Systems and Medicaid Committee (SMC)

Meeting Minutes
Quarterly Meeting – June 18, 2026

Members Present: Karen Baylor, Jessica Grove, Ian Kemmer, Catherine Moore, Javier Moreno, Dale Mueller, Noel O'Neill, Elizabeth Oseguera, Deborah Pitts, Marina Rangel, Tony Vartan, Susan Wilson**,** Milan Zavala, Uma Zykofsky

Staff Present: Ashneek Nanua

Presenters: Jessica Camacho-Hall, Brian Hansen, Elissa Feld, Jasmyn Miller, Ian Kemmer, Jennifer Dinicola, Brenda Truong, Sarah Eberhardt-Rios, Christa McCauley

Meeting commenced at 8:30 a.m.

Quorum Established: 14 out of 17 members

Item #1 Review and Accept April 2026 Draft Meeting Minutes (Action)

The Systems and Medicaid Committee reviewed the April 2026 draft meeting minutes. No edits were requested. The committee accepted the meeting minutes as written.

Action/Resolution
The accepted minutes will be posted to the Council's Website.

Responsible for Action-Due Date
Ashneek Nanua – June 2026

Item #2 Overview of Justice-Involved Reentry Initiative and DHCS Impact Report on California's Medi-Cal Reentry Initiative

Jessica Camacho-Hall, the Section Chief of the Justice-Involved Reentry Services Branch at the Department of Health Care Services (DHCS), and Brian Hansen, Health Program Specialist II, presented an overview of the Justice-Involved (JI) Reentry Initiative and Impact Report on California's Medi-Cal Reentry Initiative. The presentation outlines the scope of the CalAIM justice-involved reentry effort and describes how the effort supports people before release and after release. The effort includes Medi-Cal application steps for those in custody and services in the 90 days before release, along with enhanced care coordination, behavioral health links, community support, and help from reentry providers.

The presenters described the requirements for the JI Reentry Initiative. All counties must participate in the Initiative by October 1, 2026. Counties may request conditional status if core work is in place and if they provide a plan for full adoption within one year. County liaisons act as the primary points of contact and aid each facility with readiness checks, documentation, risk identification, and routine communication flow. The Department of Health Care Services (DHCS) will aid counties through technical support, operational direction, and readiness checks. DHCS also plans to request a renewal of its federal waiver to strengthen the effort in the next term.

The presenters also explained the requirement for formal Memorandums of Understanding (MOUs) between Managed Care Plans and counties, such as correctional facilities. The purpose of the MOUs is to clarify roles, define data exchange steps, support oversight, strengthen care coordination, and bring all requirements into one document. DHCS offers templates, guidance, and contacts to aid local partners with this work.

The Providing Access and Transforming Health (PATH) effort supports this work through a five-year investment that helps partners that deliver Medi-Cal services. PATH supports enhanced care coordination, community support, and justice-involved services, and the PATH grant sequence funds early planning, workflow adoption, and operational expansion. Round four awarded about thirty-one million dollars to county correctional facilities through three award tiers.

Year one of implementation of the Justice-Involved Reentry Initiative reflections show that early use of the screening portal caused obstacles, but DHCS addressed the issue through user-centered updates, new guides, and batch tools. Another reflection shows a need for clarity about the set of billable services in the pre-release period. DHCS will prepare a new benefit guide to outline eligible codes across clinical, behavioral health, laboratory, device, care management, and medication categories.

State and county partners completed a large volume of new applications, screenings, and eligible service delivery. Correctional facilities also gained new federal reimbursement funds for services in the pre-release period. By early 2026, many state prisons, adult jails, and youth facilities adopted pre-release service steps, and nearly all behavioral health plans and many Managed Care Plans adopted the required linkages to behavioral health services and benefits.

