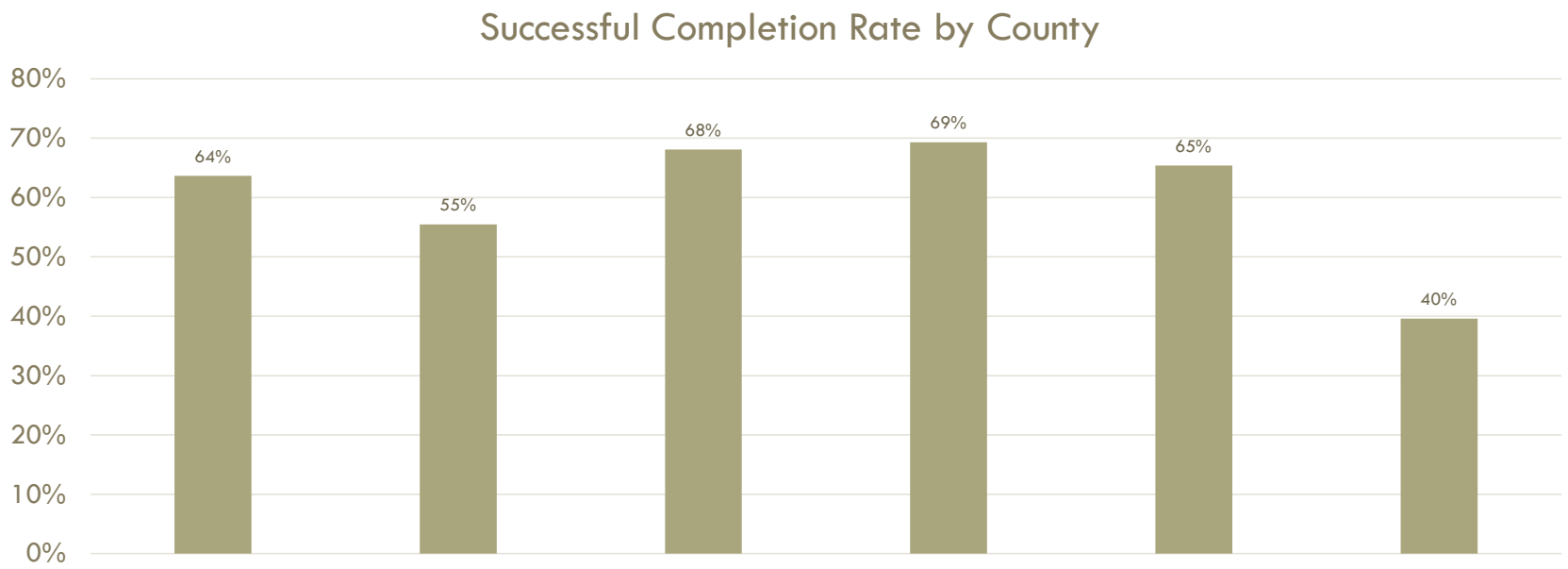
2021 PROGRAM PARTICIPANT DEMOGRAPHICS

- ✓ 89% are men
- ✓ 56% identify as Hispanic



SUPERVISION



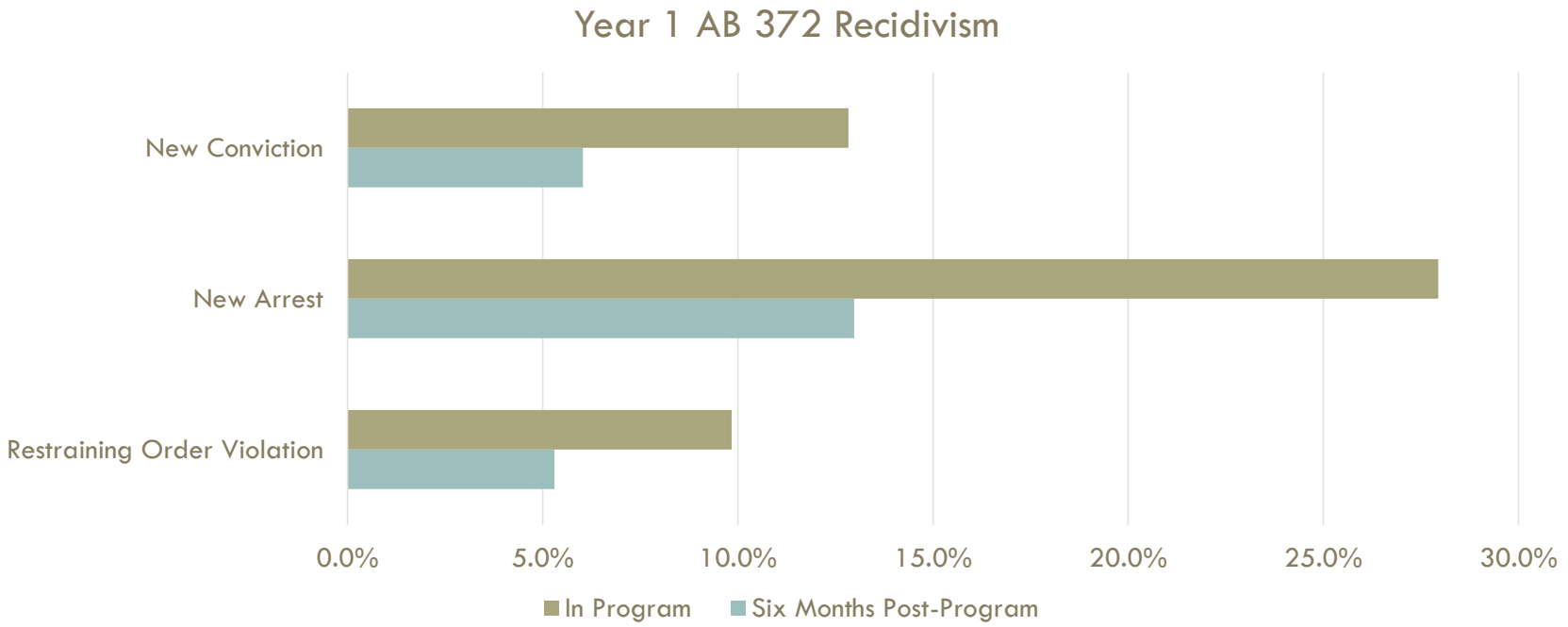


COMPLETIONS

RECIDIVISM DATA CHALLENGES

MAKE SURE WE PROVIDE CONTEXT FOR…

- DV clients do not always enter a DV program during the measured time period.
- When does the in-program recidivism clock start (e.g., flexibility allows other programming)?
- How are restraining orders being tracked? Inclusion?
- What about those who do not have six months post-program time to recidivate?
  - Legislation calls for. . . (E) The offender's outcome at the time of program completion, and six months after completion, including subsequent restraining order violations, arrests and convictions. . .



FIRST LOOK - RECIDIVISM RATES

ISSUE BRIEFS

Behavioral Health Integration (November 2021)

- Identify clients where substance use and/or Mental Health issues are a barrier to engaging in programming
- Balance risk with human service needs to separate criminogenic from treatment needs
- Thinking about alternative service model to integrate treatment into programming model, not just refer people to treatment
- Develop a blended model of supervision and behavioral health to best utilize MH or SUD funding streams
- Drive Innovation in the field to meet victim needs and change offender behavior

Offender Pay Model of Funding Programs (Spring 2022)

- Ability to pay has a large impact on completion rates, with nearly 50% of DV offenders unemployed
- Varied certifications and sliding scale fee approaches makes standardization hard
- Victims who are still financially connected to offender may be subsidizing the program payments
- Rethink funding options and business model of working with providers to incentivize high quality programming

AB372 - SO MANY UNANSWERED QUESTIONS...

