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Program and cycle	JI Application Round 3 JI Round 3
Tags	No tags
Forms	PATH JI Round 3 Implementation Plan

Award and Payment Detail

Cash Award

Total Amount
\$5,000,000.00

Payment	Payment ID	Payment number	Status
\$5,000,000.00 Payment date Jul 25, 2023	398146		Pending Jul 25, 2023

Payments
1

Instructions

Which agency type are you? *

Correctional Agency

Instructions

Correctional facilities seeking PATH Justice-Involved Round 3 funds must demonstrate in their Implementation Plan how they plan to use funds to support the planning for and implementation of the operational processes that must be met in order to be deemed ready to go-live for pre-release services.

The implementation plan is designed to evaluate your use of JI Round 3 funds and how they relate to your facility's operational readiness. As required in the initial Round 3 application, your correctional facility attested to completing this implementation plan within 180 days of award notification.

Please utilize the [JI Round 3 Guidance Document](#) and the Policy and Operations Guide when completing the implementation plan.

For agencies filing a Joint Implementation Plan:

1. When selecting from the "Which agency are you?" dropdown please select "Both".
2. After selecting "Both", the Behavioral Health Implementation Plan and the Correctional Agency Implementation Plan forms will populate for your completion.
3. If you are filing for **2 correctional agencies (Sheriff and Probation)**, please indicate your response for each agency by utilizing the box provided and labeling responses CA #1 or CA #2.
4. You may indicate which agency represents CA #1 and CA#2 in your first response. Ensure you are consistent with those responses to align with that agency as you complete the narrative for each Focus Area.
5. On the "Correctional Agency Budget Request" tab, each agency will indicate their separate award amounts in the boxes provided and each agency must upload their own separate budget template.
6. **Please be advised that joint budget templates will not be accepted.** For multiple attestations and certifications, additional documents can be uploaded in the tab labeled "Correctional Agency Additional Documentation" tab.
7. **Which ever agency submits this joint implementation plan will be responsible for further reporting requirements.**
8. For additional questions regarding this process or the Implementation Plan, please contact us at justice-involved@ca-path.com.

Eligibility Screen

Organization Name

Type of Agency

Monterey County Sheriff's Office

Name of Application Authorized Representative (First and Last)

Charles DaSilva

Telephone Number of Application Authorized Representative

831-755-3855

Mailing Address of Application Authorized Representative

1410 Natividad Road Salinas CA, 93906

County Sheriff's Offices to support county jails

Title of Application Authorized Representative

Program Manager II

Email of Application Authorized Representative

dasilvac@co.monterey.ca.us

County

Monterey

County Agency

Correctional Facility

BHA Implementation Plan

BHA Budget Request

BHA Additional Documentation

Correctional Agency Implementation Plan

Planned Go-live Date *

Jan 1, 2025

Implementation Plan

The purpose of this section is to collect information on how correctional agencies intend to use PATH JI Round 3 funding to support planning and implementation of processes that are necessary to effectuate the provision of targeted pre-release Medi-Cal services to individuals in state prisons, county jails, and youth correctional facilities who meet the eligibility criteria as outlined in the CalAIM Section 1115 Demonstration approval.

Focus Area 2: 90-Day Pre-Release Eligibility and Behavioral Health Linkage Screening

2a. Screening for Pre-Release Services – Defined process and support model to screen eligibility for 90-day Medi-Cal Reentry Services. Screening should include securing consent from the individual to release information to relevant parties (e.g., assigned care manager). DHCS supports the best practice of developing documentation of individuals' previous screenings in correctional facilities' applicable electronic data systems (e.g., electronic medical records) to expedite their enrollment upon re-incarceration. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 2a current plan *

The Deputy will establish contact with the Department of Social & Employment Services (DSES) Eligibility workers/Social workers and will assist with providing the individuals release date, and details on his or her incarceration for Medi-Cal purposes. The deputy will coordinate with DSES for a 60–90day release list of incarcerated persons (IP) with inactive Medi-Cal (or may email list) to Deputy along with Medi-Cal packets for IPs to complete, and the Deputy will verify housing and release dates validating if the IP is currently incarcerated at the county jail to help assist with the Medi-Cal process. The Monterey County Jail will communicate and update our contact information with our sister county offices. This process will help ensure that our IP's have Medi-Cal coverage upon reentry into the community to facilitate access to services. Deputy looks up housing location for IPs on release list and goes around facility to hand deliver Medi-CAL packets for each to complete. Deputy instructs IP's on how to complete the packets and gives them 1-2 days for completion. Deputy answers IP questions with regards to Medi-Cal packets and picks up all completed packets for return to DSES staff weekly. The Deputy will take steps necessary to ensure that applications for Medicaid (Medi-Cal in California) are processed in a timely manner so that individuals released from incarceration can receive covered services upon release.

PATH JI R3 IP CA 2a future plan *

Expected go-live date

PATH JI R3 IP CA 2a expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 2a permissible funds

Adoption of Certified Electronic Health Record Technology and IT Security Screening for Pre-Release Services (time limited years)

Future activities planned for the Monterey County Sheriff's Office, when working with current State assessments, we will be identifying CalAIM applicants via electronic records sharing between government agencies and local CBOs to verify CalAIM future applicants. We are working on a platform to integrate the Jail's JMS with local health care providers, including Behavioral Health Department, to share data on individuals discharging from our facility within the 90-day period.

