

Office Hours:
Justice Involved Reentry Initiative
Behavioral Health Agency Readiness Assessment

Agenda

1. Justice Involved Initiative & Behavioral Health Links

2. Overview of the Behavioral Health Agency Readiness Assessment Template

3. Readiness Assessment Completion & Submission Process

4. Q&A

5. Looking Ahead

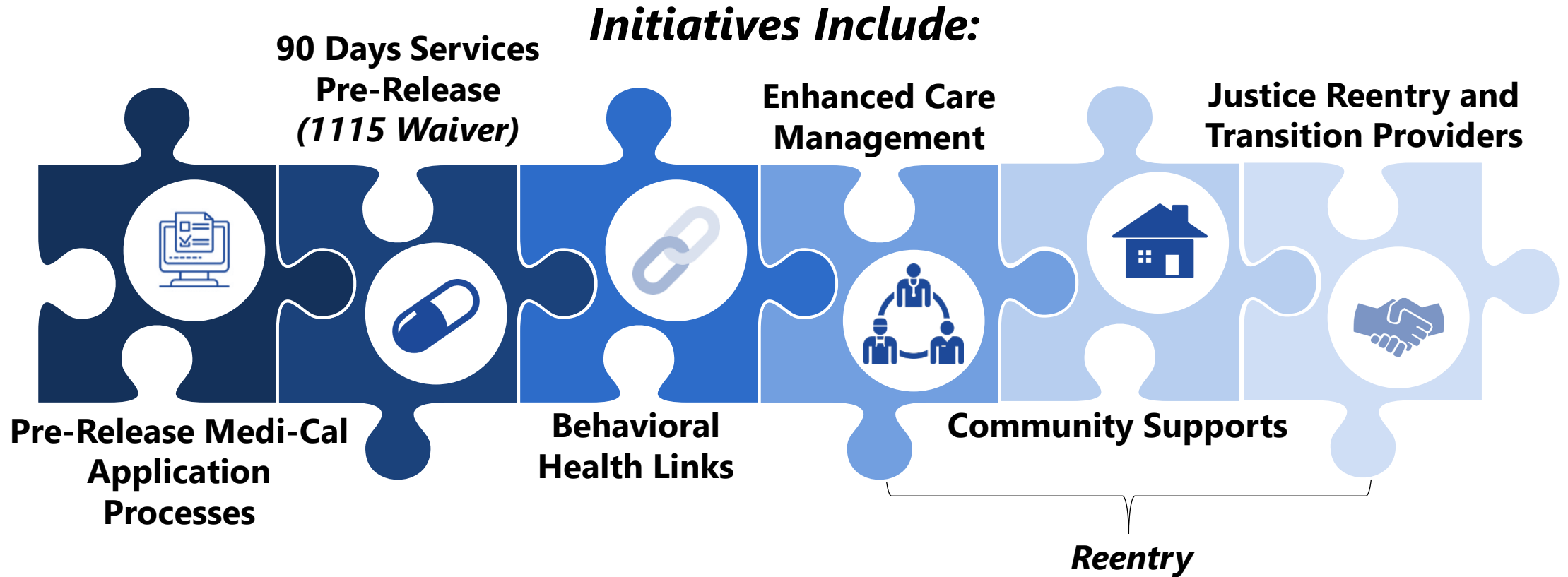
Justice Involved Initiative & Behavioral Health Links





The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

The CalAIM Justice-Involved Initiative supports individuals leaving incarceration by ensuring they are enrolled in Medi-Cal, providing key services during the pre-release period, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Behavioral Health Links

To promote continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to facilitate referrals (or “links”) to post-release behavioral health providers and to share information with the individual’s health plan.

Behavioral Health Link

- » Correctional facilities, county behavioral health agencies, and MCPs are required to implement:
 - **Links to behavioral health providers** to achieve behavioral health care initiation or continuity through professional-to-professional clinical handoffs.*
 - **Processes for facilitated referrals and links** to continued behavioral health treatment in the community for individuals who receive behavioral health services while incarcerated.

Connection to Post-Release

- » Behavioral health links will be facilitated by county behavioral health agencies, pre-release care managers/providers, and correctional facilities.
- » Behavioral health links include **referrals and professional-to-professional clinical handoffs** for individuals exiting incarceration to **county behavioral health plans** (County Mental Health Plans, Drug Medi-Cal, and/or Drug Medi-Cal Organized Delivery Systems (DMC-ODS)).
 - For individuals with non-specialty mental health needs, links will be made to Medi-Cal **Managed Care Plan or Fee For Service providers**.

