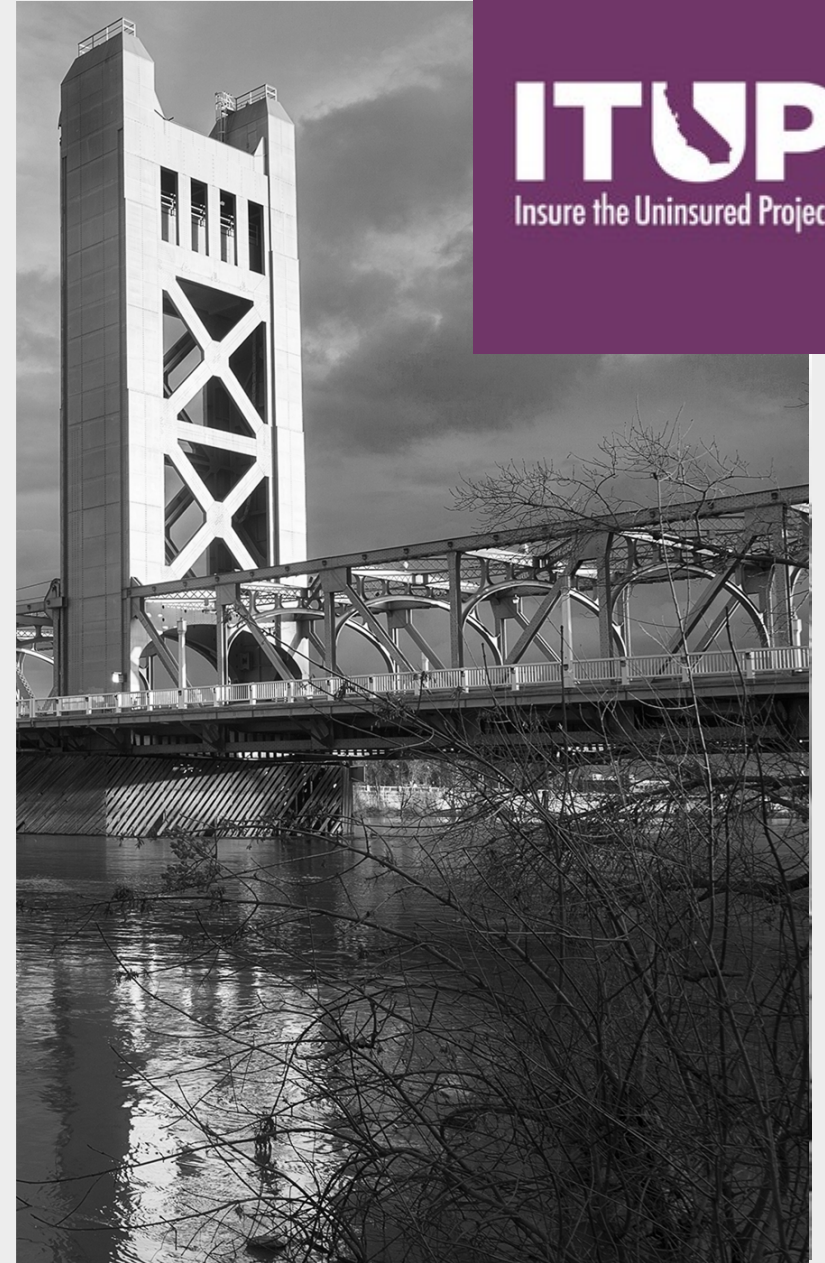


# Breaking the Cycle: Behavioral Health and the Path to Justice Reform

Thursday, October 17, 2024

1:30 p.m. – 3:00 p.m.



This event is generously sponsored  
by...

**ITUP**  
Insure the Uninsured Project



**S I E R R A H E A L T H**  
**F O U N D A T I O N**

# Housekeeping



- **This session is being recorded.** The meeting, links and resources will be emailed to participants and posted to the ITUP website after the meeting.
- **Closed Captioning is available.** To enable captions, select the “CC” or transcript icon from your toolbar.
- **Submit your questions** at any time during today’s webinar using the Q&A function on your screen.
- **Chat is open** and we encourage you to engage throughout today’s discussion.