The committee engaged the presenters in a question-and-answer session after the presentation. Key topics included the following:

- The presenter, Jessica Camacho-Hall, acknowledged that California is the first state to conduct pre-release services, so DHCS plans to learn from counties that have already begun their pre-release services to learn and improve the policies and implementation guide to better implement the program as it moves forward. Committee members commented that these efforts require a lot of collaboration and coordination between behavioral health, Managed Care, and the Department of Corrections and Rehabilitation (CDCR).
- A committee member asked when the CalAIM Waiver will be renewed with the Centers for Medicare and Medicaid Services (CMS). Brian Hansen replied that

the CalAIM Waiver was submitted for CMS approval a few weeks ago and would be approved this year.

- The committee asked which entity is for the billing and claims submission process for contracted providers, particularly for substance use disorder (SUD) services. Brian Hansen stated that methadone has a specific process and will provide guidance in writing after consultation with DHCS.
- The Council's California Department of Corrections and Rehabilitation (CDCR) representative asked for clarification on how counties coordinate behavioral health services with CDCR, noting that the level of engagement varies across counties. She also asked what the minimum expectations are for the counties to interact with CDCR once the behavioral health linkage is initiated. Additionally, she highlighted that clients do not have access to Managed Care or pharmacy services before release, which affects their ability to connect providers to mild-to-moderate justice-involved populations.
    - Brian Hansen confirmed that the mild-to-moderate population is under responsibility of the Managed Care Plans (MCPs), which rely on Enhanced Care Management (ECM) providers to facilitate connections to local community resources. He acknowledged ongoing challenges with scheduling MCP appointments and obtaining prior authorizations before release and noted that DHCS will work with MCPs to develop solutions. Regarding CDCR behavioral health linkages, he emphasized that CDCR offers a strong opportunity to support these connections and that all counties should accept linkages initiated by CDCR.

Action/Resolution
N/A
Responsible for Action-Due Date
N/A

Item #3 Statewide Perspective of the County Behavioral Health Departments' Implementation of the Justice-Involved Reentry Initiative and Impact Report

---

Elissa Feld, and Jasmyn Miller from the County Behavioral Health Directors Association (CBHDA), presented the statewide policy perspective for county behavioral health departments' implementation of the Justice-Involved (JI) Reentry Initiative. The presentation provided an overview of the county view of the JI Reentry Initiative and highlighted the role of county behavioral health departments in support of people who move from custody to the community. The presenters explained that county behavioral health departments must provide behavioral health linkages for the JI population with behavioral health needs and that all such departments must be live by October 2026. Some counties also choose to offer pre-release services, but this step is not a requirement. The county behavioral health departments bill the Short Doyle Medi-Cal System for the behavioral health linkages, while the in-reach services are billed through

California's fee-for-service system, the Comprehensive Assessment Management Information System (CAMIS).

Each county must complete a thorough readiness review. Counties must ensure that staff resources, infrastructure, and data exchange steps are in place so that support for in-reach services and behavioral health linkages can flow across partners. Successes of implementation include strong coordination among correctional partners and community-based partners, with a focus on a seamless handoff that protects continuity of care after release. Early outcomes show improvement in coordination, stronger ties among involved agencies, and support for people as they enter the community.

California Behavioral Health Directors Association staff described obstacles that counties face. These include the need for more reliable referrals, clarity on billing and claim rules, smooth workflows such as collaboration between CDCR and county behavioral health departments, and adequate workforce capacity to support the justice-involved behavioral health population. Housing was also identified as one of the largest barriers to successful reentry upon release from incarceration.

