



Connecting the Dots: Supporting the Justice Involved Population of Focus

January 28th, 2025





Health Plans We Support



Notice: CalViva Health is a licensed health plan in California that provides services to Medi-Cal enrollees in Fresno, Kings and Madera counties. CalViva Health contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. Community Health Plan of Imperial Valley is a licensed health plan in California that provides services to Medi-Cal enrollees in Imperial County. Community Health Plan of Imperial Valley contracts with Health Net Community Solutions, Inc. to provide and arrange for network services. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.

Welcome and Introductions



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Learning Objectives

By the end of this webinar, participants will learn:

- 1. The Unique Needs of Justice-Involved Members:** Understand the specific challenges and healthcare needs of justice-involved individuals, focusing on behavioral health and social services.
- 2. Key Information for Providers and Partners:** Learn essential information that Medi-Cal providers, community organizations, and county partners need to effectively support justice-involved populations.
- 3. Roles and Responsibilities of Providers and Partners:** Gain an overview of the roles and responsibilities of all stakeholders involved in delivering care to justice-involved individuals, ensuring effective collaboration.
- 4. How to Link to Health Net Benefits and Services:** Learn how to connect justice-involved members to Health Net's benefits and services, addressing their healthcare and support needs.



Understanding the unique risks and needs of the

Justice Involved Population

Facts about Justice Involved Population

- The Department of Health Care Services (DHCS) defines “justice- involved (JI) individuals” as people who are now, or have spent time, in jails, youth correctional facilities, or prisons.
- Under Enhanced Care Management, the JI Population of Focus (POF) is further defined as an individual who is currently or was formerly incarcerated within the past twelve month.
- Jails and prisons are another service point in the continuum of care for many Americans.
- Approximately 97 percent of individuals who are incarcerated in the U.S. will eventually be released and return to their communities.



DHCS Justice Involved Population of Focus

- Individuals involved in the **justice system** (e.g., people incarcerated within the previous 12 months and those recently released).
- Individuals with **complex physical health, behavioral health, and social service needs.**
- A focus on those **transitioning out of incarceration**

Justice Involved Population of Focus (PoF) Challenges:

- **Health Disparities:** Individuals exiting the justice system often face higher rates of **chronic diseases** (like diabetes and hypertension), **mental health conditions**, and **substance use disorders** compared to the general population.
- **Lack of Continuity of Care:** Many individuals leaving jails or prisons have disrupted healthcare, lack health insurance (particularly in California, prior to Medi-Cal expansion), and often have challenges in accessing mental health and substance use treatment post-release.
- **Recidivism and Health:** Poor health management and lack of care often contribute to high **recidivism rates**, with many individuals returning to carceral settings due to inability to manage health conditions and life stressors effectively.

Person-Centered Language

Use words like...

Incarcerated individual/person
(detained youth)

Formerly incarcerated
individual/person

Person living with a substance use
disorder

Person living with a mental health
condition

Person is released from prison or jail

Rather than words like...

