

CalAIM JI in Action

Lessons Learned from Yuba County

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CFPIC Lunch and Learn

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Youth Focus



Stephanie Lucio, Project Manager, Yuba County



- 10 years of services to Yuba County
 - 8 years with HHSD/Public Health before transitioning in Dec. 2023 to Sheriff's Office to support CalAIM JI for the Jail and Tri-County Youth Rehabilitation Campus
- Lead Yuba County's efforts in implementing CalAIM JI as part of the first cohort – October 2024
 - Provided support in advancing the project statewide by sharing insights, lessons learned, and strategic considerations with peer counties & state partners.
- Bachelor's degree in Business Administration from American Military University
- Associate degrees in General Studies and Paralegal Studies from the University of Alaska, Fairbanks,
- Project Management Certificate from California State University, Sacramento



Yuba County

Yuba County



- Rural northern California county with population of 83,421
- 1 Youth Detention Center
 - The Tri-County Youth Rehabilitation Campus serves Yuba, Sutter, and Colusa Counties
 - Average Daily Population (ADP) – 30
- Transitioned from WellPath (10/1/2024 – 9/30/2025)
 - Luminous Care 10/1/2025
- Went live with CalAIM JI 10/1/2024
- Readiness Assessment demonstrates a facility's readiness to meet the requirements
 - DHCS will review elements and score focus areas as 'approved, not yet ready, or denied'

County Structures

Sheriff Department

- Jail Division

Probation Department

- Youth Services Division – Tri-County Youth Rehabilitation Campus
- Adult Services Division

