

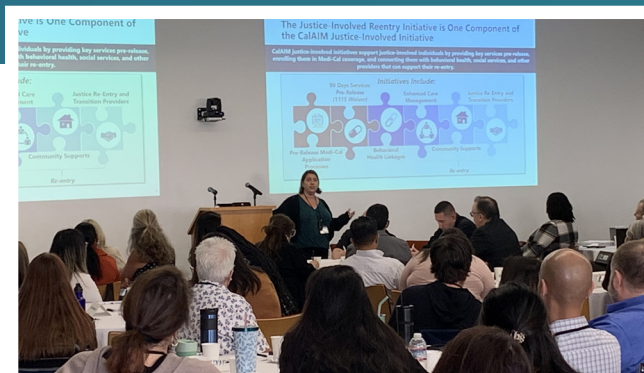
Using a Learning Collaborative to Facilitate Broad Systems Transformation: Supporting 11 California Counties' Implementation of the Medicaid Reentry Waiver

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I. INTRODUCTION

In January 2023, California became the first state in the nation to receive approval from the federal Centers for Medicare and Medicaid Services (CMS) for a Medicaid 1115 demonstration request to waive Medicaid's Inmate Exclusion Policy and cover a set of pre-release services for many groups of incarcerated individuals, beginning 90 days prior to an expected release date.¹ California's Advancing and Innovating Medi-Cal (CalAIM) initiative aims to transform California's Medicaid program (known as Medi-Cal) by creating a more coordinated, person-centered and equitable health system, including adding a new focus area for people involved in the justice system. The CalAIM Justice-Involved (JI) Initiative (CalAIM JI) envisions groundbreaking changes that affect most people who are incarcerated in the state and requires unprecedented cross-sector collaboration. CalAIM JI Counties will implement these complex changes in the health care and behavioral health services provided within jails, and in the process of connecting nearly all people detained in jail with community services during the reentry period.

In 2023, 11 sites in 10 California counties who participated in a peer learning network on criminal justice system reform began working together on the CalAIM JI initiative. This learning



network is generously funded by the John D. And Catherine T. MacArthur Foundation as part of their Safety and Justice Challenge Initiative (SJC).

In this paper, we explore the process and impact of convening a cross-sector peer learning network to foster coordination and collaboration between criminal justice, health care, behavioral health and community partners in support of this new Medicaid and criminal justice initiative. Unless otherwise cited, information in this paper draws from our conversations with California's Department of Health Care Services (DHCS), counties participating in the learning network and other key stakeholders.

II. BACKGROUND

Incarceration separates people from their communities, employment, and housing which creates hardships that last decades.² These hardships are exacerbated by the disconnect between health care provided in jails and prisons and health care in the community.³ Across

1. California Department of Health Care Services. Justice Involved Initiative Page. Available from: <https://www.dhcs.ca.gov/CalAIM/Justice-Involved-Initiative/Pages/home.aspx>.
2. Martin E. Hidden consequences: the impact of incarceration on dependent children. Natl Inst Justice J. 2017 May;(278).
3. Russ EN, Cunningham M, Sufrin C, et al. Prison and jail reentry and health. Health Affairs. 2021 Oct 28. Available from: <https://www.healthaffairs.org/doi/10.1377/hpb20210928.343531/full/>.

the nation, there are few large-scale projects bridging these gaps. Many communities have created admirable reentry programs supporting people with specific health challenges, such as substance use disorders, mental health challenges and specific health conditions like HIV/AIDS. These bridging programs are often grant-funded, small in scope, and time-limited. With the recent policy changes in Medicaid, including the Reentry Section 1115 Demonstration Waiver, Medicaid can play a vital role in bridging the often overlooked and underfunded gap between incarceration and community reentry. The programmatic scope and funding power of Medicaid is unique, allowing for significant expansion and sustainability of needed health care, behavioral health, and reentry services.

