

## Overview

Starting October 1, 2024, California will begin to offer a targeted set of Medicaid services to Medi-Cal-eligible youth and adults in state prisons, county jails, and county youth correctional facilities (YCFs) for up to 90 days prior to release. The Department of Health Care Services (DHCS) will partner with state agencies, counties, providers, and community-based organizations to establish a coordinated community reentry process that will assist people leaving incarceration to connect with the physical and behavioral health services they need before release and reentering their communities. The initiative will help California address the unique and considerable health care needs of justice-involved (JI) individuals, improve health outcomes, deliver care more efficiently, and advance health equity across the state.

Key to this initiative is implementing links to community-based behavioral health providers to achieve behavioral health care initiation or continuity upon release, as set forth in California Penal Code section 4011.11(h)(5) and consistent with the CalAIM Behavioral Health Linkages initiative (See page 51 of the California Advancing & Innovating Medi-Cal (CalAIM) Proposal (2021) and California Assembly Bill No.133 (2021)).

Behavioral health links include: (1) bi-directional data sharing between county behavioral health departments, correctional facilities, and health plans (e.g., Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS), Managed Care Plans (MCPs)) to identify eligible individuals, obtain consents, and share relevant clinical information; (2) release planning activities including development of a transitional care plan; (3) professional-to-professional clinical handoffs; and (4) follow-up post release to ensure that individuals receive needed behavioral health services post-release.

All County Behavioral Health Agencies are expected to go live with behavioral health links on October 1, 2024.

## Instructions

Each County Behavioral Health Agency must demonstrate their readiness to participate in behavioral health links across six focus areas. To do so, the County Behavioral Health Agency must fill out all tabs of this Readiness Assessment Template spreadsheet.

All focus areas contain Attestations. To complete Attestations, the County Behavioral Health Agency must mark the box that best describes their readiness state for each requirement (Requirement Currently Met by BH Agency; Requirement will be met by 10/1/2024; or Requirement will not be met by 10/1/2024, TA Requested). If the County Behavioral Health Agency selects the option "Requirement will not be met by 10/1/2024, TA Requested," the Agency may optionally provide additional detail on the TA request in the available space (i.e., key questions; barriers to meeting requirement; type of TA needed).

Some focus areas contain Narrative Responses. To complete Narrative Responses, the County Behavioral Health Agency should respond to the question and abide by the word limit for each response.

**The Readiness Assessment Template must be submitted to DHCS via email by April 1, 2024.** Emails should be sent to [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov).

## DHCS Approach for Evaluating Template Submissions

DHCS will use the following rubric to determine the score for each of the six focus areas of each Template submission. To receive approval from DHCS, a County Behavioral Health Agency must receive an "Approved" in all six focus areas. If the County Behavioral Health Agency is not prepared to go live in one or more focus areas, DHCS will collaborate with the County Behavioral Health Agency to resolve open issues to ensure the Agency is able to achieve readiness by, or close to, the October 1, 2024 go-live date.

### **Focus Area Scoring Rubric:**

**Approved:** County Behavioral Health Agency's response is complete and indicates readiness in each readiness element of the focus area.

**Not Yet Ready:** County Behavioral Health Agency response is complete and indicates that the County Behavioral Health Agency meets some, but not all, components of the Template. County Behavioral Health Agency has a clear, time-bound action plan to meet the outstanding by the requested go-live date.

**Denied:** County Behavioral Health Agency's response is incomplete, the Template submission does not sufficiently address narrative questions, or the Template submission does not indicate readiness to go live by the go-live date. 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.

## Resources & Assistance

County Behavioral Health Agencies are encouraged to reference the [Policy and Operational Guide for Planning and Implementing the CalAIM Justice Involved Initiative](#) when completing the Readiness Assessment Template. County Behavioral Health Agencies should reference Section 5.4 for information on Readiness Assessment structure; Section 6.4 for information on screening for Behavioral Health links; Section 10.1.b for information on billing for behavioral health pre-release services and behavioral health links; and Section 11.4 for process, roles, and responsibilities for behavioral health links. County Behavioral Health Agencies are encouraged to submit questions, request assistance, escalate rate-limiting resource requirements that require additional State support, or inquire about application status by sending an email to [CalAIMJusticeAdvisoryGroup@dhcs.ca.gov](mailto:CalAIMJusticeAdvisoryGroup@dhcs.ca.gov).

**Focus Area 1: Data Sharing**

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).
1.1	County BH Agency has a defined process to send medical and behavioral health records (as appropriate and in accordance with applicable state and federal privacy laws) to correctional facilities for incarcerated individuals with a treatment history within their county delivery system. This includes transmitting adequate records in a timely manner to ensure continuity of psychiatric or SUD medications.				
1.2	County BH Agency has a formal mechanism to notify an individual's MCP that behavioral health care coordination with County BH Agency and subcontracted providers is occurring, as a part of behavioral health link data sharing.				
1.3	County BH Agency has a defined process to receive medical and behavioral health record information from the CF prior to an individual's release (as appropriate and in accordance with applicable state and federal privacy laws).				
1.4	County BH Agency has a defined process to incorporate the medical and behavioral health record received from the CF (as appropriate and in accordance with applicable state and federal privacy laws) into the post-release medical and behavioral health record so post-release treating providers can view.				
1.5	If the correctional facility contracts with the County BH Agency to assist in providing pre-release services, the County BH Agency has a defined process to identify individuals with high or complex behavioral health care needs who may benefit from a professional-to-professional warm handoff, as defined in Section 11.4 of the Policy and Operational Guide. If the County BH Agency will not contract with the correctional facility to provide pre-release services, this should be noted in the optional TA request column and no boxes need to be checked.				

