

Policy Title: Justice Involved (JI) Eligibility, Enrollment & Assignment Policy

Policy No.: JI-001

Next Review: 12/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members

1.0 POLICY STATEMENT

1.1 LG Links Inc. provides Enhanced Care Management (ECM) services to eligible Justice-Involved (JI) members in accordance with DHCS requirements, MCP contracts, and all applicable laws.

1.2 Eligibility, enrollment, and assignment processes must be consistent, timely, and compliant with the MCP-specific workflows.

1.3 Staff must verify JI eligibility, complete required documentation, and initiate engagement within required timelines.

1.4 No member may be denied services based on custody history, probation/parole status, or criminal background.

2.0 PURPOSE

2.1 To define eligibility criteria and standardized procedures for enrolling and assigning JI members into ECM services.

2.2 To ensure timely engagement and continuity of care for individuals transitioning from custody or involved with the justice system.

2.3 To maintain compliance with DHCS ECM Policy Guide requirements for the JI population of focus.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

3.2 This policy applies to all JI referrals received from MCPs, probation/parole, jails, courts, hospitals, and community partners.

4.0 DEFINITIONS

4.1 Justice-Involved (JI) Member refers to individuals who are currently or recently involved with the criminal justice system, including jail, prison, probation, or parole.

4.2 Eligibility Verification refers to confirming that a member meets DHCS and MCP criteria for the JI population of focus.

4.3 Enrollment refers to the process of accepting a JI referral and initiating ECM services.

4.4 Assignment refers to designating a Care Manager responsible for the member's ECM services.

4.5 Reentry refers to the transition from custody back into the community.

5.0 PROCEDURES

5.1 Eligibility Criteria

A member is eligible for JI ECM services if they meet DHCS and MCP criteria, including:

5.1.1 Currently incarcerated in county jail or recently released

5.1.2 On probation, parole, PRCS, or mandatory supervision

5.1.3 Recently booked or detained

5.1.4 Court-mandated services or programs

5.1.5 Identified by MCP as high-risk or high-need due to justice involvement

5.1.6 Experiencing barriers related to reentry, housing, behavioral health, or medical needs

Eligibility must be verified through MCP data, justice partners, or member self-report.

5.2 Referral & Assignment Sources

Referrals may come from:

5.2.1 Managed Care Plans (primary source)

5.2.2 Jail medical units

5.2.3 Probation or parole officers

5.2.4 Courts or public defenders

5.2.5 Hospitals or emergency departments

5.2.6 Community-based reentry programs

5.2.7 Self-referral (with MCP approval)

5.3 Enrollment Workflow

5.3.1 Staff must review all JI referrals within one business day.

5.3.2 Eligibility must be verified using MCP systems or justice partner information.

5.3.3 Staff must attempt outreach within the MCP-required timelines (typically 72 hours).

5.3.4 Enrollment forms must be completed and submitted to the MCP as required.

5.3.5 If the member is in custody, staff must coordinate with jail staff for access.

5.4 Assignment of Care Manager

5.4.1 A Care Manager must be assigned within one business day of confirmed eligibility.

5.4.2 Assignments must consider:

- Caseload balance
- Member location
- Safety considerations
- Staff experience with JI populations

5.4.3 The Care Manager must initiate engagement immediately upon assignment.

5.5 Engagement Requirements

5.5.1 Staff must attempt at least three outreach attempts using varied methods.

5.5.2 For members in custody, staff must follow jail protocols for contact.

5.5.3 Engagement must be documented in the EHR and MCP portal.

5.5.4 If unable to contact, staff must follow the JI Outreach & Engagement Policy.

5.6 Declinations & Disenrollment

5.6.1 Members may decline services at any time.

5.6.2 Declinations must be documented and submitted to the MCP.

5.6.3 Disenrollment may occur only when:

- Member moves out of service area
- Member becomes ineligible for Medi-Cal
- MCP instructs disenrollment

5.6.4 Staff must follow the MCP-specific disenrollment workflows.

5.7 Coordination with Justice Partners

5.7.1 Staff may coordinate with probation, parole, or jail staff with proper consent.

5.7.2 Staff must follow confidentiality laws, including HIPAA and 42 CFR Part 2.

5.7.3 Staff must document all coordination activities.

6.0 STAFF RESPONSIBILITIES

6.1 Verify eligibility and complete enrollment tasks promptly.

6.2 Document all outreach, engagement, and assignment activities.

6.3 Follow MCP timelines and workflows.

- 6.4 Maintain confidentiality and obtain required consents.
- 6.5 Coordinate with justice partners appropriately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1 Oversee JI enrollment and assignment processes.
- 7.2 Ensure compliance with DHCS and MCP requirements.
- 7.3 Monitor timeliness and quality of enrollment activities.
- 7.4 Provide staff training on JI eligibility and workflows.
- 7.5 Address barriers to engagement or assignment.

8.0 RESOURCES

- 8.1 JI Outreach & Engagement Policy
- 8.2 JI Comprehensive Assessment Policy
- 8.3 JI Care Coordination & Reentry Navigation Policy
- 8.4 Privacy & Confidentiality Policy
- 8.5 DHCS ECM Policy Guide
- 8.6 MCP JI Population Requirements

Policy Title: Justice Involved (JI) Outreach & Engagement Policy

Policy No.: JI-002

Next Review: 2/14/2025,12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1,1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members

1.0 POLICY STATEMENT

1.1 LG Links Inc. conducts timely, persistent, and population-specific outreach to Justice-Involved (JI) members in alignment with DHCS requirements and MCP-specific engagement standards.

1.2 Outreach strategies must account for custody-related barriers, mobility challenges, safety considerations, and the unique needs of individuals transitioning from incarceration.

1.3 Staff must document all outreach attempts accurately and follow MCP timelines for engagement, unable-to-contact (UTC) reporting, and escalation.

1.4 Engagement must be trauma-informed, culturally responsive, and free of judgment related to justice involvement.

2.0 PURPOSE

2.1 To establish standardized outreach and engagement procedures for JI members.

2.2 To ensure timely contact, continuity of care, and successful enrollment for individuals involved in the justice system.

2.3 To reduce barriers to engagement and support successful reentry and stabilization.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for outreach, engagement, enrollment, and initial contact with JI members.

3.2 This policy applies to outreach conducted in the community, in custody settings, in courts, in hospitals, and through justice partners.

4.0 DEFINITIONS

4.1 Outreach refers to attempts to contact a JI member to initiate or maintain ECM services.

4.2 Engagement refers to successful contact resulting in conversation, assessment, or service initiation.

4.3 Custody-Based Outreach refers to outreach conducted in jails, detention centers, or court-related settings.

4.4 Unable-to-Contact (UTC) refers to the required MCP documentation when outreach attempts do not result in engagement.

4.5 Justice Partners include probation, parole, courts, jail medical units, and reentry programs.

5.0 PROCEDURES

5.1 Outreach Timelines

5.1.1 Staff must initiate outreach within 72 hours of receiving a JI referral unless MCP requires a shorter timeframe.

5.1.2 Outreach must continue until:

- Engagement is achieved
- Member declines
- MCP instructs closure
- UTC criteria are met

5.2 Required Outreach Attempts

5.2.1 Staff must complete at least five outreach attempts, using varied methods:

- Phone calls
- Text messages (if consented)
- Letters
- In-person attempts
- Coordination with justice partners

5.2.2 Outreach attempts must be spaced across different days and times.

5.2.3 All attempts must be documented in the EHR and MCP portal.

5.3 Custody-Based Outreach

5.3.1 When a member is incarcerated, staff must coordinate with jail staff to arrange contact.

5.3.2 Staff must follow all facility rules, including:

- Security screening
- Appointment scheduling
- Identification requirements

5.3.3 Staff may not bring prohibited items into custody settings.

5.3.4 Staff must document all custody-based outreach attempts.

5.4 Engagement Strategies for JI Members

5.4.1 Staff must use trauma-informed, non-judgmental communication.

5.4.2 Engagement should focus on:

- Immediate needs (housing, food, safety)
- Reentry barriers
- Legal obligations
- Health and behavioral health needs

5.4.3 Staff must assess safety concerns before any in-person outreach.

5.4.4 Staff must follow the JI Field Safety & Staff Protection Policy.

5.5 Unable-to-Contact (UTC) Requirements

5.5.1 If outreach attempts are unsuccessful, staff must follow MCP UTC workflows.

5.5.2 UTC documentation must include:

- Dates and times of attempts
- Methods used
- Any justice partner coordination

5.5.3 UTC status must be submitted to the MCP within the required timelines.

5.5.4 Staff must continue outreach if MCP requires extended attempts.

5.6 Engagement Through Justice Partners

5.6.1 Staff may coordinate with probation, parole, or reentry programs to locate members.

5.6.2 Staff must obtain proper consent before sharing PHI.

5.6.3 Staff must document all justice partner communication.

5.7 Declinations

5.7.1 Members may decline services verbally or in writing.

5.7.2 Staff must document the declination and submit the required MCP forms.

5.7.3 Staff must offer reengagement if the member expresses interest later.

6.0 STAFF RESPONSIBILITIES

6.1 Complete timely outreach and engagement attempts.

6.2 Document all attempts accurately and promptly.

6.3 Follow the MCP-specific timelines and workflows.

- 6.4 Use trauma-informed, culturally responsive engagement practices.
- 6.5 Coordinate with justice partners appropriately and safely.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1 Monitor outreach timeliness and quality.
- 7.2 Ensure staff receive training on JI engagement strategies.
- 7.3 Address barriers to engagement and provide support.
- 7.4 Ensure compliance with MCP and DHCS requirements.
- 7.5 Review UTC patterns and implement corrective action when needed.

8.0 RESOURCES

- 8.1 JI Eligibility, Enrollment & Assignment Policy
- 8.2 JI Field Safety & Staff Protection Policy
- 8.3 JI Comprehensive Assessment Policy
- 8.4 Privacy & Confidentiality Policy
- 8.5 DHCS ECM Policy Guide
- 8.6 MCP JI Outreach Requirements

Policy Title: Justice Involved (JI) Comprehensive Assessment Policy

Policy No.: JI-003

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. conducts comprehensive, person-centered assessments for all Justice Involved (JI) members to identify medical, behavioral health, social, legal, criminogenic, and reentry-related needs.

