CCJBH
Council on Criminal Justice and Behavioral Health
Building bridges to prevent incarceration

August 12, 2021

Teresa DeCaro
Acting Director and Deputy Director, State Demonstrations Group
Department of Health and Human Services
Centers for Medicaid and CHIP Services (CMCS)
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically via https://1115publiccomments.medicaid.gov

RE: California 1115 Demonstration Waiver Application

Dear Ms. DeCaro:

On behalf of the Council on Criminal Justice and Behavioral Health (CCJBH), thank you for the opportunity to provide comments in support of the California Department of Health Care Services (DHCS) 1115 Demonstration Waiver application, California Advancing and Innovating Medi-Cal (CalAIM; formerly called the Medi-Cal 2020 demonstration).

CCJBH is a 12-member Council within the Office of the Secretary at the California Department of Corrections and Rehabilitation (CDCR), and is comprised of appointed experts representing diverse perspectives at the intersection of criminal justice and behavioral health. CCJBH is charged with investigating, identifying and promoting cost-effective strategies that prevent criminal involvement, improve behavioral health services, and encourage State and local system partners to work collaboratively in their efforts to serve individuals suffering with behavioral health conditions given their overrepresentation in the criminal justice system.

As reflected in CCJBH's 2020 Legislative Report, rates of incarcerated individuals with behavioral health needs are much higher in California prison and jail populations when compared to the general population, with nearly 30 percent of the in-custody CDCR prison and local jail populations having any mental illness, and approximately 80 percent of CDCR's in-custody population having a substance use disorder. Estimates for the general population are 16 percent and 8 percent respectively. Furthermore, upon return to their communities, these individuals experience high rates of poverty, unemployment and, ultimately, homelessness – wreaking havoc on their health status.

Adjusting to reentry into the community from incarceration is marked by significant stress with conflicting priorities. During this difficult transition, released inmate drug use increases and, consequently, the risk of death in the first two weeks after release increases 12-fold.[1] As a result, seeking needed health care, especially behavioral health care, is often not a priority, as reflected

[1] Binswanger, I.A. Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, Koepsell TD. (2007). Release from Prison – A High Risk of Death for Former Inmates. New England Journal of Medicine, 356(2), 157-165.

in CCJBH's report, *The Impact of Medi-Cal Expansion on Adults Formerly Incarcerated in California State Prisons* (December 2018), which showed that only 36 percent of individuals released from CDCR in 2015 and 2016 utilized at least one Medi-Cal service during their release year (primary care, Specialty Mental Health, Drug Medi-Cal (DMC), and dental services), which may have led to a greater reliance on higher levels of care. In fact, a follow-up factsheet produced by CCJBH showed that, of those who were released from CDCR in 2016 and enrolled onto Medi-Cal, about 20 percent of those with behavioral health needs (mental health and substance use disorders) utilized potentially preventable emergency and inpatient services rather than lower-cost outpatient services as compared to 2 percent for those who did not have a behavioral health need upon release from prison.

In addition to improving the delivery of behavioral health services, the CalAIM initiative expressly aims to improve housing outcomes and reduce homelessness, and to support the transition home from institutions, which is foundational in order for individuals to truly benefit from health care services. As reported by the Council on State Governments Justice Center, many justice-involved individuals are at risk of homelessness. Between 17 and 39 percent of people in California jails experienced homelessness in the 30 days prior to their jail stay and may benefit from ongoing rental assistance. Another 15 to 42 percent of people in California jails reported homelessness in the year leading up to their incarceration. Approximately 39 percent of people leaving State prison on parole reported "moderate or high residential instability" prior to incarceration, indicating potential housing need post-release, as well.

Given the high rates of justice system involvement and risk of poor outcomes for the justice-involved population, coupled with their low utilization of health care services, CCJBH has been actively committed to the development of DHCS' CalAIM initiative, as demonstrated by our ongoing participation as an appointed member of DHCS' Behavioral Health Stakeholder Advisory Committee, and efforts to convene a workgroup in February 2020 to help inform the justice-related CalAIM proposals. Accordingly, CCJBH supports leveraging Medi-Cal as a key resource to address many of the challenges facing Californians transitioning from incarceration into the community, and for preventing such involvement altogether. The proposed changes included in DHCS' current CalAIM 1115 Demonstration Waiver application will have a major impact on access to critical health care services, including those that address social determinants of health (SDOH). In particular, the following components will substantially benefit the justice-involved population:

1. Services for Justice-Involved Populations 90 Days Pre-Release – The provision of these "in-reach" services prior to release from incarcerated settings for youth and adults, as specified in the 1115 Demonstration Waiver application, is imperative for addressing identified Medi-Cal service utilization gaps and for avoiding the harmful, and potentially fatal, outcomes that can occur upon release to the community. This funding will allow providers from community-based public health care delivery systems, including Medi-Cal Managed Care Plans, Mental Health Plans and county DMC [including DMC - Organized Delivery Systems (ODS) counties] sufficient time and resources to plan for and coordinate care upon reentry to ensure the continuation of primary and behavioral health care services upon release. In particular, community-based clinical and peer support in-reach services will be an effective approach to engage and treat this vulnerable population after release from jail/prison. Essentially, this investment will maximize the chances that individuals will maintain their recovery as they acclimate to their communities, and will avoid negative outcomes such as hospitalization, recidivism, overdose and death.
2. Providing Access and Transforming Health (PATH) – PATH funding is a key resource to expand current or build new infrastructure necessary to support statewide implementation of all CalAIM proposals that will improve access to services for the justice-involved population, including Enhanced Care Management and

