Connecting Services for ECM Justice Involved Population of Focus Throughout the Reentry & Post Release Process

PATH Collaborative Planning and Implementation (CPI) Initiative
Best Practices Webinar Series

May 16, 2025

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Introductions

- Michel Huizar, Chief, Managed Care Program Oversight Branch
- Jillian Clayton, Chief, Project Coordination Section
- Lisa Bistrup, Unit Chief, PATH Unit, MCQMD
- Saffiatou Jallow, AGPA, PATH Unit, MCQMD

- Elise Memmo, CPI Workstream Lead
- Rebecca Rose, CPI Program Administration & Contract Lead
- Sean Hanwell, CPI Collaborative Assistant

Speakers from: HC2 Strategies and Serrano Advisors

Today's Agenda

- Introduction to PATH Collaborative Planning and Implementation (CPI) Best Practices Webinar Series
- Justice Involved Presentations
  - Reentry Puzzle Pieces
  - PATH CPI Workgroup
  - Justice Involved Learning Community
  - Justice Involved Reentry Toolkit
    - Reentry Care plan
    - Referral Coordination
  - Justice Involved Billing Toolkit
  - Best Practices & Lessons Learned
- Audience Q&A
- Closing Remarks and Evaluation Poll

Today's Objectives

By the end of today's webinar, participants should be able to:

- Leverage techniques to create linkages that lead to a successful reentry.
- Develop a reentry care plan designed to support linkages and handoffs to CBO providers, county agencies, and MCPs.
- Implement Justice-Involved best practices using reentry and billing toolkits
- Increase the number of Justice Involved warm handoffs and referrals into post-release services.

Introduction to CA PATH Collaborative Planning and Implementation

What is "Providing Access and Transforming Health" (PATH)?

Providing Access and Transforming Health (PATH) is a five-year, $1.8 billion initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, Medi-Cal Tribal and designees of Indian Health Programs, and others, to successfully participate in the Medi-Cal delivery system as California widely implements Enhanced Care Management (ECM) and Community Supports and Justice Involved services under the CalAIM initiative.

PATH is intended to complement and enhance other CalAIM funding efforts and should not serve as a primary source of funding. PATH funding for all initiatives is time-limited and should not be viewed as a sustainable, ongoing source of funding.

Key PATH Program Initiatives

PATH Initiative Name	High-Level Description
Collaborative Planning and Implementation (CPI) Initiative	Support for CPI collaboratives to promote readiness for ECM and Community Supports. Participant registration is ongoing, and collaboratives launched in January 2023.
Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative	Grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports. Application windows open in multiple rounds, beginning in 2023 through 2025. Three rounds of funding have been awarded to over 500 organizations for almost $600 million as of August 2024. The last round of funding opened in January 2025 and will close on May 2.
Technical Assistance Marketplace Initiative	Technical assistance to providers, community-based organizations, county agencies, public hospitals, Tribes and Indian Health Care providers, and others providing or planning to provide ECM and/or Community Supports. TA Recipient applications, Project Eligibility Applications (PEA), and Scope of Work (SOW) and Budgets are open and reviewed on a rolling basis. As of April 2025, there are 650+ approved TA Recipients, 160+ TA Vendors, and 1300+ executed TA projects, representing over $140 million dollars.
Justice Involved Capacity Building	Funding to support collaborative planning as well as infrastructure and capacity needed to maintain and build pre-release enrollment and suspension processes and implement pre-release services to support implementation of the full suite of statewide CalAIM justice-involved (JI) initiatives in 2023. Through two rounds of funding, PATH JI has awarded over $415M to JI agencies in CA.

Collaborative Planning and Implementation (CPI) Initiative

Background

- Local CPI collaboratives work together to identify, discuss, and resolve topical implementation issues and identify how PATH and other CalAIM funding initiatives – including IPP – may be used to address gaps identified in Medi-Cal Managed Care Plan (MCP) Needs Assessments and Gap Filling Plans while avoiding duplication.
- PATH TPA works with stakeholders in the region to convene and facilitate county/regional CPI efforts. There is a single PATH-funded CPI group in each county/region.
- In 2024, CPI collaboratives have focused attention on optimizing referral systems, enhancing provider networks, and improving data exchange, among other key CalAIM implementation priorities. Collaboratives are being leveraged to identify best practices and resources for entities engaged in ECM and Community supports efforts.

CPI Funding

- Initiative funding is used to support a designated PATH CPI facilitator in each county or region.
- Individual CPI participants or participating organizations will not receive funding via this initiative.
- Entities are not required to participate in CPI efforts to apply for PATH CITED funding.