1.2 Assessments must be trauma-informed, culturally responsive, and aligned with DHCS and MCP requirements for the JI population of focus.

1.3 Assessments must incorporate criminogenic risk factors, reentry barriers, legal obligations, and safety considerations unique to JI members.

1.4 Assessments must be completed within required timelines and updated whenever significant changes occur.

2.0 PURPOSE

2.1 To establish a standardized process for conducting comprehensive assessments for JI members.

2.2 To ensure assessments reflect the complexity of justice involvement and support accurate care planning and service coordination.

2.3 To promote effective, compliant ECM service delivery and continuity of care across settings.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for conducting, updating, or documenting assessments for JI members.

3.2 This policy applies to assessments conducted in the community, custody settings, hospitals, or via telehealth.

4.0 DEFINITIONS

4.1 Comprehensive Assessment refers to a structured evaluation of a member’s medical, behavioral, social, legal, and reentry needs.

4.2 Criminogenic Needs refer to dynamic factors that contribute to justice involvement and recidivism risk.

4.3 Reentry Barriers refer to challenges faced when transitioning from custody to the

community.

4.4 Legal Obligations refer to probation, parole, court mandates, or supervision requirements.

4.5 Safety Concerns refer to risks of harm to self or others, unsafe environments, or threats related to justice involvement.

5.0 PROCEDURES

5.1 Assessment Timelines

5.1.1 Comprehensive assessments must be completed within the MCP-required timelines, typically within 30 days of enrollment.

5.1.2 For members in custody or recently released, assessments must be initiated within 5 business days of first contact or access.

5.1.3 For high-risk members (e.g., recent release, acute behavioral health needs), assessments should be completed within 10 business days when possible.

5.1.4 Delays must be documented and communicated to the MCP when required.

5.1.5 If a member disengages, staff must attempt *at least 3 outreach attempts over 14 days* before closing the assessment.

5.2 Required Assessment Components

Assessments for JI members must include:

5.2.1 Member-Identified Priorities

- Immediate needs after release
- Housing stability
- Employment goals
- Behavioral health concerns
- Family reunification
- Legal compliance

5.2.2 Medical Assessment

- Chronic conditions
- Medication continuity
- Recent hospitalizations
- Jail/prison medical discharge information
- Access to primary care

5.2.3 Behavioral Health Assessment

- Mental health history
- Substance use history
- Crisis history
- Current symptoms
- Treatment engagement

5.2.4 Criminogenic Needs

- Substance use as a driver of justice involvement
- Peer associations
- Impulse control
- Prior incarceration patterns
- High-risk behaviors

5.2.5 Reentry Barriers

- Housing instability
- Lack of identification documents
- Employment challenges
- Transportation barriers
- Access to food, clothing, and basic needs

5.2.6 Legal Obligations

- Probation/parole requirements
- Court mandates
- Required programs
- Upcoming court dates

5.2.7 Safety Assessment

- Risk of harm to self or others
- Domestic violence concerns
- Unsafe living environments
- Gang-related risks

5.2.8 Social Determinants of Health

- Income

- Education
- Family support
- Community connections

5.2.9 Strengths & Protective Factors

- Motivation for change
- Supportive relationships
- Skills and interests
- Prior successful reentry periods

5.3 Member Participation

5.3.1 Assessments must be conducted collaboratively with the member.

5.3.2 Staff must use motivational interviewing and trauma-informed approaches.

5.3.3 Members must be informed of assessment findings unless restricted by custody rules.

5.4 Coordination with Justice Partners

5.4.1 Assessments may incorporate input from probation, parole, or reentry programs with proper consent.

5.4.2 Staff must follow confidentiality laws, including HIPAA and 42 CFR Part 2.

5.4.3 Staff must document all coordination activities.

5.5 Reassessment Requirements

5.5.1 A reassessment must occur at least annually for all JI members.

5.5.2 A reassessment must also occur within 30 days when:

- A member is released from custody
- A member is re-incarcerated
- New risks or needs emerge
- A major life event occurs (e.g., hospitalization, loss of housing)
- A member achieves goals or identifies new ones

5.5.3 High-risk members must receive a quarterly reassessment.

5.5.4 Reassessments must update all domains, including criminogenic needs, safety, legal obligations, and reentry barriers.

5.5.5 Reassessment findings must be documented in the EHR on the same day.

5.6 Documentation Requirements

5.6.1 Assessments must be documented in the EHR on the same day they are completed.

5.6.2 Required MCP forms must be submitted within the required timelines.

5.6.3 Documentation must be factual, objective, and free of speculation.

5.6.4 All legal information must be verified when possible.

6.0 STAFF RESPONSIBILITIES

6.1 Conduct assessments and reassessments within required timelines.

6.2 Use trauma-informed, culturally responsive practices.

6.3 Document all assessment components accurately and promptly.

6.4 Verify legal information when possible.

6.5 Communicate urgent safety concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure staff are trained in JI assessment and reassessment requirements.

7.2 Monitor assessment timeliness and quality.

7.3 Ensure compliance with MCP and DHCS requirements.

7.4 Address barriers to completing assessments.

7.5 Review assessments for completeness and accuracy.

8.0 RESOURCES

8.1 JI Eligibility, Enrollment & Assignment Policy

8.2 JI Outreach & Engagement Policy

8.3 JI Care Coordination & Reentry Navigation Policy

8.4 JI Safety Planning & Crisis Response Policy

8.5 Privacy & Confidentiality Policy

8.6 DHCS ECM Policy Guide

8.7 MCP JI Assessment Requirements

Policy Title: Justice Involved (JI) Care Plan Development Policy

Policy No.: JI-004

Next Review: 2/14/2025,12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1,1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. develops individualized, comprehensive care plans for all Justice-Involved (JI) members that address medical, behavioral health, social, legal, and reentry-related needs.

1.2 Care plans must be person-centered, trauma-informed, culturally responsive, and aligned with DHCS and MCP requirements for the JI population of focus.

1.3 Care plans must incorporate criminogenic needs, reentry barriers, legal obligations, and safety considerations unique to JI members.

1.4 Care plans must be completed within required timelines and updated whenever significant changes occur.

2.0 PURPOSE

2.1 To establish a standardized process for developing individualized care plans for JI members.

2.2 To ensure care plans reflect the complexity of justice involvement and support successful reentry and stabilization.

2.3 To promote coordinated, effective, and compliant ECM service delivery.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for developing, updating, or implementing care plans for JI members.

3.2 This policy applies to care plans developed in the community, in custody settings, in hospitals, or through telehealth.

4.0 DEFINITIONS

4.1 Care Plan refers to a structured, individualized plan outlining goals, interventions, and supports for the member.

4.2 Criminogenic Needs refer to dynamic factors that contribute to justice involvement and recidivism risk.

4.3 Reentry Plan refers to a coordinated set of supports to assist individuals transitioning from custody to the community.

4.4 Legal Obligations refer to probation, parole, court mandates, or supervision requirements.

4.5 Safety Plan refers to strategies to reduce the risk of harm to self or others.

5.0 PROCEDURES

5.1 Care Plan Timelines

5.1.1 Care plans must be completed within the MCP-required timelines (typically 30 days from assessment).

5.1.2 For members in custody or recently released, care plans should be initiated as soon as access is available.

5.1.3 Delays must be documented and communicated to the MCP when required.

5.2 Required Care Plan Components

Care plans for JI members must include:

5.2.1 Member-Identified Goals

- Reentry stabilization
- Housing
- Employment
- Behavioral health recovery
- Legal compliance
- Family reunification

5.2.2 Medical Needs

- Chronic condition management
- Medication continuity
- Follow-up appointments
- Jail/prison medical discharge coordination

5.2.3 Behavioral Health Needs

- Mental health treatment
- Substance use treatment
- Crisis prevention
- Linkage to therapy or MAT

5.2.4 Criminogenic Needs

- Substance use as a driver of justice involvement
- Peer associations
- Impulse control
- Prior incarceration patterns
- High-risk behaviors

5.2.5 Reentry Barriers

- Housing instability
- Lack of identification documents
- Employment challenges
- Transportation barriers
- Access to food, clothing, and basic needs

5.2.6 Legal Obligations

- Probation/parole requirements
- Court mandates
- Required programs (e.g., anger management, SUD treatment)
- Upcoming court dates

5.2.7 Safety Planning

- Risk of harm to self or others
- Domestic violence concerns
- Unsafe living environments
- Gang-related risks

5.2.8 Social Determinants of Health

- Income
- Education
- Family support
- Community connections

5.2.9 Strengths & Protective Factors

- Motivation for change
- Supportive relationships
- Skills and interests
- Prior successful reentry periods

5.3 Member Participation

5.3.1 Care plans must be developed collaboratively with the member.

5.3.2 Staff must use motivational interviewing and trauma-informed approaches.

5.3.3 Members must receive a copy of their care plan unless unsafe or restricted by custody rules.

5.4 Coordination with Justice Partners

5.4.1 Care plans may incorporate input from probation, parole, or reentry programs with proper consent.

5.4.2 Staff must follow confidentiality laws, including HIPAA and 42 CFR Part 2.

5.4.3 Staff must document all coordination activities.

5.5 Updating the Care Plan

5.5.1 Care plans must be updated when:

- Members are released from custody
- Member is re-incarcerated
- New risks or needs emerge
- Member achieves goals or identifies new ones
- Major life events occur

5.5.2 Updates must be documented in the EHR and submitted to the MCP when required.

5.6 Documentation Requirements

5.6.1 Care plans must be documented in the EHR on the same day they are completed.

5.6.2 Required MCP forms must be submitted within the required timelines.

5.6.3 Documentation must be factual, objective, and free of speculation.

5.6.4 All legal information must be verified when possible.

6.0 STAFF RESPONSIBILITIES

6.1 Develop care plans within required timelines.

6.2 Use trauma-informed, culturally responsive practices.

6.3 Document all care plan components accurately and promptly.

6.4 Verify legal information when possible.

6.5 Communicate urgent safety concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1** Ensure staff are trained in JI care plan requirements.
- 7.2** Monitor care plan timeliness and quality.
- 7.3** Ensure compliance with MCP and DHCS requirements.
- 7.4** Address barriers to completing care plans.
- 7.5** Review care plans for completeness and accuracy.