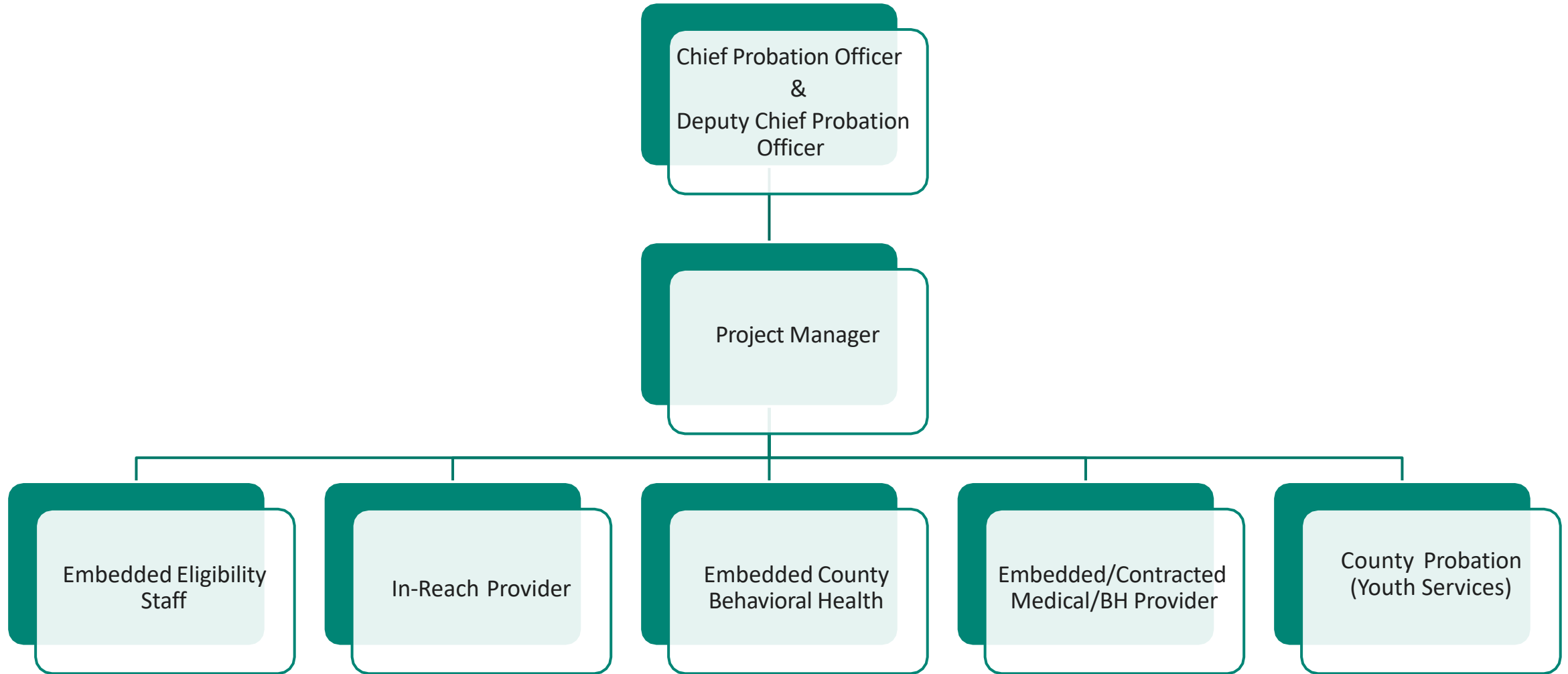
Health and Human Services Department

- Public Health Division
- Eligibility Division

Sutter-Yuba Behavioral Health

- Bi-County behavioral health serving both Yuba and Sutter Counties
- Located in Sutter County

CalAIM JI Structure



Embedded, In-Reach, & Mixed Models

Embedded

A model through which embedded care managers (i.e., care managers employed by or contracted with the Correctional Facility) deliver pre-release care management services to individuals eligible for pre-release services.

In-Reach

A model through which community-based care management providers deliver pre-release care management for individuals eligible for pre-release services, either in person or via telehealth.

Mixed

A model through which the Correctional Facility uses both In-Reach and Embedded providers for pre-release care service delivery and care management.

Mixed Model:

- Helps ensure closed-loop care through In-Reach Provider/post release Enhanced Care Management
- Builds report with the participants due to maintaining same Enhanced Care Management Case Manager pre- and post-release.

Providing Access and Transforming Health (PATH) Funding

- Department of Health Care Services issued PATH Rounds 1-4 to support planning and implementation
 - Yuba received Round 3 (Sheriff and Probation)
 - Sutter received Round 3 (Behavioral Health Links for Yuba)
 - Round 4 funding recently allocated
- Implementation plans are required to align with proposed budgets, reporting requirements



Planning Efforts

Assignment of Project Manager

- Key factor in success – centralized leadership to ensure program planning and implementation across multiple departments/Community Based Organizations
 - Assigned Project Manager December 2023
 - Public Health background allowed for base understanding of social determinants of health, health equity, and Medi-Cal
 - Routine Project Reports allowed for streamlined communication through project updates, upcoming work, risks/issues, and decision points
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Executive Committee

- Active participation and involvement:
 - County Administrative Officer (CAO)
 - Sheriff and Undersheriff
 - Chief Probation Officer
 - County Counsel
 - Health and Human Services Director
- Project Updates
 - Facilitated by Project Manager
 - Ensure alignment with County's vision of project outcomes
 - Receive approval for decision points



CalAIM JI Steering Committee

- **Public Health Officer**
- **Health and Human Services Department**
 - Public Health
 - Eligibility
- **Sheriff's Department**
 - Jail Division
- **Contracted medical/behavioral health provider**
 - WellPath > Luminous Care
- **CalAIM JI Project Manager**
- **Probation Department**
 - Adult Services
 - Youth Services
- **Sutter-Yuba Behavioral Health**
 - Adult Services
 - Youth Services
- **Partnership Health Plan**
 - Primary Managed Care Plan in Yuba and Sutter
- **In-Reach Provider**
 - Peach Tree Health