California's CalAIM JI Initiative is one component of California's broader set of reforms to its Medi-Cal program. CalAIM JI establishes a framework, supported through state legislation, to create a new continuum of care between correctional and

community health care settings. One major goal of CalAIM JI is to reduce rates of death from heart attacks, strokes, suicides, and drug overdoses which occur at much higher rates among people leaving correctional facilities than in the general population.⁴ The initiative requires correctional facilities – both prisons and jails – to expand medical and behavioral health services to all Medi-Cal eligible detainees with the goal of increasing access to care during detention and after release. It also requires enrolling eligible detainees in Medi-Cal prior to release; coordination of transitional care (pre- to post-release); coordination of community-based services through Enhanced Care Management; and provision of a 30-day supply of medications and durable medical equipment at release.⁵ Implementation will begin between October 2024-2026 as counties submit their plans and DHCS reviews their readiness to proceed. Counties expect nearly 80% of detainees to be eligible for services under CalAIM JI so they are working to expand Medi-Cal enrollment at intake, expedite access to necessary medical and behavioral health services, and vastly increase capacity to provide reentry case management services.⁶ At the same time, managed care plans (MCPs) are building systems to facilitate expanded access to post-release care management and community benefits such as housing and food security. County jails, correctional health care, and MCPs are developing processes to coordinate service connections at release to minimize gaps in care. Criminal justice partners, including courts, pretrial services, and probation, will need to coordinate conditions of release and supervision through this new system as well.



4. California Department of Health Care Services. Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involvement Initiative. October 2023. Plenary PPT.

5. Health and Reentry Project. Breaking ground: how California is using Medicaid to improve the health of people leaving incarceration. 2023 May.

6. Justice System Partners (JSP) and Health and Reentry Project (HARP). Interviews with Counties. Unpublished. June 2023 - May 2024.

The increased need for real time communication between all partners demands new data sharing infrastructures and, in some cases, new IT investments and data sharing agreements.

MacArthur Foundation's Safety and Justice Challenge Investment Extended to CalAIM

Jl. Launched by the MacArthur Foundation in 2015, the Safety and Justice Challenge (SJC) aims to change the way America thinks about and uses jails. The Foundation has invested in over 50 local criminal justice systems across the country that are working to improve public safety, reduce unnecessary use of jails, and eliminate racial and ethnic disparities. SJC reduces incarceration through a comprehensive local approach that synthesizes research on efficient and effective justice system policies, emphasizes cross agency collaboration and engages community members (especially those with lived experience of the justice system) to effect system change. The impact of this work is notable: Average daily jail population is down 22% across all funded SJC sites by July 2023 as compared with pre-SJC baseline.⁷

In 2019 Justice System Partners, (JSP) a technical assistance provider for the Foundation's SJC, launched the first state-based SJC Peer Learning Network with four SJC sites in California (City of Long Beach, Los Angeles County, City and County of San Francisco, and Santa Clara County). Participants from the sites (mostly criminal justice system partners from prosecution, defense, judiciary, law enforcement, probation, pretrial services, and community agencies) met quarterly to share information about their SJC strategies and discuss statewide issues, such as the impacts of California legislation and court decisions. Since its launch, seven

additional counties joined the network. JSP continues to lead the SJC California network in collaboration with its SJC partners, the Center for Justice Innovation and the Urban Institute. Following approval of California's Medicaid waiver in January 2023, JSP and the Foundation recognized the opportunity to build on this existing peer learning network as a means of supporting sites' CalAIM JI planning. With funding from MacArthur, JSP partnered with The Health and Reentry Project (HARP), a cross-sector initiative that bridges gaps between the health and criminal justice systems to build safer and healthier communities. This enhanced partnership provides network participants with deep expertise in both health and criminal justice policy and operations. Concurrently, the Network membership was expanded to include representatives from corrections health, county health, behavioral health, and managed care plans.

SJC CALIFORNIA NETWORK PARTICIPATING SITES AS OF OCTOBER 2023

Alameda County
City and County of San Francisco
City of Long Beach
Contra Costa County
Los Angeles County
Orange County
San Joaquin County
Santa Barbara County
Santa Clara County
Santa Cruz County
Solano County

7. Safety and Justice Challenge. Measuring progress: jail trends in SJC sites. Available from: <https://safetyandjusticechallenge.org/measuring-progress-jail-trends-in-sjc-sites/>.

The CalAIM JI Peer Learning Process.

The learning network activities designed to support the CalAIM JI began in May 2023 and include:

- Interviews with individual counties regarding their perceptions of the opportunities and benefits of this new initiative, their planning and implementation processes, challenges and needs;
- Surveys of participants on topics such as which medications for opioid use disorder are offered within their jails and their top implementation concerns;
- Virtual peer learning sessions addressing shared challenges and solutions;

“Well-organized, valuable time with our own County team partners, and meeting/networking with sister Counties. Please continue convenings at important ‘inflection points’ along the CalAIM JI PATH journey.”

- A two-day in-person convening to explore CalAIM JI topics in depth; and
- Development of papers describing the peer learning process, county-level operational changes, and policy implications at the federal, state and local levels.