8.0 RESOURCES

- 8.1** JI Comprehensive Assessment Policy
- 8.2** JI Care Coordination & Reentry Navigation Policy
- 8.3** JI Safety Planning & Crisis Response Policy
- 8.4** Privacy & Confidentiality Policy
- 8.5** DHCS ECM Policy Guide
- 8.6** MCP JI Care Plan Requirements

Policy Title: Justice Involved (JI) Care Coordination & Reentry Navigation Policy

Policy No.: JI-005

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. provides comprehensive care coordination and reentry navigation for Justice-Involved (JI) members to ensure continuity of care, reduce recidivism risk, and support successful stabilization in the community.

1.2 Care coordination must include collaboration with medical, behavioral health, social service, and justice partners, including probation, parole, courts, and jail medical units.

1.3 Reentry navigation must begin as early as possible, ideally before release, and continue through the transition back into the community.

1.4 All coordination activities must comply with HIPAA, 42 CFR Part 2 (when applicable), DHCS requirements, and MCP-specific JI protocols.

2.0 PURPOSE

2.1 To establish standardized procedures for coordinating care and supporting reentry for JI members.

2.2 To ensure timely, effective, and compliant communication with justice partners and community providers.

2.3 To reduce barriers to stabilization, improve health outcomes, and support long-term success for JI members.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for care coordination, reentry planning, and cross-system communication for JI members.

3.2 This policy applies to coordination conducted in custody settings, hospitals, courts, community settings, and through telehealth.

4.0 DEFINITIONS

4.1 Care Coordination refers to organizing and facilitating services across providers, systems, and agencies.

4.2 Reentry Navigation refers to structured support for individuals transitioning from custody to the community.

4.3 Justice Partners include probation, parole, courts, jail medical units, public defenders,

and reentry programs.

4.4 Warm Handoff refers to a direct, supported transition between providers or systems.

4.5 Release Planning refers to preparing for a member's transition from custody, including housing, medical care, and basic needs.

5.0 PROCEDURES

5.1 Initiating Care Coordination

5.1.1 Care coordination begins immediately upon enrollment.

5.1.2 Staff must identify all current providers, justice partners, and community supports.

5.1.3 Staff must obtain consent before sharing PHI with justice partners.

5.2 Reentry Navigation Activities

Reentry navigation must include:

5.2.1 Pre-Release Planning

- Contacting jail medical units
- Reviewing discharge summaries
- Identifying immediate needs (housing, medications, clothing, food)
- Scheduling post-release appointments

5.2.2 Day-of-Release Support

- Coordinating transportation
- Ensuring access to medications
- Confirming safe housing
- Providing crisis support if needed

5.2.3 Post-Release Stabilization

- Linking to Behavioral Health Services
- Connecting to MAT or SUD treatment
- Assisting with benefits reinstatement
- Supporting compliance with legal obligations

5.3 Coordination with Justice Partners

5.3.1 Staff may coordinate with probation, parole, or courts with proper consent.

5.3.2 Coordination may include:

- Court dates
 - Mandated programs
 - Supervision requirements
 - Safety concerns
- 5.3.3** Staff must document all justice partner communication.
- 5.3.4** Staff must not disclose PHI without consent unless legally required.

5.4 Coordination with Medical & Behavioral Health Providers

5.4.1 Staff must ensure continuity of care between jail/prison medical units and community providers.

5.4.2 Coordination includes:

- Scheduling follow-up appointments
- Ensuring medication continuity
- Linking to therapy, psychiatry, or MAT
- Facilitating warm handoffs

5.5 Addressing Reentry Barriers

Staff must support members with:

5.5.1 Housing

- Emergency shelter
- Reentry housing programs
- Transitional housing
- Permanent supportive housing

5.5.2 Employment & Income

- Job readiness programs
- Vocational training
- CalFresh
- Medi-Cal reinstatement
- SSI/SSDI applications

5.5.3 Identification Documents

- State ID
- Birth certificate

- Social Security card

5.5.4 Transportation

- Bus passes
- Ride coordination
- MCP transportation benefits

5.6 Safety & Crisis Coordination

5.6.1 Staff must assess safety risks during all coordination activities.

5.6.2 Staff must follow the JI Safety Planning & Crisis Response Policy when risks are identified.

5.6.3 Staff must escalate urgent concerns immediately.

5.7 Documentation Requirements

5.7.1 All coordination activities must be documented in the EHR on the same day.

5.7.2 Required MCP forms must be submitted within the required timelines.

5.7.3 Documentation must be factual, objective, and free of speculation.

6.0 STAFF RESPONSIBILITIES

6.1 Provide timely, effective care coordination and reentry navigation.

6.2 Maintain communication with justice partners and community providers.

6.3 Document all coordination activities accurately.

6.4 Use trauma-informed, culturally responsive practices.

6.5 Escalate safety concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure staff are trained in JI care coordination and reentry navigation.

7.2 Monitor timeliness and quality of coordination activities.

7.3 Ensure compliance with MCP and DHCS requirements.

7.4 Address barriers to coordination and reentry support.

7.5 Review documentation for completeness and accuracy.

8.0 RESOURCES

8.1 JI Comprehensive Assessment Policy

8.2 JI Care Plan Development Policy

8.3 JI Transition of Care Policy

8.4 JI Safety Planning & Crisis Response Policy

8.5 Privacy & Confidentiality Policy

8.6 DHCS ECM Policy Guide

8.7 MCP JI Coordination Requirements

Policy Title: Justice Involved (JI) Transition of Care Policy

Policy No.: JI-006

Next Review: 2/14/2025,12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1,1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. ensures safe, timely, and coordinated transitions of care for Justice-Involved (JI) members moving between custody, hospitals, courts, community settings, and other levels of care.

1.2 Transition activities must prioritize continuity of medical, behavioral health, and social services, with special attention to reentry stabilization needs.

1.3 Staff must coordinate with justice partners, medical providers, behavioral health agencies, and MCPs to ensure seamless transitions.

1.4 All transitions must be documented accurately and completed in accordance with DHCS and MCP requirements.

2.0 PURPOSE

2.1 To establish standardized procedures for managing transitions of care for JI members.

2.2 To reduce gaps in care, prevent recidivism, and support successful reentry and stabilization.

2.3 To ensure compliance with DHCS ECM Policy Guide and MCP JI transition requirements.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for care coordination, reentry support, and transition management for JI members.

3.2 This policy applies to transitions involving custody, hospitals, courts, behavioral health facilities, and community settings.

4.0 DEFINITIONS

4.1 Transition of Care refers to the movement of a member between care settings or systems.

4.2 Reentry Transition refers specifically to the movement from custody back into the community.

4.3 Warm Handoff refers to a direct, supported transition between providers or systems.

4.4 Justice Partners include probation, parole, courts, jail medical units, and reentry programs.

4.5 Critical Transition refers to any transition involving hospitalization, incarceration, or acute safety concerns.

5.0 PROCEDURES

5.1 Types of Transitions Covered

This policy applies to transitions, including:

5.1.1 Custody → Community

5.1.2 Community → Custody

5.1.3 Hospital → Custody

5.1.4 Custody → Hospital

5.1.5 Court → Mandated Programs

5.1.6 Behavioral Health Facility → Community

5.1.7 ECM → Other Levels of Care

5.2 Pre-Release Transition Planning (Custody → Community)

Staff must begin reentry planning as early as possible and include:

5.2.1 Contacting jail medical units for discharge summaries

5.2.2 Confirming release date (when available)

5.2.3 Identifying immediate needs:

- Housing
- Food
- Clothing
- Medication continuity
- Transportation

5.2.4 Scheduling post-release medical and behavioral health appointments

5.2.5 Coordinating with probation/parole (with consent)

5.2.6 Ensuring the member has identification documents or a plan to obtain them

5.3 Day-of-Release Support

5.3.1 Staff must attempt contact on the day of release.

5.3.2 Staff must ensure the member has:

- Safe transportation
- Access to medications
- A safe place to stay
- Food and necessities

5.3.3 Staff must provide crisis support if needed.

5.4 Hospital Transitions (Hospital → Community or Custody)

5.4.1 Staff must coordinate with hospital discharge planners.

5.4.2 Staff must ensure:

- Medication continuity
- Follow-up appointments
- Behavioral health linkage
- Transportation arrangements

5.4.3 If the member is discharged to custody, staff must notify the MCP when required.

5.5 Transitions into Custody (Community → Custody)

5.5.1 Staff must attempt to confirm custody status through MCP or justice partners.

5.5.2 Staff must update the care plan to reflect:

- New custody status
- Medication access needs
- Behavioral health needs

5.5.3 Staff must coordinate with jail medical units when possible.

5.6 Court-Related Transitions

5.6.1 Staff may coordinate with courts or mandated programs with proper consent.

5.6.2 Staff must support compliance with:

- Court dates
- Mandated treatment
- Probation/parole requirements

5.6.3 Staff must document all court-related transitions.

5.7 Behavioral Health Facility Transitions

5.7.1 Staff must coordinate with inpatient or residential programs.

5.7.2 Staff must ensure:

- Warm handoffs
- Medication continuity
- Follow-up appointments
- Housing support upon discharge

5.8 Documentation Requirements

5.8.1 All transitions must be documented in the EHR on the same day.

5.8.2 Required MCP transition forms must be submitted within the required timelines.

5.8.3 Documentation must include:

- Transition type
- Date and time
- Partners involved
- Member needs
- Follow-up plan

6.0 STAFF RESPONSIBILITIES

6.1 Coordinate all transitions of care promptly and effectively.

6.2 Maintain communication with justice partners and community providers.

6.3 Document all transition activities accurately.

6.4 Use trauma-informed, culturally responsive practices.

6.5 Escalate safety concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure staff are trained in JI transition requirements.