Inmate, prisoner, offender, felon

Ex-inmate, ex-offender, ex-con

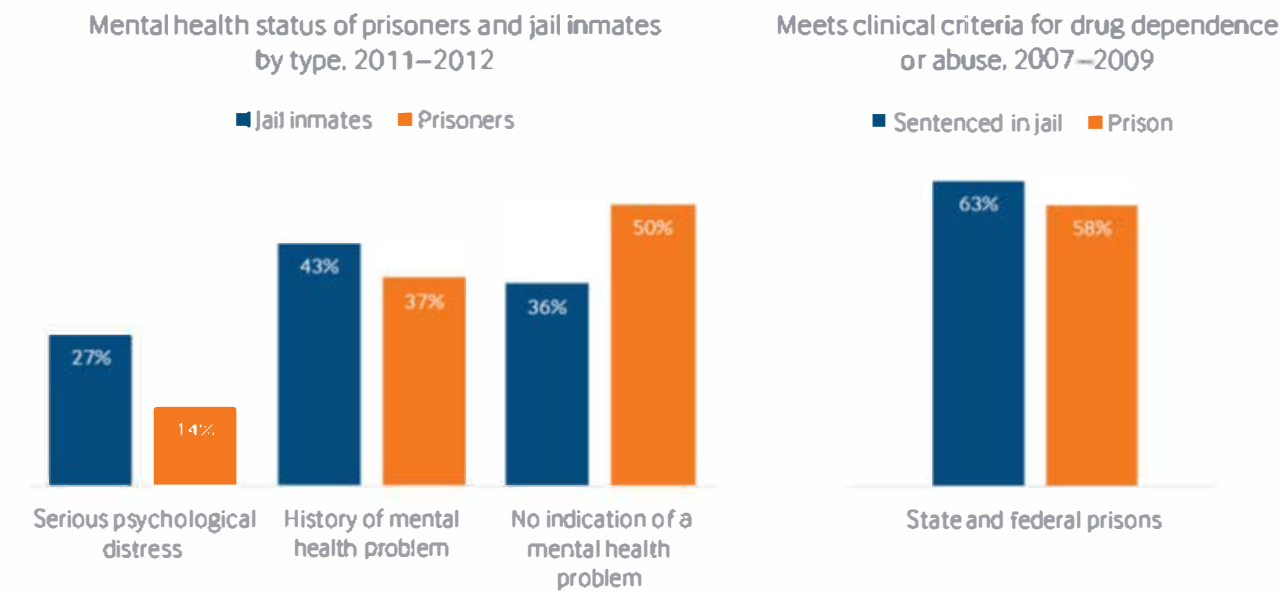
Drug addict, abuser

Crazy, mental, insane, psycho,
mentally ill, emotionally disturbed

Person is transitioning from prison
or jail

Key Takeaway: Corrections is new area for many– humility and a willingness to learn will be invaluable when engaging with CalAIM JI members and clients.

Exhibit 4. Justice-Involved Populations Face High Rates of Substance Use Disorder and Mental Health Conditions



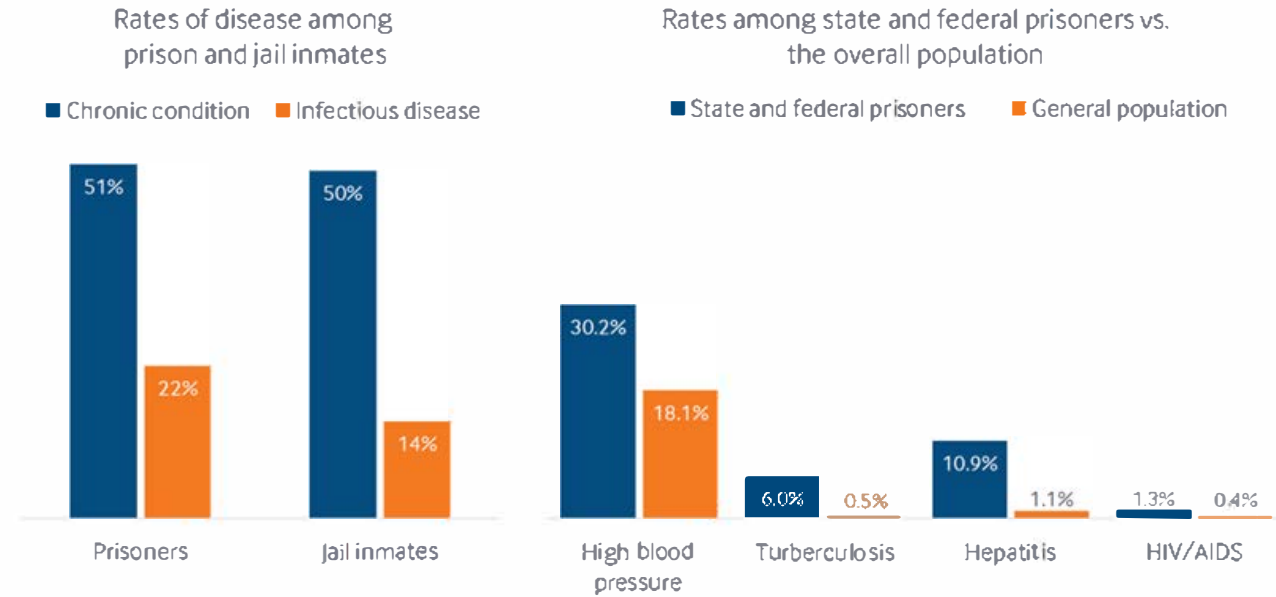
Data: Bureau of Justice Statistics, National Inmate Survey, 2011–12; Bureau of Justice Statistics, Drug Use, Dependence and Abuse Among State Prisoners and Jail Inmates, 2007–2009.

Patients entering a jail from the community have a disproportionate prevalence of behavioral health needs



Patients entering a jail from the community have a disproportionate prevalence of physical health needs

Exhibit 3. People in the Justice System Have High Rates of Chronic and Infectious Diseases



Data: Bureau of Justice Statistics. Medical Problems of Prison and Jail Inmates, 2011–12. Data reflect numbers of inmates who report ever having had a chronic condition.



Release Can Occur From Any Level of Care

	Medical	Behavioral
Inpatient	•Typically in outside hospital	Inpatient level of psychiatric care
Acute/ Urgent	Urgent care (some)	24-hour crisis intervention and stabilization Medical withdrawal for SUD and alcohol Involuntary medication petitions
Ambulatory <ul style="list-style-type: none"> • Health Care Maintenance • Chronic Care • Acute episodic for ambulatory sensitive conditions • Medication management 	non urgent/emergent healthcare needs and requests On-site specialty clinics Radiology and imaging may include X-rays, CAT Scans, ultrasound Physical Therapy/ Occupational therapy	Psychiatric services including evaluation and management Therapeutic treatment services: Individual counseling and supportive psychotherapy; group counseling and psychoeducation; community linkage
Skilled Nursing and Custodial Care	Special Care Unit	Special Care Unit
Specialty Services	<ul style="list-style-type: none"> •On and off-site specialty care •Hemodialysis unit •Infection Control Prevention and Control 	Medication Assisted Treatment for Substance Use Disorders

California Advancing and Innovating Medi-Cal (CalAIM)

Justice Involved Focus



California Advancing and Innovating Medi-Cal (CalAIM)

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year effort from the Department of Health Care Services (DHCS) to transform California's Medi-Cal program to create a **more coordinated, person-centered, and equitable health system**.