Upon conclusion of the presentation, the presenters engaged in a question-and-answer session with the committee. Key questions and discussion points include the following:

- A committee member stated that Occupational Therapists (OTs) have been involved in justice-involved behavioral health populations. There is a national network of OTs that work in justice-involved services, particularly for the transition from incarceration to community. Internationally, OTs have been involved in jail in-reach services as well. Los Angeles County has some providers who have recruited and utilized OTs as part of their justice-involved workforce. The committee member stated that the justice-involved behavioral health population includes individuals with intellectual disabilities, dual diagnosis, and head traumas that present serious cognitive impairment and executive functioning. The committee member asked if the presenters have a sense of whether OTs are hired in direct county-operated services statewide and whether they are included as county contractors given the nature and needs of the justice-involved behavioral health population.
    - The presenter, Elissa Feld, stated some counties have more access to OTs and have embedded them in their system of care and transition in-reach teams while other counties have not. She added that counties leverage Peer Support Specialists specifically to engage individuals in behavioral health service linkages. She stated that she will bring this topic back to the County Behavioral Health Directors Association's (CBHDA) subject-matter experts.

Elissa Feld stated that H.R. 1, Proposition 36, and other legislation will likely have a significant impact on the Justice-Involved Reentry Program. She recommended that the committee invite CBHDA to return, after the October 1, 2026, implementation date, to give the Council a clearer picture of how the initiative will be implemented statewide.

Action/Resolution
The County Behavioral Health Directors Association (CBHDA) will return and update the committee or the full Council on the implementation of the Justice-Involved Reentry Initiative.

Responsible for Action-Due Date
Ashneek Nanua, Karen Baylor, Ian Kemmer - Ongoing

Item #4 County Perspective on the Implementation of the Justice-Involved Reentry Initiative

---

Ian Kemmer, the Assistant Deputy Director of Older Adult Services, Brenda Truong, Behavioral Health Services Chief II, and Jennifer Dinicola, Health Services Manager, for Orange County Health Care Agency (OCHCA), presented on the local implementation of the Justice-Involved (JI) Reentry Initiative. The presentation explained how Orange County supports people in custody through several in-reach efforts that help prepare them for community transition. It introduces the Jail to Community Reentry Program, which started in 2018 in Correctional Health and later moved to behavioral health services due to shifts in funds. The team has 11 staff who conduct discharge plan assessment, case management, provider link steps, crisis assessment, motivational support, and other tasks that assist people with severe mental illness.

Orange County adopted the justice-involved effort in early May 202. The JI Reentry program now supports people who have a justice-involved billing code. Orange County has received over 1,400 referrals, but only a small portion have had the code activated. After code activation, the county completes several steps for each individual, including consent, disclosure authorizations, risk assessment, care plans, and warm handoffs.

Orange County also shared information about Behavioral Health Links, a statewide CalAIM effort that connects people who reenter the community with mental health and substance use care. Referrals come from Managed Care jail in-reach providers, the state corrections department, or other counties. The referral steps rely on the 24-hour access line, which schedules a clinical consult about two weeks before release and sets up a warm handoff between pre-release and post-release clinicians. Each clinician reviews the health risk record and the care plan to maintain continuity of care, and the coordinator arranges the first post-release intake visit.

The role of collaborative partners that come into the jail for reasons such as court-related updates, post-release link steps, program eligibility review, or scheduled pick-ups were discussed with the committee. Collaborative court teams use in-reach to build rapport with people in custody, gather updates for court, and assess for discharge plan needs and co-occurring concerns.

Overall, the presentation highlighted several positive outcomes:

- The reentry team completed over 2,500 discharge plans in the prior fiscal year, with 912 people who agreed to set up community partner visits.
- The team also assisted with placement of 34 Lerke cases and supported interviews for long-term care facility placement for Lanterman Petris-Short (LPS) conserved clients.
- Collaborative partners and court teams have access to people in custody.
- There were150 American Society of Addiction Medicine (ASAM) assessments for Proposition 36 with strong ties with justice-involved partners.
- Staff members offer in-reach and transportation to centralized intake clinics.

The presentation also outlined the following major challenges:

- The team has 11 staff to support over 1,400 clients with severe mental illness.
- Staff must check the electronic health record to verify justice-involved code activation, which adds time to the process.
- Court or partner in-reach may take two to four hours and reduce time with clients.
- People who bond out or receive sudden release orders may not receive a full discharge plan due to limited time.
- Some partners do not pass background checks.
- Electronic systems between county behavioral health and correctional health do not always connect.
- The team must also rely on downtime forms for the justice-involved effort.
- Referral volume for Behavioral Health Links has been lower than expected.