7.2 Monitor transition timeliness and quality.

7.3 Ensure compliance with MCP and DHCS requirements.

7.4 Address barriers to transition coordination.

7.5 Review documentation for completeness and accuracy.

8.0 RESOURCES

8.1 JI Care Coordination & Reentry Navigation Policy

8.2 JI Comprehensive Assessment Policy

8.3 JI Care Plan Development Policy

8.4 JI Safety Planning & Crisis Response Policy

8.5 DHCS ECM Policy Guide

8.6 MCP JI Transition Requirements

Policy Title: Justice Involved (JI) Field Safety & Staff Protection Policy

Policy No.: *JI-007*
Next Review: *2/14/2025, 12/14/2026*
Approved By: *Board Authorized*
Signature: Linda M. Garcia, CEO

Effective Date: *12/14/2024*
Version: *1.1, 1.2*
All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members

1.0 POLICY STATEMENT

- 1.1** LG Links Inc. ensures the safety of all staff providing field-based services to Justice-Involved (JI) members by implementing structured safety protocols, risk-screening procedures, and clear escalation pathways.
- 1.2** Staff must prioritize personal safety at all times and may not enter any environment or situation that feels unsafe or unstable.
- 1.3** Field visits with JI members must be planned, documented, and conducted in accordance with this policy, the organization’s general Field Safety Policy, and all MCP requirements.
- 1.4** LG Links Inc. maintains a zero-tolerance standard for unsafe conditions, threats, violence, or coercion toward staff.

2.0 PURPOSE

- 2.1** To establish standardized safety procedures for staff working with JI members in the field.
- 2.2** To reduce the risk of harm, ensure safe service delivery, and support staff confidence and preparedness.
- 2.3** To ensure compliance with DHCS ECM requirements and MCP JI safety expectations.

3.0 SCOPE

- 3.1** This policy applies to all LG Links Inc. staff conducting field-based outreach, assessments, care coordination, or reentry support for JI members.
- 3.2** This policy applies to all field settings, including homes, shelters, encampments, community locations, custody facilities, and public spaces.

4.0 DEFINITIONS

- 4.1** Field Visit refers to any in-person service delivered outside an LG Links Inc. office.
- 4.2** Safety Screening refers to evaluating risks before and during a field visit.
- 4.3** High-Risk Environment refers to any location with known or suspected safety hazards.
- 4.4** Justice Partners include probation, parole, courts, jail staff, and reentry programs.

4.5 Escalation refers to notifying leadership or emergency services when safety concerns arise.

5.0 PROCEDURES

5.1 Pre-Visit Safety Screening

Before any field visit with a JI member, staff must complete a safety screening that includes:

5.1.1 Reviewing the members' history for:

- Violence or aggression
- Recent arrests
- Active warrants
- Gang involvement
- Substance use concerns
- Domestic violence risks

5.1.2 Confirming the visit location is safe and appropriate.

5.1.3 Checking in with justice partners (with consent) when needed.

5.1.4 Determining whether a public meeting location is safer than a home visit.

5.1.5 Notifying the Program Director if any risk factors are identified.

5.2 Visit Planning Requirements

5.2.1 Staff must inform their supervisor of:

- Visit location
- Expected time of arrival and departure
- Member name
- Any known risks

5.2.2 Staff must maintain charged phones and reliable transportation.

5.2.3 Staff must avoid scheduling visits after dark unless approved.

5.2.4 Staff must not enter a home or environment where they feel unsafe.

5.3 Safety During Field Visits

5.3.1 Staff must always remain aware of their surroundings.

5.3.2 Staff must position themselves near exits during indoor visits.

5.3.3 Staff must avoid:

- Closed bedrooms
- Isolated rooms
- Crowded or chaotic environments
- Environments with active substance use

5.3.4 Staff must end the visit immediately if:

- Violence occurs
- Threats are made
- Weapons are visible
- The member or others appear intoxicated or unstable
- The environment becomes unsafe

5.3.5 Staff must notify the Program Director immediately after leaving an unsafe situation.

5.4 Custody-Based Visits

5.4.1 Staff must follow all jail or detention facility rules.

5.4.2 Staff may not bring prohibited items into custody settings.

5.4.3 Staff must comply with security screening procedures.

5.4.4 Staff must maintain professional boundaries and avoid discussing legal advice.

5.5 Working with High-Risk Members

5.5.1 Staff may request joint visits with:

- Supervisors
- Justice partners
- Behavioral health teams

5.5.2 Staff may require public meeting locations for safety.

5.5.3 Staff must follow the JI Safety Planning & Crisis Response Policy when risks are identified.

5.6 Emergency & Escalation Procedures

5.6.1 Staff must call 911 if immediate danger exists.

5.6.2 Staff must notify the Program Director after any safety incident.

5.6.3 Staff must complete an incident report within 24 hours.

5.6.4 The Program Director must determine whether:

- Services should continue
- Visits should be relocated
- Additional safety measures are required
- MCP notification is required

5.7 Post-Incident Review

5.7.1 The Program Director must conduct a debrief with the staff member.

5.7.2 Additional training or support must be provided as needed.

5.7.3 Care plans must be updated to reflect safety concerns.

5.7.4 MCPs must be notified when required.

6.0 STAFF RESPONSIBILITIES

6.1 Follow all safety protocols before, during, and after field visits.

6.2 Use professional judgment and leave any unsafe situation immediately.

6.3 Document all safety concerns and incidents.

6.4 Maintain communication with supervisors during field work.

6.5 Participate in safety training and refreshers.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure staff are trained in JI field safety protocols.

7.2 Review safety screenings and approve high-risk visits.

7.3 Respond to safety incidents and ensure proper follow-up.

7.4 Implement corrective actions when needed.

7.5 Ensure compliance with MCP and DHCS safety requirements.

8.0 RESOURCES

8.1 JI Safety Planning & Crisis Response Policy

8.2 JI Care Coordination & Reentry Navigation Policy

8.3 JI Outreach & Engagement Policy

8.4 Field Safety & Staff Protection Policy (General)

8.5 DHCS ECM Policy Guide

8.6 MCP JI Safety Requirements

Policy Title: Justice Involved (JI) Documentation & Reporting Requirements

Policy No.: JI-008

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. maintains accurate, timely, and complete documentation for all Justice-Involved (JI) members in accordance with DHCS ECM requirements, MCP contracts, HIPAA, and 42 CFR Part 2 (when applicable).

1.2 Documentation must reflect the unique needs, risks, legal obligations, and transitions associated with justice involvement.

1.3 Staff must follow the MCP-specific reporting timelines for enrollment, outreach, assessments, care plans, transitions, incidents, and custody status changes.

1.4 All documentation must be factual, objective, and free of judgment or speculation related to a member's justice involvement.

2.0 PURPOSE

2.1 To establish standardized documentation and reporting requirements for JI members.

2.2 To ensure compliance with DHCS, MCP, and accreditation standards.

2.3 To support continuity of care, safety, and accurate communication with justice partners and community providers.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for documenting services, coordination, and communication for JI members.

3.2 This policy applies to all documentation in the EHR, MCP portals, custody settings, and community environments.

4.0 DEFINITIONS

4.1 Documentation refers to all written records of services, communication, assessments, and coordination.

4.2 Reporting refers to required submissions to MCPs, justice partners, or regulatory bodies.

4.3 Custody Status refers to whether a member is incarcerated, released, detained, or under supervision.

4.4 Critical Incident refers to events requiring immediate reporting, such as hospitalization, arrest, violence, or overdose.

4.5 UTC (Unable-to-Contact) refers to the MCP-required reporting when outreach attempts do not result in engagement.

5.0 PROCEDURES

5.1 General Documentation Standards

5.1.1 All documentation must be completed on the same day services are delivered.

5.1.2 Notes must be:

- Clear
- Objective
- Factual
- Free of judgmental language

5.1.3 Staff must avoid assumptions about criminal history or intent.

5.1.4 All legal information must be verified when possible.

5.2 Required Documentation Elements for JI Members

Documentation must include:

5.2.1 Custody Status

- In custody
- Released
- Re-incarcerated
- On probation/parole
- Court-mandated programs

5.2.2 Legal Obligations

- Court dates
- Probation/parole requirements
- Mandated treatment programs

5.2.3 Reentry Barriers

- Housing
- Employment
- Identification documents

- Transportation

5.2.4 Safety Factors

- Violence risk
- Domestic violence concerns
- Gang-related risks
- Unsafe environments

5.2.5 Criminogenic Needs

- Substance use patterns
- Peer associations
- Impulse control issues

5.2.6 Strengths & Protective Factors

- Motivation
- Support systems
- Skills

5.3 MCP Reporting Requirements

Staff must follow the MCP-specific timelines for:

5.3.1 Enrollment confirmation

5.3.2 Outreach attempts and UTC reporting

5.3.3 Assessment submission

5.3.4 Care plan submission

5.3.5 Transition of care reporting

5.3.6 Critical incident reporting

5.3.7 Custody status changes

All required forms must be submitted through the MCP portals or secure channels.

5.4 Documentation of Coordination with Justice Partners

5.4.1 Staff must document all communication with:

- Probation
- Parole
- Courts

- Jail medical units
- Reentry programs

5.4.2 Documentation must include:

- Date and time
- Person contacted
- Purpose of communication
- Outcome

5.4.3 Staff must obtain consent before sharing PHI unless legally required.

5.5 Documentation of Field-Based Encounters

5.5.1 Staff must document:

- Location
- Safety screening
- Services provided
- Observations
- Any safety concerns

5.5.2 Unsafe situations must be documented and escalated immediately.

5.6 Documentation of Transitions of Care

5.6.1 Staff must document all transitions, including:

- Custody → community
- Community → custody
- Hospital → custody
- Custody → hospital
- Court → mandated programs

5.6.2 Documentation must include:

- Transition type
- Date and time
- Partners involved
- Follow-up plan

5.7 Critical Incident Documentation

5.7.1 Critical incidents must be documented within 24 hours.

5.7.2 Incidents include:

- Arrest or reincarceration
- Violence or threats
- Overdose
- Hospitalization
- Missing persons
- Safety concerns

5.7.3 MCPs must be notified when required.

5.8 Confidentiality Requirements

5.8.1 Staff must comply with HIPAA and 42 CFR Part 2.

5.8.2 Sensitive legal information must be protected.

5.8.3 Staff must not document:

- Speculation
- Unverified criminal allegations
- Personal opinions

6.0 STAFF RESPONSIBILITIES

6.1 Document all services accurately and promptly.

6.2 Follow MCP reporting timelines.

6.3 Maintain confidentiality and obtain required consents.

6.4 Document custody status changes immediately.

6.5 Escalate safety concerns and critical incidents.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure staff are trained in JI documentation requirements.