* As set forth in [CA Penal Code 4011.11\(h\)\(5\)](#) and consistent with the CalAIM Behavioral Health Links initiative (see page 51 of the [CalAIM Proposal](#) and [AB 133](#)).

Overview of Behavioral Health Agency Readiness Assessment Requirements and Process



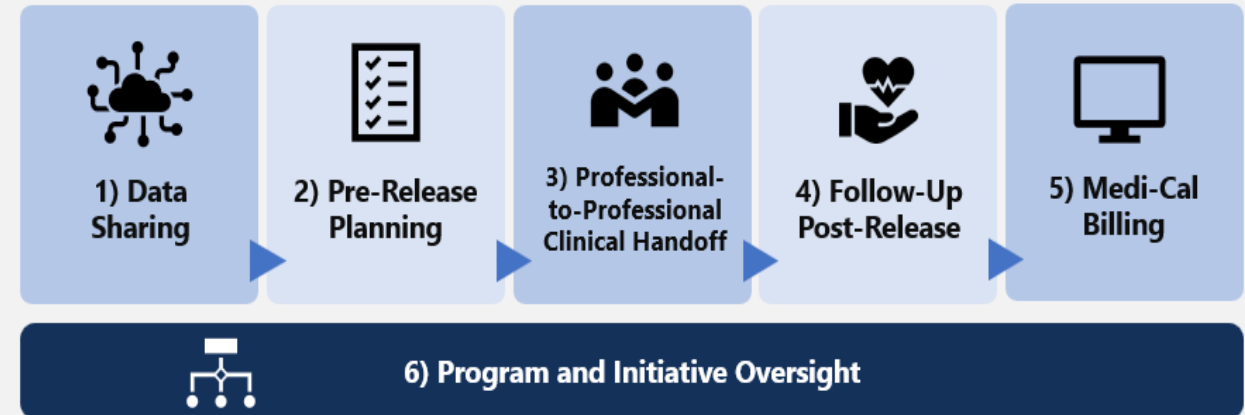
Behavioral Health Agency Readiness Assessment Requirement

All County Behavioral Health Agencies are required to submit a Readiness Assessment demonstrating readiness to participate in behavioral health links. County Behavioral Health Agencies must receive DHCS approval prior to going live with behavioral health links services.

The Behavioral Health Agency Readiness Assessment Template consists of **attestations and narrative responses** across six Focus Areas.

- For each attestation, the County Behavioral Health Agency must indicate if they:
 - Currently meet the requirement;
 - Will meet the requirement by 10/1/2024; or
 - Will not meet the requirement by 10/1/2024, and request TA from DHCS
- For narrative responses, the County Behavioral Health Agency must respond to the question describe how they will meet a given requirement.

Readiness Assessment Focus Areas



County Behavioral Health Agency Readiness Assessment Submission Timeline




County Behavioral Health Agencies must submit their complete Readiness Assessment Template to DHCS by April 1, 2024, six months prior to the statewide go-live of behavioral health links on October 1, 2024.

Timeline of Submission & Readiness Determination

Timeframe	County Behavioral Health Agency Responsibility	DHCS Responsibility
Feb – March 2024	Convene working group of key professionals/leadership and complete Readiness Assessment Template.	Address questions and provide technical assistance to County Behavioral Health Agency (<i>as needed</i>).
April – June 2024	<ul style="list-style-type: none"> • By April 1: Submit Readiness Assessment Template to DHCS using Secure File Transfer. • Respond to DHCS questions and/or requests for additional information and notify DHCS when areas marked as “ready upon go-live” are ready (<i>as needed</i>). 	Evaluate the Readiness Template submission and follow up with County Behavioral Health Agency to address questions and provide feedback (<i>as needed</i>).
July 2024	--	Make final determination of readiness for go-live and communicate decision to County Behavioral Health Agency.
July – Sept 2024	If County Behavioral Health Agency is: <ul style="list-style-type: none"> • <i>Approved:</i> Prepare to go live with behavioral health links. • <i>Not Yet Ready:</i> Notify DHCS when areas marked as “ready by go-live” are ready; prepare to go live with behavioral health links. • <i>Denied:</i> Work with DHCS to establish an action plan to meet minimum requirements and resubmit template to achieve readiness by October 1, 2024. 	If County Behavioral Health Agency is: <ul style="list-style-type: none"> • <i>Approved or Not Yet Ready:</i> Provide technical assistance to County Behavioral Health Agency during preparations for go-live (<i>as needed</i>). • <i>Denied:</i> Provide technical assistance to County Behavioral Health Agency to achieve readiness.
October 1, 2024	Begin participating in behavioral health links.	Provide ongoing technical assistance to County Behavioral Health Agency and support ongoing monitoring activities.