2b. Screening for Behavioral Health Linkages – Defined process and support model to conduct an initial mental health and SUD screening at intake, and then as indicated, a second screen and/or full assessment with tools and processes mutually agreed upon by the correctional facility and the county behavioral health agency to determine if the individual's behavioral health need meets behavioral health criteria and requires behavioral health linkage. **(Minimum Requirement)**

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 2b current plan *

- WellPath (our current medical provider) conducts our screening process of all new intakes brought into the Jail.
- WellPath screens for those that are already participating in MAT services on the outside.
- Once identified, WellPath contacts the MAT community partner and obtains information to continue them on their medication regimen.
- The inmate is also provided access to counseling services through telemedicine on a laptop computer and/or seen in-person by a SUD counselor while at the Jail.
- The Programs Unit tracks the inmate during their incarceration to ensure

Expected go-live date

PATH JI R3 IP CA 2b expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 2b permissible funds

Development of Protocols and Procedures
Additional Activities to Promote Collaborative
Other Activities to Support Provision of Medi-Cal Reentry Services

services are provided and then offers them discharge planning back into the community-based program upon their release.

- 6-weeks prior to release, the ECM will provide intake services, counseling services, and program monitoring for smooth transition to a community partner.
- 14-days prior to their release, Behavioral Health is notified and given the discharge plan.
- They are enrolled into the Medi-Cal program at this time if eligible.

PATH JI R3 IP CA 2b future plan *

- Future plans are to bring in a new ECM to flag potential candidates for CalAIM benefits at intake and start them in the program faster.
- We plan to improve access to the community by bringing the community partners to the patients in our Jail by opening the Re-Entry Resource Center that connects the two during incarceration.
- WellPath continues those on MAT medications that are already enrolled in a MAT program in the community, but we plan to increase involvement in the program by opening up to inductions for patients while they are in-custody.
- By opening up a Re-Entry Resource Center, we will begin to provide wrap around services for our incarcerated who are ready for release into the community.
- The Re-Entry Resource Center will also be available to those formerly incarcerated as a safe place to come and receive resources, employment opportunities, and continued counseling.
- We plan to add 2 FTE Deputy Sheriff's, 1 FTE

Programs Sergeant, 1 FTE Office Assistant, 1 FTE Management Analyst, and 1 FTE Patient Biller to complete the staffing needs for the Re-Entry Resource Center utilizing the money from this grant.

- Future revenue into the program would be coming from the billing we plan on sending in through Medi-Cal or private insurance.
- We do not yet have any figures on the costs of IT needs that will arise from starting up the Re-Entry Resource Center.

Focus Area 3: 90-Day Pre-Release Service Delivery

3a. Medi-Cal Billing and Provider Enrollment – Established plan is in place to enroll the facility as an Exempt From Licensure Clinic Medi-Cal provider in order to bill fee-for-service for pre-release services (e.g., care management, X-rays/labs) and a process is in place to bill for services. Facilities with a pharmacy on-site that intend to provide pre-release authorized medications must also enroll as a Medi-Cal pharmacy. **(Minimum Requirement)**

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3a current plan *

Case management is a critical component of the success of any incarcerated persons re-entry program. No program can be successful unless it can monitor, record, and assess everyone's progress toward societal re-entry. We would look at software specifically designed for re-entry programs to help improve our agency's chances of success. When our incarcerated person is released from our facility, there is frequently a lack of healthcare treatment. The MCRRC can serve as a bridge or connection to help expand the available resources, and availability of appropriate behavioral and medical health services. When an individual is released from our facility,

Expected go-live date

PATH JI R3 IP CA 3a expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3a permissible funds

Implementing Billing Systems
Hiring of Staff and Training
Screening for Pre-Release Services (time limited years)
Other Activities to Support Provision of Medi-Cal Reentry Services

they are most vulnerable to fall into old patterns that can lead them to commit another crime. Having the MCRRC as a resource center for these individuals we would have the proper social and healthcare services available for them, and the likelihood of re-offending is reduced, which benefits both the local economy and public safety. When our incarcerated persons return to society, their ability to find useful work, find suitable housing, and obtain the necessary skills and education determines their chances of becoming a productive member in our community. All this acts as pillars to restore stability to an individual's life.

A successful reentry program assists these individuals in overcoming these obstacles while also collaborating with other local organizations to support its programs. The goal of this Reentry program will be to assist former incarcerated in effectively "re-entering" society, saving money, increasing employment opportunities, lowering the likelihood of re-offending, and improving public safety. Reentry programs play an important role for some of our society's most vulnerable members. Our goal is to simplify this issue while emphasizing the importance of reentry programs. Reentry programs are critical in assisting our justice-involved agencies in achieving the goal of increased public security while also assisting our former incarcerated individuals in becoming productive and successful members of our community. The newly allocated Patient Account Representative II would be responsible for assisting the Re-entry Center's clients to access public medical benefits and enroll in medical programs

as needed. They would be able to answer questions regarding medical coverage and refer them properly to resources available to them under the elected coverage options. The Sheriff's Office does not have this classification employee working in the Corrections Bureau. It is crucial that we hire someone with medical billing experience so that the center enroll clients in medical programs and bill offered services to the State for reimbursement to help sustain the program in the future.

