CalAIM Report for the Public Protection, Justice & Health Collaborative

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Reimagine Adult Justice

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August 23, 2023

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Background

Adoption of the Reimagine Adult Justice Initiative: Alameda County is at the forefront of implementing progressive criminal justice reforms that reduce crime and victimization through policies and practices that rely less on incarceration and more on a strength-based service delivery model proven to reduce recidivism.

The purpose of these reforms is to disrupt the revolving doors of the criminal justice system by identifying and diverting justice-involved individuals to evidence-based treatment and supports in the community, particularly those with serious mental disorders, substance use disorders, and/or co-occurring disorders. In the absence of this option, the goal is to strengthen the in-custody, re-entry, and continuum of care model by leveraging local, state, and federal resources and refining and streamlining existing County systems.

In recognition of this fact, in July 2021, the late Supervisor Richard Valle, District 2, Alameda County Board of Supervisors, introduced the Reimagine Adult Justice (RAJ) initiative after receiving input from the Public Protection Committee (PPC) on alternatives to incarceration.[1] Supervisor Valle subsequently issued a follow-up memorandum in September 2021, in which he clarified this initiative and his expectations surrounding the 12 elements associated with this 18 to 24-month initiative.[2]

At a macro level, the 12 elements of RAJ, outlined in the subsequent page, were intended to explore short and long-term strategies to address inequities and ineffective practices associated with the justice system. At a more granular level, this initiative involved:

- the application of a close lens to the processes, data, and information associated with each element function,
- their relationship to each other,
- where they intercept in the criminal justice system, and
- how they can be modified to effectuate substantive public safety change by affecting positive behavioral change and minimizing the risk of reoffending.

This included the exploration of how to divert individuals from the criminal justice system by identifying and providing alternatives to incarceration and services specific to the needs of our Alameda County residents. The thought was that the diversion process would be initiated at varying points in the criminal justice system (pre-arrest, pre-charges, and pre-sentencing phases) through a coordinated countywide response involving effective community-based alternatives to incarceration.

Element #3, noted below, depicts the focus of this report in recognition of the fact that

[1] Alameda County Board of Supervisor Richard Valle, District 2, memorandum dated July 14, 2021, *Reimagine Adult Justice*

[2] Alameda County Board of Supervisor Richard Valle, District 2, memorandum dated September 27, 2021, *Reimagine Adult Justice*

justice-Involved individuals are at higher risk for poor health outcomes, injury, and death than the general public. This segment of the population faces a disproportionate risk of trauma, violence, overdose, and suicide. For example:

- Incarcerated individuals in California jails with an active mental health case rose by 63 percent over the last decade.
- Sixty-six percent of Californians in jails or prisons have a moderate or high need for substance use disorder treatment.
- Overdose is the leading cause of death for people recently released from incarceration, and people in California jails or prisons have a drug overdose death rate more than three times that of incarcerated people nationwide.
- In California, nearly 29 percent of incarcerated men are Black, while Black men make up only 5.6 percent of the state's total population.[3]

It was the late Supervisor Valle's contention that by leveraging the totality of resources available to Alameda County to build a more robust, streamlined, and accessible system, the justice population would benefit through improved care and support services with the potential to reduce rearrest rates and future involvement in the justice system.

#	12 Reimagine Adult Justice Elements
1	How does the new model address and achieve reductions of racial disparities in the Alameda County justice system?
2	What are the arrest rates in each police jurisdiction in Alameda County?
3	**What new health and funding-related opportunities exist to transform Alameda County's justice model?**
4	How can the Sheriff's Oversight Body and/or an Office of the Inspector General be designed into the new RAJ model?
5	How can the pretrial program be permanently established and expanded to reduce the jail population? An assessment of Alameda County's pre-trial hold rate should be conducted as a part of this analysis.
6	What is the actual cost impact to Alameda County of the contract to house federal inmates?
7	Should Alameda County's federal contract at Santa Rita Jail be terminated?
8	What opportunities exist to reduce Alameda County's Jail populations and costs?
9	What information does the existing jail population analysis provide to assist in this RAJ effort?
10	Can investments in RAJ efforts mitigate or eliminate the need to increase jail staffing and jail capital expenditures? How does the current jail litigation impact the alternatives?
11	What jail data is currently available that can assist in this project's analysis of alternatives and existing populations? An analysis of the jail data should be conducted to determine its sufficiency.
12	What are the outcomes of the programs in the jail? Can additional investments in jail programming and re-entry result in decreased costs?

[3] *Department of Health Services Justice-Involved Initiative*

The numerous benefits of element #3 is that Alameda County is now in a better position to:

- Leverage health-related funding opportunities through CalAIM grant programs that will result in Medi-Cal funding reimbursements to Alameda County in the form of increased Medi-Cal enrollments, Enhanced Care Management (ECM) and mental health services, medication management, pre and post re-entry services, wraparound services, housing, etc.;
- Develop and implement strategies to maximize access and enrollment in physical and behavioral health programs and facilitate access to housing;
- Identify and build sufficient capacity and infrastructure systems, to include in-custody and community facilities and programs at Probation's Juvenile Justice Center, Transition Center, Camp Wilmont Sweeney, and the Sheriff's adult facility at the Santa Rita Jail;
- Bring consistency to the current patchwork of programs that currently exist within Alameda County;
- Ensure that the justice-involved population receives the support they need through the proactive outreach and services that RAJ will help to incorporate into existing processes;
- Take advantage of CalAIM's "outcome-based" reforms, where physical and behavioral health providers will be reimbursed based upon outcomes rather than services; and
- Through the requirement that Medi-Cal managed care plans (Alameda Alliance for Health and Anthem Blue Cross for Alameda County), better coordinate access to services provided by the counties and local community-based organizations.

Public Protection, Justice & Health Collaborative: On January 3, 2022, Supervisor Richard Valle, District 2, Alameda County Board of Supervisors, hosted a meeting with the justice and health partners, in which he spoke to the need to align specific existing county initiatives, sanctioned by the Board of Supervisors, to enhance the impact of services and programs for the adult justice-involved population, maximize resources, integrate systems, and eliminate duplication of effort.

The overarching goal was to:

- reduce the cycle of incarceration and
- improve outcomes by providing the justice-involved population with opportunities for success.

In response, the Public Protection, Justice & Health Collaborative (PPJHC) was formed, consisting of four original members. In March 2023, the membership of the PPJHC was expanded to include three additional partners in recognition of the fact that the implementation phase (Phase 2) of RAJ would entail more extensive collaboration and impact the strategic direction and operation of several other departments/agencies.

Currently, the members of the PPJHC consist of the following individuals:

Yesenia Sanchez **Justin Miguel** **Oscar Perez**	Sheriff-Coroner Captain (Designee) Captain (Designee)	Alameda County Sheriff's Office
Marcus Dawal	Chief Probation Officer	Alameda County Probation Department
Colleen Chawla **Dr. Kathleen Clanon**	Agency Director Agency Medical Director (Designee)	Alameda County Health Care Services Agency
Colleen Chawla **Dr. Karyn Tribble**	Agency Director Director (Designee)	Alameda County Behavioral Health Care Services Agency
Andrea Ford	Agency Director	Alameda County Social Services Agency
Matthew Woodruff	Chief Executive Officer	Alameda Alliance for Health
Wendy Still	Project Manager	Reimagine Adult Justice, District 2

To confirm a common interest to align, coordinate and leverage systems, the PPJHC established a charter that set forth a general understanding of individual roles related to key aspects of their authority. The charter was amended on two occasions thereafter in response to the evolution associated with the advancement of their collective work and the addition of new executive body members. However, the general scope of the charter remained the same.

The charter set forth that the PPJHC executive body would collaborate in an effort to accomplish the objectives on the following page to support the overarching strategy of RAJ, to include element #3, and the individual department and agencies' complementary programs and initiatives:

- Define measurable goals and objectives for the project as a whole;
- Identify and leverage data resources to support those goals and objectives;
- Align and coordinate existing initiatives/systems;
- Assess existing gaps and opportunities for the expansion of services;
- Leverage state and federal funding opportunities;
- Eliminate duplication of effort and barriers to success for the justice-involved population;
- Create a seamless service delivery model through the refinement of the existing systems; and
- Review, approve, and produce progress reports, on an as-needed basis, to the Community Corrections Partnership Executive Committee, Public Protection

Committee, and the Alameda County Board of Supervisors.[4]

Alignment With Alameda County Objectives: The approach for maximizing the benefits for the justice-involved population evolved based on what was learned during collaborative meetings with the PPJHC, local and state government partners, and community stakeholders. It also evolved in response to the review of a multitude of documents produced by the various county departments and stakeholders.