Narrative Questions		Word Limit	Response
1.6	Describe how the County BH Agency will notify MCPs that behavioral health care coordination is taking place once need for a BH Link is identified. (Note: pre-release care managers will be responsible for notifying the MCP of ongoing care coordination).	75 words	
1.7	What are the screening tools that the County BH Agency and CFs agreed to use to screen individuals for behavioral health links? Please specify if different CFs will leverage different screening tools.	100 words	

**Focus Area 2: Pre-Release Planning**

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).
2.1	Prior to release, the County BH Agency has a defined process to provide a post-release follow up appointment (including date, time, and location) for an individual. The follow up appointment must take place within a clinically appropriate window and no later than one business day after recommended timeline for urgent needs (e.g., medications for SUD) and no later than 1 week for less urgent needs (e.g., a stabilized SMI follow-up appointment).				
2.2	Within 14 days prior to release (if known) and in coordination with the pre-release care manager/post-release ECM provider, the County BH Agency has processes in place to ensure a professional-to-professional clinical handoff between the correctional behavioral health provider, a county behavioral health agency provider, and the member (as appropriate).				
2.3	County BH Agency has a defined process to coordinate/confirm with the pre-release care manager that transportation to the initial post-release behavioral health appointment is arranged, if medically necessary and individual is eligible for non-emergency medical transportation which is an MCP benefit. Prerelease care managers would be responsible for working with MCPs to coordinate transportation, if MCP is known.				

Narrative Question	Word Limit	Response
2.4 Describe how the County BH Agency will work with the MCP, the pre-release care manager, and the ECM Lead Care Manager (if different than the pre-release care manager) to confirm medically necessary transportation to follow-up behavioral health appointments. (Note: The pre-release care manager/post-release ECM provider is responsible for coordinating NEMT with support of the MCP. The CF and County BH agency should support these efforts and be informed/consulted).	150 words	

**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.				
3.2	County BH Agency has defined processes to ensure the County BH provider and/or their subcontracted provider responsible for an individual's follow-up behavioral health care is able to participate in professional to professional clinical handoff meetings for individuals who are identified as needing additional care team coordination.				

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 4: Follow Up Post Release**

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).
4.1	Post-release/in the community, the County BH Agency has established processes to schedule individual for appointments on an ongoing basis as needed.				
4.2	County BH Agency has established processes to provide follow-up to the individual if they miss an appointment in the community.				

Narrative Question	Word Limit	Response
4.3 Describe the process for how the County BH Agency will follow-up to ensure individuals are accessing services in the community, including support in accessing MCP transportation benefits as needed. Describe what workforce will be supporting the county in BH links including agency staff, outreach workers, certified Peer Support Specialists with justice-involved specialization, and/or community health workers with expertise working with justice-involved populations and/or have lived experience.	200 words	

**Focus Area 5: Medi-Cal Billing**

<b>Attestation</b>		<b>Requirement Currently Met by BH Agency</b>	<b>Requirement will be met by 10/1/2024</b>	<b>Requirement will not be met by 10/1/2024; TA Requested</b>	<b>(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).</b>
5.1	County BH Agency has an established process to bill Short-Doyle for participation in and completion of professional-to-professional clinical handoff requirement of the behavioral health link. County BH Agency should bill Short-Doyle only when acting as the post-release provider/plan. See Table 17 of the Policy and Operational Guide for additional details on BH Link billing.				
5.2	If the correctional facility contracts with the County BH Agency to assist in providing pre-release services, County BH Agency has an established process to bill CA-MMIS for behavioral health services rendered in the pre-release period as a part of the Justice Involved Initiative. If the County BH Agency will not contract with the correctional facility to provide pre-release services, this should be noted in the optional TA request column and no boxes need to be checked. See Table 17 of the Policy and Operational Guide for additional details on BH Link billing.				

**Focus Area 5: Billing Does Not Include Narrative Questions**

**Focus Area 6: Program and Initiative Oversight**

<b>Attestation</b>		<b>Requirement Currently Met by BH Agency</b>	<b>Requirement will be met by 10/1/2024</b>	<b>Requirement will not be met by 10/1/2024; TA Requested</b>	<b>(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).</b>
6.1	County BH Agency has a clear staffing and/or contractor structure to support each readiness element and compliance with DHCS requirements for behavioral health links.				
6.2	County BH Agency has a defined governance structure for coordinating with key partners (e.g., CF, care management organizations, providers, MCPs). Coordination may include (but is not limited to) case conference meetings, regional implementation collaboratives, or others.				
6.3	County BH Agency has processes and policies in place to respond to DHCS' on-going oversight and monitoring processes including engaging in corrective action plans to address operational challenges.				

<b>Narrative Questions</b>		<b>Word Limit</b>	<b>Response</b>
6.4	Describe how the County BH Agency will monitor the provision of BH links.	100 words	
6.5	Describe how the County BH Agency will coordinate and communicate with CFs in their county (i.e., state prisons, county jails, and YCFs).	100 words	