The presentation concluded with goals for the future. These include adoption of more intuitive technology that links across systems, improved use of Behavioral Health Links to support reentry tasks, more partners with successful background clearance, and removal of process barriers so that staff have adequate time for full discharge plans for people with quick release orders.

After the presentation, the committee held a question-and-answer session with the Orange County representatives. The key discussion points include the following:

- A committee member asked if individuals leave with prescriptions once they exit a correctional facility. The presenters stated that if the individual's JI code is activated, the jail will release them with medication.
- The Council's California Department of Corrections and Rehabilitation (CDCR) representative stated that CDCR works with 30 institutions across the state and has approximately 10,000 individuals released each year to the mental health system. She expressed that counties' separate processes for release have been a challenge for CDCR. She noted that contacting an access line to connect someone to care is also challenging and suggested that CDCR may need its own separate release pathway. The presenters added that Orange County is actively exploring solutions to streamline this process.
- A committee member asked the presenters to describe the discharge planning process. The presenters stated that discharge planning begins the day that an

individuals comes to Orange County's system that typically takes one to three days.

Once Orange County Health Care Agency concluded their presentation, Sarah Eberhardt-Rios, the Director of Health and Human Services for Sutter County Health and Human Services (HHS) Department, and Christa McCauley, the Program Manager for Sutter County HHS Department, presented on the small and rural county perspective for the implementation of the Justice-Involved (JI) Reentry Initiative. The presentation included early lessons from the CalAIM justice-involved effort in Sutter-Yuba County and emphasizes goals shared across rural partners. These goals include the design of strong in-reach practices in rural jails, deeper understanding of client interests and needs, clarity about system roles in delivery of high-quality pre-release support, real-time steps to resolve obstacles in multi-system coordination, and methods that help counties maximize Medi-Cal bill capacity.

The region that includes Sutter, Yuba, and Colusa counties operate with a high level of joint effort. The counties treat the area as one region, with leadership permission for cross-county effort. The region includes a bi-county mental health plan, a bi-county public health officer role, and a tri-county juvenile hall. The justice-involved effort itself includes courts, the district attorney, the public defender, law enforcement, probation, public health, Medi-Cal eligibility teams, and Managed Care partners.

The presentation highlighted the following strengths within the region:

- There are strong ties with law enforcement, built on mutual trust and authentic relationships.
- The placement of selected staff inside the jail includes the CalAIM justice-involved program manager, who provides oversight; a public assistance specialist who screens for Medi-Cal status and helps with applications; and a behavioral health resource specialist who handles the process of behavioral health linkages for people with severe needs.
- There are routine multidisciplinary team meetings held Monday through Thursday each week. These meetings include jail staff, behavioral health, probation with a social-work focus, the in-reach provider, jail medical staff, and the justice-involved program manager. The weekly format supports coordinated care across systems.
- The region also adopted a person-centered care approach in which each person plays an active role in steps that support their transition of care. Staff focus on unique needs and use a whole-person view of care, with continuous support from the pre-release period into the post-release period and beyond.

Sarah and Christa shared the steps taken to maximize Medi-Cal bill capacity. They stated that pre-release medical and behavioral health services are billed through Medi-Cal fee-for-service, which is tied to the correctional facility's National Provider Identifier (NPI). Tasks related to behavioral health linkages are billed through Short-Doyle, and medication claims use Medi-Cal prescription (Rx).

Several obstacles to implementation exist for the region including the following:

- There are unplanned release patterns due to short stays reduce time for full pre-release support.
- Many participants have traumatic brain injuries. There were 102 individuals who were identified and referred to specialized support not widely used in the past. Providing Access and Transforming Health (PATH) funds may potentially help with this unmet need.
- Stigma, barriers within substance use disorder residential policy, and challenges with medication-assisted treatment were also implementation challenges.