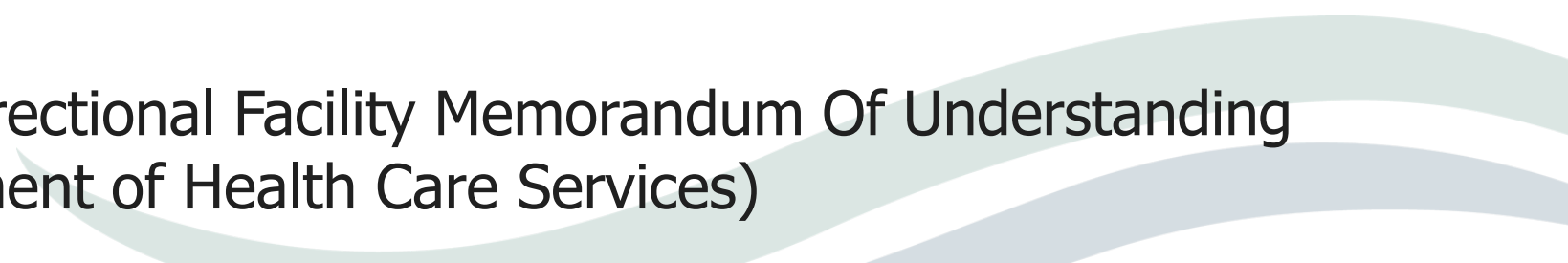
Gap Analysis & Readiness Assessment

- Gap analysis to identify:
 - What is the new CalAIM JI requirement
 - What is current process
 - What is the gap
 - What needs to be done to close that gap (i.e. policy, staffing, infrastructure updates, contracts, etc.)
 - Timeline for implementing each requirement
 - Readiness Assessment
 - Each requirement can be phased in over a year from approved go-live date
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NPI and PAVE Enrollment

- National Provider Identifier (NPI) Number
 - Each correctional facility will receive its own NPI number
 - Each ordering, rendering, and prescribing (ORP) provider will have a NPI number
- Each correctional facility will enroll as a Medi-Cal provider under the Medi-Cal exempt from licensure clinic enrollment type within the PAVE system
 - Enrollment as a Medi-Cal provider clinic which includes attestations, insurance provisions, and agreeing to terms and conditions for Medi-Cal reimbursements
- DHCS information on NPI and PAVE enrollment:
 - <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/PAVE-Enrollment-for-Correctional-Facilities.pdf>

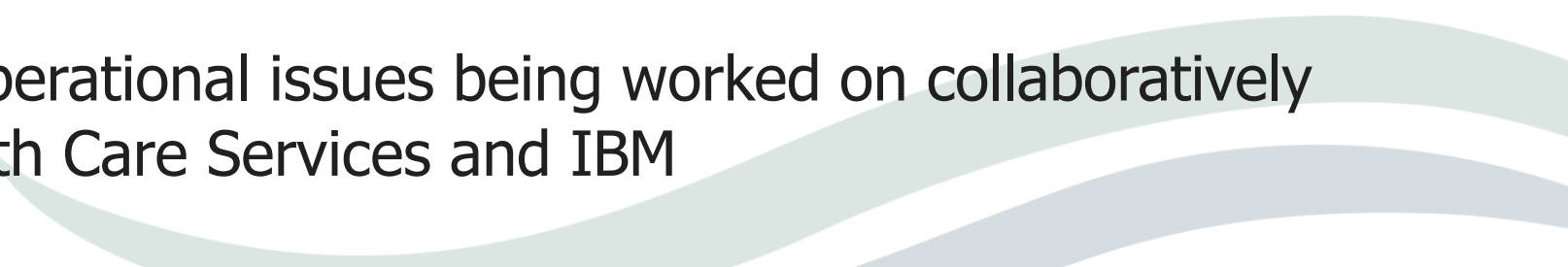
Contracts, MOUs, and Data Sharing

- Contracted medical and behavioral health services at the Correctional Facility (if not provided by county, Luminous Care, Inc.)
 - Data sharing agreement
 - Medi-Cal billing vendor (Medusind)
 - In-Reach Provider (if using this model for reentry planning, Peach Tree Health)
 - Medi-Cal and Enhanced Care Management Expert Consultant (Optimas Services)
 - Behavioral Health and Probation (for clinical services provided at the Youth campus)
 - Managed Care Plan/Correctional Facility Memorandum Of Understanding (template from Department of Health Care Services)
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Implementation