PATH JI R3 IP CA 3a future plan *

The Sheriff's Office does not have this classification employee working in the Corrections Bureau. It is crucial that we hire someone with medical billing experience so that the center enroll clients in medical programs and bill offered services to the State for reimbursement to help sustain the program in the future. The newly allocated Patient Account Representative II would be responsible for assisting the Re-entry Center's clients to access public medical benefits and enroll in medical programs as needed. They would be able to answer questions regarding medical coverage and refer them properly to resources available to them under the elected coverage options.

3b. Support of Pre-Release Care Management (Minimum Requirement), Including:

- Care Manager Assignment – Established process for leveraging the MCP Provider Directory¹ to: identify and assign an in-reach, community-based care manager to the individual shortly after determining eligibility for 90-day Medi-Cal Reentry Services; identify if an individual has an existing relationships with community-based ECM care

managers who could be assigned to provide pre-release care management services; or to assign an embedded care manager.

- Support Needs Assessment– Infrastructure and processes are in place to support assigned care manager to perform comprehensive needs assessment, inclusive of obtaining consent to access and share any needed medical records with community-based providers/health plans, and coordination and support of delivery of services by correctional facility clinical staff.
- Support Coordination of Care – Infrastructure and processes are in place to support assigned pre-release care manager, or ECM provider to coordinate all needed care as part of the reentry stabilization, treatment, and planning for release.
- Support Reentry Care Plan Finalization, Warm Linkages (for care management and behavioral health linkage), and Reentry Continuity of Care Plan (see **Focus Area 4** below)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3b current plan *

- WellPath (our current medical provider) conducts our screening process of all new intakes brought into the Jail.
- WellPath screens for those that are already participating in MAT services on the outside.
- Once identified, WellPath contacts the MAT community partner and obtains information to continue them on their medication regiment.
- The inmate is also provided access to counseling services through telemedicine on a laptop computer and/or seen in-person by a SUD counselor while at the Jail.
- The Programs Unit tracks the inmate during their incarceration to ensure services are provided and then offers them discharge planning back into the community-based program upon their release.
- 6-weeks prior to release, the ECM will provide intake services, counseling services, and program monitoring for smooth transition to a community partner.
- 14-days prior to their release, Behavioral Health is notified and given the discharge plan.
- They are enrolled into the Medi-Cal program at this time if eligible.

Expected go-live date

PATH JI R3 IP CA 3b expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3b permissible funds

Hiring of Staff and Training
Development of Protocols and Procedures
Other Activities to Support Provision of Medi-Cal Reentry Services

PATH JI R3 IP CA 3b future plan *

Case management is a critical component of the success of any incarcerated persons re-entry program. No program can be successful unless it can monitor, record, and assess everyone's progress toward societal re-entry. We would look at software specifically designed for re-entry programs to help improve our agency's chances of success. The Deputy has established a secure form of communication to transmit and receive information between our organizations. The Deputy emails or uses other forms of secure communication to ensure that information is exchanged effectively between the jail and DSES. Deputy will utilize flyers and will notify IP's via the jail tablet system to provide the contact information that the IP will need to communicate with DSES prior to release.

- a. Deputy will look up housing location for IPs on release list and around facility to hand deliver Medi-CAL packets for each to complete
- b. Deputy instructs IP's on how to complete the packets and gives them 1-2 days for completion
- c. Deputy answers IP questions with regards to Medi-Cal packets and picks up all completed packets for return to DSES staff weekly
- d. Deputy will meet with IP's weekly to gather information and forward any questions to DSES regarding IP's application. The Deputy will have a solid line of communication so that the process is seamless and robust.

3c. Clinical Consultation – Infrastructure and processes are in place to support clinical consultation to ensure diagnosis, stabilization, treatment, coordination, and linkages to establish relationships with community providers. This includes but is not limited to correctional facility clinical staff obtaining consent to provide and share information with community-based providers/health plans, providing these clinical services directly, prescribing durable medical equipment (DME) and medications, and/or ensuring in-reach clinical consultations occur in a timely manner as needed.

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3c current plan *

- We currently are using WellPath (our Jail medical provider) for clinical consultations.
- We face issues with low staffing on the part of WellPath and their inability to reach all patients.
- WellPath has been able to continue patients on MAT medications and treatment if they were already enrolled in another community-based program no more than 30-days prior to incarceration.
- WellPath does not perform any inductions into the MAT program nor reach out to any community partners for inductions.

PATH JI R3 IP CA 3c future plan *

Number of individuals who are referred to participate in Jail-based treatment programs in-custody and demographic data of these individuals. Number of individuals who participate in the Jail-based treatment program in-custody. Number of program participants and demographic data of these individuals who successfully transition from Jail-based treatment programs to community treatment programs for on-going care, coordination, and treatment upon their release from custody. These would be the three outcome goals and processes in place to support clinical consultation to ensure diagnosis, stabilization, treatment, coordination, and linkages to

Expected go-live date

PATH JI R3 IP CA 3c expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3b permissible funds

Hiring of Staff and Training
Additional Activities to Promote Collaboration
Other Activities to Support Provision of Medi-Cal Reentry Services

establish relationships with the community providers.