PATH CPI Organization Registration

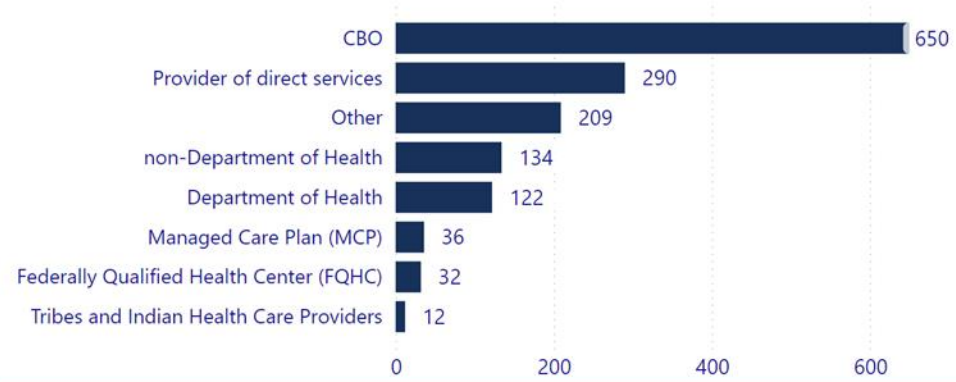
August 2022 -April 11th, 2025

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

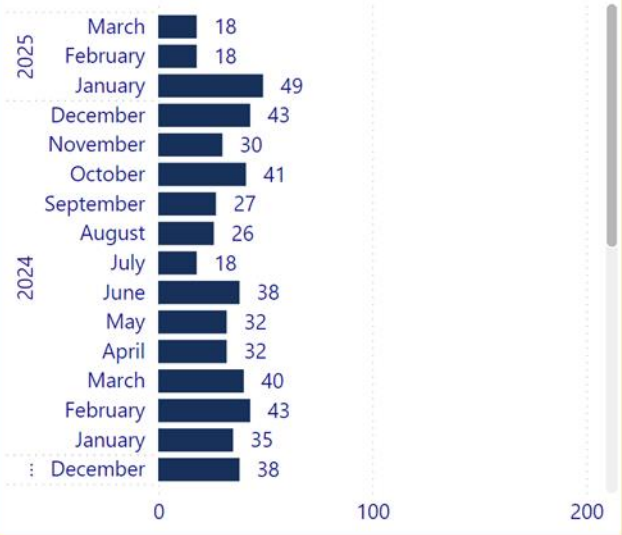
PATH CPI Organizational Total Count

1491

Organization Type

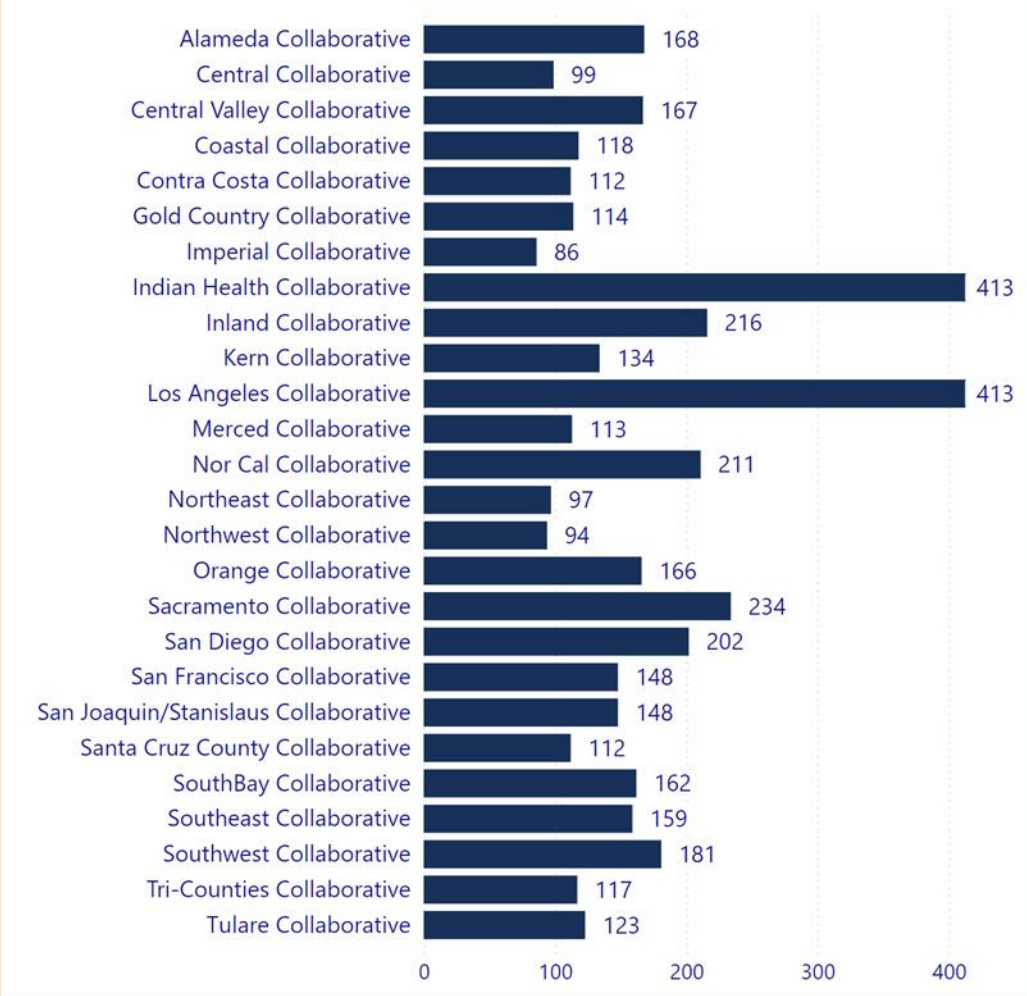


CPI Organizational Monthly Count



Areas of Interest by Organization [1]

