

IST Workgroup 1

Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges

September, 28, 2021

Homework:

Develop two actionable ideas or concrete solutions (short-term or medium-term) to provide early access to treatment and stabilization in jail or via JBCTs in order to maximize re-evaluation, diversion or other community-based treatment opportunities and reduce length of stay. Include the resources it would take (cost/budget) to cover implementation, and data outcome measures (to determine if the solution is working).

Idea/Solution #1 - Enhanced Care Management & Medi-Cal pre-release application mandate – this idea is part of the Cal-AIM (California Advancing & Innovating Medi-Cal) proposal.

Overview

- The Medi-Cal pre-release application mandate and enhanced care management proposal will provide coordination of medical, behavioral health and non-clinical social services for justice-involved individuals prior to and upon release from county jails.
- The goal is keep some of the most acute and vulnerable individuals with serious medical or behavioral health conditions out of jail/prison and in their communities to better support care for those who are incompetent to stand trial.

Enhanced Care Management

- What is enhanced care management?
 - These services will extend beyond standard care coordination. They are an intensive set of services focusing on the coordination and monitoring of cost-effective, high quality, direct care services, and connections to community supports.
 - Enhanced care management will support the scaling of diversion efforts aimed at keeping some of the most acute and vulnerable individuals with serious medical or behavioral health conditions out of jail/prison and in their communities.
- How will this work?
 - Medi-Cal managed care plans can contract with county and non-profit entities that work to meet the health care needs of those who are involved in pre-or post-booking diversion behavioral health and criminogenic treatment programs and, thus, are at risk for incarceration and could, through care coordination and service placement, have a treatment plan built to avoid incarceration and get into community-based care and services.
 - All Medi-Cal managed care plans will submit an enhanced care management Model of Care proposal to DHCS by July 1, 2022 specifically addressing individuals transitioning from incarceration for implementation on January 1, 2023 in all counties.

Medi-Cal Pre-release application mandate

- As a complement to the enhanced care management benefit, DHCS is proposing to mandate that all counties implement a county inmate pre-release Medi-Cal application process by January 1, 2023.

- The goal is to ensure county inmates that are eligible for Medi-Cal and are in need of behavioral health treatment receive timely access to Medi-Cal services upon release from incarceration.
- This mandate would also require all county jails to implement a process for facilitated referral and linkage from county jail release to behavioral health (specifically - specialty mental health, Drug Medi-Cal, DMC-ODS and Medi-Cal managed care providers), in cases where the inmate was receiving behavioral health services while incarcerated.
- Studies have shown these types of coordination activities reduce unnecessary emergency room and inpatient stays, as well as improve treatment and medication adherence upon release from jail.
- DHCS will look to counties to implement medical record release processes that would allow medical records to be shared with the county behavioral health and Medi-Cal managed care providers, prior to or upon release from jail.
- The current pre-release application process varies from county to county. The proposed mandated county inmate pre-release application process will standardize policy, procedures, and collaboration between county jails, county sheriff's departments and county behavioral health. This collaboration (between county jails and county behavioral health) will ensure that eligible individuals are enrolled in Medi-Cal prior to release and will establish a continuum of care and ongoing support that may ultimately help to reduce the demand for costly and inappropriate services.

Metrics:

- Recidivism rates pre/post enhanced care management & application mandate.
- Percentage of individuals in community based treatment programs pre/post enhanced care management services.
- Percentage of completed medical applications prior to release from jail pre/post mandate.

Budget:

- Under development with CMS

Idea/Solution #2 - Technical assistance on Involuntary Medication Orders (IMOs) - specifically targeted for the IST waitlist population.

- An option for DSH psychiatrists is expanding its direct service provision to ISTs/IST wait-list in jail, focusing on increasing stabilization with IMOs. Approach could include targeted and persistent outreach, engagement with sheriffs and jail psychiatrists to support the decision to administer IMOs, in addition to guidebook/playbook resources.
- An option for DSH psychiatrists to provide TA to jail psychiatrists re IMOs, as well as, clinical consultation and treatment plan development.
- An option for DSH psychiatrists to provide TA to county psychiatrists regarding development of a transition plan focused on supporting county psychiatrists to take ownership of the ongoing treatment of the patient by the county.

Metrics

- Recidivism rates
- Percentage of individuals receiving IMOs pre/post TA.
- Percentage of individuals on IST waitlist pre/post TA.

Budget

- Defer to DSH