3d. Virtual/In-Person In-Reach Provider Support – Established processes for supporting rapid scheduling and providing space, including physical space for in-person visits and/or space and technology for virtual visits (e.g., laptop or similar device, webcam, internet access telephone line), for in-reach provider services (care management, clinical consultation, or community health worker) while ensuring appropriate security protections remain in place. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3d current plan *

Currently, we provide space that is safe, confidential, and accessible to our incarcerated and those who come from our community to provide in-patient treatment. Although space is an issue because of the number of incarcerated who seek visits from the outside, the demand is currently too high to accommodate the number of visits necessary to meet everyone's needs.

PATH JI R3 IP CA 3d future plan *

We are looking at virtual technology for better accessibility so that our incarcerated can have more opportunities to participate and learn about community treatment and education. This will also help us with scheduling programs over the entire facility to link the majority of our incarcerated to community organizations.

Expected go-live date

PATH JI R3 IP CA 3d expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3d permissible funds

Technology and IT Service Development of Protocols and Procedures to Promote Collaborative Planning

3e. Support for Medications – Infrastructure and processes are in place to support the provision of all medications covered under Medi-Cal medication benefit, or an action plan has been defined to support provision of Medi-Cal-covered medications by March 31, 2026. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3e current plan *

MCSO is working aggressively on our systems and services that we provide here at the jail. Assuming we continue at our current rate of progress, we expect our systems functional, and working successfully. We have taken action to make sure our incarcerated persons can have access to their medicines inside our facility and when they are discharged from our facility. Medical claims will expect to begin within that 90- day period once their Cal Aim benefits kick in prior to their release. Reentry programs play an important role for some of our society's most vulnerable members. Our goal is to simplify this issue while emphasizing the importance of reentry programs. Reentry programs are critical in assisting our justice-involved agencies in achieving the goal of increased public security while also assisting our former incarcerated individuals in becoming productive and successful members of our community. The newly allocated Patient Account Representative II would be responsible for assisting the Re-entry Center's clients to access public medical benefits and enroll in medical programs as needed. They would be able to answer questions regarding medical coverage and refer them properly to resources available to them under the elected coverage options.

PATH JI R3 IP CA 3e future plan *

The MCSO will collaborate with Community-based entities and State and County Departments such as the Sheriff's Office, Behavioral Health, Social

Expected go-live date

PATH JI R3 IP CA 3e expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3e permissible funds

Implementing Billing Systems
Technology and IT Se
Hiring of Staff and Tr
Development of Prot
and Procedures
Planning
Other Activities to Su
Provision of Medi-Cal
Reentry Services

Services Agency, Adult Probation, Office of the Public Defender, Ambulatory Care, Office of Supportive Housing, the California Department of Corrections and Rehabilitation, and faith-based community partners. Representatives of these organizations and departments will reside in one building and work collaboratively to provide services to clients. These services would include, but not limited to, referrals for mental health and substance use treatment, public benefit enrollment, counseling, health care, record expungement services, employment referrals, housing, and shelter information and more.

Reentry programs play an important role for some of our society's most vulnerable members. Our goal is to simplify this issue while emphasizing the importance of reentry programs. Reentry programs are critical in assisting our justice-involved agencies in achieving the goal of increased public security while also assisting our former incarcerated individuals in becoming productive and successful members of our community. The newly allocated Patient Account Representative II would be responsible for assisting the Re-entry Center's clients to access public medical benefits and enroll in medical programs as needed. They would be able to answer questions regarding medical coverage and refer them properly to resources available to them under the elected coverage options. Client services, and resources is a critical component of the success of any incarcerated persons re-entry program. The program cannot be successful unless

it has sustainable practices and personnel in place. Without a Patient Account Representative II, the Re-entry Center would not be able to offer medical enrollment services to clients and they would not be able to access program services at the center without those benefits in place.

3f. Support for MAT – Infrastructure and processes are in place to support MAT, or an action plan has been defined to support MAT by March 31, 2026. This entails covering all forms of FDA-approved medications for the treatment of alcohol use disorder and substance use disorder (SUD), and providing assessment, counseling, and patient education. Providing at least one form of an FDA-approved opioid agonist or partial agonist for opioid use disorder treatment is required to go-live. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3f current plan *

Monterey County Jail MAT (MCJMAT) program is to be able to provide community-based intervention type services in a jail setting to individuals in need who are already in community-based MAT programs where the person is experiencing a crisis with serious drug addiction. We will work with our local justice partners to educate and make them aware of these individuals who leave our facility to create a safer transition to the community for a positive continuum of care. The Monterey County Jail MAT Program has been successful in providing continuity of care for MAT patients already participating in MAT programs in the community. The overall goal of the program is to introduce new patients into a MAT program while in custody at the Monterey County Jail and provide discharge planning for reintegration into a community-based MAT

Expected go-live date

PATH JI R3 IP CA 3e expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3f permissible funds

Development of Protocols and Procedures
Additional Activities to Promote Collaborative Planning
Other Activities to Support Provision of Medi-Cal Reentry Services

program upon release. Our impact on the community dealing with the Opioid crisis will be crucial. Funding our MAT treatment program, and recovery efforts is a continuing challenge, grants like this one will help our program better tackle problematic stimulant use and impact community stakeholders need to be aware of existing efforts already being pursued at the jail MAT program. We have identified and conducted discussions with stakeholders who included individuals in leadership positions at government agencies, organizations, and coalitions, working to address stimulant use in our communities. These stakeholders represent different geographic areas and work in a range of sectors such as public health, health care, and law enforcement. We have had discussions for key themes related to program activities, funding, barriers, and facilitators. As we continue to grow our program, funding has become a larger issue.