7.2 Monitor documentation quality and timeliness.

7.3 Ensure compliance with MCP and DHCS reporting requirements.

7.4 Review critical incidents and ensure proper follow-up.

7.5 Implement corrective action when documentation deficiencies are identified.

8.0 RESOURCES

- 8.1** JI Field Safety & Staff Protection Policy
- 8.2** JI Transition of Care Policy
- 8.3** JI Care Coordination & Reentry Navigation Policy
- 8.4** Privacy & Confidentiality Policy
- 8.5** DHCS ECM Policy Guide
- 8.6** MCP JI Documentation Requirements

Policy Title: Justice Involved (JI) Critical Incident Reporting Policy

Policy No.: JI-009

Next Review: 2/14/2025,12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1,1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. identifies, responds to, documents, and reports all critical incidents involving Justice-Involved (JI) members in accordance with DHCS ECM requirements, MCP contracts, HIPAA, and applicable laws.

1.2 Critical incidents must be reported immediately to the Program Director and, when required, to the MCP within mandated timelines.

1.3 Staff must prioritize member and staff safety, ensure timely communication, and follow all escalation procedures.

1.4 All critical incident documentation must be factual, objective, and completed within required timeframes.

2.0 PURPOSE

2.1 To establish standardized procedures for identifying, reporting, documenting, and responding to critical incidents involving JI members.

2.2 To ensure timely communication with MCPs, justice partners, and emergency services when required.

2.3 To protect member safety, staff safety, and organizational compliance.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff involved in service delivery, outreach, care coordination, or field-based work with JI members.

3.2 This policy applies to all incidents occurring in the community, custody settings, hospitals, shelters, encampments, and public spaces.

4.0 DEFINITIONS

4.1 Critical Incident refers to any event that poses a risk to the health, safety, or stability of the member or others.

4.2 Immediate Threat refers to any situation requiring emergency services (911).

4.3 Custody-Related Incident refers to arrest, re-incarceration, detention, or court-ordered custody.

4.4 Safety Threat refers to violence, threats, weapons, or unsafe environments.

4.5 Overdose Event refers to a suspected or confirmed overdose requiring medical attention.

5.0 PROCEDURES

5.1 Types of Critical Incidents Requiring Reporting

The following events **must** be reported:

5.1.1 Arrest or Re-Incarceration

- New arrest
- Probation/parole violation
- Court-ordered custody

5.1.2 Violence or Threats

- Threats toward staff
- Threats toward others
- Physical altercations
- Weapons present

5.1.3 Overdose or Substance-Related Crisis

- Suspected overdose
- Confirmed overdose
- Emergency medical response

5.1.4 Hospitalization

- Psychiatric hospitalization
- Medical hospitalization
- Emergency department visit

5.1.5 Missing or Unreachable Member

- Member missing for 7+ days
- High-risk member unreachable
- Safety concerns reported by others

5.1.6 Unsafe Living Conditions

- Domestic violence
- Gang-related threats
- Severe environmental hazards

5.1.7 Death of a Member

- Confirmed by MCP, justice partner, or family

5.2 Immediate Response Requirements

5.2.1 Staff must call 911 if there is immediate danger.

5.2.2 Staff must remove themselves from unsafe environments.

5.2.3 Staff must notify the Program Director immediately after reaching safety.

5.2.4 Staff must follow the JI Field Safety & Staff Protection Policy.

5.3 Internal Reporting Requirements

5.3.1 Staff must notify the Program Director within 1 hour of learning about a critical incident.

5.3.2 Staff must complete an internal incident report within 24 hours.

5.3.3 The Program Director must review the incident within 24 hours of submission.

5.4 MCP Reporting Requirements

5.4.1 MCPs must be notified of critical incidents within required timelines (typically 24–72 hours).

5.4.2 Required MCP forms must be completed and submitted through secure channels.

5.4.3 Documentation must include:

- Date and time of incident
- Description of event
- Actions taken
- Safety concerns
- Follow-up plan

5.5 Coordination with Justice Partners

5.5.1 Staff may coordinate with probation, parole, courts, or jail staff with proper consent.

5.5.2 Staff must not disclose PHI without consent unless legally required.

5.5.3 All coordination must be documented.

5.6 Follow-Up After a Critical Incident

5.6.1 Staff must conduct a welfare check within 24–48 hours when safe and appropriate.

5.6.2 Care plans must be updated to reflect:

- New risks
- New needs
- Legal changes
- Safety concerns

5.6.3 Additional supports must be arranged, including:

- Behavioral health services
- SUD treatment
- Housing support
- Legal coordination

5.7 Staff Support After Incidents

5.7.1 The Program Director must debrief with staff involved in the incident.

5.7.2 Additional supervision, training, or safety planning must be provided as needed.

5.7.3 Staff may request modified duties after traumatic incidents.

6.0 STAFF RESPONSIBILITIES

6.1 Identify and report critical incidents immediately.

6.2 Prioritize personal and member safety.

6.3 Document all incidents accurately and promptly.

6.4 Follow MCP reporting timelines.

6.5 Participate in debriefing and follow-up activities.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Respond to critical incidents and ensure proper escalation.

7.2 Review and approve incident reports.

7.3 Submit required MCP notifications.

7.4 Ensure staff safety and provide support after incidents.

7.5 Implement corrective actions when needed.

7.6 Monitor patterns and trends in incidents for quality improvement.

8.0 RESOURCES

- 8.1** JI Field Safety & Staff Protection Policy
- 8.2** JI Safety Planning & Crisis Response Policy
- 8.3** JI Transition of Care Policy
- 8.4** Privacy & Confidentiality Policy
- 8.5** DHCS ECM Policy Guide
- 8.6** MCP Critical Incident Reporting Requirements

Policy Title: Justice Involved (JI) Member Rights & Confidentiality Policy

Policy No.: <i>JI-010</i>	Effective Date: 12/14/2024
Next Review: 2/14/2025,12/14/2026	Version: 1.1,1.2
Approved By: Board Authorized <i>Signature: Linda M. Garcia, CEO</i>	All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

- 1.1** LG Links Inc. protects the rights, dignity, and confidentiality of all Justice-Involved (JI) members in accordance with HIPAA, 42 CFR Part 2 (when applicable), DHCS ECM requirements, MCP contracts, and all applicable laws.
- 1.2** JI members retain full rights to privacy, informed consent, and self-determination regardless of custody status, probation/parole supervision, or criminal history.
- 1.3** Staff may only share Protected Health Information (PHI) with justice partners when proper consent is obtained or when disclosure is legally required.
- 1.4** LG Links Inc. prohibits discrimination, coercion, or denial of services based on justice involvement.

2.0 PURPOSE

- 2.1** To establish clear standards for protecting the rights and confidentiality of JI members.
- 2.2** To ensure staff understand the limits of information sharing with justice partners.
- 2.3** To maintain compliance with HIPAA, 42 CFR Part 2, DHCS, and MCP requirements.
- 2.4** To promote trauma-informed, respectful, and rights-based service delivery.

3.0 SCOPE

- 3.1** This policy applies to all LG Links Inc. staff involved in outreach, assessment, care coordination, documentation, and communication with or about JI members.
- 3.2** This policy applies to all settings, including community, custody, hospitals, courts, and telehealth.

4.0 DEFINITIONS

- 4.1** Member Rights refer to legal and ethical protections afforded to all ECM members, including those who are justice-involved.
- 4.2** Confidentiality refers to the protection of PHI and sensitive information from unauthorized disclosure.
- 4.3** Justice Partners include probation, parole, courts, jail medical units, and reentry programs.

4.4 Consent refers to written authorization allowing LG Links Inc. to share PHI with specified individuals or agencies.

4.5 Legally Required Disclosure refers to information that must be shared due to a court order, warrant, or mandated reporting law.

5.0 PROCEDURES

5.1 Member Rights for JI Members

Jl members have the right to:

5.1.1 Receive ECM services without discrimination based on criminal history or custody status.

5.1.2 Be treated with dignity, respect, and cultural sensitivity.

5.1.3 Receive trauma-informed, non-judgmental care.

5.1.4 Participate in all decisions about their care plan.

5.1.5 Decline services at any time.

5.1.6 Request a copy of their care plan and assessment (unless restricted by custody rules).

5.1.7 File grievances without retaliation.

5.1.8 Have their PHI protected from unauthorized disclosure.

5.2 Confidentiality Requirements

5.2.1 Staff must comply with HIPAA and 42 CFR Part 2 (for SUD information).

5.2.2 Staff must not disclose PHI to justice partners without written consent unless legally required.

5.2.3 Staff must verify identity before sharing any information.

5.2.4 Staff must avoid discussing PHI in public or unsecured environments.

5.2.5 Staff must use secure, encrypted communication methods.

5.3 Information Sharing with Justice Partners

5.3.1 Staff may share PHI with probation, parole, courts, or custody staff only when:

- The member has signed a valid consent form, or
- A court order or warrant requires disclosure, or
- There is an immediate safety threat requiring emergency disclosure

5.3.2 Staff must document:

- What was shared
- With whom
- Why
- Under what authority

5.3.3 Staff must not share:

- Diagnoses
- Treatment details
- Substance use information (protected under 42 CFR Part 2)
- Personal opinions
- Speculation about criminal behavior unless explicitly authorized.