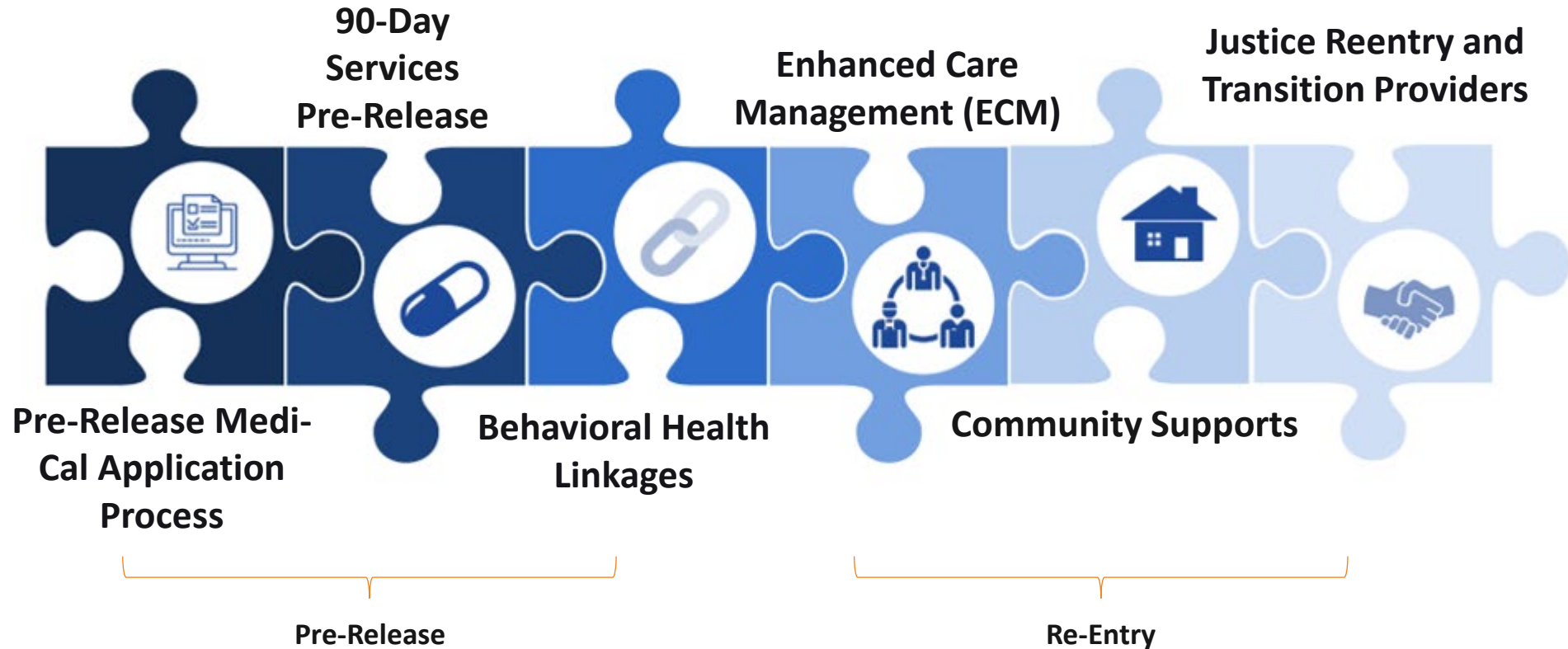
CalAIM has three primary goals:

- Identify and manage member risk and need through Whole Person Care approaches and addressing Social Determinants of Health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

CalAIM includes **multiple initiatives** focused on broad-based system, program, and payment changes.



CalAIM Justice-Involved Initiative Components



Pre-Release - Changes In Medi-Cal Enrollment

Meet Mr. Forrest

- Mr. Forrest was taken into custody and booked at the Imperial County Jail which is participating in the Justice Involved 1115 waiver model for reentry care management.
- Mr. Forrest is not currently enrolled in Medi-Cal and historically receives his care in the community through episodic emergency room visits.
- In addition to hypertension and diabetes, Mr. Forrest has a history of Opioid and Alcohol use.
- After being booked into the facility, it is determined that Mr. Forrest is not enrolled in Medi-Cal but meets eligibility criteria.
- Mr. Forrest receives assistance with Medi-Cal enrollment forms from the Correctional Facility enrollment specialist.