PATH JI R3 IP CA 3f future plan *

Many inmates here at the Monterey County Jail end up back in after they are released. The Jail system is by no means perfect and learning to adjust to jail life can't always guarantee a positive experience. But just in recent years here at the Monterey County Jail we are trying to change the culture by offering programs that give our inmates hope and provide tools to help them succeed in their lives and having greater self-respect. Our jail programs and methods result in positive, life-altering outcomes for inmates. Most of our inmates who go through our program's unit become

success stories of rehabilitation, who end up with positive outcomes, and become productive citizens in our community. We believe that one of the largest contributors to our drug problem is a failure to understand how addiction works. There's the false assumption that jail will scare an addict, and that they are less likely to use again, and becomes less likely return to jail. Our success story Mr. B described drug abuse as a lack of willpower, being lazy, hiding from problems, and not caring about oneself, always looking for the easy way out. He expressed that going to class helped him realize that the root cause of his aggression, and drug addiction was the fear instilled in him at a young age by his father's alcoholism and abusiveness. He stated that the facilitators in the class were helping him understand his feelings, and how to express his hurt, and how to understand himself, they taught him insight. Mr. B was in and out of our facility many times, and finally after word of mouth he decided to take some courses at the jail where he was able to learn about some life skills. He participated in the job fair where outside organizations provided job training and commissioned work through interested organizations who were looking for extra help. The program unit during that time was in the process of merging with local community organizations building bridges to provide transitional opportunities, and additional services, such as enrollment into community college, or vocational trade organizations, and addressing the barriers to housing. Mr. B stated, when you

come to jail, you can choose to make a difference in your life or just sit and count the hours, minutes, and days go by, he always said, "you only get the help that you want." The programs that Mr. B participated in were so effective for him because, we assessed his needs and wants, they were tailored to inspire him, they were relatable, and motivating to him. When Mr. B connected with our facilitators and local community partners, it became a powerful situation for him, because he had people in his corner that were vested to work with him because he had a desire to change his habits and start a new life. Mr. B was very proactive in programs he learned to better his communication skills, he had a very positive impact on others in class, and he made extreme efforts to make sure he was capturing every moment that was thrown at him. Mr. B joined Hartnell Community College joined the Electrical Apprentice program and passed the course and is now working with a local electrical company as a lead foreman for the company making \$50 an hour, he has been re-united with his children, and is going to church. He continues to connect with local partners with his drug addiction issues staying sober, and productive in his community. He is truly an inspiration to many of his peers, and professionals who work with him. This is one of a few of our success stories that highlight the work that our staff are doing here at the Monterey County Jail. This is the impact we will continue to make on each individual that goes through our MAT program if we secure this grant. With the appropriate funding, these commitments are highly likely to be successful going

into the future. Addressing the communication issues from intake through discharge to a community MAT program has been the most successful way of improving access and the success of our MAT program. This first phase of establishing the program has been instrumental in paving the way for a more robust, successful, and sustainable MAT program in our Jail.

Our Implementation Team will develop a model that will include progress indicators related to goals and action steps to ensure that the team has the information necessary to evaluate progress and take appropriate action. We will provide detailed data monitoring and evaluation, to assess the overall effectiveness of the program once implemented. Our Jail MAT program will identify funding sources to help implement and sustain our MAT program and support the recovery efforts of the clients in our program. The funding will be allocated through several federal/state initiatives and state block grants focused on implementing evidence-based strategies for MAT programs, increasing access to treatment, and reducing the number of opioid overdose-related deaths. We will continue to apply for funding mechanisms that come from various health and judicial agencies, including SAMHSA, CDC, and DOJ. We will continue to work with local health departments, and medical groups that may offer small grant opportunities in our community. Implementing any change within an organization is difficult and this is especially true when that change potentially involves challenging existing

organizational culture or staff beliefs. However, thoughtful collaborative planning can help prepare staff and leadership alike for changes related to implementing MAT models in jails and prisons. Having a program Implementation Team to lead efforts, gain buy-in and support from all levels of the organization, track progress and communicate effectively are key components to successful planning and implementation of new efforts. Taking the following steps will prepare our organization for change and will help create an environment that will facilitate engagement and support from all levels. We will engage in education campaigns to reduce stigma around stimulant use and disorder in our facility. Invest in evidence-based treatments for stimulant use disorder, including effective medications and behavioral therapy protocols. Invest in training to better understand the characteristics and predictors of co-use of stimulants with other substances and co-occurrence of stimulant use with mental disorders. Lastly, form local multisector team on stimulant use or drug use more generally, to bring together stakeholders from complementary areas and facilitate collaborations across sectors in law enforcement, local hospitals, public health, and local residential treatment services.