These sources were used to inform element #3 and to ensure it remained aligned with overarching Alameda County strategies related to the youth and adult justice-involved population. These sources include, but are not limited to, the following:

- Alameda County's Vision 2026
  Our Story | Vision 2026 | Alameda County
- Alameda County Sheriff's Office Transition Plan
  Sheriff Yesenia Sanchez Transition (Strategic) Plan
- Alameda County Probation Department's Annual Report 2021/22
  State of the Alameda County Probation Department
- Alameda County Health Care Services Agency Forensic System Redesign Plan
  Alameda County Care First Jails Last Taskforce
- Care First Jail Last County Resolution
  Care First Jails Last Alameda County Resolution
- Justice-Involved Mental Health Implementation Framework, Phase 2
  Justice-Involved Mental Health Task Force, Phase 2 Report
- Care First/Jail Last Coalition Recommendations
  Care First Jails Last Coalition Recommendations
- Alameda County Civil Grand Jury Report 2020-21
  2018–2019 Alameda County Grand Jury Final Report
- California Department of Health Care Services (DHCS), California Advancing and Innovating Medi-Cal (CalAIM)
- District Attorney Pamela Price's 10-Point Plan
  Pamela Price for Alameda County District Attorney

[4] It should be noted that this language was extracted from the existing PPJHC charter. For future reference, additional governing bodies and committees will be added to the charter to reflect those with a nexus to the juvenile population. It should be noted that the CCPEC has a specific legal nexus to the AB 109 adult population..

Key Elements & Implementation: This section provides an overview of the key elements associated with CalAIM and the grant opportunities that Alameda County has leveraged to improve the county's ability to allow for ***early identification and enrollment*** of the justice-involved population in the myriad of services to address their needs.

New state and federal policy innovations continue to be implemented to address the long-standing and significant gaps in the health and behavioral health care delivery system for justice-involved individuals. The primary vehicle of change, led by the State Department of Health Care Services (DHCS), is the California Advancing and Innovating Medi-Cal (CalAIM) initiative, which offers a unique and unprecedented opportunity to improve medical and behavioral health care services for the Medi-Cal eligible justice-involved population.

The key program elements of CalAIM that support justice-involved individuals are as follows:

- **Pre-release Medi-Cal Application Process:** This process will be utilized to maximize the number of adults and juveniles with access to medical and behavioral health services funded through the state's Medi-Cal program.
- **90-Day Pre-release Services:** In custody, medical and behavioral services are provided 90 days prior to release to improve care coordination, continuity of care upon release, and improved outcomes.
- **Behavioral Health Linkages:** Behavioral health care linkages and "warm hand-offs" for adults and juveniles who are receiving in-custody treatment to ensure continuity of care upon release into the community.
- **Enhanced Care Management (ECM) and Community Supports (CS):** ECM and CS will help individuals access community services and provide new non-clinical services that address social determinants of health.
- **Justice-Involved Capacity Building:** Resources to expand and improve existing infrastructure necessary for effective implementation of the CalAIM initiative.

The use of funding through CalAIM will help Alameda County to seamlessly integrate systems and improve processes currently serving the justice-involved population through county departments and local providers. The ultimate goal of CalAIM is to improve outcomes for the millions of Californians covered by Medi-Cal, especially those with the most complex needs, of which the justice-involved population is a significant portion.

It should be noted that although CalAIM's broad reach is intended to help all Medi-Cal enrollees, many of the reforms are aligned with servicing the complex needs of the justice-involved population, including youth in foster care. This would include services beyond medical and mental health, to include nonmedical services in the form of medical respite, personal care, medically tailored needs, and peer support.

Providing Access & Transforming Health (PATH) Program: To further support this population, in 2022, California received federal authority to implement the

Providing Access and Transforming Health (PATH) program. This funding expanded the development of services and processes intended to support the capacity and infrastructure of ECM and re-entry for the justice-involved population. Specifically:

- **Collaborative planning** aimed at facilitating the design, modification, and execution of new processes intended to increase enrollment in Medi-Cal and continuous access to care for justice-involved youth and adults.

- **Capacity and infrastructure expansion** to support stakeholders as they implement pre-release Medi-Cal enrollment and suspension processes, i.e., implementation of pre-release Medi-Cal enrollment and suspension processes, 90 days pre-release planning of Medi-Cal services.

CalAIM implementation, supported by the PATH program, was incorporated into the RAJ initiative to support the advancement of these reforms for the justice-involved population. Under the leadership of RAJ and through the oversight of the PPJHC, Alameda County has begun the process of implementing CalAIM through the following:

- **External Expertise:** California Health Policy Strategies, LLC (CalHPS) was recruited to support the RAJ team in late 2021, and as the project evolved, the PPJHC. The team's extensive expertise and knowledge about the intersection of California's health policy and the justice-involved population helped to identify health-related funding opportunities, which have since been leveraged. More details will be provided in the ensuing section. David Panush, a respected health policy consultant, has supported the county's RAJ planning efforts to inventory existing adult and juvenile system programs, identify gaps, coordinate data sharing, and obtain new state grants to begin CalAIM implementation. Additionally, recommendations from the CalHPS and Health Management Associates were incorporated into the planning process utilizing the guidance outlined in their May 2022 report; *CalAIM for re-entry and Justice-Involved Adults and Youth: A Policy Implementation Guide.*

  Data Sharing Agreement: With the assistance of the Information Technology Department and County Counsel, a data sharing agreement was established to facilitate the exchange of data among key county partners with responsibility for medical and behavioral health care for the justice-involved population. This data-sharing agreement will help to support existing health, behavioral health, and jail processes intended to improve services for the justice-involved population. The agreement included the Alameda County Sheriff's Office (ACSO), Alameda County Probation Department (ACPD), Alameda County Social Services Agency (ACSSA), Alameda Alliance for Health (AAH), CalHPS, Wendy Ware, Consultant and Researcher, and Wendy Still, RAJ Project Manager.

  Under the leadership of RAJ, a second data-sharing agreement was executed between the ACSO, ACPD, and ACSSA to facilitate the sharing of criminal justice, jail, and court/probation data with ACSSA. This information is also intended to assist the ACSO and ACPD in their enrollment of the justice-involved population in Medi-Cal services. The second agreement is in response to the State's recommendation that a data-sharing agreement be established between these

specific partners to help further the goals of CalAIM. This particular agreement does not have a specific expiration date, but rather, it will expire upon termination of the Medi-Cal Privacy and Security Agreement between DHCS and the SSA or a successor PSA with DHCS. Additional data sharing agreements will be executed, leveraging the RAJ data-sharing agreements, to support the CalAIM coordinated re-entry initiatives in 2024.

- **Implementation/Modification of Medi-Cal Processes to Enhance the Availability of CalAIM Services (medical, behavioral health, ECM, CS) to the Justice-Involved Population:** RAJ led the effort to modify both the adult and juvenile screening documents and information technology systems (Criminal Information Management System [CRIMS], ATIMS Jail Management System, California Statewide Automated Welfare System [CALSAWS; new system scheduled to go live in September 2023]) to facilitate the enrollment of the justice-involved population in Medi-Cal. It involved multiple workgroup meetings, with a variety of county and local agency stakeholders in which screening and data-sharing processes for the ACSO, ACPD, and ACSSA were modified to create data linkages and enhance data and information sharing.[5] Ultimately these linkages and the sharing of data and information among these agencies will help with the early identification of those who are eligible for Medi-Cal/CalAIM services (particularly those in custody for a short period of time) and, therefore, facilitate increased enrollments and reimbursements to Alameda County.

- **Landscape Analyses:** A comprehensive landscape analysis relevant to CalAIM implementation was completed for both adults and juveniles to help identify gaps in services and processes. As an example, through this analysis, the intake screening questionnaire was modified to more accurately capture information about the Medi-Cal status of individuals booked into and/or cited at the Santa Rita Jail. This allowed the Santa Rita Jail and its county partners to more easily identify and enroll (or reinitiate enrollment) individuals in services.

- **Leveraging Grant Opportunities through the CalAIM "Providing Access and Transforming Health" (PATH) Program:** The RAJ team facilitated the collection, analysis, and preparation of the information needed for submission of the PATH 1, 2 and 3 grant applications to the California Department of Health Care Services. The PATH 1 and 2 funding is now being used to identify and implement strategies to maximize access and enrollment in physical and behavioral health programs, build sufficient capacity and infrastructure systems, and facilitate access to housing for the justice-involved population. Through this process, ongoing Medi-Cal funding reimbursements and services to the County will occur in the form of increased Medi-Cal enrollments, Enhanced Case Management (ECM) services, medication management, mental health services, pre and post release re-entry services, wraparound services, housing, etc.

- **PATH 1:** Alameda County (ACSO, ACPD, and ACSSA) applied for and received a $125,000 state *planning* grant to develop a proposal on how it intends to implement the CalAIM mandate for improving pre-release Medi-Cal application

[5] Stakeholders include, but were not limited to, the Alameda Alliance for Health and WellPath.

processes for the justice-involved population.

- **PATH 2:** The planning process associated with PATH 1 led to the submission of the county's March 2023 $1.45 million request to DHCS for PATH 2 *implementation* funds. On July 22, 2023, Alameda County was notified by DHCS that it had been granted this award.

- **PATH 3:** In June/July 2023, Alameda County (ACSO, ACPD, and Alameda County Behavioral Health Services [ACBHCS]) applied for this *planning and implementation* grant. Similar to PATH 2, this round of funds is dedicated exclusively to justice-involved pre-release services provided in the jail and juvenile facilities and behavioral health "warm hand-off" linkage implementation. Alameda County is eligible for $9.9 to $10.9 million (ACSO - $4.5 - $5, ACPD - $2 - $2.5, ACBHCS - $3.4)

  As a component of the PATH 3 application process, the ACSO, ACPD, and ACBHCS will need to prepare an implementation plan on how they intend to meet the readiness elements outlined in the chart below.