Medi-Cal Eligible:

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

CHIP Eligible:

- Youth under 19
- Pregnant or postpartum

Eligibility For Pre-release Services

- Mr. Forrest is seen by the healthcare provider at the jail and is identified as having qualifying conditions which are covered in the JI CalAIM waiver.
- *Mr. Forrest's application for Medi-Cal is successfully processed and he is assigned to MCP. MCP uses their auto assign process to identify Mr. Forrest's post release ECM provider.*
- *Mr. Forrest receives additional screening and assessments by the facility healthcare team who activate the JI code.*
- *Mr. Forrest works with his pre-release care manager while in custody during the 90 days before he is released.*

Criteria for Pre-Release Medi-Cal Services

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

- ✓ Be part of a **Medicaid or CHIP Eligibility Group** and
- ✓ Meet **one** of the following health care need criteria (for adults):

- Mental illness
- Substance use disorder (SUD)
- Chronic condition/significant clinical condition
- Intellectual or developmental disability (I/DD)
- Traumatic brain injury
- HIV/AIDS
- Pregnant or postpartum

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

Re-entry Care Planning and Connections

- *The pre-release Care Manager creates an individualized re-entry Care Plan with the jail health clinical team.*
- The re-entry care plan is shared with the assigned community ECM provider and MCP to coordinate the seamless transition of care coordination of health care services.
- A warm handoff between the pre-release care manager and the community ECM provider is initiated as a component of the 90-day pre-release services.
- There is confirmation of all connections and appointments prior to release.
- Mr. Forrest will be released with a 30-day supply of medication and any durable medical equipment that he requires.
- Mr. Forrest and his community providers have access to all of the member and provider resources available through Health Net to assist in coordinating and delivering his care.

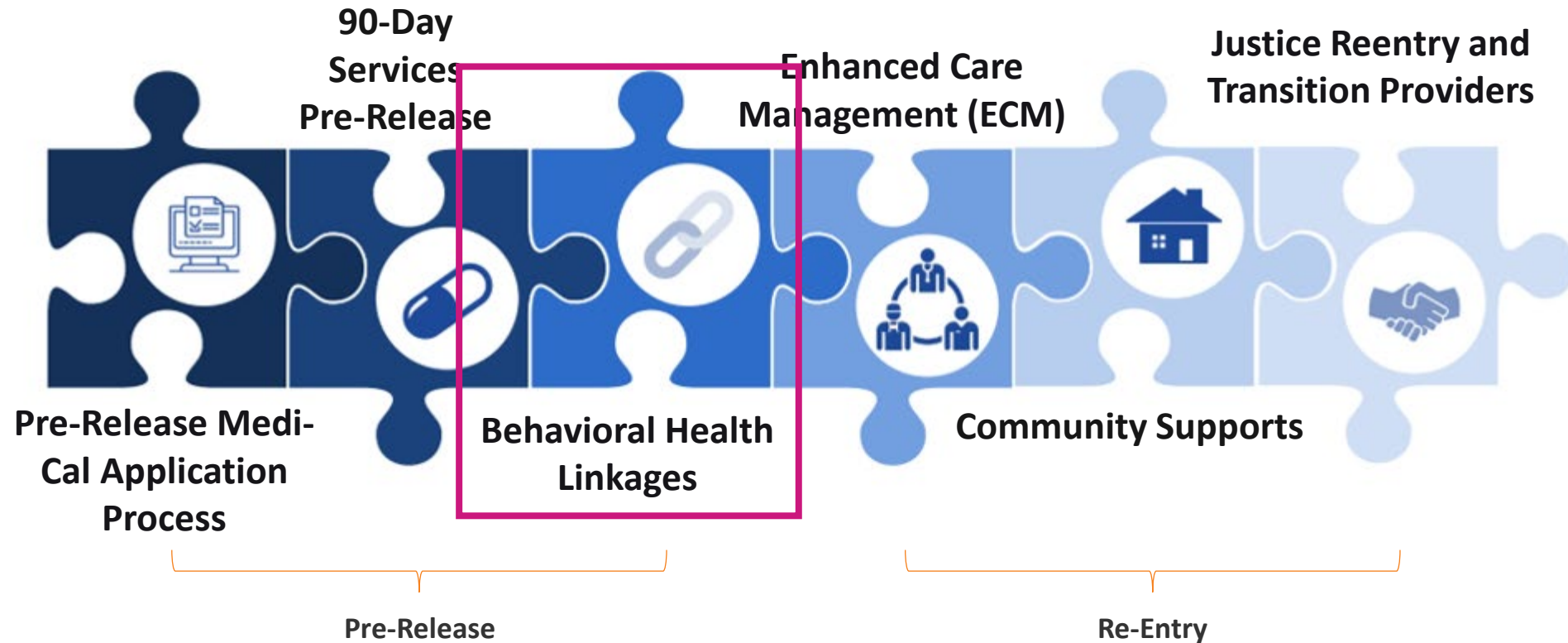
Re-entry from Carceral Settings

Challenges for transition in care from carceral settings

- For jail releases there is uncertainty around release and there is frequently little advanced notification.
- Release not correlated to clinical condition but instead related to court decisions around charges.
- Variability in carceral settings around SUD treatment .
- Health related social needs can vary greatly from pre-carceral needs.