3g. Support for Prescriptions Upon Release – Infrastructure and processes are in place to support dispensing of Medi-Cal medications on day of release, or an action plan has been defined to support provision of Medi-Cal medications on day of release by March 31, 2026. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3g current plan *

- WellPath is currently providing 30-days of medication upon release.
- It is up to the patient to continue the program on their own and receive any continued medications after that point.

PATH JI R3 IP CA 3g future plan *

- We plan to have a mobile medical unit come by our Re-Entry Resource Center a few times per week making access to future prescriptions more accessible.
- Out-patient resources would also be available at the Re-Entry Resource Center where the formerly incarcerated can work with our ECM/current provider or be referred to another community partner in order to receive MAT medications and treatment.

Expected go-live date

PATH JI R3 IP CA 3g expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3g permissible funds

Implementing Billing Systems
Technology and IT Se
Hiring of Staff and Tr
Development of Prot
and Procedures
Additional Activities to
Promote Collaboratio
Planning

3h. Support for DME Upon Release – Infrastructure and processes are in place to support provision of DME on day of release or an action plan has been defined to support provision of DME on day of release by March 31, 2026.

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 3g current plan *

- Currently, any inmate in our custody will receive DME support from our current provider, WellPath.
- WellPath assists them with equipment and provides them with items that serve their intended purpose while also being cognizant of safety and security issues. We look for DME that is safe and manageable for a Jail setting.
- WellPath has issues keeping proper inventory of

Expected go-live date

PATH JI R3 IP CA 3h expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 3h permissible funds

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DME and not providing proper service on the DME items as necessary.

PATH JI R3 IP CA 3g future plan *

- We hope in the future to have a larger inventory of DME that is serviced regularly and appropriate for use in our Jail.
- Our facility will contract with a local vendor that is experienced with DME in a Jail-based setting and offers service repairs.
- We will continue to work with WellPath or whoever our medical provider will be in the future to ensure they have a more robust inventory of DME and availability of the items for our incarcerated population.

Correctional Agency Implementation Plan Cont.

Implementation Plan Cont.

Focus Area 4: Reentry Planning and Coordination

4a. Release Date Notification – Established process to provide electronic notification of the individual's release date to the SSD, DHCS, pre-release care manager, post-release ECM provider (if different), and Medi-Cal MCP. **(Minimum Requirement)**

Current State Assessment (including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live (including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 4a current plan *

- Currently our Medi-Cal assigned Deputy will communicate incarceration details to SSD the incarceration date and expected release date.
- If our incarcerated person is enrolled in Medi-Cal and incarceration or suspension

Expected go-live date

PATH JI R3 IP CA 4a expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 4a permissible funds

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is displayed, our Medi-Cal Deputy communicates expected release date to county SSD.

- If our incarcerated person is not enrolled in Medi-Cal, our Deputy will assist the incarcerated person with completing a Medi-Cal application, will submit the application to SSD representative.

PATH JI R3 IP CA 4a future plan *

- Complete Medi-Cal application as part of or near intake process
- Conduct initial and ongoing training for Medi-Cal application on our Incarcerated person Tablet system.
- We will need to provide proper security clearances and safety measures for our data online sharing.
- We will need to provide and identify a private space for eligibility interviews vs. having our Deputy walk over to the housing unit and having them complete application inside housing area.
- We will work on submitting Medi-Cal application during or near intake process.
- Look at other procedures or methods to submit Medi-Cal applications either by mail, or online portal, vs. hand delivery.
- Ensure that our incarcerated have effective avenues for troubleshooting, including clear points of contact for support.

4b. Care Management Reentry Plan Finalization – Establish processes and procedures to ensure and support assigned care manager in creating final reentry care plan that is shared with the member, correctional facility clinical care team, MCP, and post-release ECM provider if different from the pre-release care manager. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 4b current plan *

- Currently, our Transitions Coordinator provides case management for our incarcerated persons (IP) who request assistance in addressing their individual reentry needs. Each IP is assessed on their reentry risks and needs, and the Transition Coordinator and IP use this information to devise a transition plan for re-entry into the community.
- The reentry plan involves setting objectives and strategies to address those areas of highest need.
- The Transitions Coordinator makes referrals to community resources and ensures that the residents have made the necessary contacts with social services and mental health agencies prior to their release.
- Transitions Coordinator works closely with the resident to identify new goals and behaviors that will assist them in a successful reentry.
- Our IP's are not aware of the vast array of resources available to them in our community. After a thorough evaluation of the IP's re-entry needs, the Transitions Coordinator will refer IP's to community agencies to assist them with re-entry needs.

PATH JI R3 IP CA 4b future plan *

- Our future goal is for our Transitions Coordinator to match IP's with treatment providers that are affordable and can provide the type of services needed.
- Our future Resource Re-entry Center will provide Substance Abuse treatment, anger management, domestic violence reduction, women's support, and stress management counseling,

Expected go-live date

PATH JI R3 IP CA 4b expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 4b permissible funds

Technology and IT Support
Hiring of Staff and Training
Development of Protocols and Procedures
Additional Activities to Promote Collaborative Planning
Other Activities to Support Provision of Medi-Cal Reentry Services

which tend to be the major needs our IP's experience.