- What is the overall landscape of domestic violence recidivism in California? How can this information begin to inform real policy change?
- Whether the interventions and flexibility provided in AB 372 helped improve outcomes of individuals within batterers' intervention programs?
- What human service and criminogenic needs exist within batterer-intervention programs? Are people getting those other needs addressed?
- What is an ideal curriculum? How can 58 counties afford these efforts?

WHAT ARE WE DOING ABOUT THE ?'S...

- Continue assisting pilot counties in data collection, extraction, and synthesis.
- Hold virtual and in-person collaboratives to discuss pilot and non-pilot county work.
- Partnership with California Policy Lab – develop a first-of-its-kind report that will analyze domestic violence variation over time and across counties, including an in-depth analysis for the six pilot counties relative to the state.
- Explore a rigorous comparative recidivism analysis in two pilot counties and one non-pilot county, evaluating one- and two-year rearrest and reconviction rates – and do so in light of COVID.
- Develop multi-year reports on individuals within batterers intervention programs such as barriers to success, identified/addressed needs, explore themes of human service needs for those that ultimately do not fall within the criminal justice system.
- Contract with a university to create and implement an innovative batterer intervention program addressing domestic violence and other unmet needs (e.g., trauma, substance use disorder, employment) – bringing willing partners to the table to help in the development and insight.

WHAT'S THE END GAME? HELP COUNTIES…

- Help counties make data-driven decisions on how to improve or continue implementation of batter intervention programming that works.
- Have a curriculum developed, cost-free, that can be implemented at pilot and non-pilot counties.
- Continue and expand the flexibility provided under AB 372 in perpetuity.
  - Ensure that there is a public policy understanding that each counties needs are different (urban, suburban, rural).
- Create plausible and data-driven solutions to help inform policy-makers and mitigate extraneous and unnecessary work in county operations.

Q&A

Memo on Felony Incompetent to Stand Trial Workgroup
Attachment Two

October 26, 2021

To: Administration of Justice Policy (AOJ) Committee

From: Ryan Morimune, AOJ Legislative Representative
Stanicia Boatner, AOJ Legislative Analyst
Farrah McDaid Ting, HHS Legislative Representative

Re: Felony Incompetent to Stand Trial Workgroup

Background. The final 2021-22 Budget included funding for the Department of State Hospitals (DSH) to pursue solutions to their longstanding Felony Incompetent to Stand Trial (IST) waitlist issues. The Budget also included a trailer bill (AB 133) establishing a working group with all key stakeholders (including CSAC) to develop short, medium, and long-term solutions to the IST waitlist.

As required by AB 133, the California Health and Human Services (CHHS) Agency and DSH convened an IST Workgroup (Workgroup) to identify actionable solutions that address the increasing number of individuals with serious mental illness who become justice-involved and deemed felony ISTs.

The purpose of the Workgroup was to identify solutions to advance alternatives to placement in DSH restoration of competency programs and may include:

- strategies for reducing the number of individuals found incompetent to stand trial;
- reducing lengths of stay for felony IST patients;
- providing early access to treatment prior to transfer to a DSH program;
- increasing diversion opportunities and treatment options, among other solutions.

CSAC along with several other state and county partners participated in the main workgroup and three separate workgroups focused on:

- Workgroup 1: Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges
- Workgroup 2: Diversion and Community-Based Restoration for Felony ISTs
- Workgroup 3: Initial County Competency Evaluations

The Workgroup submitted recommendations to CHHS and the Department of Finance on or before November 30, 2021, for short-term, medium-term, and long-term solutions.

Please contact Ryan Morimune (rmorimune@counties.org), Stanicia Boatner (sboatner@counties.org) or Farrah McDaid Ting (fmcting@counties.org) if you have any questions about this item.

Behavioral Health Continuum Infrastructure Program (BHCIP) & Community Care Expansion PowerPoint

Attachment Three

Behavioral Health Continuum Infrastructure Program and Community Care Expansion Listening Session

Hosted by:

Marlies Perez, Chief
Department of Health Care Services

Corrin Buchanan, Assistant Director
Department of Social Services

Listening Session Format

For each topic, DHCS will:

1. Present the information specified in BHCIP
2. Provide a prompt related to the policy decisions for the BHCIP grant making
3. Solicit stakeholder verbal or written feedback via chat on the prompt
4. DHCS is gathering information and will not be responding to questions during the listening session

How to Provide Feedback

1. "Raise your hand" to provide verbal feedback during the Listening Session
2. Submit your feedback in writing:
   - Type your feedback/comments in the chat box located on your control panel
   - Send an email to bhcip@dhcs.ca.gov with the subject line "Listening Session". Feedback is accepted through October 15, 2021

CA Infrastructure Investment

- California is making a significant investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets
- $3 billion in infrastructure funding opportunities are available through the Behavioral Health Continuum Infrastructure Program at DHCS and the Community of Care Expansion Program and the California Department of Social Services (CDSS)

Collaboration

DHCS and CDSS are closely collaborating on the BHCIP and CCE infrastructure grants

- Combined stakeholder meetings with counties and tribal entities
- Joint Planning Grant for Counties and Tribal Entities
- Leveraging TA resources
- Alignment on policy, when feasible
- Timing RFA releases to support local efforts

CA Homeless/ Housing Efforts

- These infrastructure investments are part of a larger effort to rebuild the state's portfolio of housing and treatment options for people with severe behavioral health challenges who are at risk of or experiencing homelessness
- California is investing $12B over the next two years to end and prevent homelessness including flexible funding to local governments with strong accountably measures and investments in the social safety net and healthcare delivery system

Need for BH Infrastructure

- The majority of Californians with behavioral health (BH) conditions self-reported they were not receiving treatment. (California Health Care Foundation Mental Health Almanac 2018 and SUD Almanac 2018.)
- Inpatient psychiatric bed capacity in California is 21 beds/100,000 people whereas experts estimate 50 beds/100,000 people is needed to meet the need across the state. (CA Hospital Association)
- Number of SUD treatment facilities has decreased by 13 percent over the last three years (down to 874 licensed facilities in 2020 compared to 1,009 in 2018).

BHCIP Vision

- BHCIP offers a tremendous opportunity to create new capacity within the BH facility infrastructure in California
- DHCS is excited to lead out such a significant project that will have a lasting impact on the BH field
- BHCIP will align with DHCS' other efforts around integration, CalAIM, Children and Youth Behavioral Health Initiative, address homelessness and expanding BH access

BH Needs Assessment

- DHCS will publish a behavioral health capacity and gap analysis in November 2021.
  - Assessment of the current state's BH continuum of care, including mental health and SUD systems
  - Determine the need for expanding existing capacity and/or proposing enhancements to the existing continuum
  - Inform the BHCIP rounds of grant applications, in addition to the SMI/SED IMD waiver.
  - The Needs Assessment will be one source of information to determine the need for statewide capacity.

BHCIP Overview

- Passed in FY 2021-22 State budget.
- $2.2B total for the BHCIP
- Amends Welfare and Institutions Code
- Provides competitive grants for counties, tribal entities, non-profit and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities
- Funding will be **only** for new or expanding infrastructure (brick and mortar) projects and not BH services

BHCIP Overview

- DHCS will release Request for Applications (RFAs) for BHCIP through multiple rounds
- Rounds will target various gaps in California's BH facility infrastructure
- Rounds will remain open until funds are awarded
- Different entities will be able to apply in each round for specific projects to address identified infrastructure gaps
- Stakeholder engagement will occur throughout the project

Facility Types

- BH Wellness Centers
- Short-term crisis stabilization
- Acute and subacute care
- Crisis residential
- Community-based MH residential
- Substance use disorder residential
- Peer respite
- Mobile crisis
- Community and outpatient
- Other clinically enriched longer term treatment and rehabilitation options for persons with BH disorders in the least restrictive and least costly setting

Feedback

1. In order to expand CA's BH continuum of care, what other BH facilities would you like to have considered for funding?

Requirements in Law

Part 1, Chapter 7, Section 5960.15. An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department:

(a) Provide matching funds or real property

(b) Expend funds to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets.