Focus Areas	Readiness Element
1: Medi-Cal Application Processes	1a: Screening
	1b: Application Support
	1c: Unsuspension
2: 90 Day Pre-Release Eligibility Screening	2a: Screening
	2b: Eligibility Notification to State Eligibility System
	2c: Release Notification to State Eligibility System
3: 90 Day Pre-Release Service Delivery	3a: Pre-release Care Manager Assignment
	3b: Consultation Scheduling
	3c: Virtual/In-Person Consultation Support
	3d: Support for Medications
	3e: Support for Medication Assisted Treatment
	3f: Support for Prescriptions Upon Release
	3g: Support for Durable Medical Equipment Upon Release
	3h: Medi-Cal Billing
4: Re-Entry Planning and Coordination	4a: Release Date Notification
	4b: Re-Entry Care Management Warm Handoff
	4c: Re-Entry Behavioral Health Warm Handoff
5: Oversight and Project Management	5a: Staffing Structure and Plan
	5b: Governance Structure for Partnerships
	5c: Reporting and Oversight Processes

Developing an information technology infrastructure and data-sharing platforms will be foundational to the planning process. To facilitate this requirement, the ACSO will convened a standing interagency workgroup to:

- assess each agencies' general readiness, capabilities, and infrastructure,
- identify programmatic options, costs, and benefits associated with each area, and
- explore an automated solution to manage processes, track utilization, and outcomes, and manage Medi-Cal billing associated with these requirements.

It should be noted that CalAIM PATH rounds 1, 2, and 3 grants are but a few of a multitude of grant opportunities that will allow Alameda County to improve access to services. For example, the *Capacity and Infrastructure Transition, Expansion, and Development* (CITED) initiative will provide direct funding to community-based organizations, county agencies, and others to support the delivery of ECM and CS services.[6] Additional funding sources are delineated further in the *Building Capacity* (page 16) and Appendix sections of this report.

CalAIM's Approach to the Justice-Involved Population

Overview: CalAIM builds on the practices, principles, and lessons learned from two earlier initiatives: county-operated Whole Person Care (WPC) pilots and the Medi-Cal managed care Healthy Homes Program (HHP). Both efforts focus on social determinants of health to improve health outcomes for Medi-Cal's most complex, costly, and vulnerable populations. CalAIM builds upon the WPC and HHP initiatives by creating a statewide policy and funding framework that integrates the WPC approach with the state's Medi-Cal managed care program. Alameda County was recognized the collaboration and innovation to implement both of these programs (WPC and HHP), and for the establishment of a Community Health Record/Social Health Information Exchange (CHR/SHIE) that remains in place today. The CHR/SHIE contains 17 different types of data feeds, including medical, mental health, substance use treatment, housing, and food program information. It is used by 55 different agencies in the County. This asset is being built on to implement CalAIM initiatives.

CalAIM was first unveiled by the DHCS in October 2019, and the proposal was enacted as part of the State 2021-22 budget. In January 2023, California received federal approval to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release.[7] Through the approval of a federal Medicaid 1115 demonstration waiver, California will become the first state in the country to implement this innovative approach for addressing the medical and behavioral health needs of the justice-involved population.

In addition, the new federal waiver authorizes $410 million for PATH, Justice-Involved Capacity Building grants to support collaborative planning, and IT investments intended to support the implementation of pre-release and re-entry planning.

[6] *PATH | Capacity and Infrastructure, Transition, Expansion and Development*
[7] *DHCS CalAIM Justice-involved Website*

By maximizing Medi-Cal coverage for the justice-involved population, CalAIM creates innovations and new funding opportunities that can improve coordination and communication among correctional systems and health systems; enhance continuity of care; achieve cost savings through reduced gaps in care; improve health outcomes, and prevent unnecessary admissions to inpatient hospitals, psychiatric hospitals, nursing homes, and emergency departments, and; reduce overdose, suicide, homelessness; reduce rates of recidivism.

Medi-Cal managed care plans (MCPs) play a central role in the organization and management of many key elements of CalAIM. In Alameda County, the Alameda Alliance for Health and Anthem Blue Cross are the two primary MCPs, but in January 2024, the two plans serving Alameda County will be the Alameda Alliance for Health and Kaiser Permanente. In this new delivery model, the Alameda Alliance for Health is designated as the primary Medi-Cal health plan and administers the services for approximately 85% of the adults and children, and Kaiser Permanente will administer the remaining 15% of the Medi-Cal population. The implementation of CalAIM for the justice-involved population also requires a seamless partnership between local justice system agencies (i.e., sheriff offices and probation departments), county health and behavioral health departments, county social services departments, district attorneys, public defenders, defense attorneys, court systems, and community-based organizations that provide an array of medical, behavioral health, social supports, and other services for justice-involved individuals.

MCPs are responsible for administering and funding Medi-Cal covered services to beneficiaries enrolled in the Medi-Cal manage care program. These health plans are also responsible for providing services to members with mild and moderate mental health conditions. In California, about 83% of the state's 14 million Medi-Cal beneficiaries are enrolled in MCPs, and by December 2023, approximately 99% will be automatically enrolled in managed care through a statewide regulatory initiative. For most individuals eligible for Medi-Cal, the state requires beneficiaries to enroll in an MCP, which receives a capitated payment from the state as an incentive for managing care and risk.

CalAIM creates an ongoing funding mechanism that relies on MCPs to administer new benefits and optional services tools that improve care for complex, hard-to-serve "populations of focus," that include the justice-involved. These new tools include ECM benefit and CS optional services. These CS are non-clinical, alternative, or non-traditional services that can be cost-effective in reducing unnecessary emergency room visits and hospitalizations by addressing social determinants of health. In the context of the justice-involved population, the collaboration of local justice system agencies (e.g., probation, sheriff, courts, district attorney, public defender) and the inclusion of nontraditional health related services can also yield improved public safety outcomes and reduced recidivism.

In Alameda County, CalAIM has been implemented collaboratively by the MCPs and the County, with the specific goal of supporting smaller agencies that are trusted by Members. For example, the County's Health Care Services Agency is acting as claiming intermediary between housing-related community supports providers and the MCPs, using the Community Health Record to identify eligible Members and to document services. This model can be extended to include partners that are dedicated to the needs of recently incarcerated people.

CalAIM's Justice Initiative: At a state level, one component of CalAIM focuses on Californian's justice-involved population. This includes about 123,000 state prison inmates and about 51,000 parolees.[8] About 36,000 people are released from California prisons each year. In 2019, about 750 parolees and post-release community supervision (PRCS) inmates were released in Alameda County.[9] The justice-involved population also includes over 560,000 (unduplicated individuals) who are admitted or released from jails annually.[10] Based on our analysis of Alameda County, there were 18,000 adults (unduplicated) who were admitted and released from jail over a twelve-month period in 2021. About 5,000 adults are currently supervised by the ACPD.

The juvenile justice population is also a focus of CalAIM's justice initiative. In Alameda County, there were 659 juveniles (unduplicated) who were booked into juvenile hall in 2019, which declined to 326 in 2021.

Consistent with RAJ's directive to reduce racial and ethnic disparities in the justice system, CalAIM seeks to address the medical, social determinants and behavioral health needs of the underserved justice-involved population, which experiences high rates of mental illness, substance use disorders (SUD), and chronic health conditions. When released from custody, these justice-involved individuals face a cycle of homelessness, emergency room and hospital utilization, and re-incarceration.

- Overdose death rates are more than 100 times higher in the two weeks after release from incarceration than for the general population.[11]
- Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by 63%.[12]
- California's correctional health care system drug overdose rate for incarcerated individuals is three times the national prison rate.[13]
- Among justice-involved individuals, two of three individuals incarcerated in California have a high or moderate need for SUD treatment.[14]

The over-representation of people of color in the justice system is another factor that must be addressed as the State intends to address long-standing health disparities through CalAIM. African American men, for example, account for over 28% of the incarcerated population but are only 5.6% of the state's population.[15] Based on our analysis of the Alameda County jail population, 48% were African American and 30% Latino.

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[8] *Department of Corrections & Rehabilitation, Spring 2020 Population Projects.*

[9] *Department of Corrections Offender Data Points Report, 2020*

[10] *"Expanding Health Coverage in California: County Jails as Enrollment Sites." Public Policy Institute of California.* May 2016.

[11] *Release from Prison: A High Risk of Death for Former Inmates, NIJM, 2007*.

[12] *The Prevalence of Mental Health Illness in California Jails is Rising, CalHPS, 2020.*

[13] *Analysis of 2017 Inmate Death Reviews in California Correctional Health Care System, Ken Imai, MD, 2018.*

[14] *Improving In-Prison Rehabilitation Program, Legislative Analyst Office 2017.*

[15] *California's Prison Population, PPIC, 2018*.

Who is Eligible for Enhanced Care Management Services (Population of Focus[16]): CalAIM targets Medi-Cal eligible individuals enrolled in the managed care program that experience complex medical conditions who are the hardest to serve and often fall through the cracks of the system. Justice-involved/re-entry adults and youth are one of seven mandatory populations of focus defined in CalAIM.