<https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4998.pdf>

CalAIM Justice-Involved Initiative Components



Behavioral Health Linkages

- Mr. Forrest was started on Medication for Opioid Use Disorder (MOUD) during his stay in the carceral facility. Mr. Forrest's re-entry care plan includes continuity of SUD treatment.
- The assigned ECM provider works with the pre-release care manager to determine the level of service needs based on his current treatment and stability.
- Based on his screening and pre-release treatment he was referred to a community BH provider who offers MOUD and additional recovery supports.

- **Behavioral Health Linkages occur prior to release as a part of the pre-release services.**
- **Continuity of Care for BH services including Substance Use Disorder Treatment is a priority of CalAIM II.**
- Screening performed within the carceral settings help to inform the level of service needs for persons with BH/SUD needs in addition to identifying those eligible for services.
 - The results of the screening will inform the plan of care and thus, the **level of service provided to the individual.**
- Care plan decisions should be made through a clinician led, patient-centered shared decision-making process.

Tips for Providers to Connect their Patients to Needed Mental Health Services



Access the **online provider directory** to identify available providers



Call **Member Services** with your patient/family



Remind patients/families of the available 24/7 Behavioral Health Number, including **crisis support**



Access additional information, including **available services** and **referral processes**, online



If SMHS services are needed, a provider can make a direct referral to their county mental health plan. Contact information can be found at:

<https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>

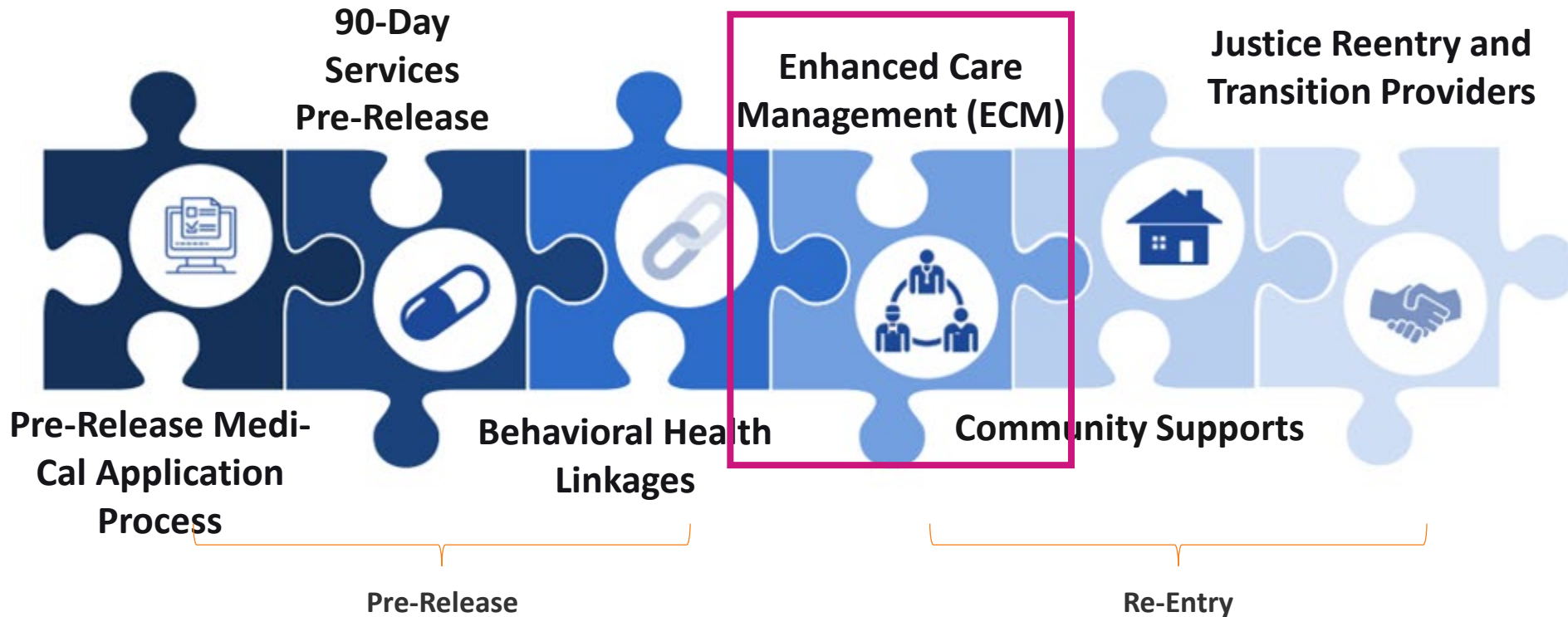
When a patient/family is on the line with a provider, a health plan representative can:

- Complete the DHCS screening tool for Medi-Cal Mental Health Services over the phone
- Provide information about available non-specialty mental health services
- Review provider options, including telehealth options
- Schedule appointments
- For members with a severe level of impairment and/or SUD needs, make connections, including warm transfers, to county agencies for specialty mental health and SUD services

When a provider calls with out a patient/family on the line, a representative can:

- Answer questions, such as available providers, processes for referrals, etc.