(c) Report data to the department within 90 days of the end of each quarter for the first five years.

(d) Operate Medi-Cal services in the financed facility for the intended purpose for a minimum of 30 years.

<u>Proposed Additional Requirements</u>

- DHCS will also require that Medi-Cal beneficiaries are served in grant funded facilities
- The 30 years begins after construction is completed

Exemptions

5960.30. (a) Notwithstanding any other law, a facility project funded by a grant pursuant to this chapter shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement, and allowed as a permitted use, within the zone in which the structure is located, and **shall not** be subject to a conditional use permit, discretionary permit, or to any other discretionary reviews or approvals.

(b) Notwithstanding any other law, the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code) **shall not apply** to any facility project, including a phased project, funded by a grant pursuant to this chapter if all of the following requirements, if applicable, are satisfied

BHCIP Proposed Rounds

Round 1: Mobile Crisis $150M (July 2021)

Round 2: Planning Grants $8M (Nov 2021)

Round 3: Launch Ready $585M (Jan 2022)

Round 4: Children and Youth $460M (*Aug 2022*)

Round 5: Addressing Gaps #1 $462M (*Oct 2022*)

Round 6: Addressing Gaps #2 $460M(Dec *2022*)

Proposed BHCIP Timeline

July 2021	Release Round 1: Mobile Crisis RFA
September 2021	Award Round 1: Mobile Crisis Projects
Sept/October 2021	Re-Release Round 1: Mobile Crisis RFA Part 2
October 2021	BHCIP/DSS Listening Session
November 2021	Release BH Assessment Report
November 2021	Release Round 2: Planning Grants RFA
January 2022	Award Round 2: Planning Grants
January 2022	Release Round 3: Launch Ready RFA
April 2022	BHCIP Listening Session for Rounds 4-6
May 2022	Award Round 3: Launch Ready Grants
August 2022	Release Round 4: Children and Youth RFA
October 2022	Release Round 5: Addressing Gaps #1 (TBD)
December 2022	Release Round 6: Addressing Gaps #2 (TBD)

BHCIP Funding Available

- *FY 21/22:* **$743.5M total**
  - $150M Mobile Crisis
  - $593.5M General BHCIP
- Obligate $300M Coronavirus Fiscal Recovery Fund (CFRF) by June 2024 and liquidate by December 2026.
- Expend $443.5M in State General Fund (SGF) by June 30, 2026.

BHCIP Funding Available

FY 22/23: **$1.38B total**

- $1.16B General BHCIP Infrastructure
- $218.5M from Coronavirus Fiscal Recovery Fund (CFRF)
- Obligate CFRF funds by June 2024 and liquidate by December 2026.
- Expend $1.16B in State General Fund by 2027.

CDSS Community Care Expansion

- The CCE program will fund the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Social Security Income (SSI) including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions

Overlapping Characteristics of the CCE and BHCIP

- BHCIP facility types are broader but include adult and senior care facilities
- CCE aims to serve the SSI population, but is inclusive of individuals with behavioral health conditions
- Like the BHCIP, the CCE will require a match and a commitment of long term use of the facility for the intended purpose

BHCIP and CCE Coordination

- DHCS and CDSS are working collaboratively on the design and implementation of these programs and will continue to engage stakeholders jointly
- Applicants are encouraged to consider both funding streams when planning for system of care enhancements

Advocates for Human Potential (AHP)

- AHP will assist DHCS with overall BHCIP project implementation including:
  - Planning grants (contracts/funding/TA)
  - Applicant and grantee assistance including preparation of proposals for rounds
  - Real estate TA for grantees (land use zoning, permitting, real estate acquisition, applicable exemptions)
  - Additional TA
  - DHCS project management

Feedback

1. What are the TA needs for counties and tribes for the planning grants?
2. How could TA help in preparing the proposals?
3. How could TA assist in implementing grants?

Required Match

- Matching funds or real property will be required
- Match requirements are still in development
- Initial recommendations:
  - Lower for counties/tribal entities
  - Lower for non-profits with county contracts
  - Higher for private entities

Feedback

1. What funds would entities propose to use for the match?
2. Any comments about the real property match option?

Grant Funding

Maximum funding could be determined based on:

- Set amount available per facility type rehabilitated for expansion
  - Per bed
  - Per increase in outpatient capacity
- Set amount available for newly constructed facility type
  - Per bed
  - Per increase in outpatient capacity
- Priorities determined by the state
  - For example - reduces hospitalization, incarceration and/or institutionalization

Feedback

1. What are the funding limit recommendations for each eligible facility type?
2. Are there other factors that could be considered to determine funding levels?

Round One: Mobile Crisis

- RFA's released in July 2021 to counties and Tribal entities for crisis care mobile units (CCMU).
- Entities could apply for up to $1M per CCMU team from September 2021 – June 30, 2025
- Awards will be made in early October 2021

Round One: Mobile Crisis

DHCS will re-release the Round One: Mobile Crisis RFA for new county and tribal applicants.

- Entities already awarded may apply, but new applicants will receive priority funding.
- RFA will be released in Oct.

Round Two: Planning Grants

- Eligibility limited to counties and Tribes (638s and Urbans) $8M Total
- Planning will encompass all rounds, incorporate DSS grant opportunities and other planning efforts such as expanding workforce
- Up to $100K per Planning Grant
- Counties and tribal entities may apply as a regional model
- TA will be provided
- Release RFA Oct 21, Due Nov 21, Award Jan 22
- Project period Jan 22-Dec 22

Feedback

What comments do you have regarding the Planning Grant round?

Round Three: Launch-Ready

- All entities will be eligible including counties, Tribes, non-profit, and private entities
- Funding will be for launch-ready BH facilities outlined by DHCS in the RFA which meet the gaps identified in the BH Needs Assessment
- County letter of support/acknowledgement may be required
- Additional requirements will be forthcoming
- Release RFA Jan 22, Due Mar 22, Initial Award of projects May 22
- Project period from May 22-June 26

Feedback

What information can DHCS provide to assist with planning efforts for this RFA?

Rounds Four-Six

- Future stakeholder feedback opportunities will be available for rounds four-six of the BHCIP.
  - Round 4: Children and Youth $460M (Aug 2022)
  - Round 5: Addressing Gaps #1 $462M (Oct 2022)
  - Round 6: Addressing Gaps #2 $460M(Dec 2022)
  - Addressing Gaps rounds may include other state priorities such as justice involved and other special populations.
- General comments are accepted through the BHCIP mailbox; however, more details will be available as these rounds are developed.

Contact Information

Current information regarding the implementation of BHCIP can be found online: BHCIP-Home (ca.gov)

Written comments and feedback can be submitted to the BHCIP mailbox at: BHCIP@dhcs.ca.gov

Written comments for the CDSS CCE Project at: housing@dss.ca.gov

California Advancing & Innovating Medi-Cal (CalAIM) Behavioral Health Initiatives PowerPoint

Attachment Four

California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Advisory Group

Kickoff Meeting

October 28, 10:30 am – 12:30 pm PT

Discussion Overview

- Welcome and Overview of Advisory Group
- Health Needs of the Justice-Involved Population
- Medi-Cal's Commitment to Justice-Involved Populations
- CalAIM Initiatives to Support Justice-Involved Populations
- Planning Domains and Program Design Requirements for Justice-Involved Initiative
- Next Steps

Welcome and Overview of CalAIM Justice-Involved Advisory Group

Welcome

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.