- **Adults:** Eligible adults include individuals transitioning from incarceration are those "who are **BOTH** transitioning from incarceration or transitioned from incarceration within the past 12 months **AND** have at least one of the following conditions:

  - ✓ Chronic mental illness,
  - ✓ SUD
  - ✓ Chronic Disease, e.g., hepatitis C, diabetes
  - ✓ Intellectual or developmental disability
  - ✓ Traumatic brain jury
  - ✓ HIV
  - ✓ Pregnancy

- **Juveniles.** All juveniles who have been incarcerated in the past 12 months are eligible regardless of medical or behavioral health conditions.

In addition to the re-entry population, there are six other populations of focus that often have significant overlaps with the justice-involved population.

- **Homeless:** Individuals experiencing homelessness, chronic homelessness, or at risk of becoming homeless. *(Note: about 70% of individuals experiencing homelessness report a history of incarceration.*[17]*)*

- **High Utilizers:** Individuals with frequent hospital or emergency room visits/admissions

- **Serious Mental Illness (SMI) and SUD at Risk for Institutionalization:** Individuals who are at risk for institutionalization who have co-occurring chronic health conditions and SMI (adults) or SUD

- **Complex Needs:** Children or youth with complex physical, behavioral, developmental, and oral health needs, e.g., California Children Services, foster care, youth with clinical high-risk syndrome or first episode of psychosis

- **At-Risk Population:** Individuals at Risk for Institutionalization who are eligible for long-term care services

- **Nursing Facility Residents:** Individuals in nursing facilities who wish to transition to the community

[16] *DHCS, ECM Implementation Timeline and Population of Focus, updated December, 2022*

[17] *California Health Policy Strategies, Criminal Justice Involvement Among Unsheltered Homeless in California, 2018.*

Medi-Cal Application Process – New State Mandate

A new state mandate requires that all jails and juvenile facilities have a pre-release planning Medi-Cal application process. State legislation enacted as part of the state budget package requires the Board of Supervisors in each county, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the Medi-Cal application process. This mandate became effective at the beginning of 2023.

Many inmates leave incarceration without having active Medi-Cal status. A 2019 (pre-COVID) Alameda County study found that 41% of inmates incarcerated for 30 days or more did not have Medi-Cal when they left Santa Rita Jail. More than half of these individuals had no record of ever being enrolled in Medi-Cal. Some may have had other health coverage (e.g., Veterans, Covered California, or Medicare) or were ineligible for Medi-Cal because of their immigration status.[18] Establishing Medi-Cal eligibility, and being enrolled in a managed care program, is a necessary precondition for accessing CalAIM-related services.

CalAIM's authorizing legislation included a state mandate that all counties implement a pre-release Medi-Cal application process. The statutory requirement is contained in Penal Code Section 4011.11. This law requires the Board of Supervisors in each county, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the Medi-Cal application process. This mandate went into effect on January 1, 2023. PATH 2 funding will be used to support this implementation.

The state mandate is intended to standardize policy, procedures, and collaboration between California's county jails, juvenile facilities, MCPs, county behavioral health, and other health and human service agencies to ensure all county inmates/juveniles that are eligible for Medi-Cal and need on-going physical or behavioral health treatment receive timely access to Medi-Cal services upon release from incarceration. This collaboration is intended to establish a continuum of care and strengthen ongoing support services for individuals who are transitioning from custody to their communities.

Jail Facilities – Alameda County Sheriff's Office Response: The ACSO implemented a two-pronged approach to the CalAIM Initiative and Medi-Cal enrollment. When an arrestee is booked into Intake, Transfer, and Records (ITR), they go into one of two categories, "cites" or "keepers." All arrestees undergo a medical pre-screening which includes questions about medical insurance coverage. Through the RAJ planning process, the medical pre-screening form was updated to capture critical information intended to identify the medical status of individuals during the intake process. The form will eventually be automated and incorporated into the ATIMS system and financed through PATH 2 grant funding.

[18] Alameda County Health Care Services Agency Director Colleen Chawla, Memo to Alameda County Board of Supervisors, November 16, 2020.

Those categorized as “cites” are typically in custody a matter of hours before they are issued a citation and released from ITR. All releases have access to pamphlets and informational posters at the release area informing them of community resources, support, and services to assist them in re-entry and Medi-Cal enrollment.

“Keepers” are justice-involved clients who will be housed at the jail for longer periods of time, days, weeks, or longer. These individuals undergo a more in-depth intake process than cites to include a classification interview and a medical and mental health screening. The medical screening is completed by the medical services provider, Wellpath, and includes additional questions on medical insurance to inform eligibility for Medi-Cal. They are eventually moved to a housing unit. Within 90 days of release, a discharge planner contacts justice-involved clients to assist them in enrollment into Medi-Cal.

ACSO intends to implement a reception/intake housing unit model to assist with the Medi-Cal enrollment. Most new justice-involved clients will first be housed in the reception/intake housing unit allowing ACSO and stakeholders such as Community-Based Organizations, ACPD, ACSSA, Adult Forensic Behavioral Health, and Wellpath to concentrate on Medi-Cal enrollment, discharge planning, and re-entry services in a single capture point. The Cal-AIM Path 2 grant funds will be used to modify and upgrade jail infrastructure, upgrade IT/Network systems, facility costs, training and meeting costs, staffing, and other miscellaneous costs associated with the reception/intake housing unit and/or other costs associated with coordination of Medi-Cal enrollments.

Juvenile Facilities – Alameda County Probation Department’s Response: The ACPD is proposing to issue formal policies/procedures memorializing the relevant processes and training staff following discussion with labor partners. ACPD’s Transition Center staff would verify each youth’s Medi-Cal status, and the ACHCSA has committed to placing a nurse or appropriate equivalent in the Transition Center to assist with this process.

Youth that are identified during intake as not having medical insurance will be offered the opportunity to enroll in Medi-Cal. Parents will be contacted to obtain their consent, and a formal letter will be issued asking parents to provide written consent for an application to be submitted. Parents will be given thirty days to provide the requested consent and signature on the application. If a parent does not consent to the process, an application will not be submitted.

For youth actively enrolled in Medi-Cal, the ACSSA will be notified via the designated email after the youth has been detained for 28 days or more and the expected release date (if known). Additionally, ACPD will notify the ACSSA upon the youth’s release via the designated email.

Pre-Release Medical and Behavioral Health Care Services Offered up to 90 Days Prior to Release: Current federal Medicaid rules do not allow reimbursement for medical or behavioral health services to inmates who are incarcerated. However, the newly approved federal waiver will allow the state to pay for an array of services up to 90 days prior to release with the goal of improving health services and outcomes when the

inmate has transitioned to the community.[19] This would apply to both juveniles and adults. This policy change is intended to create a mechanism to improve continuity with support and health services post-release by building trusted relationships with care managers, increasing pre-release management and stabilization of sensitive health conditions (e.g., diabetes, heart failure, hypertension), and sustainable support for behavioral health treatment regimens (i.e., injectable long-acting anti-psychotics for mental health conditions and medications for addiction treatment) that could reduce decompensation from mental illness and post-release overdoses.

Implementation can begin in April 2024. However, county correctional facilities will have the option of implementing over a two-year period, extending through March 2026. Implementation will be tied to DHCS readiness assessment and timelines related to five specific milestones:

- Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated;
- Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community;
- Promoting continuity of care to ensure access to services both pre-and post-release;
- Connecting to services available post-release to meet the needs of the reentering population and;
- Ensuring cross-system collaboration.

The proposed medical and care coordination services, which would be paid for on a fee-for-services basis, include:

- Conducting initial care needs assessment, e.g., medical, mental health, SUD, social needs;
- In-Reach physical and behavioral health clinical consultation services;
- Developing a transition plan for community-based care;
- Screening and referrals to community-based services and post-release appointments;
- Developing a medication management plan in consultation with clinical providers.
- Limited laboratory/x-rays provided pre-release;
- Medications for addiction treatment (MAT);
- Psychotropic medications provided pre-release;
- Providing a 30-day supply of medication upon release, and;
- Durable medical equipment for use post-release in the community, e.g., wheelchairs.

The target population definition aligns with the population of focus described earlier. Adult eligibility for the pre-release services would be limited to individuals who are Medi-Cal eligible AND who have one of the following health-related conditions: mental illness, SUD, chronic or significant clinical condition, intellectual or developmental disability, traumatic

[19] *DHCS Update on CalAIM Justice Impacted Waiver Approval, February 2023*

brain injury, HIV/AIDS, or pregnant or post-partum. All incarcerated youth would be eligible and would not need to demonstrate a specific health care need.

DHCS anticipates releasing the screening tool in the fall of 2023 to be used by correctional staff in prisons, jails, and youth correctional facilities to identify individuals who would have access to pre-release services. For individuals with longer-term stays and set release dates (e.g., individuals in state prison and AB 109 populations in county jails), screening for access to services could start as early as 120 days prior to release. DHCS is also exploring the potential of screening for access to pre-release services at intake or as close to intake as possible. This would assist individuals with shorter-term stays and unpredictable release dates, e.g., pre-adjudicated jail inmates.

Re-entry Initiative Reinvestment Plan: As part of the federal waiver, the state must demonstrate that state and local correctional system savings attributable to the new federal funding for pre-release services must be reinvested in services that support the re-entry population. Allowable re-entry reinvestments include:

- New services covered under the re-entry demonstration initiative;
- Improved access to behavioral and physical community-based health care services and capacity;
- Improved health information technology and data sharing;
- Increased community-based provider capacity;
- Expanded or enhanced community-based services and supports; and
- Any other investments that aim to support re-entry, smooth transitions into the community, divert individuals from incarceration or re-incarceration, or better the health of the justice-involved population.