# Welcomes and Introductions



**Jana Wright, MPH (she/her)**

Director of Policy, Insure the Uninsured Project  
(ITUP)



ITUP convenes regional stakeholders to identify local health needs



**EMPOWER REGIONAL LEADERS TO INFORM HEALTH POLICY EFFORTS**

ITUP leads **10 health equity collaboratives across the state, with 500+ active participants.** These forums are a safe space for our multi-sector stakeholders to uplift their community's **voice, needs, and concerns.** Participants candidly share feedback on the implementation of policy efforts. ITUP leverages this unique intelligence to refine policy efforts.

ITUP amplifies **COMMUNITY VOICE**



**ITUP WORKS WITH STATE LEADERS TO SHAPE HEALTH POLICY EFFORTS ON BEHALF OF ITS MISSION & STAKEHOLDERS**

ITUP staff work with government leaders to understand current and emerging health policy and legislative efforts that impact health equity. Simultaneously, ITUP engages its **4,000+ stakeholders on these matters to provide policy makers with community-informed feedback.**

# ITUP Publications



**ITUP** Insure the Uninsured Project

**Issue Brief**

## Leveraging Data to Advance Health Equity and Success in CalAIM

APRIL 2024

**EXECUTIVE SUMMARY**

Data exchange is integral to identifying and connecting populations to health and social services, modernizing delivery systems, and improving quality of care for all Medi-Cal patients. This issue brief explores how improved health and social services information exchange through the California Health and Human Services (CalHHS) Data Exchange Framework (DxF) is essential for the foundational success of California's Advancing and Innovating Medi-Cal (CalAIM) Initiative. Data sharing through the DxF directly supports CalAIM's goals to improve whole person care by addressing social determinants of health (SDOH), improving systems of care for Medi-Cal members, generating better health outcomes and advancing health equity.<sup>1</sup> Data sharing is a vital element to measure the impact on health care access and health outcomes for Medi-Cal members.<sup>2</sup> This brief further examines data sharing needs for **five major CalAIM initiatives**:

**Connect**  
Medi-Cal Members to Community Supports

**Transition**  
Dual-Eligibles to Managed Care

**Transform**  
Behavioral Health Services

**Identify and Address**  
Health and Social Needs of Justice-Involved Medi-Cal Members

**Establish**  
Statewide Population Health Management

**CalAIM & DxF TIMELINE**

- January 2022**  
Enhanced Care Management (ECM) and Community Supportive Initiative launches. Mandatory Managed Care Enrollment for dual-eligibles launches.
- July 2022**  
CalHHS establishes Data Sharing Agreement (DSA) and Data Exchange Framework (DxF) as mandated by AB 133, and releases a final version of the DSA and an initial set of policies and procedures to govern the DxF.
- July 2022**  
Behavioral Health No Wrong Door Policy goes live.
- November 2022**  
DSA signing begins.
- January 2023**  
Deadline for DSA to be signed by required signatories in California.
- January 2023**  
Justice-Involved Initiative launches, releasing applications for county jail and youth correctional facilities.
- January 2023**  
Population Health Management (PHM) launches. Full statewide launch of PHM is still being determined.
- January 2024**  
Most required DxF signatories must begin to exchange health information for treatment, payment, health care operations, and public health activities.
- January 2024**  
Qualified Health Information Organization (QHIO) for the DxF are announced.
- April 2024**  
Beginning of 24-month phase-in period for Justice-Involved pre-release Medi-Cal services.
- January 2025**  
All required DxF signatories must begin sharing health information.

**ACRONYMS 101: Lingo To Know**

BIPOC = Black, Indigenous, and Other People of Color	HIE = Health Information Exchange
CalAIM = California Advancing and Innovating Medi-Cal	HIO = Health Information Organization
CIE = Community Information Exchange	HSSI = Health and Social Services Information
CBO = Community-Based Organization	MCP = Medi-Cal Managed Care Plan
DxF = Data Exchange Framework	QHIO = Qualified Health Information Organization
DSA = Data Sharing Agreement	SOGI = Sexual Orientation and Gender Identity
ECM = Enhanced Care Management	SDOH = Social Determinants of Health
EHR = Electronic Health Record	

**ITUP** Insure the Uninsured Project

**POLICY TOOLKIT**

AUGUST 2024

## BEHAVIORAL HEALTH IN CALIFORNIA

**THIS CURATED POLICY TOOLKIT** combines the wide array of California initiatives and resources that support the emotional and behavioral well-being of Californians. It contains hyperlinks to help seamlessly navigate between the federal entities, state agencies, initiatives, policy plans, engagement opportunities, and additional resources that help to ensure a better future of behavioral health care for California communities.