CalAIM Justice-Involved Initiative Components



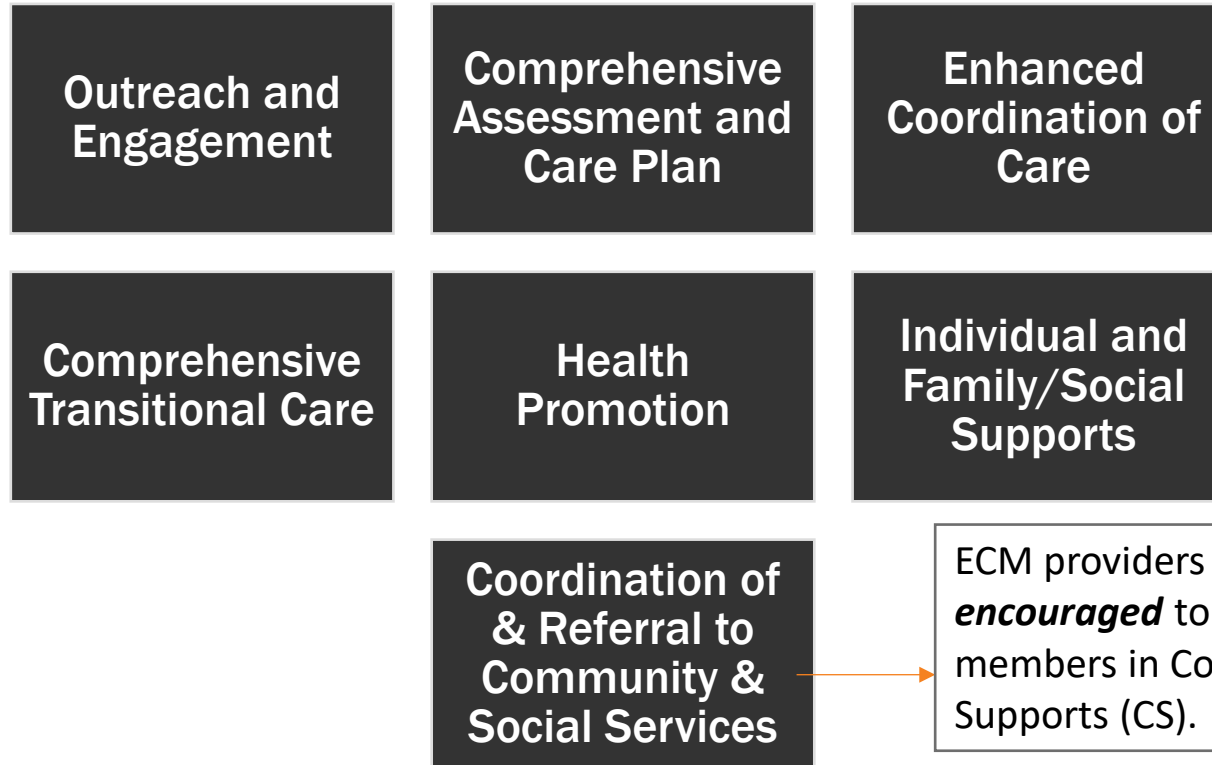
What is Enhanced Care Management (ECM)?



A statewide Medi-Cal benefit available to eligible members with complex needs



Uses a whole-person, interdisciplinary and wrap-around approach to comprehensive care management, providers provide 7 Core Services