JI Screening Portal

- Part of the Medi-Cal Provider Portal that is used to report eligibility for and management of the pre-release services
 - Activate, Terminate, Pause, Reset, and Restart JI Aid Codes
 - Department of Health Care Services working on batch uploads, current process is individualized for each Medi-Cal Member
 - Department of Health Care Services working on reports to monitor use of 90 day pre-release services
 - Yuba and Sutter currently monitor this internally through spreadsheets
 - Ongoing technical and operational issues being worked on collaboratively with Department of Health Care Services and IBM
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Discharge planning = Reentry planning

- "Discharge planning starts at hospital admission" = "Reentry planning should take place as close to booking as possible"
 - Established CalAIM JI Multidisciplinary Team
 - Activate JI Aid Code as close to booking, after verifying Medi-Cal enrollment
 - Offer collaborative reentry service to justice-involved individual – get a Release of Information
 - Case Manage at Multidisciplinary Team meeting within first week of incarceration
 - Pause/reset/restart codes as necessary based on Multidisciplinary Team discussions
 - Data Metrics
 - Substance Use Disorder, chronic care, level of mental health severity, social needs, probation/parole status, medications at release, referrals through reentry care planning, and final disposition
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Behavioral Health Links

- Assigned Resource Specialist to support Behavioral Health Linkages for severe mental illness (SMI) and substance use disorder (SUD)
 - Active participation in the Multidisciplinary Team discussions
 - Support pre-release referrals and enrollment with County Behavioral Health for post-release appointments
 - Ensure professional to professional warm-hand off between Jail medical provider and County Behavioral Health
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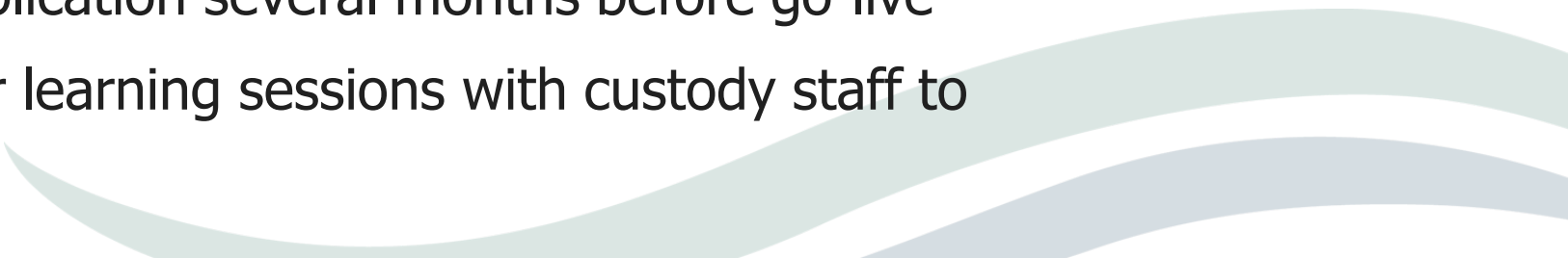
Medi-Cal Billing/Claiming

- Medi-Cal FFS, Medi-Cal Rx/CA-MMIS, Short Doyle Billing, & Care Management Bundles
 - Pre-release medical and behavioral health services are billed through Medi-Cal Fee-for-Service (FFS) through Correctional Facility NPI
 - Behavioral Health Linkages are billed Medi-Cal FFS (different process than traditional Short-Doyle billing)
 - Patient specific prescriptions are billed through Medi-Cal Rx
 - Stock medications through CA-MMIS
 - Aid in transition away from stock medication to maximize billing – patient specific medications
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Lessons Learned, Ongoing Challenges, & Sustainability