5.4 Consent Requirements

5.4.1 Consent must be:

- Written
- Specific
- Time-limited
- Revocable

5.4.2 Members may revoke consent at any time.

5.4.3 Staff must explain consent forms in clear, accessible language.

5.4.4 Staff must not pressure or coerce members into signing consent forms.

5.5 Legally Required Disclosures

5.5.1 Staff must comply with:

- Court orders
- Warrants
- Mandated reporting laws (e.g., child abuse, elder abuse)

5.5.2 Staff must notify the Program Director before responding to legal requests when possible.

5.5.3 Only the minimum necessary information may be disclosed.

5.6 Confidentiality in Custody Settings

5.6.1 Staff must maintain confidentiality even when meeting members in jail or detention.

5.6.2 Staff must avoid discussing sensitive information within earshot of custody staff or other inmates.

5.6.3 Staff must follow facility rules regarding privacy and documentation.

5.7 Protecting Member Safety & Rights

5.7.1 Staff must assess for safety risks and follow the JI Safety Planning & Crisis Response Policy.

5.7.2 Staff must not share information that could increase risk to the member unless legally required.

5.7.3 Staff must advocate for member rights when interacting with justice partners.

6.0 STAFF RESPONSIBILITIES

6.1 Protect member confidentiality at all times.

6.2 Obtain proper consent before sharing PHI.

6.3 Document all disclosures accurately.

6.4 Use trauma-informed, culturally responsive practices.

6.5 Report any breaches immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure staff are trained in confidentiality laws and member rights.

7.2 Review and approve disclosures when needed.

7.3 Respond to breaches and ensure corrective action.

7.4 Ensure compliance with MCP and DHCS requirements.

7.5 Maintain updated consent forms and privacy materials.

8.0 RESOURCES

8.1 Privacy & Confidentiality Policy

8.2 JI Documentation & Reporting Requirements Policy

8.3 JI Safety Planning & Crisis Response Policy

8.4 HIPAA Privacy Rule

8.5 42 CFR Part 2

8.6 DHCS ECM Policy Guide

8.7 MCP JI Confidentiality Requirements

Policy Title: Justice Involved (JI) Housing & Stabilization Support Policy

Policy No.: *JI-011*
Next Review: *2/14/2025, 12/14/2026*
Approved By: *Board Authorized*
Signature: *Linda M. Garcia, CEO*

Effective Date: *12/14/2024*
Version: *1.1, 1.2*
All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members

1.0 POLICY STATEMENT

1.1 LG Links Inc. provides comprehensive housing and stabilization support to Justice-Involved (JI) members to reduce homelessness, improve reentry outcomes, and support long-term stability.

1.2 Housing support must prioritize safety, accessibility, and alignment with the member’s reentry plan, legal obligations, and behavioral health needs.

1.3 Staff must coordinate with MCP housing programs, reentry housing providers, shelters, transitional housing programs, and community partners to secure safe and appropriate housing.

1.4 All housing activities must be documented accurately and completed in accordance with DHCS ECM requirements and MCP housing protocols.

2.0 PURPOSE

2.1 To establish standardized procedures for supporting housing access and stabilization for JI members.

2.2 To reduce homelessness, recidivism, and instability among individuals transitioning from custody.

2.3 To ensure compliance with DHCS ECM Policy Guide and MCP housing requirements.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for housing navigation, reentry support, and stabilization services for JI members.

3.2 This policy applies to housing support provided in the community, custody settings, shelters, transitional housing, and public spaces.

4.0 DEFINITIONS

4.1 Housing Navigation refers to assisting members in locating, applying for, and securing housing.

4.2 Stabilization Support refers to services that help maintain housing, such as budgeting, conflict resolution, and linkage to ongoing supports.

4.3 Reentry Housing refers to housing programs specifically designed for individuals

exiting custody.

4.4 Emergency Housing refers to shelters, motels, or crisis housing used when immediate placement is needed.

4.5 Housing Barriers refer to obstacles such as criminal history, lack of income, lack of identification, or behavioral health needs.

5.0 PROCEDURES

5.1 Housing Assessment Requirements

Staff must assess housing needs during the comprehensive assessment and include:

5.1.1 Current housing status

5.1.2 History of homelessness

5.1.3 Barriers to housing (criminal history, evictions, income)

5.1.4 Safety concerns (DV, gang-related risks, unsafe environments)

5.1.5 Reentry housing needs

5.1.6 Eligibility for MCP housing programs

5.2 Housing Navigation Activities

Staff must support members with:

5.2.1 Identifying appropriate housing options

5.2.2 Completing applications for:

- Emergency shelters
- Transitional housing
- Reentry housing programs
- Permanent supportive housing
- Rapid rehousing

5.2.3 Coordinating with MCP housing navigators

5.2.4 Obtaining identification documents needed for housing

5.2.5 Supporting communication with landlords or housing programs

5.2.6 Coordinating transportation to housing appointments

5.3 Reentry Housing Coordination

5.3.1 Staff must begin reentry housing planning before release when possible.

5.3.2 Staff must coordinate with:

- Jail reentry teams
- Probation/parole
- Reentry housing providers
- MCP housing programs

5.3.3 Staff must ensure the member has a safe place to stay on the day of release.

5.4 Emergency Housing Support

5.4.1 Staff must assist members in accessing emergency shelters when immediate placement is needed.

5.4.2 Staff may coordinate motel placements when allowed by MCP programs.

5.4.3 Staff must ensure the member has access to food, clothing, and basic needs during emergency placement.

5.5 Housing Stabilization Services

Staff must provide stabilization support, including:

5.5.1 Budgeting and income planning

5.5.2 Conflict resolution with roommates or landlords

5.5.3 Linkage to behavioral health services

5.5.4 Support with maintaining probation/parole compliance

5.5.5 Coordination with case managers from housing programs

5.5.6 Crisis intervention when housing is at risk

5.6 Addressing Housing Barriers

Staff must support members in overcoming barriers such as:

5.6.1 Criminal history restrictions

5.6.2 Lack of identification documents

5.6.3 Lack of income or employment

5.6.4 Behavioral health needs

5.6.5 Past evictions

5.6.6 Outstanding fines or fees

Staff must coordinate with legal aid or reentry programs when appropriate.

5.7 Safety Considerations

- 5.7.1** Staff must not place members in environments that are unsafe or inappropriate.
- 5.7.2** Staff must follow the JI Safety Planning & Crisis Response Policy when safety risks are identified.
- 5.7.3** Staff must escalate concerns immediately to the Program Director.

5.8 Documentation Requirements

- 5.8.1** All housing activities must be documented in the EHR on the same day.
- 5.8.2** Documentation must include:

- Housing status
- Barriers
- Applications submitted
- Coordination with partners
- Stabilization activities

5.8.3 MCP housing forms must be submitted within the required timelines.

6.0 STAFF RESPONSIBILITIES

- 6.1** Provide timely and effective housing navigation and stabilization support.
- 6.2** Document all housing activities accurately.
- 6.3** Coordinate with MCP housing programs and community partners.
- 6.4** Use trauma-informed, culturally responsive practices.
- 6.5** Escalate safety concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1** Ensure staff are trained in JI housing navigation and stabilization.
- 7.2** Monitor housing outcomes and documentation quality.
- 7.3** Ensure compliance with MCP housing requirements.
- 7.4** Address barriers to housing access and stabilization.
- 7.5** Maintain partnerships with reentry housing providers.

8.0 RESOURCES

- 8.1** JI Care Coordination & Reentry Navigation Policy
- 8.2** JI Safety Planning & Crisis Response Policy
- 8.3** JI Comprehensive Assessment Policy
- 8.4** Privacy & Confidentiality Policy
- 8.5** DHCS ECM Policy Guide
- 8.6** MCP Housing Navigation Requirements

Policy Title: Justice Involved (JI) Employment & Benefits Navigation Policy

Policy No.: JI-012

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. provides comprehensive employment and benefits navigation services to Justice-Involved (JI) members to support reentry stabilization, income security, and long-term self-sufficiency.

1.2 Staff must assist members in accessing employment resources, job readiness programs, benefits reinstatement, and income supports in alignment with DHCS ECM requirements and MCP protocols.

1.3 Services must address conviction-related barriers, discrimination risks, and legal restrictions that impact employment and benefits eligibility.

1.4 All employment and benefits navigation activities must be documented accurately and completed in accordance with MCP timelines.

2.0 PURPOSE

2.1 To establish standardized procedures for supporting JI members with employment, income, and benefits navigation.

2.2 To reduce reentry barriers, promote financial stability, and support long-term success.

2.3 To ensure compliance with DHCS ECM Policy Guide and MCP employment/benefits requirements.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff responsible for employment navigation, benefits support, and reentry stabilization for JI members.

3.2 This policy applies to services provided in the community, custody settings, shelters, transitional housing, and telehealth.

4.0 DEFINITIONS

4.1 Employment Navigation refers to assisting members in preparing for, seeking, and securing employment.

4.2 Benefits Navigation refers to assisting members in accessing income supports such as Medi-Cal, CalFresh, SSI/SSDI, and reentry-specific programs.

4.3 Reentry Barriers refer to obstacles such as criminal history, lack of identification, lack of work history, or legal restrictions.

4.4 Job Readiness refers to the skills and preparation needed to obtain and maintain employment.

4.5 Income Stabilization refers to securing a consistent income through employment or benefits.

5.0 PROCEDURES

5.1 Employment Assessment Requirements

Staff must assess employment needs during the comprehensive assessment and include:

5.1.1 Work history

5.1.2 Skills and interests

5.1.3 Barriers to employment (criminal history, gaps in work history, transportation)

5.1.4 Legal restrictions (e.g., sex-offender residency/employment limits)

5.1.5 Need for job readiness training

5.1.6 Eligibility for reentry employment programs

5.2 Employment Navigation Activities

Staff must support members with:

5.2.1 Creating or updating résumés

5.2.2 Completing job applications

5.2.3 Preparing for interviews

5.2.4 Identifying felony-friendly employers

5.2.5 Connecting to job readiness programs

5.2.6 Coordinating with:

- America's Job Centers
- Reentry employment programs
- Vocational training programs
- Apprenticeships
- MCP employment support

5.2.7 Supporting transportation to interviews or job training

5.2.8 Addressing workplace conflict or job retention issues

5.3 Benefits of Navigation Activities

Staff must assist members with:

5.3.1 Medi-Cal Reinstatement

- Ensuring coverage is active post-release
- Coordinating with MCP eligibility teams

5.3.2 CalFresh Enrollment

- Completing applications
- Supporting verification requirements

5.3.3 SSI/SSDI Applications or Reinstatement

- Supporting documentation
- Coordinating with SSA
- Linking to SOAR programs when available

5.3.4 General Relief (GR)

- Supporting applications for county GR programs

5.3.5 Employment-Related Benefits

- EDD unemployment benefits
- Paid training programs
- Workforce development stipends

5.4 Addressing Conviction-Related Barriers

Staff must support members in overcoming barriers such as:

5.4.1 Background checks

5.4.2 Occupational licensing restrictions

5.4.3 Employer discrimination

5.4.4 Lack of identification documents

5.4.5 Transportation barriers

5.4.6 Legal fines or fees impacting employment

Staff may coordinate with legal aid or reentry programs when appropriate.