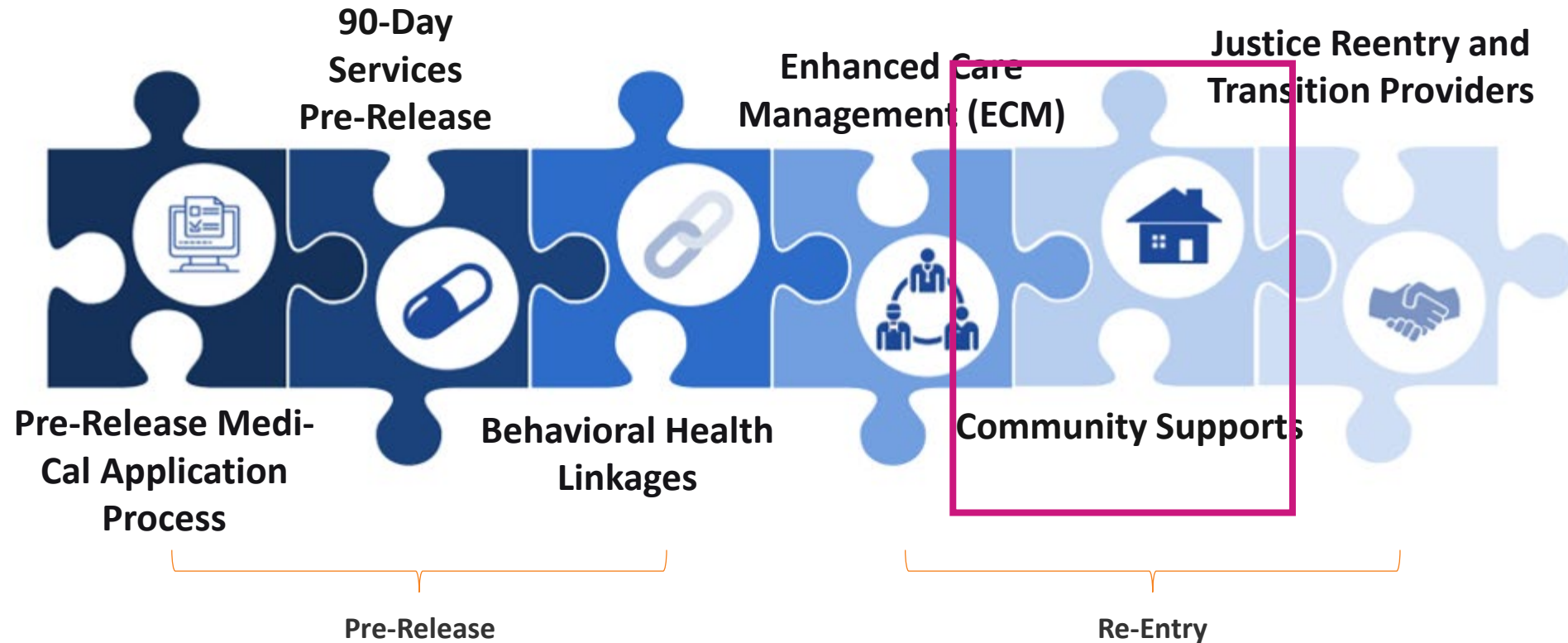


ECM providers are **strongly encouraged** to engage members in Community Supports (CS).

Best Practices for Care Managers:

- **Continuity of care post-release:** Ensure individuals receive the right mix of healthcare, mental health, substance use treatment, and housing support.
- **Navigation Support:** coordinate complex systems of care across medical and social service providers.
- **Cultural Competency:** Care managers should be trained in the unique challenges faced by justice-involved populations and the need for trauma-informed care.
- **Holistic Approach:** Address not only physical health but also mental health and social determinants of health, such as employment, family support, and housing.
- **Collaborative Care:** Foster collaboration with local service providers, including public health departments, housing authorities, and community-based organizations to create a network of care.
- **Access to Resources:** Ensure that care managers have up-to-date knowledge of available resources, including HealthNet benefits and programs, housing resources, and mental health services.

CalAIM Justice-Involved Initiative Components



Community Supports

Community Supports are community-based services and supports that address health-related social needs of eligible Medi-Cal members that are:



Medically appropriate and cost-effective alternatives to services that can be covered under the Medi-Cal Program



Focused on addressing combined medical and social determinants of health needs and avoiding higher levels of care or other future health care cost

Health Net Offers all the CalAIM Community Supports Services

Housing Transition
Navigation Services

Housing Deposits

Housing Tenancy and
Sustaining Services

Day Habilitation
Programs

Recuperative Care
(Medical Respite)

Short Term Post
Hospitalization
Housing

Community Transition
Services/Nursing Facility
Transition to a Home

Nursing Facility
Transition/Diversion
to Assisted Living
Facilities

Respite Services

Personal Care and
Homemaker Services

Environmental
Accessibility
Adaptations (Home
Modifications)

Medically Tailored
Meals

Sobering Centers

Asthma Remediation

NEW
Transitional Rent
(January 2026)

How to connect members to Community Supports

You can submit a Community Supports (CS) referral three ways, online using findhelp, contacting a CS provider directly or call member services.

On-line using findhelp

Contact a CS provider directly

Call Member Services

Medi-Cal Transportation Benefit

Non-Medical Transportation (NMT) and Non-Emergency Medical Transportation (NEMT) will continue to follow our current process

To reserve a ride:

- Call ModivCare at 855-253-6863. Hearing-impaired members, call TTY: 866-288-3133.
- Call between 7 a.m. and 7 p.m. Pacific time, Monday through Friday.
- If you need interpreter services during the transport, call the number on the back of your Member ID card for assistance.
- Please do not call more than 30 days before your health care visit to reserve a ride.
- If you are not able to call, a family member, caregiver, or doctor can call for you.