CalAIM seeks to:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Drivers of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

CalAIM Justice-Involved Advisory Group

- To ensure a successful launch of CalAIM Justice-Involved Initiatives in January 2023, DHCS recognizes the need to engage with a small group of cross-sector stakeholders to provide regular input.
- Thank you for engaging with us and with each other in this transformative work.

Advisory Group Key to Justice-Involved Initiatives Design

Overarching Objective

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

Workgroup Logistics

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

Sub-Workgroups

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

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

If you are interested in participating in a sub-workgroup, please send an email to CalAIMJusticeAdvisoryGroup@dhcs.ca.gov

CalAIM Justice-Involved Advisory Workgroup Charter

Advisory Group meetings will provide a mechanism for direct communication and problem solving with DHCS and key initiative implementers. Group members are asked to bring a collaborative, pragmatic and solution-oriented mindset.

Objectives	**The Advisory Workgroup will:** ✓ Offer regular input on key policy and implementation issues to support the launch and ongoing success of CalAIM ✓ Review and provide feedback on select decisions and documents before broad distribution ✓ Evaluate select high-priority issues spanning all CalAIM initiatives
Expectations	**Advisory Workgroup members have been selected for their expertise, and will be expected to:** ✓ Consistently attend and actively participate in meetings ✓ Review materials in advance of each meeting and provide input when requested ✓ Keep statements respectful, constructive, relevant to the agenda topic, and brief ✓ Be solutions-oriented, offering alternatives or suggested revisions where possible ✓ Represent their cross-sector perspective, but not advocate on behalf of their sector
Meeting Preparation	**DHCS will help Advisory Workgroup members prepare for meetings by:** ✓ Circulating agendas, minutes and pre-decisional materials for review in advance of meetings ✓ Conducting outreach to Advisory Workgroup before/after meetings to solicit additional input ✓ Post materials on the CalAIM Justice-Involved Advisory Group webpage after meetings ***Note:*** Members are invited to take materials back to their organizations, but are asked to refrain from wider dissemination of material in the market prior to finalization by DHCS

Decisions on CalAIM design and implementation are made at the sole discretion of DHCS.

Health Needs of the Justice-Involved Population

Health Needs of the Justice-Involved Population

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

Of people incarcerated in state/federal prison, nationally:

- **26.3% have high blood pressure/hypertension**, compared to 18.1% of the general public
- **15% have asthma**, compared to 10% of the general public
- **65% smoke cigarettes**, compared to 21% of the general public[1*]
- The mortality rate two weeks post-release from prison is **12.7 times** the normal rate, driven largely by overdoses[2]

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**[3]
- **Overdose deaths are >100x** more likely for justice-involved individuals 2-weeks post release than the general population[4]

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 rate[6]
- Among justice-involved individuals, **2 of 3** individuals incarcerated in California have high or moderate need for substance use disorder treatment[7]

Source: See PowerPoint notes section for citations. **Note:** Statistic only includes state prison.

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

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

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

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

In California:

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

At least 80% of justice-involved individuals in California are eligible for Medi-Cal[2]

Additional Benefits to Providing Pre-Release Medi-Cal Services

Pre-release Medi-Cal services are anticipated to:

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

Source: [1]California's Prison Population, Public Policy Institute of California, 2017; [2]The Impact of Medi-Cal Expansion on Adults Formerly Incarcerated in California State Prisons

Medi-Cal's Commitment to Justice-Involved Populations

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

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

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

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

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

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

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

SUD Funding Supporting Justice-Involved Populations

State Opioid Response

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

Substance Abuse Prevention & Treatment Block Grant

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

Mental Health Funding Supporting Justice-Involved Populations

Community Mental Health Services Block Grant

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

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

Whole Person Care (WPC) Pilots

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

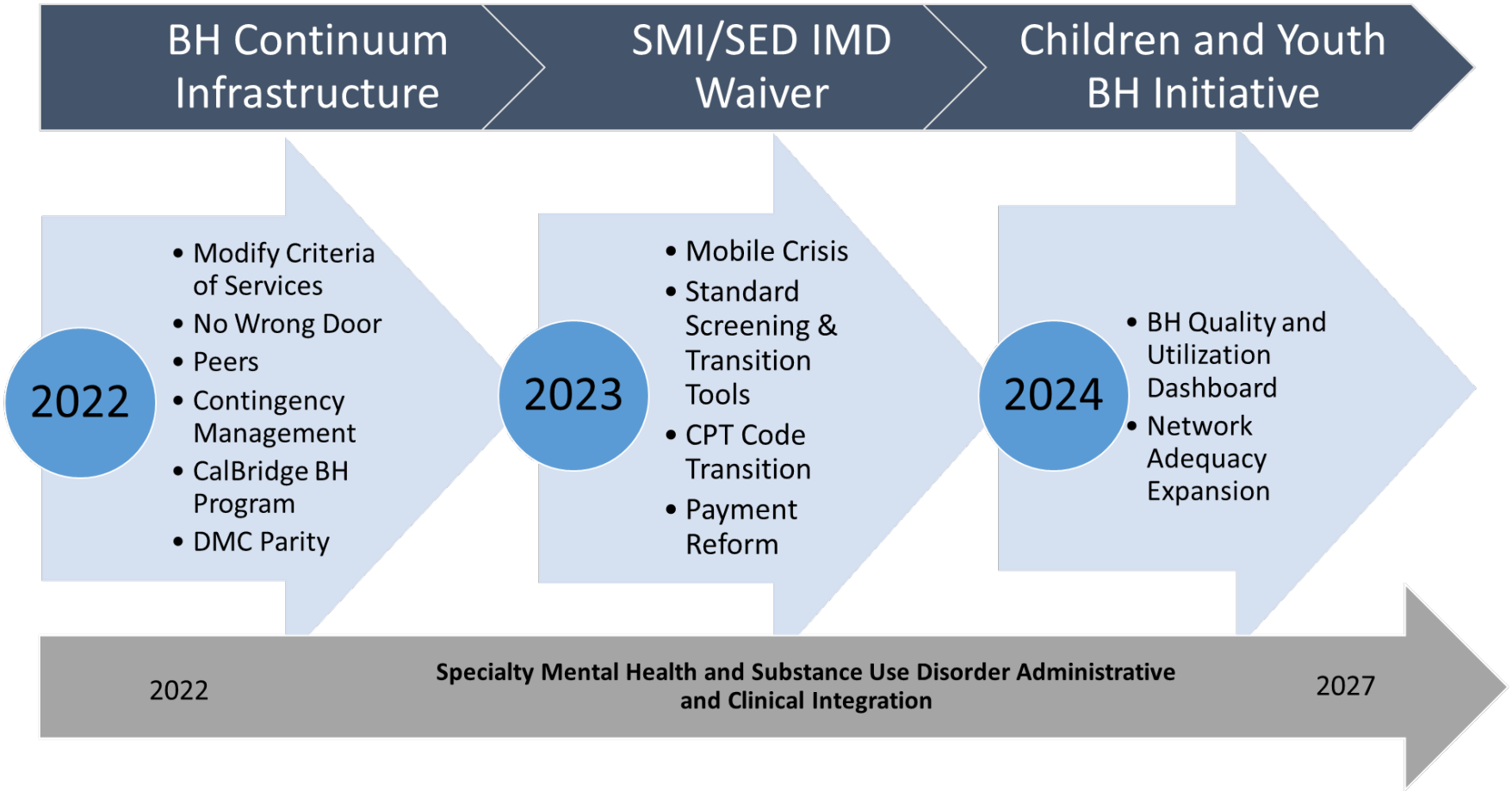
17 WPC Pilots – including LA County – are specifically dedicated to serving justice-involved populations reentering the community post-incarceration and have designed programs to directly engage local jails and probation departments.