PCG Determined Collaborative by Organization



PUBLIC CONSULTING GROUP

Notes

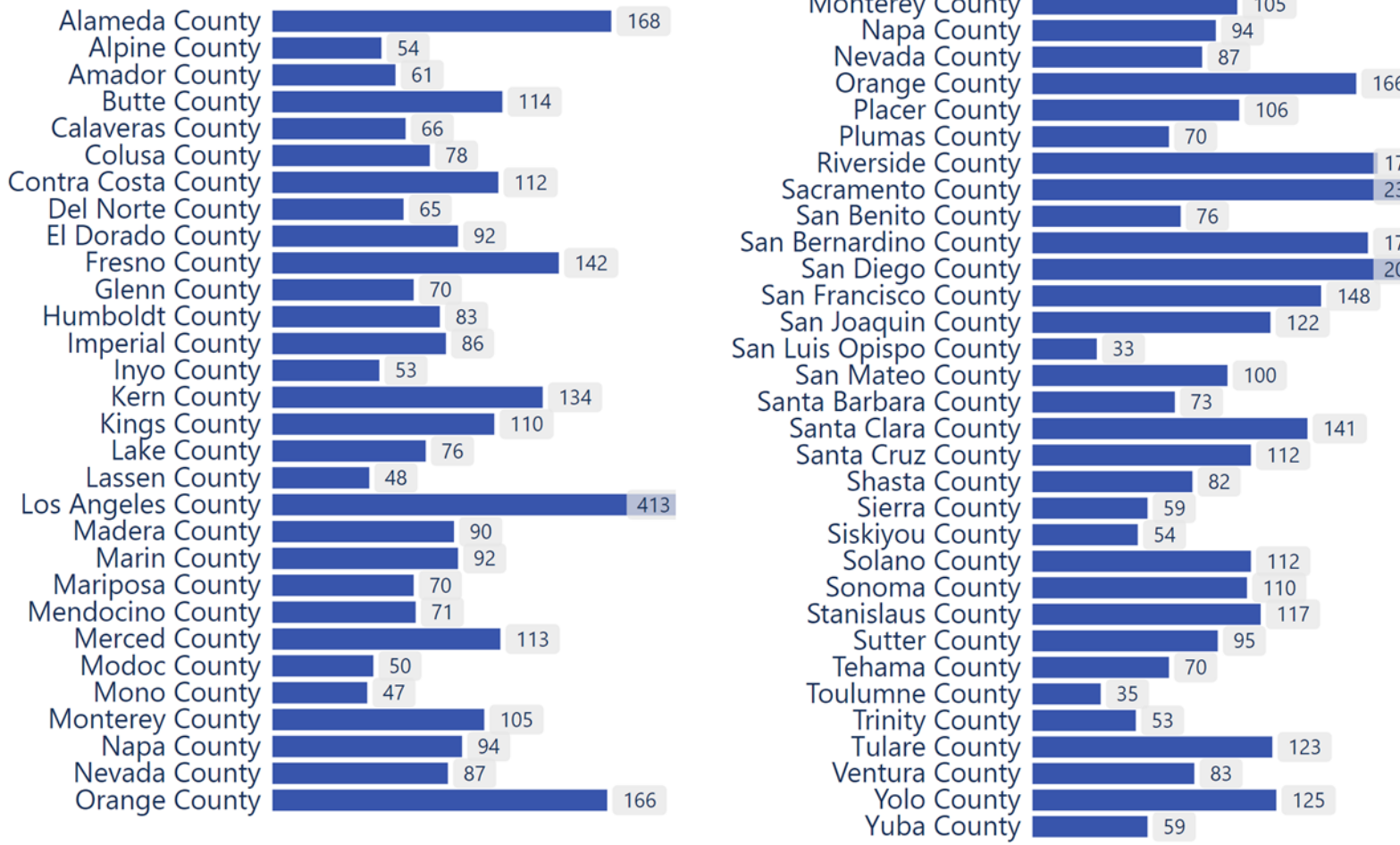
- An organization is defined as a distinction of a separate self-identified entity provided by the field "Organization Name" within participant registration. Potential entities may also include departments, branchs, or systems.
- Self-reported data, as well as registration status, is consistently being verified, approved, denied, changed, and updated on a regular basis. Numbers may vary slightly on a monthly basis.