- Our future Monterey County Resource Reentry Center (MCRRC) will build provide resources to formerly incarcerated individuals and help them heal and reintegrate back into the community.
- Using a one-stop-shop model, the MCRRC will collaborate with Community-based entities and State and County Departments such as the Sheriff's Office, Behavioral Health, Social Services Agency, Adult Probation, Office of the Public Defender, Ambulatory Care, Office of Supportive Housing, the California Department of Corrections and Rehabilitation, and faith-based community partners.
- These services would include and not limited to referrals for mental health and substance use treatment, public benefit enrollment, counseling, health care, record expungement services, employment referrals, housing, and shelter information and more.

4c. Reentry Care Management Warm Handoff – Established process to ensure and support a warm handoff between pre-release care manager and post-release ECM provider, if the post-release ECM provider is different from the pre-release care manager (e.g., providing space and infrastructure for warm handoff meeting either in person or via telehealth). Note, if correctional facility is using an embedded care manager, correctional facility must establish processes and procedures to ensure a warm handoff will occur between the pre-release care manager and the post-release ECM provider in the pre-release period and for behavioral health linkage to occur based on clinical acuity. In cases when a warm handoff cannot occur prior to release (e.g., unexpected early releases from court) warm handoffs must occur within one week of release . This should include information sharing within 24 hours of release with the post-release ECM provider, the MCP, and the county behavioral health provider as appropriate.

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live

PATH JI R3 IP CA 4c current plan *

Currently, our program believes that a wholistic approach which includes both medication, group programming, and individual

Expected go-live date

PATH JI R3 IP CA 4c expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 4c permissible funds

Hiring of Staff and Training Development of Protocols

(including IT builds, staffing/budget allocations, collaborative planning)

counseling is the key to making the program successful. A partnership that includes custody staff, county behavioral health, and community-based organizations is the only way these types of programs will be successful. This is still the biggest take away from this process, is that it is important that we are all working together.

PATH JI R3 IP CA 4c future plan *

Our medical provider will continue to conduct our screening process of all new intakes brought into the Jail. Part of that screening identifies inmates that are currently participating in a program in their community. Once that inmate is identified, we will contact the community partner and obtain information to continue the inmate on their medication regiment. The inmate is also provided access to counseling services through telemedicine on a laptop computer and/or are seen by an ECM counselor at the Jail.

The Programs unit of the Monterey County Jail still provides discharge planning back into the community-based program for the inmate upon release from custody.

Our challenge is communicating the related assessment that our contract provider performed with newly arriving inmates to custody staff. We have identified the gap in communication and are looking to create a protocol for establishing the appropriate lines of communication, keeping in mind the privacy needs of the patients. This new protocol will be communicated through roll-call briefings for both custody and medical staff.

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Reentry Services

Staffing continues to be a barrier with us, so it is crucial that we have a designated Deputy assigned specifically to this unit making sure that the handoff is appropriately managed and completed, working with the ECM and local providers.

4d. Reentry Behavioral Health Linkage – Established process to allow for an in-person warm handoff, when clinically indicated, between pre-release care manager, beneficiary, pre-release service care team, and post-release behavioral health care manager, where possible and if the post-release behavioral health care manager is different from the pre-release care manager (i.e., providing space in reentry area for warm handoff meeting, either in person or via telehealth). The handoff must include behavioral health linkages, including basic care coordination for referrals to continued treatment post-release. Processes for behavioral health linkage will be designed and mutually agreed upon with correctional facility and county behavioral health agency. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 4d current plan *

Addressing the communication issues from intake through discharge to a community program has been the most successful way of improving access and the success of our programs unit. This first phase of establishing the program has been instrumental in paving the way for a more robust, successful, and sustainable program in our Jail. With the partnerships that have been established between the Sheriff’s Office, Behavioral Health, and WellPath, and community CBO’s, all aspects of a robust pre-release program are being addressed.

PATH JI R3 IP CA 4d future plan *

All entities are committed to the success of this program as it provides a means for success in combatting transitioning issues for our most vulnerable population and provides a means to

Expected go-live date

PATH JI R3 IP CA 4d expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 4d permissible funds

Hiring of Staff and Training
Development of Protocols and Procedures
Planning
Other Activities to Support Provision of Medi-Cal Reentry Services

end the cycle of incarceration for those suffering from mental health or substance abuse. With the appropriate funding, these commitments are highly likely to be successful going into the future. Our Implementation Team will develop a model that will include progress indicators related to goals and action steps to ensure that the team has the information necessary to evaluate progress and take appropriate action. We will provide detailed data monitoring and evaluation, to assess the overall effectiveness of the pre-release program once implemented. Our Jail pre-release program team will identify funding sources to help implement and sustain our program and support the recovery efforts of the clients in our program. The funding will be allocated through several federal/state initiatives and state block grants focused on implementing evidence-based strategies for transition and re-entry programs, increasing access to treatment.

