

Behavioral Health System Transformation through CalAIM

Proposed reforms to the Medi-Cal program, called California Advancing and Innovating Medi-Cal (CalAIM), would substantially affect the community-based behavioral health system. Because many justice-involved people have mental health or substance use disorders (SUD), robust community behavioral health services can support **successful reentry and reintegration, expanded alternatives to incarceration, and reduced homelessness**. The proposed CalAIM reforms can help to **reduce incarceration rates while enhancing public safety and reducing costs**.

The CalAIM policy context is dynamic. Information about proposals and implementation is current as of March 2020.

Enhanced Care Management Benefit

Medi-Cal managed care plans (MCPs) provide coordinated whole-person care. People transitioning from incarceration identified as a target population. Includes mandatory warm handoffs from jail for people receiving behavioral health services while incarcerated and mandatory pre-release Medi-Cal application process for people incarcerated in jails.

2020-21 budget includes \$225m (\$112m General Fund).

Implementation begins January 1, 2021.

Optional In Lieu Of Services

Medi-Cal MCPs offer flexible wraparound services, such as housing transition services and sobering centers, when medically appropriate and cost-effective. These services are in lieu of higher-cost services.

2020-21 budget includes \$357.5m (\$178.8m General Fund).

Implementation begins January 1, 2021.

Revised Behavioral Health Medical Necessity Criteria

Specialty mental health and substance use disorder services become more accessible as criteria for receiving services move away from diagnosis with a covered mental health condition. Revised criteria emphasize level of impairment. Develop and use a statewide, standardized assessment tool to determine level of impairment and need for services. Allow provision of treatment services prior to determination of diagnosis.

Implementation begins January 1, 2021.

SUD Managed Care Improvements

Apply best practices and lessons learned from Drug Medi-Cal Organized Delivery System by clarifying or changing policies related to treatment after incarceration, residential treatment length of stay, recovery services, medication-assisted treatment, and billing for services prior to diagnosis, among others. Goal of promoting statewideness while only minimally affecting service delivery.

Implementation begins January 1, 2021.

Behavioral Health Integration

Integrate specialty mental health and substance use disorder services into one behavioral health managed care program, including clinical and administrative integration as well as enhanced capacity for data collection and sharing.

Activities at the state and county levels will take place in order to submit for an integrated behavioral health managed care plan in 2026.

How can the proposed CalAIM reforms improve outcomes for justice-involved people?

Expand Access to Care

Currently the current medical necessity criteria requires a diagnosis for many behavioral health services.

CalAIM proposes a new behavioral health screening tool and revision of the behavioral health medical necessity criteria.

CCJBH recommends consideration of the assessment criteria used by justice system health care providers.

Support People with Co-Occurring Disorders

Currently Medi-Cal specialty mental health and substance use disorder services are administered through separate county-level structures.

CalAIM proposes clinical and administrative integration of specialty mental health and substance use disorder systems.

CCJBH recommends integration and coordination with behavioral health service delivery in justice settings.

Create Incentives to Serve Justice-Involved People

Currently providers sometimes negatively perceive justice-involved people and are reluctant to serve them.

CalAIM proposes to include peer counselors and community health workers in delivering case management services.

CCJBH recommends increasing provider capacity to serve justice-involved people and hiring staff with lived experience in the justice system.

Encourage Collaboration Through Workforce Development

Currently justice system and behavioral health personnel may not be aware of opportunities to collaborate with each other's system.

CalAIM proposes to invest in workforce development as part of behavioral health integration.

CCJBH recommends cross-training justice system and behavioral health personnel in order to foster collaboration.

Measure Progress Across Data Systems

Currently some counties share data across systems and have identified jail incarceration as an outcome of interest.

CalAIM proposes to mandate that county jails and behavioral health systems implement data sharing agreements to implement warm handoffs.

CCJBH recommends collaboration with state prisons and state hospitals, as well as required adoption of measures such as reduced incarceration.