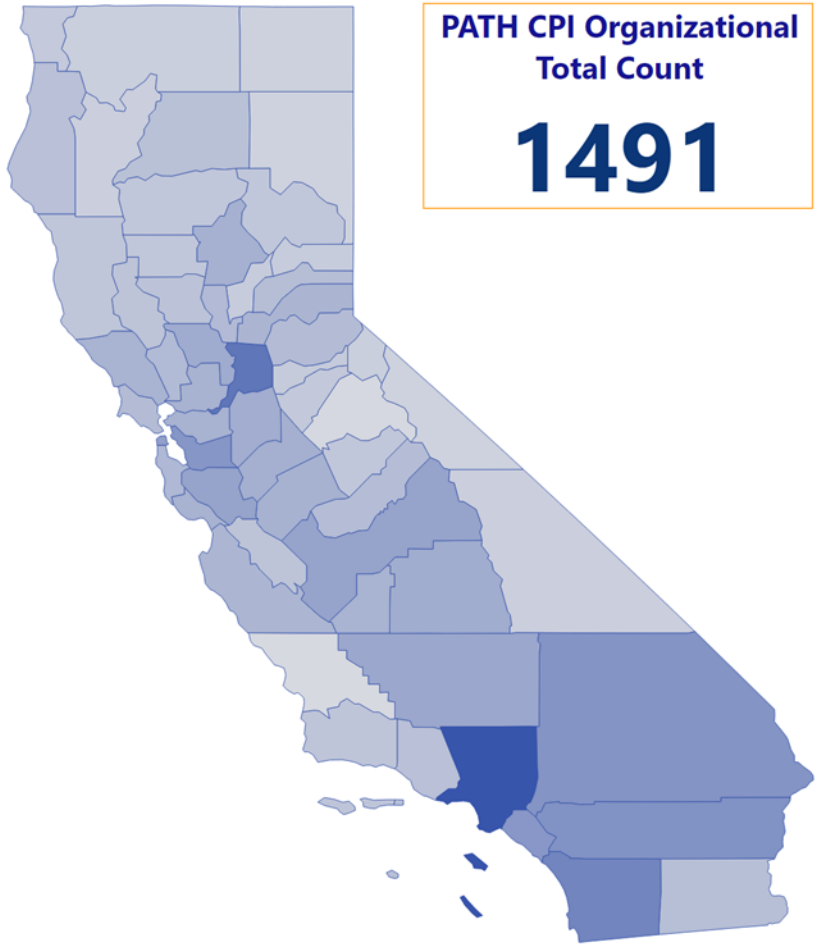
[1] Areas of Interest by Organization is provided by ONLY the initial registrant of an identified organization.

PATH CPI Organizational Registration by County

August 2022 - April 11th, 2025

CPI Organization Count Per County





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Best Practice Webinar Series Objectives

Bi-annual PATH CPI Best Practices webinars are designed to:

Highlight best practices for implementation of ECM and Community Supports

Increase providers' successful participation in CalAIM

Improve collaboration with MCPs, state and local government agencies, and others to build and deliver quality services for Medi-Cal Members

Prior webinars include *"ECM & Community Supports Provider Peer Support & Contracting Self Assessment", "Relationship Building with Organizations in the CalAIM Environment", "Improving CalAIM Engagement for Eligible Individuals", "Hospital Engagement in CalAIM: Supporting Connection to ECM Services Among Eligible Medi-Cal Members".*

Speakers

Dr. Dora Barilla, President & Co-Founder, HC² Strategies

Dora's healthcare leadership and policy expertise empower health and community clients to embrace new frameworks that support the ever-evolving process of better health outcomes and greater community involvement. Her insight comes from 34 years of working with local and state public health departments while representing Providence, Adventist Health and Loma Linda University Health Systems.

Scott Coffin, President, Serrano Advisors LLC

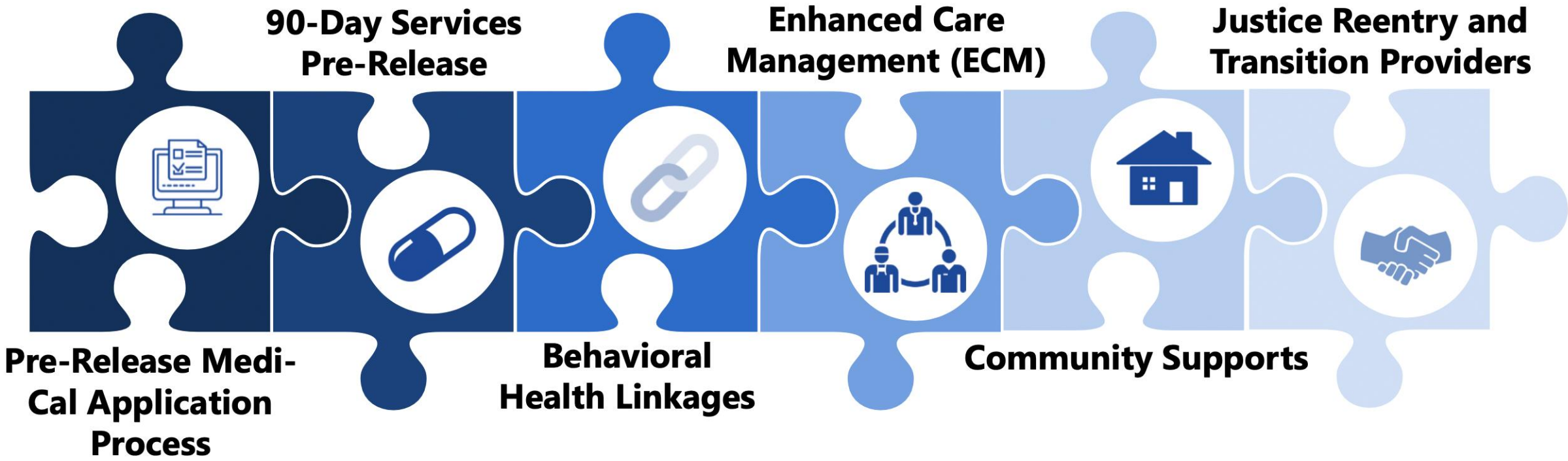
Scott Coffin is a retired CEO from the Medicaid managed care health plans with 28 years of experience in Medicare and Medicaid finance and contract administration. Scott formed Serrano Advisors LLC in July 2023 to support Sheriff's Offices, Probation Departments, Behavioral Health Agencies, managed care health plans, and community-based (ECM) providers with the CalAIM Justice-Involved reentry initiative.