Implementation Considerations for Alameda County: As the state considers program models, Alameda County will also need to address key logistical and administrative challenges related to implementation.

- How much does the county pay for medical and behavioral health services that are currently offered in jail and juvenile facilities that can now be reimbursed through the new CalAIM program?
- What screening, assessment, treatment, and coordination services can be provided for individuals who are incarcerated for very short stays?
- Will medical and behavioral health care systems be organized and staffed to meet the new expectations?
- What IT systems and data-sharing processes will be needed for Medi-Cal billing and reporting?
- How will community health workers and/or peers with lived experience be incorporated into carceral settings to support medical and behavioral health needs? What kind of security protocols/clearances will be required for access to the jail?
- How will jail and juvenile facility medical and behavioral health services coordinate with MCPs, county behavioral health, and community health centers for post-release care?

Behavioral Health "Warm Handoff" – New State Mandate

Facilitated Referral & Linkages: Effective April 2024 – 2026, a new state mandate requires individuals receiving treatment for behavioral health issues in jail to receive a "facilitated referral and linkage" to the county's department for behavioral health upon release from custody. This is intended to improve continuity of care.

CalAIM requires a new referral and linkage process to county behavioral health to facilitate improved continuity of care for inmates receiving behavioral health services as they transition back to community-based treatment. As previously stated, a new statutory mandate was enacted (Penal Code 4011.11) that "*requires the State Department of Health Care Services, no sooner than January 1, 2023, in consultation with counties, county sheriffs, probation departments, MCPs, and Medi-Cal behavioral health delivery systems, to develop and implement a mandatory process by which county jails and county juvenile facilities coordinate with MCPs and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for county jail inmates and juvenile inmates that were receiving behavioral health services before their release*."

CalAIM targets county jail inmates and/or youth in juvenile facilities that are receiving mental health or SUD treatment in custody and mandates that all counties implement a process for "facilitated referral and linkage" that connects them to county specialty mental health, Drug Medi-Cal, Drug Medi-Cal-Organized Delivery System (DMC-ODS), and MCPs. This process would allow for the continuation of behavioral health treatment in the community when the inmate or juvenile is released from custody.

Navigating the complex network of health and behavioral health services for continued care and treatment can be challenging for formerly incarcerated individuals. Warm handoffs are a best practice to reduce the instances of individuals not accessing needed care and support services. The warm handoff process to support re-entry should include coordinating the release of medical records; establishing a medical home with a community provider; making initial appointments; providing a bridge prescription for necessary medications until the client can be seen by the community provider; and ensuring other treatment regimens continue after release. The Alameda County Community Health Record (CHR) allows for a single uploaded release of information by which individuals can consent to share their medical, mental health, and housing information (among other critical contacts) with multiple agencies they are working with.

Medi-Cal eligible individuals should also receive assistance in selecting a MCP and services for mild and moderate mental health conditions in addition to physical health needs. The process should seek to empower individuals with information and guidance that enables them to actively participate in managing their own behavioral health treatment needs to the greatest extent possible. Community Health Workers (CHWs) with lived experience can play an important role in facilitating the referral and linkage process.

The CalAIM proposal focuses exclusively on transitions for adult inmates and juveniles receiving in-custody behavioral health treatment while in county jails or juvenile halls. Warm handoffs are also needed for inmates transitioning from the California Department of Corrections and Rehabilitation (CDCR), such as parolees and those returning from state prison, to be supervised by county probation under PRCS. As CDCR continues to implement MAT for state inmates, the need for continuity of care in the community will be even more essential.

Implementation Considerations for Alameda County. Alameda County will need to address key logistical and administrative challenges related to implementation, including the following:

- How will incarcerated adults and juveniles who receive behavioral health screening and services be identified? Will this include individuals identified with alcohol use disorder?
- What IT systems, in addition to the Community Health Record, are needed to share data between in-custody providers and county behavioral health or MCPs that may be responsible for providing mild and moderate mental health services?
- How will the "warm hand-off" policy apply to juveniles and adults who are incarcerated for very short stays?
- What services will the "warm handoff" entail? How will CalAIM's ECM program support this effort?
- What process will be used to ensure access to housing for those who are likely to be unhoused upon release?

Enhanced Case Management: ECM is a new Medi-Cal managed care benefit that can provide face-to-face, on-the-ground case management and support to justice-involved individuals to help them navigate the health and behavioral health care system. It can also be a funding source for community health care workers with lived experience. The program is administered and funded through MCPs. Implementation for the justice-involved/re-entry population begins on January 1, 2024.

Note: Implementation of ECM began on January 1, 2022, for other populations of focus that are likely to overlap with the justice-involved population, e.g., individuals experiencing homelessness and those with serious behavioral health issues, and adult high utilizers.

DHCS requires ECM to include seven core services for all populations of focus, including individuals transitioning from incarceration.[20] These services include:

- Outreach and engagement
- Comprehensive assessment and case management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family supports
- Coordination of and referral to community and social support services

(See appendix for a more detailed description of each service area.)

As ECM implementation begins, a key factor for consideration is the recruitment and training of a workforce that can meet the unique challenges of the justice-involved population. This is recognized in CalAIM, which expects enhanced care managers to meet their clients "*where they are*." Trust is the intangible quality that is essential for medical management care planning for the justice-involved population. CalAIM's ECM proposal allows MCPs to contract with the county and non-profit entities that currently work with the justice-involved population to support the development of new or enhancement and scaling of existing diversion or deflection efforts that help individuals served avoid incarceration.

The ECM workforce should include the utilization of CHWs with lived experience. CHWs with lived experiences who understand the unique needs of individuals transitioning from prison and jail can provide the culturally relevant human connection that facilitates warm handoffs and ongoing engagement with community medical and treatment providers.

[20] *DHCS, ECM Policy Guide, Updated December 2022*

Implementation Considerations for Alameda County. As the state considers program models, Alameda County will also need to address key logistical and administrative challenges related to implementation, including the following:

- How will eligible incarcerated adults and juveniles be enrolled in ECM? Will there be seamless coverage to ensure enrollment at the time of release from custody?
- How will adults and juveniles being transferred to and from other counties be addressed?
- What new IT and data-sharing systems will be needed?
- Which organizations or agencies will be responsible? Will ECM be provided by organizations that have direct experience and understanding of the criminal justice system for adults and juveniles? How will they work together and coordinate with justice system agencies, e.g., probation, courts, sheriff and jail staff, district attorney and public defender, and medical and behavioral health providers that primarily service the re-entry population?
- Will the ECM staff include individuals with lived experience?
- How will ECM coordinate with agencies and community-based organizations that provide re-entry, such as housing/tenant support?
- Is specialized training needed for this workforce?
- How will eligible justice-involved individuals be enrolled in ECM?
- How will MCPs track ECM client encounters and outcomes?
- What outcome measures should be used to evaluate performance and quality?

Community Supports (CS): CS allows the use of Medi-Cal funds to pay for a variety of non-clinical services that address "social determinants of health," such as housing navigation, tenancy and sustaining services. Examples of re-entry include one-time housing-related costs such as security deposits, first and last month's rent, and up to six months of housing for individuals with behavioral health and medical needs leaving a hospital or jail and who would otherwise be homeless.

The first phase of the ECM implementation of the re-entry for the justice-involved population begins on January 1, 2024. The second phase launches between April 2024 and March 2026, adding the pre- and post-release services for purposes of coordinated re-entry.

Note: Justice-involved individuals can access re-entry if they are in an overlapping population of focus, e.g., individuals experiencing homelessness, serious mentally ill/SUD, high utilizers, etc.

DHCS has authorized 14 CS that can be included in the array of funded services offered by MCPs as part of the CalAIM initiative.[21] The MCPs in each county have the responsibility for choosing which re-entry they will offer to their enrollees. Although federal rules do not allow the state to require MCPs to offer these new services, the state can encourage them to do so. MCPs also have the option of adding new re-entry with six months prior notification to DHCS.

[21] *DHCS, Re-entry Policy Guide, Updated December 2022*

DHCS has prepared non-binding pricing guidance to help MCPs and Community Support providers engage in new contracting and payment relationships.

CalAIM and Housing/Tenancy Supports: Housing is one of the most complex challenges facing counties, especially for community members with behavioral health issues and involvement with the criminal justice system. Life on the streets can also exacerbate mental illness and substance use. Individuals who have been incarcerated – and those with mental health and/or SUD – experience significant stigma, which creates barriers to finding subsidized housing options in a competitively supported housing marketplace. Housing is a critical element for program effectiveness in serving justice-involved individuals with behavioral health needs.

CalAIM's CS includes several new options that can enhance efforts to access and maintain housing for the justice-involved population with medical and behavioral health needs. The services provided should be based on an individualized assessment of needs and documented in the individualized housing support plan. The CalAIM services would utilize best practices for clients who are homeless and who have complex health and/or behavioral health conditions, including Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma Informed Care.

Eligibility would be available to highly vulnerable individuals with multiple chronic conditions and/or SMI and/or serious SUD. Also eligible are individuals who meet the HUD definition of homeless (including those exiting institutions but not including any limits on the number of days in the institution) and who are receiving ECM. The Community Health Record is currently being used to identify eligible individuals and allow communication among agencies who are working with the individual, as well as connection back to the MCP. This could be built upon to serve justice-involved community members.