In Lieu of Services, as well as the CalAIM proposals that specifically target the justice-involved population (e.g., pre-release Medi-Cal application assistance and 90-days pre-release services). CalAIM will challenge State and local systems to establish new working relationships, collaborating to develop new processes, share information (data) and coordinate services. For example, many Managed Care Plans and their providers do not have established working relationships with prisons and jail primary care and behavioral health providers, nor do they have such relationships with other community-based justice system entities, such as parole and probation. Additionally, the efforts to target PATH funding to providers and community based organizations (CBOs) in communities that have been historically under-resourced will be an important approach to workforce expansion given that the justice-involved population often view these entities as trusted and credible sources and, as such, will be more likely to engage and participate in treatment. However, incorporating these CBOs into the provider network will necessitate a significant amount of marketing and technical assistance. Collectively, these significant system transformations will require the requested infusion of $2.17 billion to implement the justice-related CalAIM proposals.

3. Peer Support Specialist Services Pilot Program – Senate Bill 803, which was signed and became effective on January 1st, 2021, created the opportunity for California counties to opt in to provide peer support specialist services. As noted above, many individuals transitioning from incarceration have significant behavioral health needs. This pilot program presents an important opportunity to expand the utilization of peers in California DMC counties (as well as in the Specialty Mental Health and DMC-ODS under the 1915(b) waiver), including Forensic Peer Support Specialists which, through their lived experience and specialized training, are able to gain the trust and respect from the individuals they serve, preparing individuals for reentry into their community, assisting with activities of daily living, as well as helping with navigation through, and engagement in, complex State and local public service delivery systems. Also, this workforce can not only help with transitions from incarcerated settings, but is also will be critical to the success of other federal and State initiatives aimed at eradicating homelessness in California as many justice-involved individuals with behavioral health needs require medically necessary support services in order to ensure their housing placements are successful.

4. DMC-ODS – Given the estimate that approximately 80 percent of individuals leaving prisons suffer from a substance use disorder (SUD), there is a clear need for short-term residential SUD treatment services. Thus far, evaluation of the DMC-ODS has shown positive process and treatment outcomes, and the proposed changes in this 1115 Demonstration Waiver application will be of great benefit to the justice-involved population, as follows:

    - Removing the limitation on the number of residential treatment episodes that can be reimbursed in a one-year period will provide the flexibility needed to address relapses, and ensure that treatment is available whenever it is needed.
    - Clarifying the criteria for services and reimbursing treatment prior to diagnosis in residential settings will remove current barriers to care and ensure services are provided in a timely manner.
    - Clarifying the allowable components of recovery services will lead to increases in this otherwise underutilized service, which is important to maintaining sobriety.
    - Mandating that all DMC-ODS providers demonstrate they either directly offer or have effective referral mechanisms for medication assisted treatment (MAT) will ensure that this life-saving treatment is available in the community for those who are in need of MAT upon release.
    - Updating the payment methodology for county DMC to transition from a Certified Public Expenditure/Cost-Based Financing Methodology to Rate-Based Financing, will provide greater

administrative flexibility, as well as allow these counties to invest in quality improvement efforts, including those that target reductions in justice system involvement.

- Allowing federal reimbursement for all DMC-ODS services that are provided to American Indians and Alaska Natives by traditional healers and natural helpers will increase access to and engagement in SUD services for this extremely vulnerable population that consistently experiences the worst outcomes across practically all health care and criminal justice system indicators.

Combined, these system improvements will lead to improved outcomes for the justice-involved population.

5. Community-Based Adult Services (CBAS) – CBAS is another important program given that a number of justice-involved individuals are older adults and/or adults with disabilities. As such, to avoid disruption and maximize access, this program should continue to operate with the proposed added remote services in the home, community and/or via telehealth, as appropriate.
6. The Global Payment Program (GPP) – While a large portion of the justice-involved population is eligible for Medi-Cal services under the Affordable Care Act, there are a number of individuals who are not. Accordingly, the GPP is an important part of California's safety net to ensure that uninsured beneficiaries continue to have access to cost-effective, high-quality health care services and, thus, should be renewed with the continuation of the existing point value modifications, as well as the requested new modifications to implement the Equity Sub-pool.

For the reasons outlined above, CCJBH fully supports DHCS' CalAIM 1115 Demonstration Waiver application. Altogether, the CalAIM initiative has a clear focus on improving health, and reducing health disparities and inequities. Robust community health and behavioral health services, coupled with other social supports, including those that address SDOH, have proven to optimize successful reintegration after incarceration, reducing recidivism rates while enhancing public safety and reducing costs. CCJBH is confident that proposals set forth in DHCS' CalAIM 1115 Demonstration Waiver application promote recovery, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths for the justice-involved population in California.

CCJBH thanks you for allowing us to provide comments during this process.

Respectfully,

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Council on Criminal Justice and Behavioral Health

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