**What is Behavioral Health?**

Behavioral health refers to the behaviors that affect an individual's wellbeing, encompassing mental, emotional, and social aspects.<sup>1</sup> Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions, such as mental health, substance abuse, etc.<sup>2</sup>

**Key California Behavioral Health Initiatives**

**Mental Health Services Act (MHSA)**

The Mental Health Services Act (MHSA) is a personal income tax on yearly incomes exceeding \$1 million. The MHSA funds California's behavioral health system and allocates the majority of funds to county mental health departments to support implementation of behavioral health services. The Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) provide oversight on the distribution of MHSA funds.

**Children & Youth Behavioral Health Initiative (CYBHI)**

The Children & Youth Behavioral Health Initiative (CYBHI) is a multi-billion-dollar, multi-year investment plan for California's youth behavioral health system. Streamlined by five state departments, the initiative aims to address the youth mental health crisis in California and transform the behavioral health care and health care delivery system for children, youth, and families.

**Mental Health for All (MH4A)**

Mental Health for All is a multi-year effort to transform California's behavioral health landscape. Starting in Summer 2024, this effort aims to use Proposition 1 implementation to work toward all counties adopting comprehensive behavioral health services plans by 2026.

**Proposition 1 (Prop 1)**

Proposition 1 (Prop 1) is a multi-billion dollar bond which intends to expand access to behavioral health systems. Prop 1 changes the legislative language of the MHSA to encompass all of the Behavioral Health Services Act. Prop 1 reduces the allocated MHSA funding and increases state administered funding. This proposition utilizes the funds for treatment facilities and supportive housing for veterans and individuals with behavioral health challenges.

**Fast Facts**

- 1 in 7 adults experience a mental illness\*
- 2/3 of adolescents with major depressive episodes do not get treatment\*
- 82% of people experiencing homelessness had a mental health condition or substance use challenge\*
- 66% of people experiencing homelessness experience mental health problems, such as depression, anxiety, hallucinations, or trouble remembering things\*
- 1 in 10 children living below the federal poverty level experience serious emotional disturbances\*

ITUP Policy Toolkit: Behavioral Health in California | 11 | August 2024

**ITUP** Insure the Uninsured Project

**Coverage in California at a Glance**

## Overview of California

August 2024

**FIGURE 1. Race/Ethnicity and Insurance Status Across California\***

	Latinx	White	Black	AI/AN	Asian	NH/PI	2+
Percent of Total Population	39.6%	38.1%	5.5%	0.4%	13.1%	0.4%	2.8%
Percent Insured	91.6%	90.0%	95.3%	95.2%*	95.0%	99.9%*	95.2%
Percent Uninsured	8.4%	2.0%	4.7%	4.8%*	5.0%	-	4.8%

AI/AN=American Indian/Alaska Native | NH/PI=Native Hawaiian/Pacific Islander | 2+=Two or More Races  
\*Data for these categories are considered statistically unstable. | (1) Notes a value unavailable due to data rounding.

**CALIFORNIA TOTAL POPULATION 2023<sup>1</sup>**  
**39.5M**

**1,966,000 (5.0%) Uninsured, 2022<sup>2</sup>**  
**30.8% of Uninsured Californians Have Incomes <138% FPL, 2022<sup>2</sup>**

**FIGURE 2. Employer-Sponsored Coverage, 2022<sup>3</sup>**

Employer-Sponsored Coverage: **18.8M** (49.3%)