HC² Strategies

Navigating the Journey for the Justice Involved Population of Focus

DHCS

Reentry Puzzle Pieces



CA PATH Collaborative Planning and Implementation (CPI) Justice Involved Workgroups

- Complexity due to wide variation across 58 counties, 23 MCPs and 288 corrections agencies, with multiple models
- Created a CPI Justice Involved (JI) Facilitator Workgroup and collaborative site to share tools and learnings across Collaboratives
- Partnered with Serrano Advisors to connect the dots between the correction partners and the Medi-Cal Managed Care Plans

Background on the Justice Involved CPI Facilitator Workgroup

- Answering the question “How can the CPIs contribute to the advancement of the Justice Involved Initiative?”
  - Ensure relevant information and activities.
  - Connect JI ECM providers to the larger CalAIM ecosystem.
- Asking the counties:
  - What questions are your county agencies working through right now?
  - What problem are you solving?

Building a Justice Involved Learning Community Across the Continuum

- CPI participants partner with corrections teams and MCPs to connect the dots and build bridges.
- A next step is to expand the learning community to better understand the questions and problems that counties and providers are addressing through the TA Marketplace.

Serrano Advisors, LLC

CalAIM Justice Involved - Collaborated Reentry

10 Justice Involved Best Practices (1 of 2)

1. **Automate** the Medi-Cal eligibility determination process and **incorporate** the JI Portal into the intake and release processes.
2. **Develop a landscape analysis** and document the current & future state workflows.
3. **Adopt the use of contact cards** to establish warm handoffs and linkages for intra-county and inter-county releases
4. **Clarify the roles & responsibilities** for each reentry partner in the pre-release and post-release cycles – embedded health, in-reach, Behavioral Health, Social Services, Public Health, CBOs, ECM providers, MCPs and others.
5. **Create a roadmap** for selecting a Medi-Cal billing vendor (sole source, formal RFP) and **determine how service encounter data will be transmitted** into the billing system.

10 Justice Involved Best Practices (2 of 2)

6. **Revenues** are based on length of stay and completion of services; **build a forecast** to gain insights about sustainability in 2027 and beyond.

7. **Profile the lengths of stay** in the county's adult and juvenile correctional facilities (under 72 hours, 3-14 days, 15-30 days, 31-60 days, 61-90 days).

8. **Initiate discussions early** about data sharing with County Counsels representing Behavioral Health, Sheriff's Office and Probation Department (AB 133 and CFR 42).

9. **Leverage technology and AI frameworks** to share data, and to accelerate the development of the reentry care plan, warm handoffs and linkages (offset short stays, quick releases).

10. **Document** Medi-Cal billing methods in a billing manual, **update** the manual as policy changes are released by DHCS, and focus on the **service encounters**.

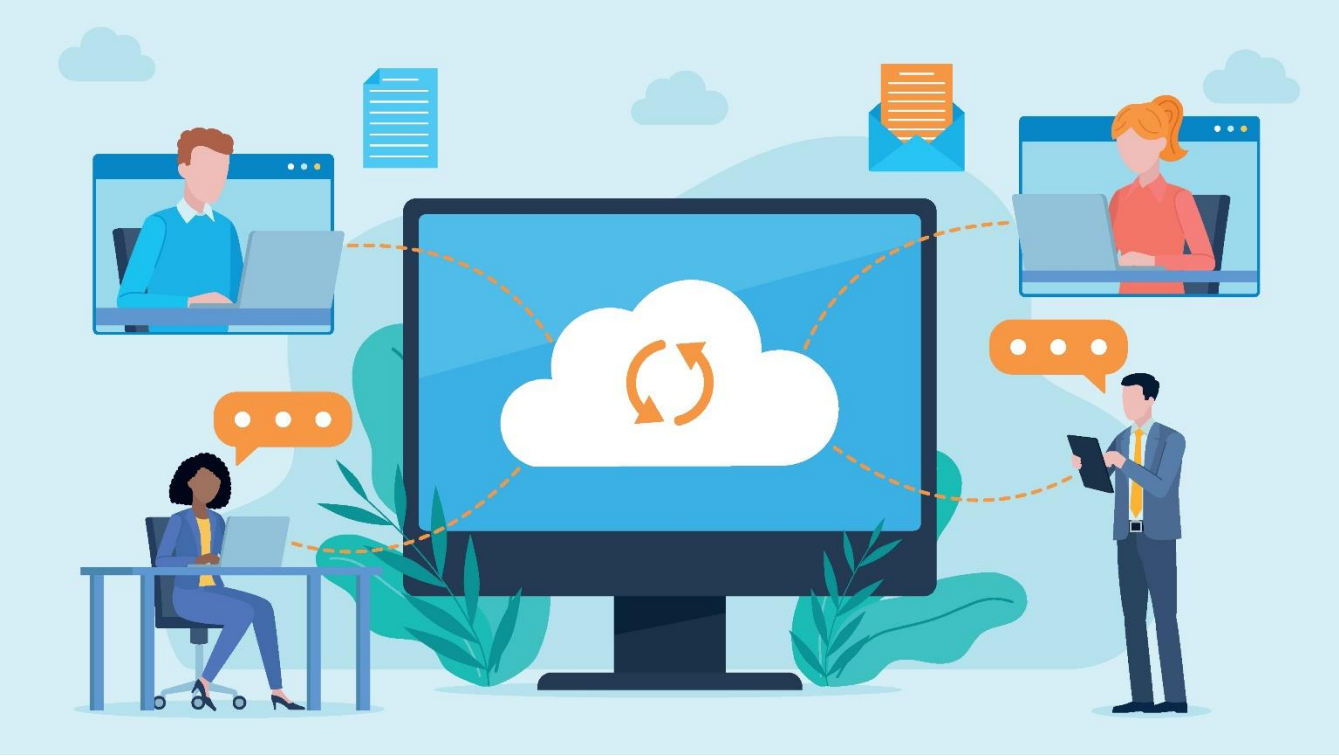
Reentry Care Plan

- The reentry care plan contains over 25 different types of data, and multiple core systems are involved.
- Adult and juvenile reentry care plans tend to differ slightly.