5.5 Income Stabilization Support

Staff must support members with:

5.5.1 Budgeting and financial planning

5.5.2 Connecting to financial literacy programs

5.5.3 Linking to income-based housing programs

5.5.4 Supporting compliance with probation/parole requirements that impact employment

5.5.5 Crisis support when income is disrupted

5.6 Coordination with Justice Partners

5.6.1 Staff may coordinate with probation/parole regarding employment requirements with proper consent.

5.6.2 Staff must not disclose PHI without consent unless legally required.

5.6.3 Staff must document all coordination activities.

5.7 Documentation Requirements

5.7.1 All employment and benefits activities must be documented in the EHR on the same day.

5.7.2 Documentation must include:

- Employment goals
- Barriers
- Applications submitted
- Benefits status
- Coordination with partners

5.7.3 MCP employment/benefits forms must be submitted within the required timelines.

6.0 STAFF RESPONSIBILITIES

6.1 Provide timely and effective employment and benefits navigation.

6.2 Document all activities accurately.

6.3 Coordinate with MCP programs and community partners.

6.4 Use trauma-informed, culturally responsive practices.

6.5 Escalate safety or legal concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1 Ensure staff are trained in JI employment and benefits navigation.
- 7.2 Monitor employment outcomes and documentation quality.
- 7.3 Ensure compliance with MCP requirements.
- 7.4 Address barriers to employment and benefits access.
- 7.5 Maintain partnerships with reentry employment programs.

8.0 RESOURCES

- 8.1 JI Care Coordination & Reentry Navigation Policy
- 8.2 JI Housing & Stabilization Support Policy
- 8.3 JI Comprehensive Assessment Policy
- 8.4 Privacy & Confidentiality Policy
- 8.5 DHCS ECM Policy Guide
- 8.6 MCP Employment & Benefits Requirements

Policy Title: Justice Involved (JI) Safety Planning & Crisis Response Policy

Policy No.: JI-013

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. provides structured, trauma-informed safety planning and crisis response services to Justice-Involved (JI) members to reduce risk of harm, support stabilization, and ensure continuity of care.

1.2 Staff must identify safety risks early, develop individualized safety plans, and respond promptly to crises in accordance with DHCS ECM requirements, MCP protocols, and all applicable laws.

1.3 Crisis response must prioritize member and staff safety, utilize appropriate emergency services, and include timely communication with MCPs and justice partners when required.

1.4 All safety planning and crisis response activities must be documented accurately and completed in accordance with organizational and MCP timelines.

2.0 PURPOSE

2.1 To establish standardized procedures for identifying risks, developing safety plans, and responding to crises involving JI members.

2.2 To reduce harm, prevent escalation, and support stabilization during high-risk situations.

2.3 To ensure compliance with DHCS ECM Policy Guide and MCP JI crisis response requirements.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff involved in assessment, care coordination, outreach, field-based work, and crisis response for JI members.

3.2 This policy applies to crises occurring in the community, custody settings, hospitals, shelters, encampments, and public spaces.

4.0 DEFINITIONS

4.1 Safety Plan refers to a structured, individualized plan outlining strategies to reduce risk and respond to crises.

4.2 Crisis refers to any situation involving imminent risk of harm to the member or

others.

4.3 Behavioral Health Crisis refers to acute mental health or substance-related emergencies.

4.4 Overdose Event refers to a suspected or confirmed overdose requiring medical attention.

4.5 Justice Partners include probation, parole, courts, jail medical units, and reentry programs.

5.0 PROCEDURES

5.1 Safety Risk Identification

Staff must assess for safety risks during:

5.1.1 Comprehensive assessment

5.1.2 Care plan development

5.1.3 Field visits

5.1.4 Transitions of care

5.1.5 Communication with justice partners

5.1.6 Member self-report

Risk factors include:

- Violence or aggression
- Domestic violence
- Gang-related threats
- Substance use or overdose risk
- Suicidal or homicidal ideation
- Unsafe living environments
- Recent incarceration or release
- Behavioral health instability

5.2 Safety Plan Development

Safety plans must be developed collaboratively with the members and include:

5.2.1 Identification of triggers and warning signs

5.2.2 Strategies for de-escalation

5.2.3 Safe people and safe places

5.2.4 Emergency contacts

5.2.5 Crisis hotlines and behavioral health resources

- 5.2.6** Steps to take during a crisis
- 5.2.7** Coordination with justice partners (with consent)
- 5.2.8** Medication continuity and behavioral health supports

Safety plans must be updated whenever risks change.

5.3 Crisis Response Procedures

When a crisis occurs, staff must:

- 5.3.1** Prioritize personal safety and leave unsafe environments immediately.
- 5.3.2** Call 911 if there is imminent danger.
- 5.3.3** Contact the Program Director as soon as safely possible.
- 5.3.4** Provide supportive, trauma-informed communication if safe to do so.
- 5.3.5** Coordinate with emergency responders when appropriate.
- 5.3.6** Notify MCPs within required timelines.
- 5.3.7** Document the crisis in the EHR within 24 hours.

5.4 Behavioral Health Crisis Response

For mental health or substance-related crises, staff must:

- 5.4.1** Contact crisis response teams when appropriate.
- 5.4.2** Coordinate with behavioral health providers.
- 5.4.3** Support linkage to:
 - Crisis stabilization units
 - Detox programs
 - MAT providers
 - Psychiatric services
- 5.4.4** Follow 42 CFR Part 2 when substance use information is involved.

5.5 Overdose Response

If an overdose is suspected:

- 5.5.1** Call 911 immediately.
- 5.5.2** Provide supportive communication if safe.
- 5.5.3** Notify the Program Director.
- 5.5.4** Document the event and follow MCP reporting requirements.
- 5.5.5** Update the care plan to include overdose prevention strategies.

5.6 Domestic Violence or Unsafe Environment Response

- 5.6.1 Staff must not enter environments where violence is occurring.
- 5.6.2 Staff must provide resources for DV shelters and crisis hotlines.
- 5.6.3 Staff must coordinate with MCPs and justice partners when appropriate.
- 5.6.4 Safety plans must be updated immediately.

5.7 Coordination with Justice Partners

- 5.7.1 Staff may coordinate with probation, parole, or courts with proper consent.
- 5.7.2 Staff must not disclose PHI without consent unless legally required.
- 5.7.3 Staff must document all coordination activities.

5.8 Post-Crisis Follow-Up

Within 24–72 hours, staff must:

- 5.8.1 Conduct a welfare check
- 5.8.2 Update the safety plan
- 5.8.3 Update the care plan
- 5.8.4 Coordinate with behavioral health providers
- 5.8.5 Notify MCPs when required
- 5.8.6 Provide additional stabilization support

6.0 STAFF RESPONSIBILITIES

- 6.1 Identify risks and develop safety plans.
- 6.2 Respond to crises promptly and safely.
- 6.3 Document all crisis events accurately.
- 6.4 Follow MCP reporting timelines.
- 6.5 Use trauma-informed, culturally responsive practices.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1 Ensure staff are trained in crisis response and safety planning.
- 7.2 Review crisis documentation and ensure MCP reporting.
- 7.3 Provide support and debriefing to staff after crises.
- 7.4 Implement corrective actions when needed.
- 7.5 Monitor trends in crises for quality improvement.

8.0 RESOURCES

- 8.1** JI Field Safety & Staff Protection Policy
- 8.2** JI Critical Incident Reporting Policy
- 8.3** JI Care Coordination & Reentry Navigation Policy
- 8.4** Privacy & Confidentiality Policy
- 8.5** DHCS ECM Policy Guide
- 8.6** MCP JI Crisis Response Requirements

Policy Title: Justice Involved (JI) Collaboration with Law Enforcement& Courts

Policy No.: JI-014

Next Review: 2/14/2025,12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1,1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. collaborates with law enforcement, courts, probation, parole, and custody agencies only in ways that support member care, safety, and legal compliance, and only within the limits of HIPAA, 42 CFR Part 2, DHCS ECM requirements, and MCP contracts.

1.2 Staff may not disclose Protected Health Information (PHI) to justice partners without written consent unless legally required.

1.3 Collaboration must be trauma-informed, non-punitive, and focused on supporting member stabilization, reentry, and continuity of care.

1.4 LG Links Inc. maintains strict boundaries to ensure that ECM services are not used for surveillance, monitoring, or punitive purposes.

2.0 PURPOSE

2.1 To establish clear procedures for collaborating with law enforcement and courts while protecting member rights and confidentiality.

2.2 To ensure staff understand the limits of information sharing and the appropriate role of ECM in justice-related coordination.

2.3 To maintain compliance with HIPAA, 42 CFR Part 2, DHCS ECM Policy Guide, and MCP requirements.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff involved in communication, coordination, or documentation related to law enforcement or court systems.

3.2 This policy applies to all settings, including community, custody, hospitals, courts, and telehealth.

4.0 DEFINITIONS

4.1 Justice Partners include probation, parole, courts, jail medical units, law enforcement, and reentry programs.

4.2 PHI (Protected Health Information) refers to any identifiable health information protected under HIPAA.

4.3 Legally Required Disclosure refers to information that must be shared due to a court order, warrant, or mandated reporting law.