**Race/Ethnicity Breakdown Among Californians with Employer-Sponsored Coverage**

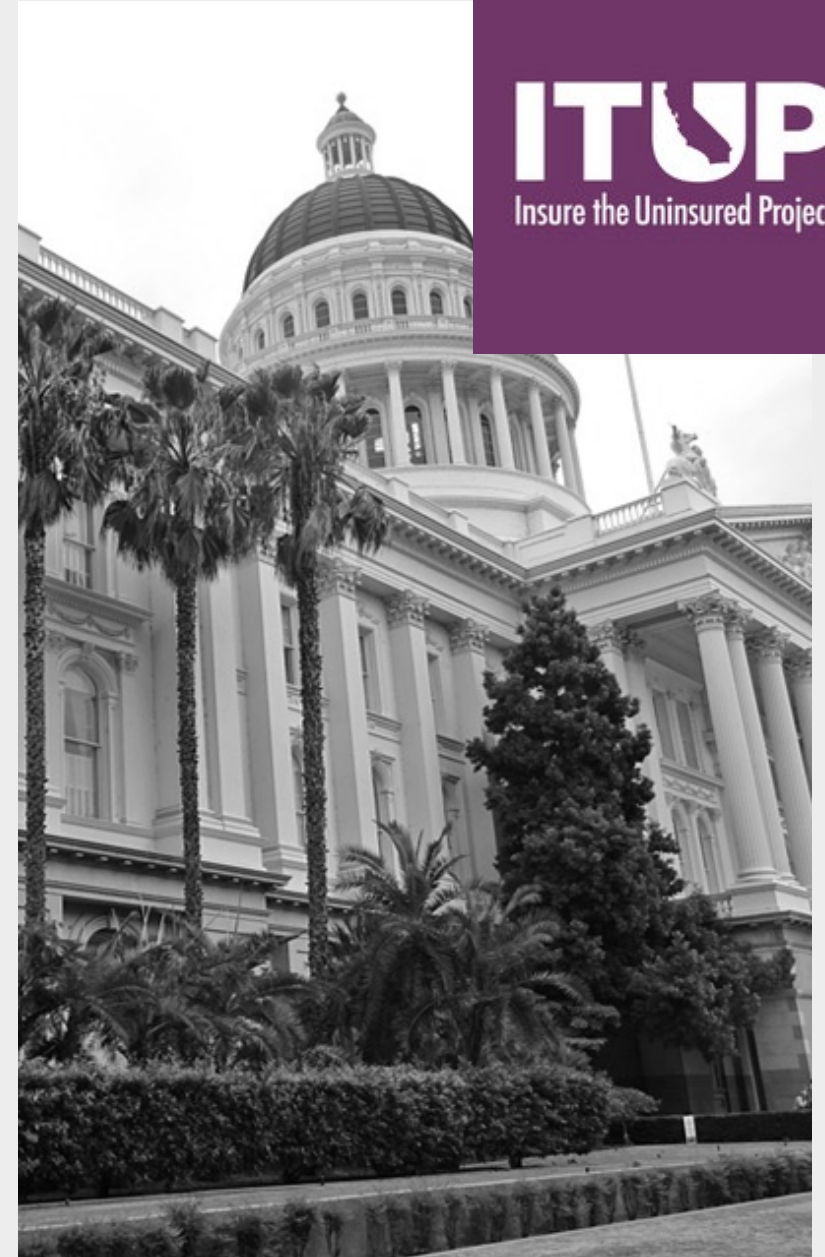
White	42.1%
Latinx	33.1%
Asian	15.8%
Black	4.6%
AI/AN	0.2%
NH/PI	0.4%
Two or More Races	3.6%

AI/AN=American Indian/Alaska Native | NH/PI=Native Hawaiian/Pacific Islander

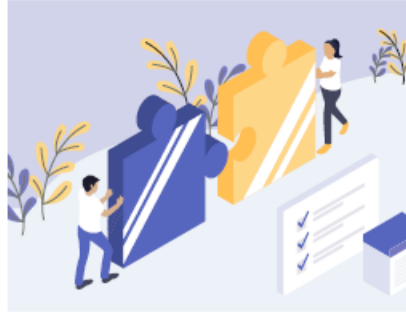
# The Basics: Setting the Context for Behavioral Health for Justice- Involved Population

*Sumaira Akbarzada, MPH, MAS*

*Health Policy Intern*



# Transforming Behavioral Health Services in California Jail System



Equitable access to behavioral health services is critical for all Californians, but especially because of the existing high prevalence of mental health issues among individuals within the justice-involved population.<sup>1</sup> Many incarcerated individuals have untreated mental health issues that worsen during incarceration. The cycle of incarceration and mental illness builds and fuels one another, further exacerbating existing symptoms and illnesses, and thus resulting in worse health outcomes.