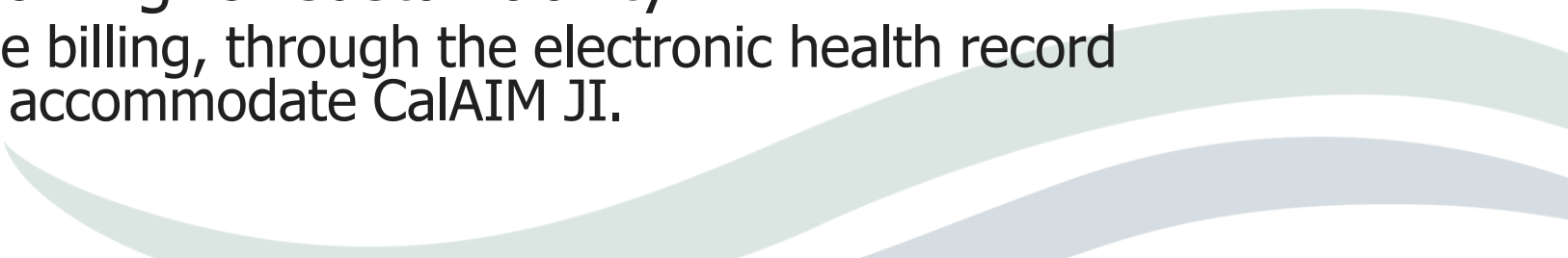
Lessons Learned

- Early engagement of stakeholders promotes buy-in
 - Work early on with Social Services/Eligibility to understand difference between traditional pre-release Medi-Cal applications and CalAIM JI pre-release Medi-Cal applications
 - Presumptive eligibility does not meet CalAIM JI eligibility requirements
 - Universal Release of Information (ROI) reviewed by all needed parties and County Counsel vs. Multiple ROIs for each agency
 - Higher rate of JI individuals willing to participate in re-entry services
 - Phased approach during implementation makes for an easier program lift
 - Submit PAVE Portal application several months before go-live
 - Communicate and offer learning sessions with custody staff to promote participation
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Ongoing Challenges and Program Sustainability

- One time funding from Department of Health Care Services
 - Low Medi-Cal reimbursement rates
 - DHCS anticipates counties sustaining the program primarily through County funding and Medi-Cal reimbursements
 - No guarantee of 1115 waiver renewal (current one ends 12/31/26)
 - Low post-release Enhanced Care Management engagement by the participants
 - Unrealistic expectations from justice-involved individuals (i.e., housing at time of release)
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Ongoing Challenges and Program Sustainability

- New program with Medi-Cal members not fully understanding what they are eligible for and how to receive services
 - Pre-release services and reentry planning services
 - CalAIM JI and Probation/court – perceived impact to terms of Probation should they opt into post-release Enhanced Care Management services
 - Programmatic requirements
 - Medication Assisted Treatment (MAT) Expansion
 - Durable Medical Equipment (DME) requirements
 - Electronic Health Record with billing capacity
 - Optimizing Medi-Cal Rx billing savings, CMAA claiming, Medi-Cal FFS and Short-Doyle billing for sustainability
 - Setting up Short Doyle billing, through the electronic health record billing component, to accommodate CalAIM JI.
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Successes

Success Stories

- 16 years old male
 - Mild/moderate behavioral health issues, no chronic medical concerns
 - Multiple detentions
 - Graduated from the Camp Singer (long-term commitment)
 - Through coordinated reentry planning:
 - Continuing school to obtain his high school diploma
 - Probation helped facilitate enrollment for new school
 - Plan is to start playing football
 - ECM, in collaboration with a FBO, provided donated furniture for the family (Bed and Chairs)
 - Continuing family therapy
 - The youth has established PCP and kept appointment at Peach Tree Health
 - Dental care has been established
 - Resources for food have been offered to the family
- 16 years old male
 - 1st time in detention
 - Reentry supported coordinated:
 - Continued family therapy
 - Probation facilitated enrollment in high school
 - ECM provides case management and ongoing support
 - Youth has started fishing after school to avoid previous peers
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