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

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

CalAIM Behavioral Health Initiatives

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



Behavioral Health Continuum Infrastructure

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

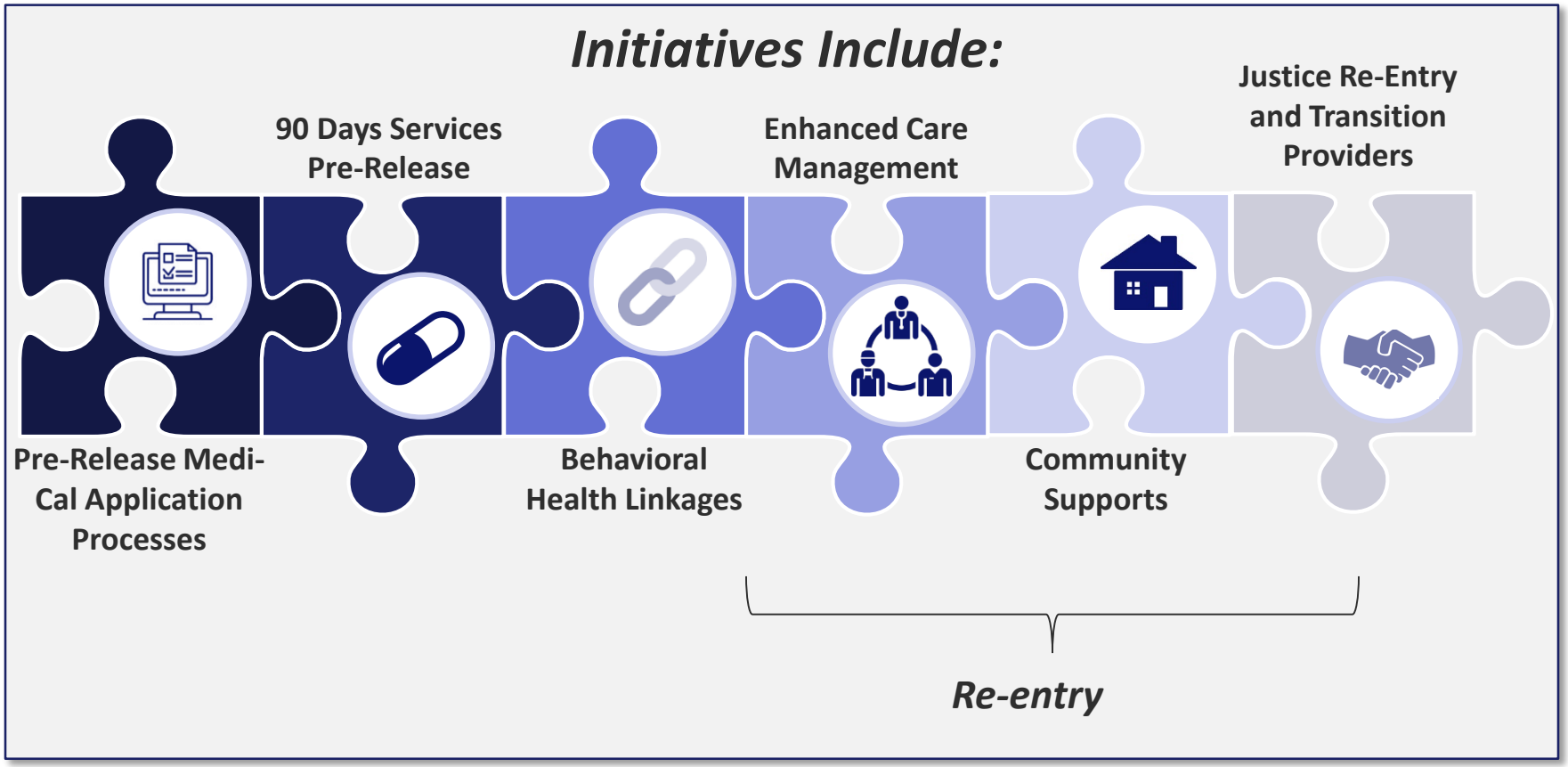
Proposed funding rounds:

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

CalAIM Initiatives to Support Justice-Involved Populations

CalAIM Initiatives to Support Justice-Involved Populations

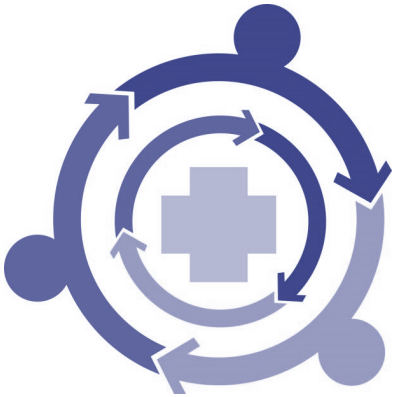
CalAIM justice-involved initiatives support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their re-entry.



Pre-Release Medi-Cal Application Processes

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

Rationale



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

Sources: AB-133 Health; Chapter 143; AB-720 Inmates: Health Care Enrollment; ACWDLS 14-26; ACWDLS 14-26E; CalAIM Proposal

Providing Services 90-Days Prior to Release

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

Rationale

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

Extending Medicaid coverage in jails and prisons would allow for pre-release management of ambulatory care sensitive conditions (e.g., diabetes, heart failure and hypertension), which would reduce post-release acute care utilization

- If not managed, a period of incarceration perfectly aligns with the time needed to have a well-controlled condition decompensate (diabetes, HIV, hypertension, epilepsy)
- A poorly controlled, but not acutely decompensated condition, requires more significant, hospital-based care

The level of services that will be available during the pre-release period will depend on the length of the stay of the inmate

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

Source: See PowerPoint notes section notes and citations

Objectives of Providing Services Prior to Release

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

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

Pre-Release Services: Eligible Populations

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

Eligibility Criteria for Pre-Release Medi-Cal Services

To be considered eligible, incarcerated individuals must:

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

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

Medi-Cal Eligible Individuals

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

Pre-Release Services: Covered Services

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

Covered Services

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

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

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

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

Current State	*Transition State through PATH*	*Future State*
WPC Pilot	WPC Pilot → CalAIM Pre-Release Services	CalAIM 90 Days Pre-Release Services and ECM Post Release

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

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

Re-Entry: Behavioral Health Linkages

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

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

Enhanced Care Management (ECM)

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

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

ECM Populations of Focus

ECM go-live will occur in stages, by Population of Focus.

Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD) **4. Adults & Children/Youth Transitioning from Incarceration** (In WPC Pilot counties only, where the services provided in the Pilot are consistent with those described in the ECM Contract)	**January 2022** (WPC/HH counties); **July 2022** (other counties)
4. Adults & Children/Youth Transitioning from Incarceration 5. At Risk for Institutionalization and Eligible for LTC 5. Nursing Facility Residents Transitioning to the Community	**January 2023**
7. Children / Youth Populations of Focus	**July 2023**

Note: This timeline is simplified; more detailed timelines can be accessed here.