III. THE ROAD TO THE CONVENING: A TWO-DAY IN-PERSON MEETING

The initial phase of work involved JSP and HARP conducting a preliminary assessment of implementation issues, followed by interviews with CalAIM JI partners from various counties. This step was crucial to understanding each county's implementation status and challenges, with the recognition that the process is dynamic and evolving as counties advance in their internal dialogues and planning activities. The information gathered from these interviews was pivotal in identifying key themes, revealing common challenges, assisting the project partners in prioritizing relevant issues, and recognizing counties with similar situations. The counties' priorities shaped the agendas of the virtual sessions and the in-person convening.

In preparation for the in-person event, three virtual sessions (open to all interested parties within the participating counties) were held to discuss implementation topics. The sessions aimed to establish a collaborative environment and a shared basic level of knowledge about the CalAIM JI initiative, and explore specific topics such as organizing health services for individuals with uncertain release dates and building capacity for reentry support, especially with small community-based service providers.

"Thank you, it was incredibly helpful to have this intensive engagement and direct time with DCHS."

Convening Participants. At the in-person convening, each county's CalAIM JI planning team was represented by 8-10 individuals from various sectors, including county health, behavioral health, correctional health, jail operations, pretrial, probation, housing, managed care plans, and criminal justice, as well as individuals with lived experience of reentry. Several counties' executive level leadership participated, including a welcome keynote address from Alameda County District Attorney, Pamela Price. Overall, the event had over 100 county representatives and was facilitated and supported by 23 partner and technical assistance representatives, along with several national experts.

DHCS participated extensively in both days of the convening, presenting operational guidance regarding CalAIM JI requirements, including an updated Policy Operational Guide which had just been released, and meeting individually with interested counties to discuss specific implementation issues.



The Convening. The agenda was developed to foster counties' direct engagement with DHCS, participation in plenary panels and roundtable discussions and promote cross county learning and collaboration. Plenary sessions covered topics such as DHCS operational guidance, the county implementation process for 2024-2026, the role of individuals with lived experience in governance and care, and an overview of one county's approach to pre- and post-release care management.

Roundtable discussions were designed to facilitate open dialogue between the county participants and to delve into specific areas of the CalAIM JI process, such as strengthening Medi-Cal eligibility and benefits processes, implementing MAT/ MOUD for detainees, standardizing pharmacy benefits, the changing expectations of contracted health care providers, managing workforce issues, establishing comprehensive data sharing, creating collaborations with managed care plans for reentry, engaging people with lived experience in planning and providing care, and ways criminal justice partners can utilize new CalAIM JI resources. Given that California is the first state in the

"I just wanted to extend my sincere thanks for letting [us] participate in the convening last week. It was so good to be in a shared learning environment with other counties working to lift CalAIM-JI."

nation to implement the new reentry waiver, the sessions were tailored to encourage open discussion and collective problem-solving among the eleven counties, whose systems are still being developed. This gave participants the opportunity to ask questions of subject matter experts and other counties about their approaches to planning and implementation. The plenaries and roundtable discussions were facilitated by subject matter experts and other SJC partners.

Impact of the Convening. Feedback from county representatives highlighted a strong desire for more information, continued collaboration, and support for solution development. The convening proved to be an essential platform for sharing strategies and offering mutual support. Participants appreciated the opportunity to engage with peers both during facilitated sessions and in casual conversations, noting that for some, it was their first face-to-face meeting with colleagues from their own county. The convening affirmed that the counties, though diverse, face similar implementation challenges and that no county is alone in needing to address them. The dedicated time to discuss implementation of the CalAIM JI initiative was described by the counties as highly valuable, and the ability to engage directly with DHCS in discussing specific topics was particularly beneficial for addressing county-specific concerns.



IV. SUPPORTING COUNTY-LEVEL IMPLEMENTATION IN STATES WITH APPROVED, PENDING OR DEVELOPING 1115 REENTRY WAIVERS

Extraordinary systems change initiatives across the health and criminal justice systems are challenging for local governments to navigate. In the normal course of business, agencies' work can be quite siloed and changes on the scale of Medicaid's reentry waivers require extensive collaboration. County governance structures are designed to sustain critical health, safety, finance, and regulatory functions and are more accustomed to incremental growth and change. Larger, potentially transformational initiatives like CalAIM JI require active collaboration between diverse sectors, and facilitation of cross-county learning and county-to-state discussion. This type of support can help translate strategic redesign and innovation into operations.