DHCS Readiness Assessment Scoring Rubric

DHCS will determine a score for each Focus Area based on the County Behavioral Health Agency's attestations and narrative responses. DHCS will then determine the Agency's overall Readiness Assessment score; the Agency must receive an "Approved" score in all six focus areas to be approved to go-live.

 Approved	<p>Response is complete and indicates readiness in each readiness element of the focus area.</p>
 Not Yet Ready	<p>Response is complete and indicates that the County Behavioral Health Agency meets some, but not all, components of the Template.</p> <ul style="list-style-type: none">• County Behavioral Health Agency has a clear, time-bound action plan to meet the outstanding requirements by the go-live date.
 Denied	<p>Response is incomplete or does not sufficiently address narrative questions, or the submission does not indicate readiness to go live by the go live date.</p> <ul style="list-style-type: none">• If a County Behavioral Health Agency receives a "Denied" in any focus area, DHCS will work with the County Behavioral Health Agency to develop an action plan to achieve readiness.

County Behavioral Health Agency Readiness Assessment Template



Template Format: Attestations

For each attestation, the County Behavioral Health Agency must denote readiness status and timeframe to meet readiness for each minimum requirement. Agencies can optionally provide detail on TA requested.

Focus Area 3: Professional to Professional Clinical Handoff						
Attestation		Requirement Currently Met by BH Agency	Requirement will be met by 10/1/2024	Requirement will not be met by 10/1/2024; TA Requested	(Optional): If TA is requested, the County BH Agency may provide additional detail on the nature of the request (i.e., key questions; barriers to meeting requirement; type of TA needed).	
3.1	County BH Agency has established processes to participate in in-person/telehealth professional-to-professional clinical handoffs between the CF provider and the county BH agency and/or their subcontracted providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	County BH Agency has defined processes to ensure the County BH provider is able to participate in professional to professional clinical handoff meetings for individuals who are identified as needing additional care team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Template Format: Narrative Responses

For each narrative response, County Behavioral Health Agencies must provide answers to the indicated question and abide by word counts.

Narrative Questions		Word Limit	Response
3.3	How will the County BH Agency work with their county/contracted providers and the pre-release care team/pre-release care manager to ensure that the provider who will care for the individual post release (with the appropriate background for the individual's need - ex. psychiatrist, LCSW) will be available to participate in the professional to professional clinical handoff?	150 words	
3.4	Describe how the County BH Agency and Correctional Facilities in the Agency's county will conduct professional-to-professional clinical handoffs, including plans to leverage telehealth or in-person visits.	150 words	

Focus Area 1: Data Sharing

Attestations:

- Processes for sending and receiving medical and behavioral health records and incorporating records into the post-release medical record.
- Processes for notifying MCPs of behavioral health care coordination.
- If the County Behavioral Health Agency contracts with the correctional facility to provide pre-release behavioral health services, processes to identify individuals with complex behavioral health care needs for behavioral health links.

Narrative Responses:

- Describe processes to notify MCPs of behavioral health care coordination.
- Listing mutually agreed upon behavioral health link screening tool.

Focus Area 2: Pre-Release Planning

Attestations:

- Processes for arranging professional-to-professional clinical handoffs and post-release follow up appointments.
- Processes to support arrangement of post-release transportation to an initial post-release appointment, as necessary.

Narrative Responses:

- Description of collaboration with other care providers and plans to ensure medically necessary transportation.

Focus Area 3: Professional to Professional Clinical Handoff

Attestations:

- Processes to participate in in-person/telehealth professional-to-professional clinical handoff.

Narrative Responses:

- Descriptions of how professional to professional clinical handoffs will be coordinated, including modality (telehealth/in-person).

Focus Area 4: Follow Up Post-Release

Attestations:

- Processes to schedule post-release appointments.
- Processes for community-based follow up if individuals miss appointments.

Narrative Responses:

- Description of community follow up, including workforce that will be used for community follow up.

Focus Area 5: Medi-Cal Billing

Attestations:

- Processes to appropriately bill Medi-Cal (Short-Doyle and/or CA-MMIS).

Narrative Responses:

Section 5 does not include narrative responses.

Focus Area 6: Program and Initiative Oversight

Attestations:

- Staffing/contractor structure in place to meet behavioral health link requirements.
- Governance structure for coordinating with key partners.
- Processes to respond to oversight/monitoring by DHCS.