Reentry Care Plan Data Elements

1. Name of the adult or juvenile
2. Actual release date from incarceration
3. Medi-Cal ID number (CIN)
4. Medi-Cal managed care plan assignment
5. Address
6. Telephone
7. Screening & health risk assessment, findings & treatment plan
8. Treatment History (snapshots)
   - Mental health
   - Physical health
   - Substance use treatments (i.e., addiction medicines)
9. List of the individual's chronic conditions
10. Prescribed medications
11. Primary physician contacts
12. Scheduled appointments
13. Housing
14. Employment
15. Income and benefits
16. Food & clothing
17. Transportation
18. Identification documents
19. Life skills
20. Family & children
21. Emergency contacts
22. Court date(s)
23. Service referrals
24. Home modifications
25. Durable medical equipment

Reentry Care Plan



- Data-sharing solutions range from integrated electronic health record systems to unstructured spreadsheets via secure e-mail.
- Decisions on the essential data to share with reentry partners should be documented in the memorandum of understanding.

Reentry Care Plan

Defines the **level** of treatment, the **individual's response** to the treatment and the **treatment's effectiveness**

- Major deliverable in the readiness phase
- Required to launch pre-release services
- Prepared during the individual's stay
  - Hard copy is printed & handed to the individual as they are released
  - Electronic copy is distributed to health partners in the community involved with the warm handoffs

Referral Coordination

- Linkage scenarios vary by the type of health delivery model in the correctional facility (e.g., single vs. multiple health providers).
- Key objective is to determine which data elements are needed and how the data will be shared among the reentry partners.
- Quick releases and short stays are most challenging; look for ways to prioritize the data needed for reentry linkages and warm handoffs.
- Accelerating the reentry process through automation is possible.
- Closed-loop referrals for ECM JI population start on July 1, 2025.