Peer learning networks like those fostered by SJC offer one way to promote the exchange of ideas, accelerate progress, and develop important solutions that promote system redesign and innovation. By organizing opportunities for stakeholders to meet, share ideas, and build new relationships, this approach can help counties use their time and resources more efficiently. It is a practical way to help local and state stakeholders understand the many aspects of this complex cross-system project, while giving them more information to help with decision-making and allowing them to connect and work through issues together. Facilitation by a neutral convener that is skilled in working across sectors and brings policy and implementation expertise can create space for learning and solution development outside the normal county-state processes. Relatively modest investments in shared learning can yield major improvements in the way public dollars are spent.

“Thank you very much for organizing this meeting where everyone was able to share their knowledge, experiences and concerns. It was much needed interaction between the counties working on implementation of CalAIM proposals. Our department found this conference very useful and would gladly participate to exchange experiences for this project in the future.”

Considerations for Other States. States and counties outside of California will experience similar challenges as they implement their Reentry 1115 waivers. Each state's waiver and implementation plan will have unique elements as states work toward health and reentry goals across each state's corrections system, jail operating authority, Medicaid program, community health and behavioral health systems, related state laws, demographics and funding.

At the same time, the need for local, cross-sector collaboration to translate the policy intricacies into action and tackle the specific operational challenges is likely to be common across states, given historic gaps between the health and criminal justice sectors. Multi-agency and cross-sector partnerships must be built and ultimately become the norm; forums such as this county convening can help develop this collaborative capacity. Core activities include assessing policy and operational issues, establishing shared understanding of the opportunities and challenges, understanding each other's priorities and vocabularies, generating clarity around challenges, learning from each other's thinking and innovations and developing shared solutions.

KEY CONSIDERATIONS

When starting to plan for implementation, consider:

- Understanding the state’s 1115 waiver design and the state’s Medicaid program;
- Understanding the structure of state vs. county responsibilities under the waiver;
- Understanding how state and county corrections health care, behavioral health and reentry support operate in the state;
- Understanding the landscape of pre-existing investments in reentry and justice-involved health systems;
- Clarifying what new partnerships and systems need to be built to implement the 1115 waiver changes;
- Determining who the potential neutral conveners are, with a focus on bringing depth of policy understanding from both Medicaid and criminal justice; and
- Identifying potential sources of financial support for collaborative processes.

Cross-system planning and governance that are broad enough to address the many interrelated challenges will ultimately yield the greatest results for all partners and the people they serve.



PROJECT PARTNERS

Funded by the MacArthur Foundation's Safety and Justice Challenge, this work is led by Justice System Partners (JSP) and Health and Reentry Project (HARP) with participation from the California Department of Health Care Services (DHCS) and a number of national organizations working in California and other states to improve access to health care for people involved in the justice system.

Justice System Partners (JSP) is a non-profit, multidisciplinary team committed to assisting justice and community partners with transforming their systems. We help our partners reimagine their work by combining rigorous research, technical assistance, and knowledge of evidence informed strategies. We infuse creativity, innovation, and passion into our work, taking an integrated approach to system transformation to help our partners operationalize meaningful change.

The Health and Reentry Project (HARP) is a cross-sector initiative that bridges gaps between the health and criminal justice systems to build safer and healthier communities. Founded in 2022 as a partnership of former CMS Deputy Administrator for Medicaid and CHIP Services Vikki Wachino, Waxman Strategies, and the Council on Criminal Justice, HARP's north star is improving the lives, health, and safety of people and communities. HARP works towards this

vision by building bridges across sectors and stakeholders, advancing policies that promote continuity across carceral and community health care settings, and accelerating and scaling innovative approaches to reentry health care.

California Department of Health Care Services advised on planning the in-person convening and participated extensively in both days of the convening, including providing detailed information regarding CalAIM JI requirements, and hosting a private work session with each county to address their specific concerns. The planning team would like to specifically thank Autumn Boylan, Director of Strategic Partnerships, for her generosity and the time she and her team committed to this meeting.

Other Partners: The California Health Care Foundation advised on planning of the convening in the context of their work on CalAIM implementation. The meeting was held at the California Endowment's Oakland meeting facility. The following organizations contributed subject matter expertise in planning and at the convening as well as presenting and facilitating sessions: Bright Research Group, California Health Care Foundation, Center for Health Care Strategies, Center for Justice Innovation, Council of State Governments, Opportunities at Work, Policy Research Inc., TASC's Center for Health & Justice, Transitions Clinic Network, Urban Institute, Volker Alliance.

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