CalAIM Re-entry Options & Prospective Implementation Dates Updated February 2023		
Service	**Alameda Alliance**	**Anthem Blue Cross**
Housing Transition Navigation Services	X	X
Housing Deposits	X	X
Housing Tenancy and Sustaining Services	X	X
Short-term Post-Hospitalization (or Post-Incarceration) Housing		7/1/2023
Recuperative Care (Medical Respite)	X	X
Respite Services	X	X
Day Habilitation Programs		7/1/2023
Nursing Facility Transition/Diversion to Assisted Living Facilities		1/1/2023
Community Transition Services/Nursing Facility Transition to a Home		1/1/2023
Personal Care and Homemaker Services		X
Environmental Accessibility Adaptations (Home Modifications)	1/1/2024	X
Meals/Medically Tailored Meals	X	X
Sobering Centers	1/1/2024	1/1/2024
Asthma Remediation	X	X

Implementation Considerations for Alameda County: As the state considers program models, Alameda County will also need to address key logistical and administrative challenges related to implementation, including the following:

- What CS are needed for the justice-involved population but are not yet proposed for implementation? For example, the Alameda Alliance for Health has not launched the "Short Term Post Hospitalization/Incarceration Housing" service at this time, which can provide up to six months of housing for individuals leaving custody who would otherwise be homeless.
- How will justice-involved individuals access these new services?
- Will the providers of re-entry understand and have experience with the justice-involved population?
- How can existing county programs serving justice-involved individuals (e.g., sobering centers) be incorporated into the new re-entry services?
- Will adults and juveniles from other counties have access to re-entry?
- How will PATH and Incentive Payment Program funds be accessed to increase capacity, including workforce development and IT needs?
- What outcomes should be measured to ensure accountability and effectiveness of services provided?
- How will the Community Health Record (Social Health Information Exchange) system be leveraged by the County Agencies and Safety-Net partners to share

The CalAIM initiative recognizes that successful implementation will require new and increased capacity at the local level. To address this need, significant new state one-time funds have been made available for IT enhancements, recruitment and training, planning, systems development, acquisition of facilities, and other needed infrastructure. An important goal of the RAJ initiative is to leverage resources to support the justice-involved population.

Two key programs that are specifically targeted for CalAIM are:

- **PATH** provides $561 million over five years for CalAIM justice system initiatives, with another $1.3 billion designated for other CalAIM infrastructure needs. Eligible funding recipients include counties, community-based organizations, probation, sheriffs, and adult/juvenile correctional facilities. MCPs are not eligible. As noted earlier, Alameda County has already received a PATH 1 planning grant of $125,000 to support efforts related to the Medi-Cal pre-release enrollment process. The county has submitted a request for $1.45 million for implementation funding as part of the PATH 2 process.

  In April 2023, DHCS released program guidance for PATH 3 funds.[22] This guidance outlines how the state will disseminate up to $410 million in capacity building funds to support the planning and implementation of pre-release and re-entry services in the 90 days prior to an individual's release into the community.

- **Medi-Cal MCP Incentive Payment Program (IPP)** provides $1.5 billion over three years to MCPs to invest in planning, staffing, training, information management system, and other infrastructure to support ECM and re-entry.

Other one-time state funds have been allocated through the 2021-22 and 2022-23 state budget process to expand housing and behavioral health infrastructure. These opportunities are identified as follows:

- **Community Care Expansion (CCE)** provides $803 million over three years to fund the acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve the Supplemental Security Income (SSI) State Supplementary Payment (SSI/SSP) and Cash Assistance for Program and Immigrants (CAPI).

  Alameda County has received $46.2 million to develop 386 new housing units that will be operated by the following community-based organizations: Bay Area Community Services (110 units), Alameda Point Collaborative (90), East Bay Asian Local Development Corporation (79 units), Berkeley Food and Housing Project (15 units), and Housing Consortium of the East Bay (92 units).

- **Behavioral Health Continuum Infrastructure Program (BHCIP)** provides $2.4 billion over two years for competitive grants to counties, tribes, or providers to

[22] *DHCS PATH Funding: Justice-Involved re-entry Initiative Capacity Building Program Guidance, April 2023*

construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment facilities.

ACBH, to date has received 3 BHCIP awards totaling just under $15 million all through Round 3. The three facilities funded are a new forensic focused crisis residential facility (Fruitvale area, 16 new beds), a new TAY residential program with embedded case managers (Fruitvale area, 16 new beds), and a new crisis stabilization unit plus crisis residential program (Hayward, 16 new beds.) In addition, ACBH has continued applying for subsequent BHCIP rounds and is awaiting results from Round 5 applications.

- **Housing and Homelessness Incentive Program (HHIP)** provides $1.3 billion to MCPs to develop a Homelessness Plan in partnership with local Continuum of Care (COC) organizations, public health agencies, county behavioral health, social services, and housing departments.

  AAH has proposed a $26.5 million investment plan that includes $5.5 million for housing CS staffing, recuperative care capacity, contracting for medically frail capacity; $8 million for housing financial supports that include a local operating subsidy pool; $3.2 million for health care for the homeless street health teams; and $5 million for capital investments to build capacity for temporary and long-term housing.

- **Homeless Housing, Assistance, and Prevention Program (HHAP)** is an expansion of funding that provides $2 billion in flexible funding to local government to address homelessness.

  ACHCSA reports (in May 2023) that the following aggregated allocations for HHAP funding (rounds 1-4): COC, $38.8 million; Alameda County, $36 million; City of Oakland, $78.7 million.

- **Contingency Management (CM)** authorizes any of the 38 counties in the Drug Medi-Cal Organized Delivery System (DMC-ODS) to pilot the effectiveness of CM, an evidence-based behavioral intervention modality for stimulant use disorders, including methamphetamine. $58.5 million is allocated to support this initiative.

  ACBH will be launching the CM benefit in the second quarter of 2023, in accordance with approval from the Centers for Medicare & Medicaid Services as part of the CalAIM 1115 Demonstration*. Eligible Medi-Cal beneficiaries will participate in a structured 24-week outpatient program, followed by six or more months of additional recovery support services. Beneficiaries will be able to earn motivational incentives in the form of low-denomination gift cards, with a retail value determined per treatment episode. There are currently three providers in the ACBH network who will deliver CM services.*

Behavioral Health Bridge Housing over two years for bridge housing projects to address the immediate housing and treatment needs of people experiencing homelessness who have serious behavioral health conditions: $1.5 billion is allocated to support this initiative.

ACBH reports that new state funds are prioritized to fund shorter-term housing options primarily for Care Court participants who are homeless and have a mental health condition. ACBH, in conjunction with the Office of Care and Coordination (OHCC), has developed a plan to expend the $46 million coming to Alameda County. Total annual point-in-time bed slots will be around 250 and will be a range of housing from emergency hotel vouchers to board and care and short-term rental subsidies.

CONCLUSION:

Long-Term Benefit to Alameda County & the Justice-Involved Population

Through these funding sources, new services, and the refinement of existing processes, Alameda County will be in a position to better improve outcomes associated with the justice-involved population by ensuring continuity of coverage through Medi-Cal pre-release enrollment strategies and by implementing key services to support the successful re-entry of this population into the community.

Thus far and under the guidance of the RAJ Project Manager, the CalAIM initiative has helped Alameda County to build on existing requirements implemented across jails, youth correctional facilities, and prisons in an effort to:

- Reduce racial and ethnic disparities in the youth and adult justice populations
- Maximize and leverage new state and federal funding opportunities;
- Ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and youth correctional facilities;
- Provide targeted Medi-Cal health care services to youth and eligible adults in the 90 days prior to release to prepare them to return to the community and reduce gaps in care. Eligible adults include those who have a mental health diagnosis or suspected diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition, a traumatic brain injury, intellectual or developmental disability, or are pregnant or postpartum, including behavioral health. All youth in youth correctional facilities are eligible; no clinical criteria are required;
- Provide “warm handoffs" to health care providers to ensure that individuals who require behavioral and other health care services, medications, and other medical supplies (e.g., a wheelchair), have what they need upon re-entry;
- Offer intensive, community-based care coordination for individuals at re-entry, including through ECM, when eligible, and;
- Make community support services (housing, food) available upon re-entry, if offered by their MCP.

The RAJ initiative has led the county’s collaborative response to the initial stages of CalAIM implementation for the justice-involved population. However, ongoing county-wide leadership will be needed to continue these efforts to maximize the outcomes that are envisioned and to allow continuous process improvements to continue into the future.

To expand upon that which has been accomplished, recommendations related to the next steps are offered in the ensuing section.

1. Establish a RAJ Project Manager to Lead the Planning and Implementation of the CalAIM Justice Initiative

Developing a county-level CalAIM implementation plan requires collaboration among MCPs, key justice system agencies, county health and behavioral health, social services, housing departments, and other key stakeholders. Additionally, continued engagement with the Alameda County Board of Supervisors and other elected officials is necessary to align with county priorities and focus the planning process. Gathering baseline data about the medical, behavioral health, and housing needs of the county's justice-involved population can help establish priorities and inform metrics that will determine effectiveness.