As part of the [California Advancing and Innovating Medi-Cal \(CalAIM\) Initiative](#), the [Justice-Involved \(JI\) Initiative](#) focuses on identifying and addressing the health and social needs of Justice-Involved Medi-Cal members. Creating an environment that promotes equitable access to mental health services ensures that those in the justice-involved population receive the necessary support to encourage recovery, rehabilitation, and reintegration back into their communities.

## California's Justice-Involved Population: A Diverse Landscape

California's Justice-Involved (JI) population comprises a diverse demographic of individuals, with varying backgrounds, ages, race/ethnicities and socio-economic statuses. Individuals within the JI population have engaged with the criminal justice system either through arrest, detention, or parole. However, the disparities in experiences with law enforcement among individuals within the JI population are staggering. Many individuals face systemic challenges like poverty, limited education, and inadequate mental health resources that contribute to their encounter with law enforcement. In addition, substance use disorder, mental illness, and past trauma often intersect and further exacerbates and complicates individual's health outcomes.

Although the demographic of those within the JI population is diverse, Latinx and Black Californians are heavily overrepresented in jails, reflecting racial inequities.<sup>2</sup> This disparity is not a result of higher crime rates, but stems from racial bias in policing and sentencing, and unequal access to legal resources. The disproportionate confinement of communities of color calls to attention the deep-rooted issues within the justice system.<sup>3</sup>

## Fast Facts »





# Equitable Mental Health Access for Justice-Involved Population



- High prevalence of mental health issues
- Untreated conditions worsen in jail
- [California Advancing and Innovating Medi-Cal's Justice-Involved \(JI\) Initiative](#)
- Support Medi-Cal members' needs
- Mental health aids recovery, reintegration

# Who does California's Justice-Involved Population Consist of?



- **Diverse Backgrounds**
  - Various socio-economic status
- **Systemic Challenges**
  - Poverty and unsafe neighborhoods
  - Exposure to community violence in childhood
  - Substance use disorders and past trauma
- **Racial Disparities**
  - Overrepresentation of Latinx and Black Californians



# Data behind the Justice-Involved Population



Approximately **60,000** individuals held in jails on any given day<sup>5</sup>

Black Californians make up **5%** of the population but **21%** of its jailed<sup>2</sup>

**114** jails spread across **58** counties<sup>4</sup>



More than **50%** of incarcerated individuals require mental health services<sup>6</sup>

Up to **25%** of incarcerated jail individuals have serious mental illness<sup>1</sup>



Over **76%** of all incarcerated individuals are currently awaiting arraignment, trial, or sentencing (non-sentenced)<sup>7</sup>



**60%** cannot afford bail<sup>8,9</sup>



**37 days** is the average stay in a CA jail<sup>10</sup>

California invests about **\$1.5 BILLION** annually in its county jails<sup>11</sup>

