



**TERRA LAWSON-REMER**  
SUPERVISOR, THIRD DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

COSD CLERK OF THE BOARD  
2022 MAY 2 AM 11:52

**AGENDA ITEM**

**DATE: May 10, 2022**

**03**

**TO: Board of Supervisors**

**SUBJECT**

**SUPPORTING CARE COORDINATION FOR JUSTICE-INVOLVED INDIVIDUALS THROUGH FUNDING AND INTEGRATED DATA INFRASTRUCTURE (DISTRICTS: ALL)**

**OVERVIEW**

People who are incarcerated face significant health challenges including higher rates of physical and behavioral health issues. There are well documented adverse consequences of our carceral system including the impact that the social and environmental conditions have on one's physical and psychological well-being.<sup>1</sup> This makes access to health care an imperative for justice-involved populations. However, incarceration results in decreased use of preventive health care.<sup>2</sup> At least 80% of justice-involved individuals are eligible for Medi-Cal, but Medicaid is suspended while someone is incarcerated, and thus, makes continuity of care and access upon re-entry challenging.

California Advancing and Innovating Medi-Cal (CalAIM) envisions a future of Medi-Cal where there is enhanced coordination, integration, and information exchange among managed care plans (MCPs); physical, behavioral, community-based, and social service providers; and county agencies.<sup>3</sup> Section 1115 of the Social Security Act gives the Secretary of U.S. Health and Human Services authority to approve experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to exhibit and evaluate state-specific policy approaches to better serve Medicaid populations. In June 2021, the California Department of Health Care Services (DHCS) requested a five-year renewal of components of the

<sup>1</sup> Freudenberg, N., & Heller, D. (2016). A Review of Opportunities to Improve the Health of People Involved in the Criminal Justice System in the United States. *Annual review of public health*, 37, 313–333. <https://doi.org/10.1146/annurev-publhealth-032315-021420>

<sup>2</sup> Widdowson, A. O., & Fisher, B. W. (2020). Mass Incarceration and Subsequent Preventive Health Care: Mechanisms and Racial/Ethnic Disparities. *American journal of public health*, 110(S1), S145–S151. <https://doi.org/10.2105/AJPH.2019.305448>

<sup>3</sup> CalAIM Data Sharing Authorization Guidance. (2022). <https://www.dhcs.ca.gov/Documents/MCOMD/CalAIM-Data-Sharing-Authorization-Guidance.pdf>

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Medi-Cal 2020 Section 1115 demonstration, which serves as an essential component of the CalAIM initiative.<sup>4</sup>

The goal of CalAIM is to improve health outcomes and advance equity for Medi-Cal beneficiaries and other low-income people in the state. It is a multifaceted initiative, and seeks to take a population health, person-centered approach to providing services. One important component of CalAIM is centered on services and supports for justice-involved adults and youth. These initiatives help California address poor health outcomes, including disproportionate risk of illness and accidental death, among justice-involved Medi-Cal eligible individuals as they re-enter their communities.

To that end, the state has recognized the importance of information-sharing and integrated data infrastructure across public safety, health, and social service providers, as essential for care coordination. AB 133 added Section 14184.102 to the Welfare and Institutions Code which permits the sharing of health, social services, housing, and criminal justice information, records, and other data with counties under guidance to be issued by the department of health care services. Additionally, 45 CFR § 164.506 expressly permits the sharing of protected health information by a covered entity for the treatment activities of another health care provider. Today's action recognizes that there are opportunities and challenges at the local, state and federal levels related to policy, funding, legal, compliance and regulation, and infrastructure. To address them, we must first identify what they are.

On October 19th (3), the Board approved action to pursue a data-driven approach to public safety and identify service gaps across the delivery system. Examples included interventions across the sequential intercept model such as pre-trial detention; post-trial alternative sentencing; behavioral health facilities, treatments, and services; and services and housing for people experiencing homelessness.

On February 8, 2022 (11), the County identified a challenge in coordinating care across health, justice, and social service sectors without data integration. The County does not currently have any one individual or department who oversees justice-involved individual level data governance across the enterprise. Instead, data management occurs in various silos, with no overarching plan for leveraging data across program or service boundaries. For the county to be positioned to manage health information exchange portals, regulatory requirements, and care management we must create a data integration strategy and pursue funding to develop the infrastructure needed to receive, aggregate, and integrate information across groups and services. Furthermore, the County plays a vital role in efforts to facilitate the broader exchange of health-related information with a goal of robust, regional Community-Information Exchange and Health-Information Exchange (HIE). This supportive role helps ensure that the critical data related to services provided outside of County payment or contract jurisdiction is also available for accurate and effective person-centered care coordination to support health equity throughout the care continuum, including justice involved.