Under the framework established by RAJ, Alameda County's PPJHC is now well-positioned to continue being a strong vehicle for interagency collaboration and to continue the CalAIM implementation process. The PPJHC should continue to provide coordination and direction for the planning and implementation of the CalAIM justice-initiative under the leadership of a full-time RAJ project director. This would include developing the PATH 3 application and implementation plan and coordination with other county departments that are receiving state funds for overlapping CalAIM populations of focus, e.g., unsheltered, individuals with behavioral health needs, foster care, high utilizers, etc.

2. Include the California Department of Corrections and Rehabilitation, State Hospitals, and City Jails in the Planning and Implementation Process

Although CalAIM's primary focus is on the county-based criminal justice system, individuals coming from and going to state prison and state hospital can also benefit from improved coordination and support. Without the potential benefits of CalAIM interventions, many released from state prison or state hospital who have serious medical and behavioral health issues are likely to fall into a pattern of homelessness and/or continued involvement in the criminal justice system. The CalAIM planning process should also consider individuals who are incarcerated in city-administered jails. Although many are transferred to Santa Rita Jail, others are released directly to the community.

As part of the CalAIM implementation process, PPJHC should engage CDCR, Department of State Hospitals, and city jail administrators to coordinate releases from these institutions and integrate with CalAIM ECM and re-entry opportunities.

3. Deploy Community Health Workers with Lived Experience - "Trust is the Secret Sauce"[23]

As justice-involved individuals engage with the medical and behavioral health delivery system, trusted relationships can be the key ingredient to successful programs. The recruitment and training of CHWs with lived experiences who understand the unique needs of individuals transitioning from prison and jail can provide the culturally relevant human connection that facilitates warm handoffs and ongoing engagement with community medical and treatment providers.[24],[25]

As such, it is recommended that an assessment of current efforts to recruit and train individuals with lived experiences who may be able to support CalAIM implementation for justice-involved populations. The PPJHC, in collaboration with the ACSO and community-based organizations, should identify existing barriers that limit CHWs with lived experience in correctional settings and how these barriers can be modified to address security and other concerns.

4. Engage the Broader Criminal Justice System – Not Just Jails and Juvenile Facilities

Jails and juvenile facilities are a critical engagement points for the justice-involved population, but the broader system that includes courts, probation, public defenders, and district attorneys must also be engaged and aligned to promote a strategy for justice-involved individuals that emphasizes treatment for mental health, SUD, and medical issues. Many individuals with serious medical and behavioral health issues can be diverted from incarceration when appropriate alternatives are available. Best practice interventions can offer alternatives at each point in the criminal justice process, from pre-booking to re-entry.

The PPJHC should consider how a continuum of community-based intervention could be developed to support diversion efforts and reduce the incarcerated adult and juvenile population. This is likely to require additional engagement with judges, court administrative staff, district attorney, public defender, and the Care First/Jails Last Task Force to identify specific strategies that can leverage CalAIM resources to reduce the jail population and improve medical and behavioral health outcomes.

[23] *Improving Care Coordination and Service Delivery for the re-entry Population, CalHPS, 2018.*

[24] *Whole Person Care – Los Angeles Policy Brief: Los Angeles County Re-entry Programs Improve Access to Primary Care for Justice involved adults. 2021.*

[25] *Formerly Incarcerated Community Health Workers Engaging Individuals Returning from Incarceration into Primary Care: Results from the Transition Clinic Network, Frontier in Public Health, August 2021.*

5. Actively Engage Individuals Incarcerated for Very Short Stays

Most adult and juvenile inmates are incarcerated for brief periods. Fifty-eight percent of adult inmates are released after 48 hours. An additional 23% are released within two weeks. Further, releases from jails can be unpredictable, often occurring at night after regular work hours when custody staff must immediately execute judicial release orders. Yet, many inmates are booked into jail with identified signs of medical issues, including signs and symptoms of intoxication. A question to explore is, "*What strategies can be effectively employed to engage these individuals and facilitate access to community treatment upon release?*"

For inmates who are likely to be released after very short periods of incarceration, the PPJHC should consider the development of a triage protocol that provides rapid assessment of individuals who are experiencing signs and symptoms of intoxication, initiates appropriate treatment (e.g., medication-assisted treatment and long-term injectable medications), and offers a warm hand-off for follow-up treatment in the community. This should also apply to individuals with alcohol use disorders.

6. Closely Monitor and Track the Medi-Cal Suspension and Unsuspension Process

Although state law has long required the suspension of Medi-Cal eligibility for all inmates, the practice has been limited due to IT coordination and staffing issues between the correctional facilities and the ACSSA. In the past, in Alameda County, very few inmates have had their Medi-Cal suspended. However, it is likely that more inmates will experience eligibility suspensions after 28 days of custody as new IT systems are implemented to automate the suspension process. As the new Medi-Cal enrollment and suspension processes are deployed, outcomes should be monitored to ensure that Medi-Cal eligibility is restored upon release to avoid coverage and service gaps. The implementation of CalSAWS in September 2023 will require an interface with CRIMS and ATIMS to link ACSO, ACPD, and Medi-Cal information and provide a significant opportunity for the county to improve service delivery.

7. Expand Access to Housing for the Justice-Involved Population by Identifying and Removing Barriers

Within the justice-involved population, there is a high incidence of mental health and substance use challenges and housing instability, making access to safe, stable, and affordable housing crucial for this population. When individuals are not housed, other interventions are likely to have limited success. CalAIM can provide tenancy support services and one-time funding for some housing-related costs, but it does not provide rental subsidies or funding for the construction or acquisition of new housing capacity for this population. Other collaborative efforts must address this need.

The PPJHC should identify current barriers to the justice-involved population that limit access to homelessness programs and supports. Additional analysis is needed to

determine how many justice-involved individuals become unsheltered as they leave custody. This analysis should also consider the extent and impact of homelessness on individuals with behavioral health needs. As the county develops plans for new state capacity-building resources that address homelessness, consideration should be given that address the unique needs of individuals who are released from custody.

8. Establish Data Systems with the Capability to Track Outcomes

As a demonstration project, the implementation of CalAIM for the justice-involved population will require the identification of metrics for measuring the success and effectiveness of the initiative. The PPJHC should assess existing measures that are now used to determine program effectiveness. This analysis should include an implementation plan that identifies new metrics and processes for collecting and reporting data, as well as plans to leverage existing resources, such as the CHR.

Additionally, one of the first steps in harnessing the power of Alameda County's data is having the right processes in place for collecting, analyzing, and making decisions based on what the data tells us. An initial comprehensive evaluation of the county's existing data systems, processes, and platforms should be conducted, followed by the design of a customized strategy tailored to meet the CalAIM needs of the justice-involved population.

The resources and skillset at the disposal of ITD and the county partners should be leveraged to identify and develop such a system.

9. Leverage the Knowledge Gained by Researcher Wendy Ware in the Development of a Santa Rita Jail Analysis to Further the County's Justice Reform Goals

A critical facet of RAJ included an analysis of the Santa Rita Jail in which Researcher Wendy Ware developed a jail simulation model based upon the attributes of the population to include pretrial assessments associated with jail releases and county probationers identified in jail releases. The methodology used for this analysis centered around implementing data-driven and evidence-based policies, practices, and programs. Aggregate and case-level data from various County departments and entities were examined to identify factors that drive jail population growth and to identify solutions that could lead to improved outcomes. The overarching goal was to determine safe ways to reduce the jail population.

To build upon this analysis, Alameda County should leverage the results of this analysis as a means by which to accomplish three objectives:

- Updating the initial report with new data and trends surrounding the Santa Rita Jail population;
- Expanding the analysis to include behavioral health data merged with jail data;
- Establish the jail simulation model within ITD and;
- Train county staff to run the jail simulation model in an effort to inform methods by which to improve outcomes, including replicating annually the various aspects of the jail analysis report initially produced by Wendy Ware.

10. Execute a new contract with CalHPS President David Panush to allow the County to build upon existing gains related to the identification and implementation of strategies to increase the enrollment of the justice-involved population in CalAIM services

As noted earlier in the report, David Panush, CalHPS, has been assisting the county to leverage health related funding opportunities to benefit the justice-involved population since January 2022 and as a part of the RAJ initiative. Through the establishment of a new contract, Mr. Panush can continue assisting the County in the planning and execution of numerous mandates under CalAIM, and specifically, grants associated with the PATH initiative. This contract will allow Mr. Panush to build upon tasks in which CalHPS facilitated the identification of strategies to maximize access and enrollment in physical and behavioral health programs, build sufficient capacity and related infrastructure, housing and community support systems for the justice-involved population.

APPENDIX

A. Enhanced Care Management

Outreach and Engagement: MCPs are required to develop comprehensive outreach policies and procedures that can include, but are not limited to:

- Attempting to locate, contact, and engage Medi-Cal beneficiaries who have been identified as good candidates to receive ECM services promptly after assignment to the plan.
- Using multiple strategies for engagement, including in-person meetings, mail, email, texts, telephone, community, and street-level outreach, follow-up if presenting to another partner in the ECM network, or using claims data to contact other providers the beneficiary is known to use.
- Using an active and progressive approach for outreach and engagement until the beneficiary is engaged.
- Documenting outreach and engagement attempts and modalities.
- Using educational materials and scripts developed for outreach and engagement.
- Sharing information between the MCP and ECM providers to assess beneficiaries for other programs if they cannot be reached or decline ECM.
- Providing culturally and linguistically appropriate communications and information to engage members.