How this benefit works:

The types of rides you can schedule include:

- Non-Emergency Medical Transportation (NEMT)
 - Vehicles with wheelchairs and gurneys
 - Call 48 hours in advance
- Non-Medical Transportation (NMT)
 - Car, van, taxi, rideshare and mass transit
 - Call 24 hours in advance
 - Rideshare arrives within one hour

Note:

- You can schedule rides to any place that offers medical care or health care services. There is no mileage limit.
- The benefit allows an escort to travel with the member to appointments.

Health Net JI Liaison Team

The JI Liaison will be available to support pre-release care management providers, and/or ECM providers as needed.

Contact the Health Net Justice Involved Initiative Liaison Team:

Team: Public Programs

Hours of Operation: 8 AM-5PM, Mon-Fri

Phone: (800) 526-1898

Email:

SM_justiceinvolvedliaison@HealthNet.com





Health Net Resources



Reminders About Past Webinars And Where To Find Them

- Connecting the Dots: **Children and Youth Involved in Child Welfare** (February 13, 2024)
- Connecting the Dots: **How to Refer your Client to Enhanced Care Management (ECM) and Community Supports (CS)** (March 12, 2024)
- Connecting the Dots: **New Services to Support Children and Youth with Complex Behavioral Health Needs** (April 9, 2024)
- Connecting the Dots: **New Services to Support Families and Youth Experiencing Homelessness** (May 14, 2024)
- Connecting the Dots: **New Services to Improve Maternal and Infant Health** (June 11, 2024)
- Connecting the Dots: **New Medi-Cal Services to Support Safe Living in the Home** (July 9, 2024)
- Connecting the Dots: **Promoting Community-Based Services to Avoid Hospitalizations and Institutional Care** (August 13, 2024)

View past webinars and recordings: https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources/training-webinars.html

Scroll down the page to locate “Connecting the Dots – CalAIM Provider Learning Series”





Appendix

CalAIM Justice-Involved Initiative Goals



Advance health equity: The issue of poor health, health outcomes, and death for incarcerated people is a health equity issue because Californians of color are disproportionately incarcerated—including for mental health and SUD-related offenses. These individuals have considerable health care needs but are often without care and medications upon release.



Improve health outcomes: By implementing this initiative, California aims to provide a targeted set of services in the pre-release period to establish a supportive community reentry process, help individuals connect to physical and behavioral health services upon release, and ultimately improve physical and behavioral health outcomes.

CalAIM Eligibility Criteria

Medi-Cal Eligible:

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

CHIP Eligible:

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 - HIV/AIDS
 - Pregnant or postpartum

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

Eligibility for 90-day pre-release services and ECM for the JI population of focus are equivalent. Individuals who qualify for 90-day pre-release services will automatically qualify for ECM.

Roles and Responsibilities under CalAIM

Correctional Facility

- Responsible for assigning post-release case manager
- Pre-release provider initiates warm handoff to ECM provider in the individual's county of residence
- Leverage MCP Provider Directory to identify ECM providers
- Seek assistance from MCPs when assignment is known

Managed Care Plan

- Develop ECM Justice-Involved Provider Network
- Develop process to receive member data and reentry care plan from correctional facility
- MCP must ensure that ECM providers complete:
 - Warm hand off
 - Make behavioral health linkages
 - Schedule community-based services
 - Connect member to community supports
 - Set up non-emergency medical transportation

Providers

- Meet standard ECM Provider Requirements
- Develop care management plan for individuals
- Meet the individual within one to two days of release
- Conduct second follow-up within one week of release to ensure continuity of care
- Reassess the member's progress and changes in needs on an ongoing basis
- Ensure the Reentry Care Plan reflects all Care Management Plan requirements in ECM Policy Guide

Planning for Member Support upon Release

Key Questions for the ECM provider:

1. Is the individual still in custody?
2. Is Health Net the assigned Managed Care Plan (MCP)?
3. Has the member been auto-assigned by Health Net to a community ECM provider?
4. Will the member be released to a county within Health Net's network?
5. Is there a re-entry care plan in place?
6. Has the care plan been shared with both the community ECM provider and Health Net?

Role of ECM Provider

ECM Provider

- **Role:** “Air Traffic Control”
- **Purpose:** To provide an additive “layer” of coordination
- **Core ECM Services:**
 - Outreach and Engagement
 - Comprehensive Assessment and Care Management Plan
 - Enhanced Coordination of Care
 - Health Promotion
 - Comprehensive Transitional Care
 - Member and Family Services
 - Coordination of and Referral to Community Social Support Services

ECM Differentiators from Traditional Care Management

- ECM is “high touch” and must include a level of in-person contact in a place where the Member lives, seeks care, and prefers to access services.
- ECM must be provided by community providers rather than health plan staff, unless exceptional circumstances apply. This requirement is designed to ensure that ECM is as connected as possible with the Member’s medical care and social services, not something separate and apart.
- ECM is “whole person” – meaning it spans all medical, behavioral, social, oral, and long-term services and supports (LTSS) needs that Members experience.