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<sup>4</sup> CalAIM 1115 waiver renewal - dhcs.ca.gov. (2021). CalAIM 1115 waiver renewal - dhcs.ca.gov. (2021). <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Section-1115-Renewal-Application.pdf>

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**RECOMMENDATION(S)**

**SUPERVISOR TERRA LAWSON-REMER**

1. Direct the Chief Administrative Officer to report back in 180 days with a proposed data management structure for efforts related to recommendation 2 and report back in 90 days to provide a baseline status on the efforts related to recommendation 2.
2. Direct the Chief Administrative Officer to develop a proposal and plan to advance Data Management/Governance, Integration, County Programmatic Data Sharing, Regional Community Information Exchange Utilization and Regional Health-Information Exchange Utilization relevant for justice-involved individuals, including person-specific longitudinal data for the continuum of care across the sequential intercept model and return within 270 days with a report on potential opportunities and challenges at the local, state and federal levels including, but not limited to, policy, funding, legal, compliance and regulation, and infrastructure. Today's recommendation asks the County to take an initial step towards data integration and improved management to support justice-involved individuals receive support and services, across and among law enforcement, correctional agencies, community and health information exchanges, health plans, health and behavioral health providers, social service providers, health-care providers outside County payment or contract jurisdictions, and other entities as relevant. Data Management and Governance should include subject matter experts working with stakeholders and community members to guide data analysis and interpretation.
3. Direct the Chief Administrative Officer to pursue and accept local, state, and federal funding, such as Providing Access and Transforming Health (PATH) funding under CalAIM, and other related future funding opportunities, to support Public Safety Group, Health and Human Services Agency, and Land Use and Environment Group efforts for health care and social service data interoperability and integration efforts and for justice-involved populations. Priorities for funding proposals may be informed by report backs, contractor analyses, working groups, and advisory bodies related to the Board's previous action on Data-Driven Approaches to Public Safety. Funding may also support foundational infrastructure for participating in and advocating for utilization of the regional health information exchange as a vital element in the care continuum. Completion of recommendations 1 and 2 does not preclude pursuing funding applications.
4. Direct the Chief Administrative Officer to provide status updates on these recommendations to the Board of Supervisors every 180 days.

**EQUITY IMPACT STATEMENT**

The health needs of justice-involved individuals do not start and end in jail, but flow from community services received prior to interactions with the criminal-legal system and after release. People who are incarcerated are disproportionately people of color and have lower incomes. Statistically, compared to the general population, justice-involved individuals have higher rates of chronic and infectious diseases, serious mental illness, and substance use disorders.<sup>5</sup> Therefore, coordinating care through shared data systems as someone traverses the complex healthcare

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<sup>5</sup> Camhi, N., Mistak, D., & Wachino, V. (2020). Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System. *Commonwealth Fund*. <https://doi.org/10.26099/903e-r786>

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system can not only improve individual health, but may also impact community health and health equity goals. There has been extensive research on the adverse health impact of incarceration policies, disparities in health for incarcerated individuals, and the system's impact on long-term health and social consequences.<sup>6</sup> The impact that coordination of services can have on reducing inequities and improving population health is clear, and thus is the need for the data infrastructure for effective implementation. Funding is available at the state for this endeavor and San Diego must actively pursue it.

**FISCAL IMPACT**

There is no fiscal impact associated with this action. There may be future fiscal impacts associated with future recommendations. Any such recommendations would return to the Board for approval with identified costs and resource needs.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

Medi-Cal is the state's federal Medicaid program and provides health care coverage to over 13 million Californians with low incomes. This program pays for a variety of medical services for children and adults with limited income and resources. A person may apply for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status. However, the federal Medicaid Inmate Exclusion Policy limits coverage for incarcerated individuals. One third of all Californians have health insurance through Medi-Cal, similar to San Diego County's rate, and of that total, 50 percent are children.

Section 1115 of the Social Security Act gives the Secretary of U.S. Health and Human Services authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to be likely to assist in promoting the objectives of the Medicaid program.<sup>7</sup> The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate state-specific policy approaches to better serve Medicaid populations. Generally, section 1115 demonstrations are approved for an initial five-year period and can be extended for up to an additional three to five years, depending on the populations served.

On June 30, 2021, the California Department of Health Care Services (DHCS) requested a five-year renewal of components of the Medi-Cal 2020 Section 1115 demonstration, which serves as an essential component of the California Advancing and Innovating Medi-Cal (CalAIM)

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<sup>6</sup> Freudenberg, N., & Heller, D. (2016). A Review of Opportunities to Improve the Health of People Involved in the Criminal Justice System in the United States. *Annual review of public health*, 37, 313–333.

<https://doi.org/10.1146/annurev-publhealth-032315-021420>

<sup>7</sup> 42 U.S. Code § 1315 - Demonstration projects



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initiative.<sup>8</sup> On December 29, 2021, The Centers for Medicare & Medicaid Services (CMS) approved the California Department of Health Care Services Section 1115 CalAIM request.<sup>9</sup> The goal of CalAIM is to improve health outcomes and advance equity for Medi-Cal beneficiaries and other low-income people in the state. It is a multifaceted initiative, and seeks to take a population health, person-centered approach to providing services. The state has emphasized a need for mechanisms to help support individuals longitudinally as they navigate complex clinical and non-clinical needs. The intention of CalAIM is grounded in an understanding that health is more than clinical care. Research on social determinants of health demonstrates that a zip code can matter more than a genetic code in predicting health outcomes. CalAIM, through community supports, demonstrates a recognition of housing as health, the impact of the carceral system on well-being, and social services as a key factor in longevity. We need the technological infrastructure and cross-sector capabilities to support this work.