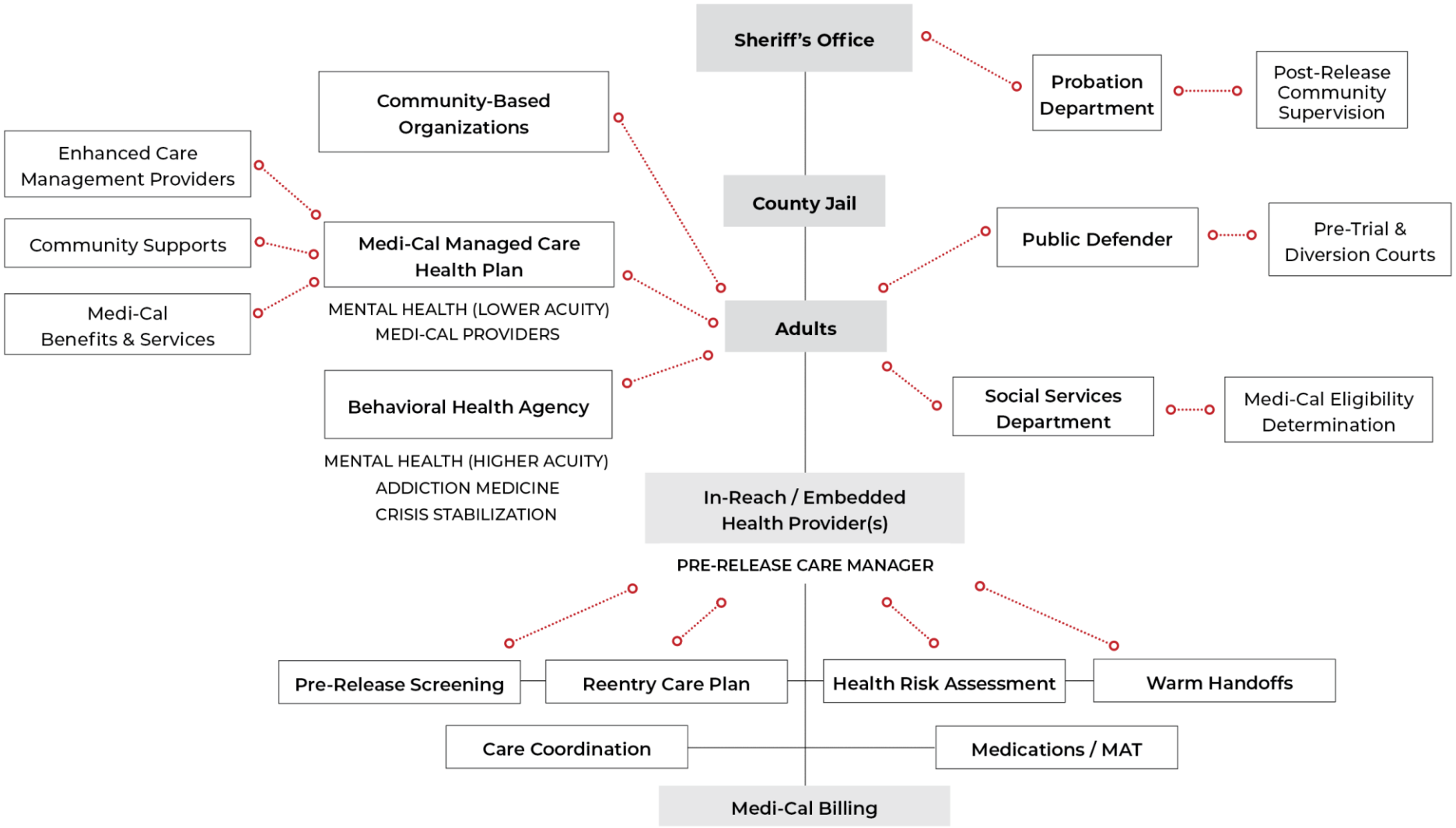
Roles & Responsibilities

Create a matrix to define the **roles & responsibilities** for the reentry partner in the pre-release and post-release processes

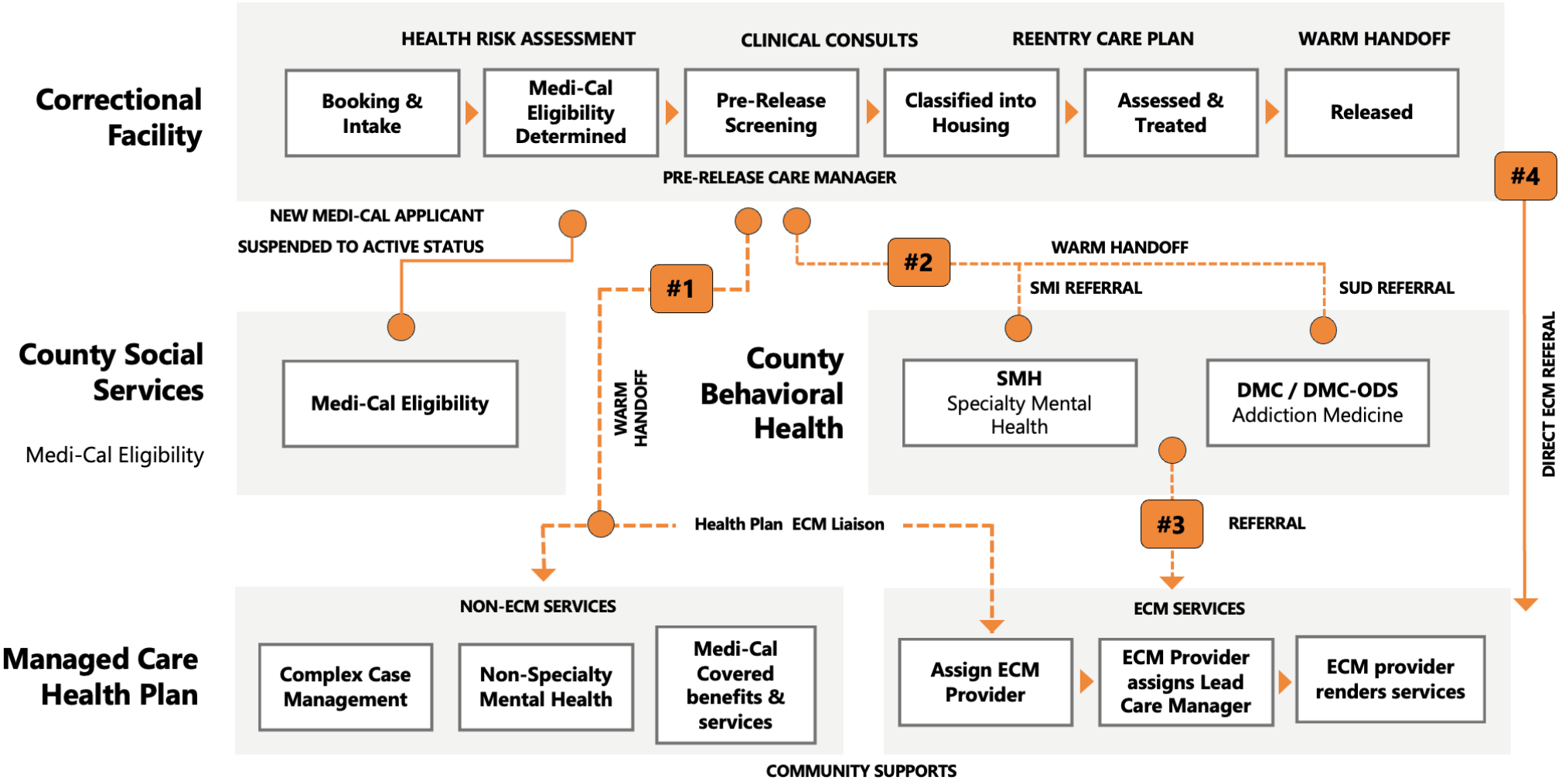
ROLES & RESPONSIBILITES MATRIX

	Embedded Health	In-Reach	Sheriff / Probation	Behavioral Health	Social Services	ECM Provider	MCP	Vendor
Medi-Cal eligibility determination, includes the **JI Portal lookup**			X		X			
Pre-release screenings to determine eligibility for reimbursement	X			X				
Health Risk Assessment	X						X	X
Clinical consultations between licensed providers and community-based caregivers (ECM providers)	X			X	X		X	
Reentry Care Plan	X	X	X	X	X	X		X
Care coordination in the jail facility	X							
Linkages & warm handoffs to community providers	X	X		X	X		X	
Medications dispensed in the facility and **30-day release medications**	X							X
MAT Counseling & Administration	X		X	X			X	
Service Encounters used for reimbursement	X	X		X		X		
Medi-Cal Billing	X			X				X