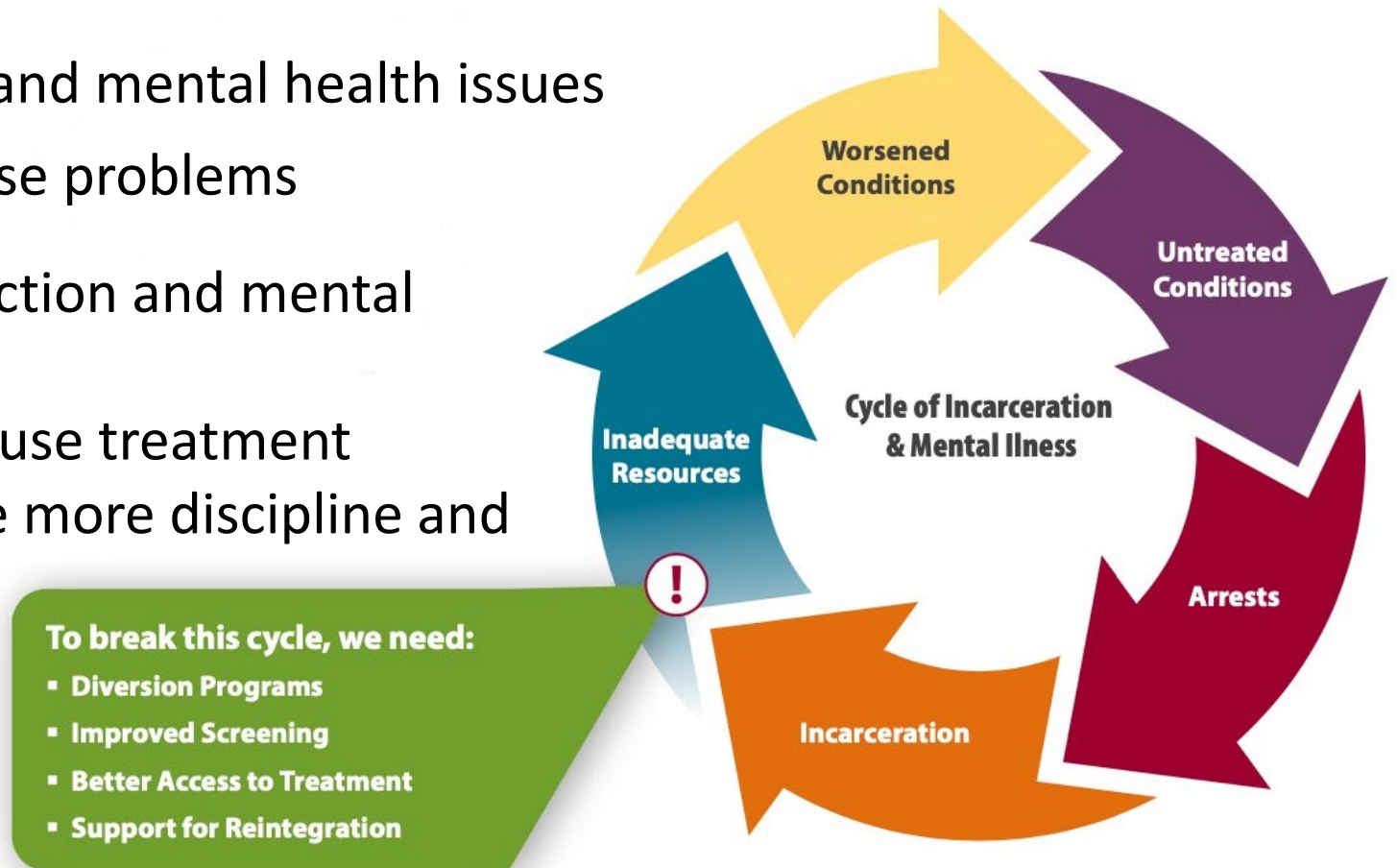


# The Separate Realities of Prisons and Jails

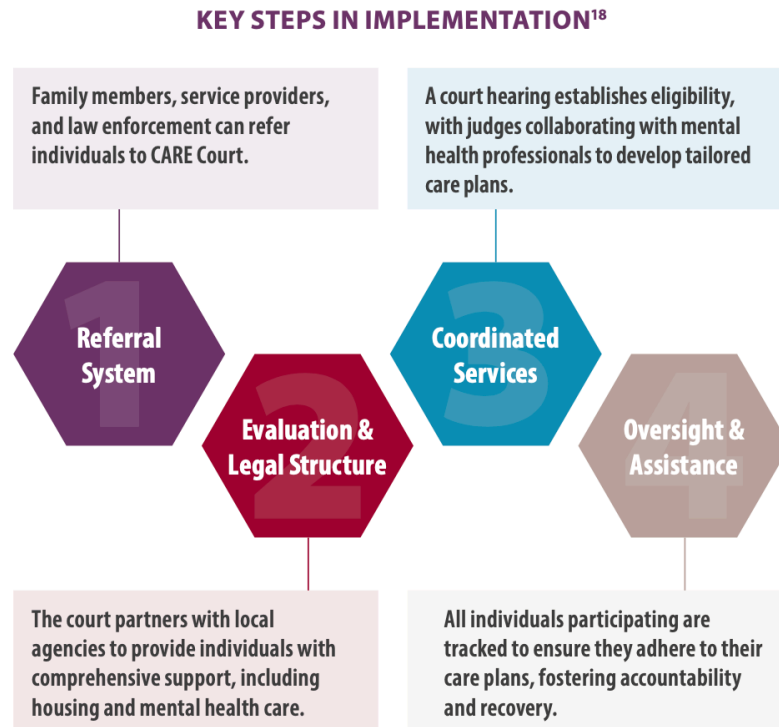
Category	Prisons	Jails
Length of Stay	Long-Term (typically longer than one year)	Short-Term (usually less than one year)
Operated By	State or Federal Governments	County or Local Governments
Type of Incarcerated Individual	Convicted of Felonies	Awaiting Trial, Sentencing, or Service Sentences for Misdemeanors
Programs Offered	Education, Vocational Training, Mental Health Services etc.	Limited Programs & Services
Purpose of Facilities	Rehabilitation & Reintegration into Society	Temporary Confinement & Local Population Management

