

The Contractor shall produce a Justice System Reach-In and Reentry Plan (JSRP) for each Line of Business (LOB) as specified in this Policy. The following information shall be incorporated into the Contractor’s JSRP.

JUSTICE SYSTEM REACH-IN AND REENTRY PLAN – MINIMUM REQUIREMENTS

JUSTICE SYSTEM REACH-IN & REENTRY PLAN (JSRP) CHECKLIST
<p>The Contractor’s JSRP shall consist of an individualized and detailed overview of the Contractor’s justice system reach-in and pre-release service referral¹ program and will include:</p> <ol style="list-style-type: none"> 1. A detailed workflow demonstrating the Contractor’s justice-specific staff and how they collaborate internally. 2. A description of how the Contractor’s justice staff engages justice system stakeholders, jail/prison transition planners, DDD (when appropriate), and community providers. 3. A description of how members are identified and/or excluded from reach-in coordination for each County within a Contractor’s Geographic Service Area (GSA). <ol style="list-style-type: none"> a. Adult identification, and b. Juvenile identification. 4. A description of the Contractor’s standard initial referral process and coordination efforts for each County within a Contractor’s GSA. <ol style="list-style-type: none"> a. Adult referral process, and b. Juvenile referral process. 5. A description of interventions taken by justice staff who engage with members who do not meet formal reach-in or pre-release service criteria. <ol style="list-style-type: none"> a. Adult interventions, and b. Juvenile interventions. 6. A description of the referral process for members who meet criteria for pre-release services. 6.7. A description of the referral process for members referred to a Targeted Investments clinic for each County within a Contractor’s GSA. 7.8. A description of coordination and monitoring of members who are navigating the Court Ordered Evaluation (COE)/Court Ordered Treatment (COT) process. 8.9. A description of communication timeframes for: <ol style="list-style-type: none"> a. Urgent release (unanticipated or <30-day notice), b. Standard release (30 to 60⁹⁰-day notice), and c. Future release (> 60⁹⁰²-day notice).

¹ [Updating referral process for pre-release services, throughout the Attachment.](#)

² [Revised to update timeframes.](#)

- ~~9~~.10. A description and timeframes for how justice staff conduct appointment monitoring post-release.
- ~~10~~.11. A description of how the Contractor identifies the most appropriate funding source for members who are uninsured or underinsured.
- ~~11~~.12. A description of strategies for ongoing follow-up after a member is released from incarceration or detainment.
- ~~12~~.13. A description of strategies for reengaging members in the event of re-incarceration.
- ~~13~~.14. A description of strategies that Contractor utilizes to address Social Determinants of Health (SDOH)/Health Related Social Needs (HRSN). A description of strategies to improve appropriate utilization of services.
- ~~14~~.15. A description of strategies for providing education to members or member's Health Care Decision Maker/Designated Representative (HCDM/DR).
- ~~15~~.16. A description of coordination for instances when a justice-involved member transitions to and from the ACC-RBHA
- ~~16~~.17. A description of the Contractor's unique justice-specific interventions and specialty populations.
- ~~17~~.18. Detailed description of Contractor's reach-in outcome analyses including:
- Measurable goals to improve quality of care, and
 - Any data that is collected internally to inform justice outcomes.

Annual submission of current Collaborative Protocols, Memorandums of Understanding, and any other agreement between the Contractor and the justice partner, which may include: The Arizona Department of Juvenile Corrections (ADJC), the Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR), the Arizona Administrative Office of the Courts (AOC), and adult and juvenile county probation departments within the GSA where the Contractor conducts business. Updated agreements will be submitted every 36 months and shall include a summary of when the protocol was last updated and what changes were made.