Narrative Responses:

- Descriptions of monitoring, coordination, and communication activities.

Question and Answer



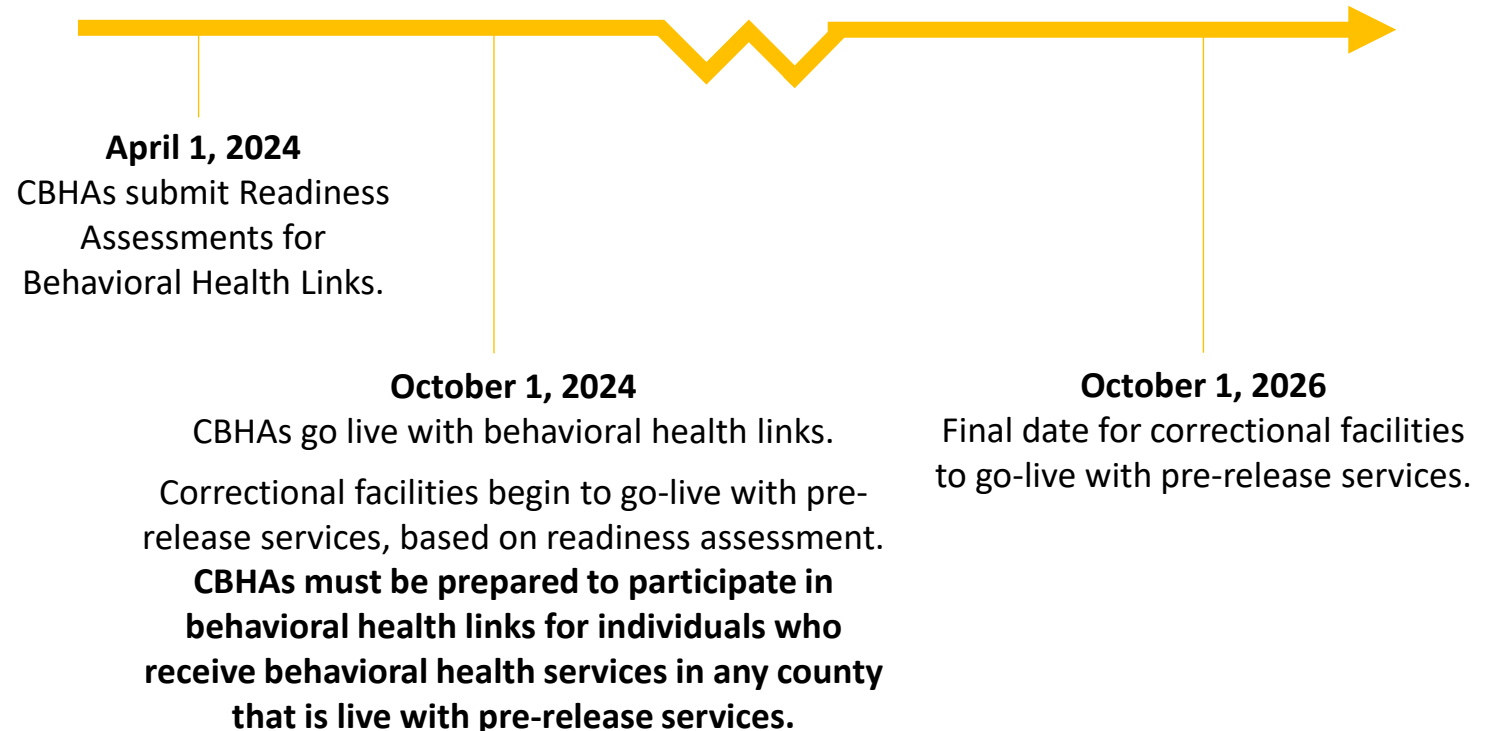
Looking Ahead

DHCS will continue to offer TA to County Behavioral Health Agencies to support completion of Readiness Assessments and preparedness for go-live of behavioral health links.

Upcoming Milestones

- County Behavioral Health Agencies must submit their **Readiness Assessment Template** to DHCS by April 1, 2024.
- County Behavioral Health Agencies should reach out to DHCS with **questions or requests for 1:1 TA**.
- DHCS will host **Office Hours and All-Comer Webinars** focused on the Justice Involved Initiative throughout 2024.

CalAIM Justice-Involved Initiative Go-Live Timeline



Thank you

Please visit the DHCS Justice Involved Initiative Website for more information:

<https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx>

Please send questions to

calaimjusticeadvisorygroup@dhcs.ca.gov