# Confronting Mental Health and Substance Use Disorders in Jail

- High substance use disorder and mental health issues
- Poverty worsens substance use problems
- Incarceration aggravates addiction and mental health
- Jails lack proper substance abuse treatment
- Latinx and Black students face more discipline and police referrals



# Leading Key Initiatives: Transforming Health Care Delivery for JI Californians



- California is the first state in the U.S. to pioneer the [Justice-Involved \(JI\) Initiative](#)
- [Community Assistance, Recovery and Empowerment \(CARE\) Act](#)
- [Medication Assisted Treatment \(MAT\) in Jails and Drug Courts](#)

# Significant Progress Made, Yet Opportunities for Improvement Remains

- Key Policy Considerations



**Increase Funding**



**Coordinated Care Programs**



**Thorough Mental Health Screening Protocols**



**Collaboration with Community Providers**



**Policy Evaluation and Improvement**

# Thank You!



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# Moderator for Upcoming Panel



**Efrat Sharony, MSW (she/her)**  
Criminal Justice Advocate and Consultant



# Behavioral Health in Justice: A Fireside Chat on Challenges to Integration



**Tedman "Ted" Cheung, LCSW (he/him),**  
Senior Director of Clinical Services,  
Amity Foundation

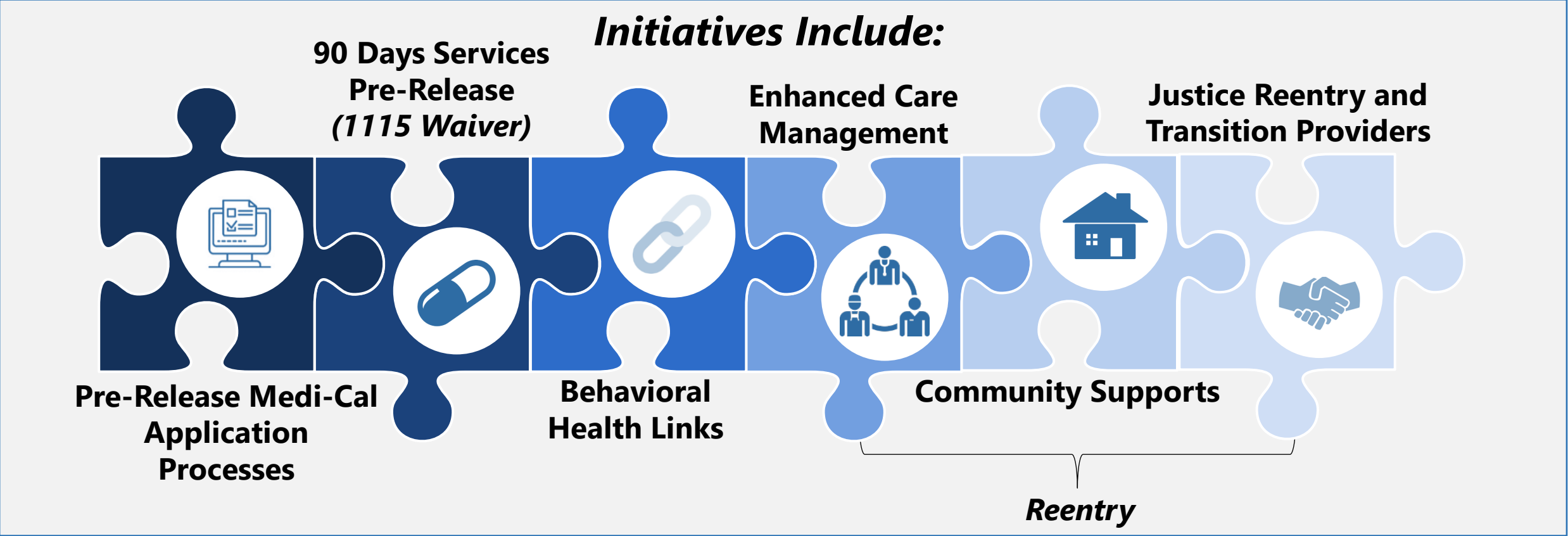


**Mia Cooper Kahn, MPH (she/her)**  
Senior Manager of Behavioral Health,  
Community Health Center Network



**Megan Shandel, (she/her)**  
Chief, Policy and Program Support Unit,  
Department of Health Care Services

# The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components



# Eligibility Criteria for Pre-Release Services

**Medi-Cal-eligible individuals who meet the pre-release access screening criteria may receive targeted Medi-Cal pre-release services in the 90-day period prior to release from correctional facilities. DHCS developed detailed definitions for qualifying criteria, based on extensive stakeholder feedback.**

## Criteria for Pre-Release Medi-Cal Services

*Incarcerated individuals must meet the following criteria to receive in-reach services:*

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Mental Illness
  - Substance Use Disorder (SUD)
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability (I/DD)
  - Traumatic Brain Injury
  - HIV/AIDS
  - Pregnant or Postpartum