Planning Domains and Program Design Requirements for Justice-Involved Initiative

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

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

Domain 1: Medi-Cal Pre-Release Application Process

- 1.1 Medi-Cal Application/ Enrollment/ Suspension

Domain 2: 90-Day Services Pre-Release and Re-Entry

- 2.1 Screening for Enrollment in Pre-Release Services
- 2.2 Pre-Release Services Delivery Model
- 2.3 Provider Network and Payment
- 2.4 Prescription Drug Coverage
- 2.5 Re-Entry Planning

Domain 3: Governance, Oversight and Management

- 3.1 Governance Oversight and Monitoring
- 3.2 1115 Waiver Evaluation Oversight

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

Domain 1:
Medi-Cal Pre-Release Application Process

Domain 1.1: Medi-Cal Enrollment/Suspension

Policy

Upon incarceration, all individuals will be: (1) screened for and (if eligible but not enrolled) enrolled in Medi-Cal, and (2) have their coverage suspended, to the extent appropriate.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- What are the best practices and model processes for implementation within jails and youth correctional facilities and coordinating with county eligibility offices related to: (1) identifying uninsured who are potentially eligible; (2) assisting with the completion of a Medi-Cal application, (3) submitting an application to county eligibility department; and (4) establishing partnerships for implementation.

Operational Requirements

IT Systems & Data Requirements for:

- ❑ Recording, updating, and storing data
- ❑ Exchanging data between correctional facilities and eligibility offices

Financial Requirements:

- ❑ PATH funding program to support jails and youth correctional facility capacity building and initial implementation

Legal Authorities:

- ❑ **Federal:** PATH STCs

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements
- ✓ Model process flow and requirements for Medi-Cal eligibility screening/suspension/ unsuspension
- ✓ Standard processes and IT system requirements
- ✓ Best practices for Medi-Cal enrollment/suspension and coordination with county eligibility offices (e.g., issue brief and side deck materials)

Domain 2:
90-Day Services Pre-Release and Re-Entry

Domain 2.1: Screening for Eligibility for Pre-Release Services

Policy

Incarcerated individuals will be screened for eligibility for the 90-day pre-release services.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Establish DHCS implementation principles
- Determine detailed eligibility criteria for pre-release services
- Develop consent policy for general population and minors (if needed)
- Develop policy for providing limited benefit package during pre-release period
- Identify whether notice and appeals requirements apply

Operational Requirements

IT Systems & Data Requirements:

- ❑ Screening tool/data repository for eligibility data
- ❑ Electronic referral system
- ❑ Pre-release service eligibility data exchange
- ❑ Aid codes for individuals eligible for pre-release services

Financial Requirements:

- ❑ PATH funding program to support jail, youth correction, state prison capacity building and initial implementation

Legal Authorities:

- ❑ **Federal:** STCs on PATH funding and eligibility, 1115 waiver operational protocol

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including: process flows, eligibility standards, eligibility screening tool, staffing requirements, subcontractor contractual standards, training standards, and facility/space/security requirements
- ✓ Standard processes and IT system requirements

Domain 2.2: Pre-Release Services Delivery Model

Policy

Eligible individuals will receive 90-day pre-release services consistent with defined model of care standards and requirements.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Definition of covered pre-release services
- Parameters for embedded versus "in-reach" vs. hybrid services (may be adjusted based on CMS' position on embedded approach)
- Policy and payment parameters for telehealth services

Operational Requirements

IT Systems & Data Requirements:

- ❑ Clinical data exchange between stakeholders
- ❑ Privacy permissions/consents for data sharing

Financial Requirements:

- ❑ PATH funding program

Legal Authorities:

- ❑ **Federal:** STCs on model of care, 1115 operational protocol

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including: care model template, process flow(s), care plan assessment/ documentation requirements, clinical service and referral requirements, facility/space/security requirements, re-entry care plan and referral requirements
- ✓ IT systems and data requirements

Domain 2.3: Delivery Model – Provider Network and Payment

Policy

A network of Medi-Cal fee-for-service care managers/coordinators and medical/behavioral providers that meet defined network and contracting requirements will provide 90-day pre-release services.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Determine standard for care management/care coordination provider participation
- Identify roles/responsibilities for pre-release services
- Define Med-Cal payment/billing standards
- Develop expectations for aligning to community-based ECM providers to the maximum extent possible

Operational Requirements

IT Systems & Data Requirements:

- ❑ Clinical data exchange between stakeholders

Financial Requirements:

- ❑ PATH funding program
- ❑ Funding for county behavioral health plans to build capacity and serve justice-involved population

Legal Authorities:

- ❑ **Federal:** 1115 Waiver operational protocol

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including:
  - Care management network and contracting requirements
  - Provider directory, medical/behavioral provider network requirements
  - Payment/billing standards
  - Process flows
  - Roles/responsibilities for provider services
  - Subcontractor requirements
- ✓ Model provider service delivery process flow

Domain 2.4: Prescription Drug Coverage

Policy

90-day pre-release services will include pre-release MAT as well up to a 30-day prescriptions supply upon individual's release, consistent with defined standards and requirements.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Define covered prescription drugs during pre-release and 30-day supply for re-entry
- Definition of covered pre-release MAT services
- Determine whether to expand covered prescriptions for stabilizing psychiatric conditions in pre-release period
- Develop standard model service delivery for implementing MAT
- Define policy parameters for telehealth for MAT
- Identify/resolve drug rebate/payment alignment issues

Operational Requirements

IT Systems & Data Requirements:

- ❑ TBD

Financial Requirements:

- ❑ TBD

Legal Authorities:

- ❑ **Federal:** STC on covered services, 1115 Waiver operational protocol

DHCS Design Requirements To Be Developed

✓ Decisions memo on design requirements including:

- MAT care model template
- Provider network requirements
- Roles/responsibilities for MAT services
- Subcontractor requirements
- Facility/space/security requirements

Domain 2.5: Re-entry Planning

Policy

Prior to release, incarcerated individuals will be auto-assigned into a managed care plan (MCP) and have a re-entry care plan developed by the care manager/care coordinator during the pre-release period. Re-entry planning will include, but not be limited to, provision of 30-day supply of medications (including up to 30 days for MAT) and DME upon release, close coordination with assigned managed care plans (and ECM care manager, as appropriate) and county behavioral health plans, referrals to Community Supports and community-based organizations, and coordinating with community-based medical and behavioral health care providers for scheduled appointments.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Develop MCP auto-assignment policy and algorithm
- Develop MCP coverage effective date policy
- Develop standards for MCP assignment (and ECM, as appropriate), coordination with pre-release services, and supporting re-entry transitions
- Develop policy defining role for FFS care manager/care coordinator for supporting community transitions for individuals enrolled in managed care plans and individuals transitioning to FFS
- Develop policy and process for identification and referrals to behavioral health services
- Develop policy for referrals to Community Supports
- Develop expectations for obtaining consents and sharing information on services provided in the pre-release period to community providers

Operational Requirements

IT Systems & Data Requirements:

- ❑ Data transfer of MCP plan assignment

Financial Requirements:

- ❑ Administer payment to plans to coordinate pre-release and re-entry services during pre-release period

Legal Authorities:

- ❑ **Federal:** Confirm auto-assignment for justice-involved population with CMS or seek 1115 or 1915(b) authority

DHCS Design Requirements To Be Developed

- ✓ Decisions memo on design requirements including:
  - Process flow
  - MCP auto-assignment algorithm
  - MCP transition requirements
  - Roles/responsibilities for community transitions
  - Re-entry care plan, referral requirements and behavioral health linkages
- ✓ IT systems and data requirements

Domain 3:
Governance, Oversight and Management

Domain 3.1
Governance Oversight and Monitoring

Policy

Governance structure for overseeing the implementation and financing of pre-release and re-entry services.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- Establish infrastructure for tracking and monitoring readiness and on-going implementation in correctional facilities
- Develop mitigation strategies and corrective action approaches

Operational Requirements

IT Systems & Data Requirements:

- ❑ Analytics capability to assess populations served and services provided
- ❑ Data collection, analysis and reporting plan (including tracking by race/ethnicity)
- ❑ Reporting infrastructure

DHCS Design Requirements To Be Developed

- ✓ Policy memo/deck on design requirements including:
  - Accountability and oversight infrastructure
  - Medi-Cal program integrity
  - Reporting requirements from correctional facilities
- ✓ Guidance on developing analytics capability
- ✓ Guidance on data collection, analysis and reporting infrastructure

Domain 3.2
1115 Waiver Evaluation Oversight

Policy

Reporting structure for the 1115 Waiver evaluation.