Comprehensive Assessment and Care Management Plan: MCPs must conduct a comprehensive assessment and develop a comprehensive, individualized, person-centered care plan with beneficiaries, family members, other support persons, and clinical input. The plan must incorporate identified needs and strategies to address those needs, such as physical and developmental health care, mental health care, dementia care, SUD services, long-term services and supports (LTSS), oral health services, palliative care, necessary community-based and social services, and housing.

- **Enhanced Coordination of Care:** Enhanced coordination of care includes coordination of the services necessary to implement the care plan. This coordination could include the following:

  ✓ Organizing patient care activities in the care management plan.
  ✓ Sharing information with the care team and family members or support persons.
  ✓ Maintaining regular contact with providers, including case conferences, ensuring continuous and integrated care with follow-up with primary care, physical and developmental health care, mental health care, SUD treatment, LTSS, oral health care, palliative care, necessary community-based and social services, and housing.

- **Health Promotion:** MCPs must provide services to encourage and support lifestyle choices based on healthy behavior, such as identifying and building on successes and support networks, coaching, and strengthening skills to enable identification and access to resources to assist in managing or preventing chronic

conditions, smoking cessation or other self-help recovery resources, and other evidence-based practices to help beneficiaries with the management of care.

- **Comprehensive Transitional Care:** MCPs must provide services to facilitate transitions from and among treatment facilities, including developing strategies to avoid admissions and readmissions, planning timely scheduling of follow-up appointments, arranging transportation for transitional care, and addressing understanding of rehabilitation and self-management activities and medication management.

- **Member and Family Supports:** MCPs must ensure the beneficiary and family, or support persons are knowledgeable about the beneficiary's conditions, including documentation and authorization for communications, providing a primary point of contact for the beneficiary and family or support persons, providing for appropriate education of the beneficiary and family or support persons, and ensuring the beneficiary has a copy of the care plan and how to request updates.

- **Coordination of and Referral to Community and Social Support Services:** MCPs must ensure any present or emerging social factors can be identified and properly addressed, including determining appropriate services to meet needs such as housing or other re-entry services and coordinating and referring beneficiaries to available community resources and following up to ensure services were provided.

B. Community Supports

Menu of CalAIM CS [26]

CalAIM's CS can include the following programs:

- **Housing Transition Navigation Services:** These services assist beneficiaries with obtaining housing. Examples include conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to the successful tenancy; developing individualized housing support searching for housing and presenting options; assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history); assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process; identifying and securing available resources to assist with subsidizing rent (such as Section 8 or Section 202); identifying and securing resources to cover expenses, such as security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses; and communicating and advocating on behalf of the client.
  DHCS Non-binding Pricing Guidance Rate Range: $324-$449 per person per month

[26] *DHCS, Medi-Cal Re-entry Policy Guide, January 2023*

- **Housing Deposits:** These include services identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that does not constitute room and board. They include security deposits required to obtain a lease on an apartment or home; set-up fees/deposits for utilities or service access; first-month coverage of utilities, including but not limited to telephone, gas, electricity, heating, and water; or first month and last month's rent as required by the landlord for occupancy. Eligibility is extended to the same groups eligible for Transition Navigation Services.

  DHCS Non-binding Pricing Guidance Rate Range: $5,000 (once in a lifetime)

- **Housing Tenancy and Sustaining Services:** Tenancy and sustaining services are provided with the goal of maintaining safe and stable tenancy once housing is secured. Examples include early identification and intervention of behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations; education and training on the role, rights, and responsibilities of the tenant and landlord; coaching on developing and maintaining key relationships with landlords/property managers; assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction; and providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.

  DHCS Non-binding Pricing Guidance Rate Range: $413-$475 per person per month

- **Short-Term Post-Hospitalization/Correctional Facility Housing:** This service may provide *up to six months* of housing for recuperation for beneficiaries who are homeless and who have high medical or behavioral health needs. This provides the opportunity to continue their medical/psychiatric/SUD recovery immediately after exiting an inpatient hospital (either acute or psychiatric), substance abuse or mental health treatment facility, custody facility, or recuperative care. This service would generally be available once in an individual's lifetime.

  DHCS Non-binding Pricing Guidance Rate Range: $97-$118 per day

- **Recuperative Care (Medical Respite):** This is short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be exacerbated by an unstable living environment. It allows individuals to continue their recovery and receive post-discharge treatment while obtaining access to primary care, behavioral health services, case management, and other supportive social services, such as transportation, food, and housing. Examples: interim housing with a bed and meals and ongoing monitoring of the individual's ongoing medical or behavioral health condition, e.g., monitoring of vital signs, assessments, wound care, and medication monitoring. Also, limited or short-term assistance with activities of daily living, coordination of transportation to post-discharge appointments, connection to any other ongoing services an individual may require, including mental health and SUD services.

DHCS Non-binding Pricing Guidance Rate Range: $181-$226 per diem

- **Respite:** Includes services provided by the hour on an episodic basis or by the day or overnight on a short-term basis because of the absence of or need for relief for those persons normally providing the care to individuals.

  DHCS Non-binding Pricing Guidance Rate Range: $26-$38 per hour

- **Day Habilitation Programs:** Includes programs designed to assist the participant in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment. Examples of training include the use of public transportation; personal skills development in conflict resolution; community participation; developing and maintaining interpersonal relationships; daily living skills, e.g., cooking, cleaning, shopping, and money management.

  DHCS Non-binding Pricing Guidance Rate Range: $46-$67 per diem

- **Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF).** These services include the facilitation from nursing facility transition back into a home-like, community setting and/or prevent skilled nursing admissions for beneficiaries with an imminent need for nursing facility level of care.

  DHCS Non-binding Pricing Guidance Rate Range: $422-$496 per diem

- **Nursing Facility Transition to a Home:** Assists individuals to live in the community and avoid further institutionalization. Examples include non-recurring set-up expenses for individuals who are transitioning from a licensed facility to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses. Allowable expenses are those necessary to enable a person to establish a basic household that do not constitute room and board such as:

  ✓ Assessing the participant's housing needs and presenting options;
  ✓ Assisting in searching for and securing housing, including the completion of housing applications and securing required documentation, e.g., Social Security card, birth certificate, prior rental history;
  ✓ Communicating with landlord if applicable and coordinating the move;
  ✓ Identifying the need for and coordinating funding for services and modifications necessary to enable a person to establish a basic household that does not constitute room and board, such as:

    - Security deposits required to obtain a lease on an apartment or home,
    - Set-up fees for utilities or service access,
    - First month coverage of utilities including telephone, electricity, heating and water,
    - Services necessary for the individual's health and safety such as pest eradication and one-time cleaning prior to occupancy,

- Home modifications, such as an air conditioner or heater, and
- Other medically necessary services, such as hospital beds or Hoyer lifts to ensure access.

DHCS Non-binding Pricing Guidance Rate Range: $422-$496 per person per month

- **Personal Care (beyond In-Home Services and Supports) and Homemaker Services:** Includes assistance with Activities of Daily Living, such as bathing, dressing, toileting, ambulation or feeding. Personal Care Services can also include assistance with Instrumental Activities of Daily Living, such as meal preparation, grocery shopping and money management. Services provided through the In-Home Supportive Services (IHSS) program include housecleaning, meal preparation, laundry, grocery shopping, personal care services (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments and protective supervision for the mentally impaired. **Note:** these are services above and beyond any approved county IHSS hours when additional hours are required and if IHSS benefits are exhausted.

  DHCS Non-binding Pricing Guidance Rate Range: $29-$38 per hour

- **Environmental Accessibility Adaptations (Home Modifications)**: Consists of physical adaptations to a home that are necessary to ensure the health, welfare and safety of the individual, or enable the individual to function with greater independence in the home, without which the participant would require institutionalization. Examples include ramps and grab-bars to assist beneficiaries in accessing the home; doorway widening for beneficiaries who require a wheelchair; stair lifts; making a bathroom and shower wheelchair accessible, e.g., constructing a roll-in shower.

  DHCS Non-binding Pricing Guidance Rate Range: $7,500 lifetime cap

- **Meals/Medically Tailored Meals:** Consists of meals delivered to the home immediately following discharge from a hospital or nursing home when members are most vulnerable to readmission, as well as meals provided to the member at home that meet the unique dietary needs of those with chronic diseases.

  DHCS Non-binding Pricing Guidance Rate Range: $7-$12 per delivered meal

- **Sobering Centers:** These centers are an important alternative to jail for individuals with SUD. Currently, individuals who are intoxicated in public can be charged with "disturbing the peace" as a public nuisance. In many cases these individuals are booked into jail and released when sober. Sobering centers provide an alternative that bypasses the criminal justice system and allows for more effective engagement of participants into ongoing treatment. (See Santa Clara County's Mission Street Center which reports that the county jail has experienced a 26%

decrease in intoxication bookings as a result of the sobering center alternative.[27])

DHCS Non-binding Pricing Guidance Rate Range: $154-$186 per diem

[27] *DHCS, Whole Person Care Promising Practices: A Roadmap for Enhanced Care Management and In Lieu of Services, December 2020.*