Adult Reentry Connections



Process Flows & Swim Lanes



Contact Card

The Pre-Release Care Manager in the facility and the reentry coordinators across agencies and health plans use **Contact Cards** to create a short list of key contacts for linkages and warm handoffs. Below is a list of the primary contacts by type of organization.

County Agencies		Key Partners	
Behavioral Health: Mental Health & Substance Use	Access Line Coordinator Crisis & Intervention Hotline	**Medi-Cal Managed Care Plans**	ECM Liaison Community Supports Coordinator Transportation Scheduler Non-Specialty Mental Health
Probation Department	CalAIM Pre-Release Care Manager	**Enhanced Care Management Providers**	Appointment Scheduler Medi-Cal Enrollment Assister Care Manager
Sheriff's Office	CalAIM Pre-Release Care Manager		
Social Services Department	Medi-Cal Case Worker Medi-Cal Enrollment Assister		

Serrano Advisors' public portal supports linkages and warm handoffs to support the inter-county transitions for juveniles and adults: www.bhlinkages.com.

Lessons Learned: Toolkits

- Toolkits standardize the pathways to facility readiness, guide the stakeholder governance and develop a structured approach to operations.
- CPI facilitators and agency partners benefit from a structured approach to readiness and implementation.
- Toolkits include:
  - CalAIM JI Medi-Cal Billing Toolkit
  - CalAIM JI Reentry Toolkit
  - CalAIM JI CBO Toolkit
  - CalAIM JI Revenue Proforma Toolkit
  - CalAIM JI Data Sharing MOU Toolkit

> ***"JI Toolkits simplify the complexities of the reentry program and help us to prioritize what needs to get done."***

Summary of Key Links and Resources

Resource	Brief Description	Link / Contact
Billing Toolkit	CalAIM Medi-Cal Billing Toolkit for Correctional Facilities and Behavioral Health Agencies	www.serranoadvisors.com/toolkits Collaborative Planning and Implementation
Reentry Toolkit	CalAIM JI Reentry Toolkit	www.serranoadvisors.com/toolkits Collaborative Planning and Implementation

Questions?

Use the Q&A feature to submit your questions.

Join a PATH CPI in your Region!

Collaborative	Counties
Alameda	Alameda
Central	Alpine, El Dorado
Central Valley	Fresno, Kings, Madera
Coastal	Monterey, San Benito
Contra Costa	Contra Costa
Gold Country	Amador, Calaveras, Inyo, Mariposa, Mono, Tuolumne
Imperial	Imperial
Inland	Riverside, San Bernardino
Kern	Kern
Los Angeles	Los Angeles
Merced	Merced
Nor Cal	Butte, Colusa, Glenn, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Yuba

Collaborative	Counties
Northeast	Lassen, Modoc, Shasta, Siskiyou, Trinity
Northwest	Del Norte, Humboldt
Orange	Orange
Sacramento	Sacramento
San Diego	San Diego
San Francisco	San Francisco
San Joaqui/Stanislaus	San Joaquin, Stanislaus
Santa Cruz County	Santa Cruz
SouthBay	San Mateo, Santa Clara
Southeast	Solano, Yolo
Southwest	Lake, Marin, Mendocino, Napa, Sonoma
Tri-Counties	San Luis Obispo, Santa Barbara, Ventura
Tulare	Tulare

Upcoming Events

Bi-Annual CA PATH CPI Best Practices Webinar

October 24, 2025

Topic TBD

Evaluation Poll

1. For the following statements, please indicate if you agree or disagree:
   - Today's content was engaging and satisfying;
   - Today's content was relevant and useful;
2. After attending today's session, please indicate which actions you plan to take:
   - Join a JI workgroup
   - Access the JI Billing Toolkit
   - Access the JI Reentry Toolkit
   - Develop a reentry care plan for my organization
   - Begin or increase referral linkages for the JI population in the region you serve
3. Please select the county that best reflects the geographic region you serve or operate in:
4. Please select the option that best represents your organization / profession:
   - Community Based Organizations
   - ECM and/or Community Supports providers offering services to CalAIM/Medi-Cal recipients (regardless of MCP contracting status)
   - Federally Qualified Health Centers
   - Medi-Cal Tribal and Designee of Indian Health Programs
   - MCP staff
   - State and local government employees
5. Would you like the CPI facilitator operating in your region to contact you with information about upcoming CPI events?

THANK YOU!

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Appendix

- To learn more about CA PATH Capacity and Infrastructure Transition, Expansion, and Development (CITED), Technical Assistance Marketplace (TAM) or Justice Involved (JI), please refer to the following websites:
  - CITED: www.ca-path.com/cited
  - TAM: www.ca-path.com/ta-marketplace
  - JI: www.ca-path.com/justice-involved