Next Steps to Implement Policy

Resolve Open Design Questions (Evolving)

- ➢ 1115 Waiver evaluation features
- ➢ Establish infrastructure for tracking and monitoring readiness and on-going implementation in correctional facilities

Operational Requirements

IT Systems & Data Requirements:

- ❑ Analytics capability to assess populations served and services provided
- ❑ Data collection, analysis and reporting plan (including tracking by race/ethnicity)
- ❑ Reporting infrastructure

DHCS Design Requirements To Be Developed

- ✓ Policy memo/deck on design requirements including:
  - Accountability and oversight infrastructure
  - Reporting requirements from correctional facilities
- ✓ Guidance on developing analytics capability
- ✓ Guidance on data collection, analysis and reporting infrastructure
- ✓ STC on evaluation
- ✓ 1115 evaluation report

Next Steps

Next Steps

- Advisory Group Members to share pressing issues, feedback and comments
- DHCS to finalize upcoming meeting agendas: (*tentative schedule below*)
  - November:
    - Domain 1.1. Medi-Cal Application Processes
    - Domain 1.2 90 Days Services Eligibility Screening
  - December:
    - Domain 2.1 Pre-Release Services Delivery Model
    - Domain 2.2 Provider Network
  - January
    - 2.4 Re-Entry Planning
  - February
    - Domain 2.3 Prescription Drug Coverage

Thank you

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

Appendix

CalAIM Justice-Involved Advisory Group Membership (1/3)

Organization	Name
Justice-Involved	
CDCR: California Correctional Health Care Services: Medical	Rene Kanan
CDCR: California Correctional Health Care Services: Medical – (SUD/MAT)	Lisa Heintz
CDCR: California Correctional Health Care Services: Medical (Nursing)	Barbara Barney-Knox
CDCR: California Correctional Health Care Services: Mental Health	Amar Mehta
CDCR: Division of Adult Parole Operations	Guillermo Viera Rosa
	Marvin Speed
CDCR: Division of Adult Institutions	Connie Gipson
CDCR: Division of Rehabilitative Programs	Jessica Fernandez
CDCR State Pre-Release Program	Vicki Duenas
CDCR: TCMP Program Chief Deputy Administrator	Robert Storms
Council on Criminal Justice and Behavioral Health (CCJBH))	Brenda Grealish
SEIU California	Libby Sanchez
California State Sheriff's Association (CalSheriff's)	Cory Salzillo
	Usha Mutschler
Chief Probation Officers of California, (CPOC)	Rosie McCool
	Danielle Sanchez
Board of State and Community Corrections (BSCC)	Katie Howard
California Health and Human Services Agency (CHHS)	
CHHS	Brendan McCarthy
	Stephanie Welch

CalAIM Justice-Involved Advisory Group Membership (2/3)

Organization	Name
County	
California State Association of Counties (CSAC)	Farrah McDaid Ting
County Welfare Directors Association (CWDA)	Cathy Senderling-McDonald
	Jenny Nguyen
LA County Eligibility Representative	Sherri Cheatham
Alameda County Eligibility Representative	Nancy Halloran
Behavioral Health	
California Association of Alcohol and Drug Program Executive (CAADPE)	Albert Senella
	Demetrius Andreas
California Council of Community Behavioral Health Agencies	Le Ondra Clark Harvey
Health Care Providers	
California Association of Public Hospitals and Health Systems	Amanda Clarke
California Primary Care Association (CPCA)	Andie Patterson
County Health Executives Association of CA (CHEAC)	Michelle Gibbons
Los Angeles County	Dr. Clemens Hong
Transitions Clinic	Shira Shavit
Health Plans	
Inland Empire Health Plan	Jarrod McNaughton
L.A. Care	Cynthia Carmona
Local Health Plans of California	Linnea Koopmans
Alameda Alliance	Karina Rivera
IT Systems	
California Statewide Automated Welfare System (CalSAWS)	John Boule

CalAIM Justice-Involved Advisory Group Membership (2/3)

Organization	Name
WPC Pilots	
Kern County WPC Pilot	Natalee Garrett
Consumer Advocates	
Californians for Safety and Justice	Lenore Anderson
California Pan-Ethnic Health Network	Carolina Valle
Root and Rebound	Zachariah Oquenda
Tribal Health Programs	
Consolidated Tribal Health Project	William Feather
Community Based Organization	
Project Kinship	Adrian De La Riva
	Madeline Rodrigez

ACTION ITEM - Memo on AOJ 2022 Legislative Priorities
INFORMATIONAL ITEM - 2021 Legislative Year in Review
Attachment Five

November 3, 2021

To: CSAC Administration of Justice (AOJ) Policy Committee

From: Ryan Morimune, AOJ Legislative Representative
Stanicia Boatner, AOJ Legislative Analyst

Re: Administration of Justice 2022 Legislative Priorities and 2021 Year in Review

The second year of the 2020-21 legislative session presented many high-priority bills with significant impacts to counties. In this memo, please find the Administration of Justice (AOJ) priorities for the coming 2022-23 and a review of noteworthy public safety legislation.

ACTION ITEM - 2022 Legislative Priorities

Felony Incompetent to Stand Trial (IST). The final 2021-22 Budget included funding for the Department of State Hospitals (DSH) to pursue solutions to their longstanding Felony Incompetent to Stand Trial (IST) waitlist issues. The Budget also included a trailer bill (AB 133) establishing a working group with all key stakeholders (including CSAC) to develop short, medium, and long-term solutions to the IST waitlist. Final recommendations are due in early November and the urgency is significantly driven by the court ruling in the *Stiavetti* case which requires individuals to receive treatment within 28 days. Given the court ruling and need to significantly shorten the time individuals spend on the waitlist, the state has also included provisions in the trailer bill that would authorize the suspension of county conservatee intake at DSH if IST solutions are insufficient as well as a requirement to return existing conservatees back to counties. CSAC is opposed to the state utilizing this conservatee patient "trigger/backstop" and therefore is very engaged in helping develop alternative IST solutions. Through advocacy and other efforts, CSAC will continue to collaborate with all stakeholders to ensure that counties receive adequate resources to assist the State in reducing the current IST waitlist.

Juvenile Justice Realignment. After multiple realignments at the state level, generally counties are responsible for the custody and care of all youthful offenders adjudicated as of July 1, 2021. CSAC partnered with county departments and affiliate organizations, such as the Chief Probation Officers of California, to facilitate a successful implementation of SB 823. To assist counties in implementing the provisions of SB 823, CSAC, CACE and CPOC established an SB 823 County Collaboration Consortium Workgroup. The participating associations identified three primary principles that underpin the short- and long-term recommendations for supporting a statewide collaboration to replace the juvenile justice service and treatment continuum that is being lost because of DJJ Realignment. These principles were approved by the organizations. Additionally, CSAC will continue to advocate for necessary clean-up legislation to protect county interests consistent with the Administration of Justice Policy Platform.