Focus Area 5: Oversight and Project Management

5a. Staffing Structure and Plan – Clear staffing and/or contractor structure to support each readiness element and compliance with DHCS requirements for 90-day Medi-Cal Reentry Services and reentry coordination. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds,

PATH JI R3 IP CA 5a current plan *

We sent proposals to the Board of Supervisors for the funding of 1 FTE Programs Sergeant, 2 FTE Programs Deputies, 1 FTE Management Analyst, 1 FTE Office Assistant, and 1 FTE

Expected go-live date

PATH JI R3 IP CA 5a expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 5a permissible funds

Hiring of Staff and Training
Other Activities to Support

staffing/budget allocations, collaborative planning)

Patient Billing Specialist paid from our CalAIM funding. The Board supported the proposed staffing plan thus far.

Provision of Medi-Cal Reentry Services

PATH JI R3 IP CA 5a future plan *

We are going before the Board of Supervisors May 29-30, 2024 for the proposed Sheriff's Office budget for FY2024-25. The presentation we have created includes the 6 requested CalAIM funded positions (listed above). If the Board of Supervisors confirms funding of the 6 positions, we hope to open them up for applications by August 2024.

5b. Governance Structure for Partnerships – Defined governance structure for coordinating with key partners (e.g., SSD, care management organizations, providers, MCPs, County Behavioral Health Agencies).

Current State Assessment (including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live (including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 5b current plan *

We are currently working with local government agencies (such as Behavioral Health and Social Services) and developing a platform for the integration of medical records sharing between the agencies for continuity of care.

PATH JI R3 IP CA 5b future plan *

With this platform, we will be able to share medical data to outside agencies to enhance patient care and provide successful transition and re-entry to the community.

Expected go-live date

PATH JI R3 IP CA 5b expected date *

Jan 1, 2025

PATH Funds Used to Meet Requirement

PATH JI R3 IP CA 5b permissible funds

Adoption of Certified Electronic Health Recc Technology and IT Services
Development of Protoc and Procedures
Additional Activities to Promote Collaboration Planning

5c. Reporting and Oversight Processes – Established process to collect, monitor, and report on DHCS required measures, including corrective action processes to address operational challenges. (Minimum Requirement)

Current State Assessment
(including identified gaps and documentation to demonstrate current capacity):

Future Activities Planned to be Ready for Go-Live
(including IT builds, staffing/budget allocations, collaborative planning)

PATH JI R3 IP CA 5c current plan *

The Compliance Division monitors the working environment for conformity to policy/procedures, creates/generates monthly compliance reports that demonstrate proof-of-practice/substantial compliance in monitored compliance areas, and reports on required measures, including corrective action processes to address operational challenges. The Compliance Division provides daily e-mail compliance notifications/training to staff who failed to meet compliance, works closely with the ADA Coordinator, Ombudsperson, medical staff, Programs Unit, and the classification unit to address compliance concerns and provides recommendations to meet State, Federal, and other legal mandates.

PATH JI R3 IP CA 5c future plan *

Due to the reporting and oversight processes that this grant is requiring of us, we are looking to add additional personnel within both the Compliance and Programs Units to assist the Sheriff's Office to support needed compliance strategy plans, operational implementations, to expand auditing, and to enhance the ability to produce documents, templates, and proof of practice reports to meet DHCS's compliance requirements.

Expected go-live date

PATH JI R3 IP CA 5c expected date *

Jan 1, 2025

PATH Funds Used to Requirement

PATH JI R3 IP CA 5c permissible funds

Hiring of Staff and Training
Development of Protocols and Procedures
Planning

Correctional Agency Additional Documentation

In this section, please upload any additional documentation to support your application. This could include a workplan, timelines, milestones, and supporting documentation for budget items.

PATH JI R3 IP CA additional upload

No file uploaded

Correctional Agency Budget Request

Budget Request

Your correctional facility has been allocated

Your correctional facility has been allocated

\$5,000,000.00

Please download the budget template to complete your budget request. From the table below, choose the permissible funding uses requested to support your implementation plan.

[PATH JI Round 3 CA Budget Template](#)

Completed Budget Template

See 11c9f9c3-f480-4605-9b0f-0deb97344ffc.xlsx

Attestation and Certification

Attestation and Certification

As the authorized representative of the entities applying for funding, each entity attests and agrees to the following conditions:

- The funding received through this program will not duplicate or supplant funds received through other programs or initiatives, or other federal, state, or local funding sources.
- The funding received through this program must not supplant funding provided for the state's Department of Corrections (DOC) for the purchase of technology for state prisons, county jails, and youth correction facilities.

- Funds from this initiative may only be spent on permissible uses of funds as documented in program guidance and this application.
- The entity will respond to general inquiries from DHCS and the TPA pertaining to this initiative within one business day of receipt, and provide requested information within five business days, unless an alternate timeline is approved or determined necessary by DHCS. Entities that fail to meaningfully engage with DHCS and the TPA in response to these inquiries may be:
- Subject to audit, and if necessary, recoupment of grant funding by DHCS to ensure adequate documentation, application, and reporting of permissible expenditures; and/or
- Precluded from receiving additional PATH funding.
- The entity is required to alert DHCS and the TPA if circumstances prevent them from carrying out activities described in this program application. In such cases, the entity may be required to return unused funds to DHCS contingent upon the circumstances.
- The entity agrees to submit an implementation plan to the TPA no more than 180 days (about 6 months) after initial funding is received, or March 31, 2024, whichever comes first.

name *
(Name)

Charles DaSilva

PATH JI R3 IP BHA attest date *
(Date)

Mar 14, 2024