INSTRUCTIONS – JUSTICE SYSTEM REACH-IN AND PRE-RELEASE MONITORING REPORT

General Instructions

This report is submitted quarterly.
Complete all applicable fields based on information available to the Contractor.
Do not leave required fields blank; use "N/A" if not applicable.
This report captures:

Justice System Reach-In care coordination
Consolidated Appropriations Act eligibility identification and referral
Re-entry coordination (if applicable)

SECTION 1: SUMMARY METRICS
Provide total counts for the reporting period:
Total Members Meeting Reach-In Criteria: Members incarcerated 20 days or longer with an anticipated release date.

Total Members Receiving Reach-In Care Coordination: Members for whom the Contractor conducted reach-in coordination activities.

Total Members Identified as Eligible for Consolidated Appropriations Act: Members identified as meeting Consolidated Appropriations Act eligibility criteria.

Total Members Referred to AHCCCS-Approved Providers for Consolidated Appropriations Act: Members for whom a referral was initiated to an approved provider for pre-release services.

Total Members Receiving re-entry Coordination: Members receiving re-entry support services (if applicable).

Total Members Receiving Medications for Opioid Use Disorders/Medication Assisted Treatment (MOUD/MAT) While Incarcerated: Members known to have received MOUD/MAT services during incarceration.

SECTION 2: MEMBER-LEVEL DETAIL
Complete one row per member.
Field Instructions

Member Identifier: Enter AHCCCS ID. If unavailable, enter member name.

Adult or Juvenile (A/J): Indicate "A" for adult or "J" for juvenile.

SMI or SED (Y/N): Indicate whether the member has an SMI (adult) or SED (juvenile) designation.

Geographic Service Area (GSA): Enter the member's assigned GSA.

Reach-In Care Coordination Provided (Y/N): Indicate "Y" if the Contractor provided any reach-in care coordination activities.

CAA Eligible (Y/N): Indicate "Y" if the member was identified as eligible for Consolidated Appropriations Act pre-release services.

CAA Referral Completed (Y/N): Indicate "Y" if a referral was made to an AHCCCS-approved provider for pre-release services.

Reentry Coordination Provided (Y/N): Indicate "Y" if the member received re-entry coordination services.

Received MOUD/MAT While Incarcerated (Y/N): Indicate "Y" if known that the member received MOUD/MAT while incarcerated.

Transition Plan Completed Prior to Release (Y/N): Indicate "Y" if a transition plan was completed prior to release, based on available information.

Barriers to Reach-In or CAA Referral: Document any barriers that prevented reach-in coordination or timely referral.

Comments Include relevant details such as: *Timing constraints *Reasons for no referral *Member refusal *Coordination challenges

CONTRACTOR: **DATE SUBMITTED:**

REPORTING QUARTER:

TOTAL ~~NUMBER OF~~ MEMBERS WHO MET REACH-IN CRITERIA: *(Have been incarcerated for at least 20 days ~~or longer~~ and have an anticipated release date) :*		TOTAL ~~NUMBER OF~~ MEMBERS WHO RECEIVED REACH-IN CARE COORDINATION~~:~~ *~~(Members do not have to meet reach-in criteria identified in cell A5)~~*		TOTAL MEMBERS IDENTIFIED AS CONSOLIDATED APPROPRIATIONS ACT ELIGIBLE		TOTAL CAA ELIGIBLE MEMBERS REFERRED TO AN APPROVED CONSOLIDATED APPROPRIATIONS ACT PROVIDER		TOTAL ~~NUMBERS OF JUVENILE~~ MEMBERS WHO RECEIVED ~~REACH-IN*~~ RE-ENTRY COORDINATION		TOTAL NUMBER OF ~~INCARCERATED~~ MEMBERS WHO RECEIVED MEDICATION FOR OPIOID USE DISORDER (MOUD) or MEDICATION ASSISTED TREATMENT (MAT) SERVICES WHILE INCARCERATED:	

AHCCCS ID OR SOCIAL SECURITY NUMBER (SSN) (if unavailable, list First Name and Last Name)	ADULT or JUVENILE	SERIOUS MENTAL ILLNESS (SMI) OR SERIOUS EMOTIONAL DISTURBANCE (SED)?	GEOGRAPHIC SERVICE AREA (GSA)	MET REACH- IN CRITERIA (Y/N)	REACH-IN CARE COORDINATION PROVIDED (Y/N)	CONSOLIDATED APPROPRIATIONS ACT ELIGIBLE (Y/N)	CONSOLIDATED APPROPRIATIONS ACT REFERRAL COMPLETED (Y/N/NA)	RE-ENTRY COORDINATION PROVIDED (Y/N)	RECEIVED MOUD OR MAT SERVICES WHILE INCARCERATED (Y/N)	TRANSITION PLAN COMPLETED PRIOR TO RELEASE (Y/N)	BARRIERS TO REACH-IN OR CONSOLIDATED APPROPRIATIONS ACT REFERRAL	COMMENTS