Criminal Justice Fine and Fees. For decades, the Legislature has funded a wide array of criminal justice programs using fine and fee revenue. As numerous and diverse programs and reforms have been enacted by the State, many of which are tied to an associated fee or fine as a funding source,

counties rely on the current funding structure now in place. Funding is critical to ensuring counties can continue to carry out a number of these programs. The recently enacted AB 177 eliminates the ability for counties to collect 17 administrative criminal justice fees and provides ongoing backfill for counties. CSAC will continue to work with the Legislature, Administration, and stakeholders to determine a methodology for distributing this funding and advocate for county interests in future legislation.

2022 Federal Priorities

Justice and Public Safety Funding. The State Criminal Alien Assistance Program (SCAAP) remains a key source of federal justice funding for many California counties. CSAC will continue to serve as a lead advocate in efforts to protect and enhance SCAAP funding and will urge Congress to pass a long-term SCAAP reauthorization. CSAC also will continue to monitor potential administrative changes to the program, including modifications affecting eligibility standards.

In addition, CSAC will continue to advocate for maximum program resources for other key federal justice and public safety programs, including the Edward Byrne Memorial Justice Assistance Grant (JAG) Program, the Victims of Crime Act (VOCA), and the Violence Against Women Act (VAWA).

INFORMATIONAL ITEM – 2021 AOJ Legislative Year in Review

2021 Legislation

The below public safety bills were signed into law by the Governor:
Assembly Bill 177 (Committee on Budget). This bill by the Budget Committee transitioned from SB 586 by Senator Steve Bradford and effective January 1, 2022, eliminates 17 administrative criminal fees; makes past debt for these fees uncollectible; and allocates backfill funding to counties for the associated loss of revenue from these fee repeals. In 2021-22, the backfill will total $25 million for counties. In 2022-23 and ongoing, the backfill will increase to $50 million for counties. Given the inclusion of this funding, CSAC submitted a letter of support for this legislation. AB/SB 177 also indicates the Legislature's intent to pursue additional legislation by March 1, 2022, to finalize the funding allocation methodology for distribution. CSAC will continue conversations with stakeholders and share further information as it is available. AB 177 was signed by the Governor on September 23rd (Chapter 257, Statutes of 2021).

Assembly Bill 48 (Gonzalez). This bill by Assembly Member Lorena Gonzalez places a general ban on the use of kinetic energy projectiles and specified chemical agents by law enforcement upon public assemblies, subject to specified exemptions. Additionally, this bill increases the requirements that law enforcement agencies report specified uses of force to the Department of Justice. AB 48 passed out of the Senate Appropriations Committee Suspense Hearing with amendments that change the reporting requirements, in part, by requiring agencies to post a summary of incidents on their website and require DOJ to provide a compiled list of these links on its website; allows the use of less-lethal munition by a peace officer to bring an objectively dangerous and unlawful situation safely and effectively under control; and excludes county detention facilities from specified provisions. AB 48 was signed by the Governor on September 30th (Chapter 404, Statutes of 2021).

Senate Bill 16 (Skinner). This bill by Senator Nancy Skinner expands categories of police and custodial personnel records subject to disclosure pursuant to the California Public Records Act (CPRA). SB 16 passed out of the Assembly Appropriations Committee Suspense Hearing with amendments that do not prohibit the disclosure of factual information provided by the public entity to its attorney; billing records related to the work done by the attorney; and does not prohibit the public entity from asserting that a record or information within the record is exempted or prohibited from disclosure per lawyer-client privilege. SB 16 was signed by the Governor on September 30th (Chapter 402, Statutes of 2021).

Assembly Bill 26 (Holden). This bill by Assembly Member Chris Holden would require policies of law enforcement agencies to require officers to immediately report potential "excessive force," as specified, to require that an officer who fails to intercede be disciplined up to and including in the same manner as the officer who used excessive force. AB 26 was signed by the Governor on September 30th (Chapter 403, Statutes of 2021).

Senate Bill 2 (Bradford). This bill by Senator Steven Bradford grants new powers to the Commission on Peace Officer Standards and Training (POST) to investigate and determine peace officer fitness and to decertify officers who engage in "serious misconduct"; and makes changes to the Bane Civil Rights Act to limit immunity as specified. SB 2 was signed by the Governor on September 30th (Chapter 409, Statutes of 2021).

Senate Bill 98 (McGuire). This bill by Senator Mike McGuire allows duly authorized representatives of a news service, as specified, to enter areas that have been closed by law enforcement because of a demonstration, march, protest or rally and prohibits officers from citing members of the press for failure to disperse, a violation of a curfew or a violation of resisting, delaying or obstructing the duties of a peace officer. SB 98 was signed by the Governor on October 9th (Chapter 759, Statutes 2021).

The below public safety bills did not pass during this year's legislative session:
Senate Bill 586 (Bradford). This bill by Senator Steve Bradford, in its original form, would have eliminated 67 criminal justice related fines and fees. The measure aimed to reduce the disproportionate impact that the current system of criminal justice fines and fees has on low-income individuals. However, the bill did not provide sustainable backfill funding to counties and essentially would have shifted the fiscal burden for core programs and services from court-involved individuals to the counties. Late in the legislative process, SB 586 was "gutted and amended" on the Assembly Floor as the negotiations to finalize another round of fee repeals was fully shifted to the budget process. SB 586 transitioned into a smaller scope AB 177.

Senate Bill 262 (Hertzberg). This bill by Senator Bob Hertzberg would have required the Judicial Council, by January 1, 2023, to adopt a statewide bail schedule for criminal offenses. The bill also would have specified that if the court sets money bail, the court shall conduct an inquiry into the arrestee's ability to pay and shall make a finding that the arrestee has the present ability to pay the amount of monetary bail without substantial hardship. Lastly, the bill would have required the court to order a return of money or property paid to a bail bond company under specified circumstances, including when the individual makes all court appearances in a criminal case

charged in connection with the arrest. SB 262 is a 2-year bill as the author decided to postpone working on the measure until 2022.

Senate Bill 493 (Bradford). This bill by Senator Steven Bradford would have redirected 95% of existing county Juvenile Justice Crime Prevention Act (JJCPA) funds away from county probation departments and to Community Based Organizations or non-law enforcement departments. The bill would have also revised the composition of local Juvenile Justice Coordinating Councils and recast various elements of required multiagency juvenile justice plans. CSAC, UCC and RCRC were strongly opposed to SB 493 as it would have inappropriately decimated a constitutionally protected funding stream at a time when counties are assuming vast new responsibilities on the juvenile justice continuum (SB 823, 2020; SB 92 2021). This measure was a top oppose for counties with CSAC closely partnering with county affiliates. SB 493 did not move forward in the legislative process.

Assembly Bill 731 (Bauer Kahan). This bill by Assembly Member Rebecca Bauer Kahan would have required the sheriff in each county to compile and submit data to the Board of State and Community Corrections (BSCC) on the county's anti-recidivism programs and success rates in reducing recidivism. Also, AB 731 would have required sheriffs to provide a list of educational, rehabilitative, and exercise opportunities provided in each jail; the number of participants; the costs of administering each program; and the overall recidivism rate for each county jail. AB 731 did not move forward in the legislative process.

Assembly Bill 1165 (Gipson). This bill by Assembly Member Mike Gipson prohibits, beginning on July 1, 2023, the use of a chemical agent in a juvenile facility with the exception of OC (pepper) spray. AB 1165 has been made a 2-year bill.

The below public safety bill was vetoed by the Governor:
Assembly Bill 990 (Santiago). This bill by Assembly Member Miguel Santiago would have established the right of visitation as a protected civil right for people that are incarcerated, changed the standard of review for when a custodial authority seeks to limit the civil rights of incarcerated individuals, and restricted the California Department of Corrections and Rehabilitation's (CDCR's) power to deny a person visitation rights. AB 990 was vetoed by the Governor on October 6th. The veto message can be found here.