The following steps were highlighted for the reentry process:

- Reentry should start at booking when County staff ask each person about their interest in Medi-Cal.
- The embedded specialist then screens and assists with applications.
- A release of information form covers all involved partners, and the person in custody is reviewed in the multidisciplinary meeting.
- The in-reach provider and resource specialist then engage the person as needed, and a reentry care plan is created and shared before the person is released from carceral settings.

After the presentation, the committee held a question-and-answer session with the Sutter County representatives. The key discussion points include the following:

- Committee members asked how information sharing is done between the jail and the county with the electronic health record (EHR). The presenters stated that the county has read-only access to the EHR and the multidisciplinary team meetings are an additional avenue for information sharing among partners.
- The committee asked if there are potential impacts to the Justice-Involved (JI) Reentry Program because of H.R.1 legislation. The presenters stated that the Medi-Cal redetermination and work requirements from H.R.1 will have an impact on the JI population. Sarah Eberhardt-Rios stated that that the Medi-Cal enrollment and eligibility specialists will remain within the jail setting. Also, the aid codes and exemptions for H.R.1 is not yet clear so the county will need to wait for state guidance on these items. She shared that Sutter County will look for opportunities that the California Department of Social Services will approve for the volunteer hours or educational hours related to work done with the jails.
- Committee members asked about discharge planning and the interplay with commercial insurance. The presenters stated that the county has a discharge nurse with extensive experience in discharge planning who can be a resource to anyone, which includes individuals on commercial insurance. The position is funded by Realignment funds.
- A committee member thanked the presenter for including the topic of Traumatic Brain Injury (TBI) in the presentation. The member stated that there are many functional problems related to cognitive impairments and that Occupational Therapists (OTs) can support individuals with these cognitive impairments.

Action/Resolution
N/A

Responsible for Action-Due Date
N/A

Item #6 Committee Updates, Wrap Up, and Next Steps

The Systems and Medicaid Committee (SMC) discussed next steps for the October 2026 Quarterly Meeting to plan a topic for the General Session meeting. Committee members expressed an interest in inviting a county behavioral health department to present on the local implementation of the Behavioral Health Services Act (BHSA) Three-Year Integrated Plans (IPs). Potential counties to invite included Santa Clara, Alameda, or San Mateo County due to the October 2026 Quarterly Meeting location in the Bay Area. The committee proposed the following questions and topics for the chosen county to discuss in their presentation:

- Whether the BHSA Integrated Plan process accomplished transparency.
- How counties support prevention programs and meet the needs of their communities since funds for prevention programs under the BHSA have been cut, which resulted in the closure of many prevention programs. This includes how the prevention programs are modified and how these programs secure other funding sources to support the sustainability of their programs.
- How the High-Fidelity Wraparound (HFW) services are implemented as part of the Integrated Plans.
- A report-out of the county's stakeholder process for the IPs and how the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) Stakeholder Toolkit was used. There was also a suggestion for the BHSOAC to present on the Stakeholder Toolkit.
- How the county assesses the unmet needs of individuals with substance use disorder (SUD), what barriers exist that prevent individuals from access to SUD treatment, and how the Integrated Plans intend to address these barriers.
- Where the greatest disparities exist and what prevents access to care.
- How the county determines where the greatest disparities exist and what prevents these populations from access to behavioral health services.
- A request to report-out on how data is used and how to make sense of it.
- What stakeholder feedback resulted in the county's action towards policy and program changes.

Action/Resolution
The committee's leadership and staff will plan the agenda for the SMC October 2026 Quarterly Meeting and the General Session topic for the Council's October 2026 General Session Meeting.

Responsible for Action-Due Date
Ashneek Nanua, Karen Baylor, Ian Kemmer – June 2026