One important component of CalAIM is centered on services and supports for justice-involved adults and youth. These initiatives help California address poor health outcomes and disproportionate risk of illness and accidental death among justice-involved Medi-Cal eligible individuals as they re-enter their communities. The overwhelming majority of Medi-Cal individuals leaving jail and prison are people of color, often incarcerated due to inequitable treatment and stigmatization. Providing targeted pre-release services to Medi-Cal eligible individuals leaving incarceration will avoid unnecessary admissions to inpatient hospitals, psychiatric hospitals, nursing homes, and emergency departments. The justice-involved component of CalAIM will also help realize the goals of the Americans with Disabilities Act as affirmed by the U.S. Supreme Court's 1999 Olmstead<sup>10</sup> decision by strengthening community integration for individuals with mental illness and other disabilities. CalAIM can and must allow San Diego County to address the unique and considerable health care needs of justice involved individuals. It can and should help to improve health outcomes, deliver care more efficiently, and advance health equity.

The Providing Access and Transforming Health (PATH) funding identified in the 1115 CalAIM Demonstration Approval will provide one-time transitional funding to enable the state to support continuity of services as well as efforts to maintain and support the provider and community-based organization (CBO) capacity necessary to enable the transition from Medi-Cal 2020 to CalAIM.<sup>11</sup> A portion of PATH funds will support justice-involved adults and youth by sustaining the pre-release and post-release services provided through the Whole Person Care (WPC) pilots, and by supporting Medi-Cal pre-release application planning and information technology investments. PATH funding aims to support community level service delivery networks to ensure access to health care services, and improve health outcomes, with particular attention to communities that have been historically under-resourced because of economic or social marginalization due to race,

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<sup>8</sup> CalAIM 1115 waiver renewal - dhcs.ca.gov. (2021). <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Section-1115-Renewal-Application.pdf>

<sup>9</sup> CalAIM 1115 approval letter - dhcs.ca.gov. (2021). <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Approval-Letter-and-STCs.pdf>

<sup>10</sup> Olmstead v. L. C., 527 U.S. 581 (1999)

<sup>11</sup> CalAIM 1115 approval letter - dhcs.ca.gov. (2021). <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Approval-Letter-and-STCs.pdf>

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ethnicity, rural geography, or other factors. Further, this funding is expected to support technical assistance and cross market collaboration, collaborative planning, information technology, and the implementation of Enhanced Case Management (ECM) and Community Supports (CS). Currently approved funding focuses on planning for pre-release eligibility and enrollment in Medi-Cal. Anticipated future rounds will focus on implementation. Today's action calls for ongoing preparation and proactive efforts to bring this funding to San Diego.

San Diego is well positioned to pursue funding for care coordination considering its experience with WPC pilots, Cal-SDAIM departmental infrastructure, and the local efforts underway to support justice-involved populations. The Board of Supervisors unanimously approved an initiative for a data-driven approach to public safety on October 19, 2021 (3). Initial reports have identified opportunities to reduce the San Diego County jail population, particularly for those who frequently cycle in and out with short average stays. Frequent movement between jails and the community can be destabilizing for employment, housing, and social supports, and increases the risk of recidivism. Successful connection between justice-involved individuals and the healthcare system requires care management, warm-handoffs, and the data to facilitate connections to community organizations, and County-funded programs. To realize a goal of care management and community supports, there must be the capacity to longitudinally manage how individuals navigate the system. This can include bidirectional referrals, multidisciplinary partner networks, and longitudinal data sharing.

Data integration is foundational to move this work, and the justice-involved components of CalAIM forward. Currently, much of the data integration processes and architecture is driven by regulation. Considering the number of contracted providers, law enforcement agencies, and county-programs that serve this population, there is a need for data management and data governance leadership at the County. Furthermore, laying the foundation for the utilization of a both community-information exchange and a regional health-information exchange to integrate data related to services provided outside of County payment or contract jurisdiction, for example emergency department data, is a critical element for ensuring effective services and care-coordination. The implementation of CalAIM initiatives will bring together health and social service organizations in an unprecedented way. Without a data governance model, founded with best practices at the forefront, we will continue to have more and more programs without the system that ties them together. This is important for service providers, researchers, and, most importantly, clients. Today's action serves as an important step in ensuring we are at the leading edge for the future of both health and justice data to promote health and care coordination.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

This action aligns with the County of San Diego FY 2022-2027 Strategic Plan equity and justice initiatives. To take a systems approach to intervention planning, we need the data infrastructure to coordinate across sectors and facilitate continuity of care. A key tenant of trauma-informed care is to reduce re-traumatization which occurs when someone must retell their story at each encounter and care coordination can prevent this. The health equity strategic initiative aims to improve the health and well-being of justice-involved individuals through coordination of health, justice, and social service delivery systems.

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Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'Terra Lawson-Remer', is centered on the page.

**TERRA LAWSON-REMER**  
Supervisor, Third District

**ATTACHMENT(S)**  
N/A