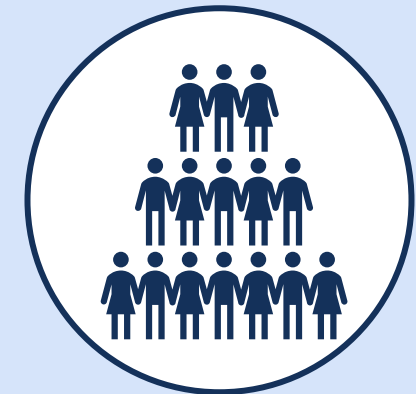
**Note:** *All Medi-Cal/CHIP eligible youth incarcerated at a youth correctional facility are eligible to receive pre-release services and do not need to demonstrate a health care need.*

## Medi-Cal Eligible:

- Adults
- Parents
- Youth under 19
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

## CHIP Eligible:

- Youth under 19
- Pregnant or postpartum



# Covered Pre-Release Services

- Reentry case management services;
- Physical and behavioral health clinical consultation services provided through telehealth or in-person, as needed, to diagnose health conditions, provide treatment, as appropriate, and support pre-release case managers' development of a post-release treatment plan and discharge planning;
- Laboratory and radiology services;
- Medications and medication administration;
- Medication assisted treatment/medications for addiction treatment (MAT), for all Food and Drug Administration-approved medications, including coverage for counseling; and
- Services provided by community health workers with lived experience.



In addition to the pre-release services specified above, qualifying individuals will also receive **covered outpatient prescribed medications and over-the-counter drugs** (a minimum 30-day supply as clinically appropriate, consistent with the approved Medicaid State Plan) and **durable medical equipment (DME)** upon release, consistent with approved state plan coverage authority and policy.

# Register For Our Next ITUP Policy Forum!



ITUP ELECTION POLICY FORUM

**ITUP**  
Insure the Uninsured Project

**2024 PRESIDENTIAL ELECTION:  
WHAT'S AT STAKE FOR HEALTH  
EQUITY IN CALIFORNIA?**

Tuesday, October 29th  
1:30 – 3:00 p.m.

A small, stylized icon of a megaphone is located in the bottom left corner of the poster. The megaphone is purple and white, with several short lines radiating from its top to indicate sound or projection. The background of the poster features a faint, stylized American flag with stars and stripes.

[Register Here!](#)



# Save the Date!

## ITUP 29<sup>th</sup> Annual Conference



# ADVANCING EQUITY

## SUSTAINING THE MOVEMENT FROM COVERAGE TO ACCESS

ITUP 29th Annual Conference  
February 3-4, 2025 • Sacramento, CA



This event is generously sponsored  
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# Thank you!

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