4.4 Consent refers to written authorization allowing LG Links Inc. to share PHI with specified justice partners.

4.5 Non-PHI Information refers to general program information that does not identify a member or disclose health details.

5.0 PROCEDURES

5.1 Principles of Collaboration

All collaboration with justice partners must:

5.1.1 Support member care, safety, and stabilization

5.1.2 Respect member rights and confidentiality

5.1.3 Avoid punitive or surveillance-based interactions

5.1.4 Be limited to the minimum necessary information

5.1.5 Be documented accurately and objectively

5.2 Information Sharing Rules

5.2.1 Staff may share PHI with justice partners only when:

- The member has signed a valid consent form, or
- A court order or warrant requires disclosure, or
- There is an immediate safety threat requiring emergency disclosure

5.2.2 Staff must not share:

- Diagnoses
- Treatment details
- Substance use information (protected under 42 CFR Part 2)
- Behavioral health notes
- Personal opinions
- Speculation about criminal behavior unless explicitly authorized.

5.2.3 Staff may share non-PHI information such as:

- Program descriptions
- General ECM services
- Appointment scheduling logistics (without PHI)

5.3 Consent Requirements

5.3.1 Consent must be written, specific, time-limited, and revocable.

5.3.2 Staff must explain consent forms in clear, accessible language.

5.3.3 Members may revoke consent at any time.

5.3.4 Staff must not pressure members to sign consent forms.

5.4 Responding to Court Orders & Legal Requests

5.4.1 Staff must notify the Program Director immediately upon receiving a legal request.

5.4.2 Only the minimum necessary information may be disclosed.

5.4.3 Staff must verify the authenticity of any court order or warrant.

5.4.4 Staff must document:

- What was requested
- What was disclosed
- Under what authority
- To whom

5.5 Collaboration with Probation & Parole

With proper consent, staff may coordinate regarding:

5.5.1 Court-mandated treatment programs

5.5.2 Appointment attendance

5.5.3 Housing or employment needs

5.5.4 Safety concerns

5.5.5 Reentry planning

Staff must not disclose PHI without consent, except when legally required.

5.6 Collaboration with Courts

5.6.1 Staff may attend court hearings only with the member's consent or legal requirement.

5.6.2 Staff may provide letters of support only with member consent.

5.6.3 Staff must not provide clinical opinions or recommendations unless qualified and authorized.

5.7 Collaboration with Law Enforcement

5.7.1 Staff must not participate in law enforcement activities unrelated to member care.

5.7.2 Staff must not disclose member location or health information without consent unless legally required.

5.7.3 Staff must prioritize safety and follow the JI Field Safety & Staff Protection Policy.

5.8 Documentation Requirements

5.8.1 All communication with justice partners must be documented in the EHR.

5.8.2 Documentation must include:

- Date and time
- Person contacted
- Purpose
- Information shared
- Consent status

5.8.3 Documentation must be factual, objective, and free of judgment.

6.0 STAFF RESPONSIBILITIES

6.1 Protect member confidentiality at all times.

6.2 Obtain proper consent before sharing PHI.

6.3 Document all justice-related communication accurately.

6.4 Use trauma-informed, culturally responsive practices.

6.5 Escalate legal or safety concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Review and approve disclosures when required.

7.2 Ensure staff are trained in confidentiality and justice-system collaboration.

7.3 Respond to legal requests and ensure compliance.

7.4 Maintain partnerships with justice agencies while protecting member rights.

7.5 Implement corrective actions when confidentiality breaches occur.

8.0 RESOURCES

8.1 JI Member Rights & Confidentiality Policy

8.2 JI Documentation & Reporting Requirements Policy

8.3 JI Field Safety & Staff Protection Policy

8.4 HIPAA Privacy Rule

8.5 42 CFR Part 2

8.6 DHCS ECM Policy Guide
8.7 MCP JI Collaboration Requirements

Policy Title: Justice Involved (JI) Custody Email Initiated Warm Handoff Request

Policy No.: JI-015

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. responds promptly and professionally to all jail-initiated warm handoff requests received exclusively by email.

1.2 Email requests from custody staff are treated as formal warm handoff referrals and must be processed immediately.

1.3 Staff must follow standardized procedures for receiving, documenting, and responding to custody emails.

1.4 All communication must comply with HIPAA, 42 CFR Part 2, DHCS ECM requirements, and MCP protocols.

1.5 Staff must not request prohibited information such as Social Security Numbers or medical details without consent.

2.0 PURPOSE

2.1 To establish clear procedures for responding to jail warm handoff requests sent by email.

2.2 To ensure timely coordination with custody staff and MCPs.

2.3 To maintain compliance with privacy laws and justice-system communication rules.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff who receive warm handoff requests via email from:

- Jail medical units
- Jail reentry coordinators
- Classification staff
- Probation/parole officers assigned to custody
- Court-based custody liaisons

3.2 This policy applies ONLY to email-initiated warm handoffs.

4.0 DEFINITIONS

4.1 *Email-Initiated Warm Handoff:* A custody-generated email requesting ECM enrollment, coordination, or reentry support.

4.2 *Custody Staff:* Jail personnel authorized to coordinate reentry or medical transitions.

4.3 *Response Window:* The required timeframe for LG Links Inc. to respond to custody emails.

5.0 PROCEDURES

5.1 Receiving a Custody Email Request

When custody staff sends a warm handoff request by email:

5.1.1 Staff must check the ECM inbox throughout the day.

5.1.2 Staff must respond to the email within 4 business hours.

5.1.3 Staff must gather only the information that the custody staff is allowed to share:

- Member name
- Date of birth
- Booking number
- Expected release date (if allowed)
- Reentry needs (housing, medical follow-up, etc.)
- Custody staff contact information

5.1.4 Staff must NOT request:

- Social Security Number
- Medical diagnoses
- Legal case details
- Charges
- Court documents

5.1.5 Staff must complete the Warm Handoff Intake Form immediately after receiving the email.

5.2 Required Email Response

Staff must send a compliant, standardized response.

Approved Response Template:

"Thank you for the warm handoff request. LG Links Inc. will begin coordination for this member.

Please share any reentry-related information you are permitted to disclose (e.g., release date, contact instructions, or reentry needs).

We will notify the MCP and begin outreach immediately."

5.2.1 The response must be sent within 4 business hours.

5.2.2 Staff must attach no PHI unless the member has consented.

5.2.3 Staff must upload the email into the EHR and MCP portal when required.

5.3 Documentation Requirements

5.3.1 Staff must document the email warm handoff the same day.

5.3.2 Documentation must include:

- Date/time email was received
- Name and title of custody staff
- Information provided
- Response sent
- Next steps
- Assignment details

5.3.3 Staff must upload:

- The original email
- The response email
- Any custody-provided documents (if allowed)

5.4 Coordination with MCPs

5.4.1 Staff must notify the MCP of the warm handoff within 1 business day.

5.4.2 Staff must submit the MCP-required forms (referral confirmation, enrollment notice, etc.).

5.4.3 Staff must follow MCP timelines for outreach and engagement.

5.5 Boundaries with Custody Staff

5.5.1 Staff must not:

- Provide clinical opinions
- Confirm diagnoses

- Share PHI without consent
- Participate in supervision or monitoring
- Provide updates on member behavior unless legally required

5.5.2 Staff may share:

- Appointment dates (if member consents)
- Housing or reentry coordination updates
- General ECM program information

6.0 STAFF RESPONSIBILITIES

- 6.1** Respond promptly to jail warm handoff emails.
- 6.2** Document all communication accurately.
- 6.3** Follow privacy laws and avoid prohibited questions.
- 6.4** Coordinate with MCPs and assign cases quickly.
- 6.5** Maintain professional, trauma-informed communication.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1** Ensure staff are trained in custody email communication protocols.
- 7.2** Review warm handoff documentation for compliance.
- 7.3** Support staff with complex custody interactions.
- 7.4** Maintain relationships with jail reentry teams.
- 7.5** Ensure MCP reporting is completed on time.

8.0 RESOURCES

- 8.1** JI Outreach & Engagement Policy
- 8.2** JI Documentation & Reporting Requirements Policy
- 8.3** JI Care Coordination & Reentry Navigation Policy
- 8.4** Privacy & Confidentiality Policy
- 8.5** DHCS ECM Policy Guide
- 8.6** MCP Warm Handoff Requirements

Policy Title: Justice Involved (JI) Confidentiality & Information Sharing Policy

Policy No.: JI-016

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members

1.0 POLICY STATEMENT

1.1 LG Links Inc. protects the confidentiality, privacy, and security of all member information, with enhanced safeguards for Justice Involved (JI) members due to heightened legal, safety, and civil rights considerations.

1.2 All use, access, storage, and disclosure of Protected Health Information (PHI), Personally Identifiable Information (PII), and Criminal Justice Information (CJI) must comply with HIPAA, state confidentiality laws, CJIS standards, DHCS requirements, and MCP contracts.

1.3 Information sharing must be limited to the minimum necessary to support care coordination, continuity of care, safety, and legally required reporting.

1.4 Members must be informed of their privacy rights, and consent must be obtained when required before sharing information with justice or community partners.

2.0 PURPOSE

2.1 To protect member privacy and civil liberties while enabling effective ECM coordination.

2.2 To establish clear standards for lawful and ethical information sharing involving justice systems.

2.3 To reduce the risk of unauthorized disclosure or misuse of sensitive information.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. employees, contractors, interns, volunteers, and consultants.

3.2 This policy applies to all information formats, including electronic records, paper files, verbal communication, text messages, emails, and justice data systems.

4.0 DEFINITIONS

4.1 PHI refers to health information protected under HIPAA.

4.2 CJI refers to justice-related data subject to CJIS safeguards.

4.3 Minimum Necessary refers to limiting access or disclosure to what is required for a specific purpose.

4.4 Authorized Disclosure refers to information sharing permitted by law, contract, or documented member consent.

5.0 PROCEDURES

5.1 Access Controls

5.1.1 Staff access to member records must be role-based.

5.1.2 Passwords, two-factor authentication, and secure systems must be used at all times.

5.2 Information Sharing

5.2.1 PHI may only be shared for treatment, payment, operations, or legally required reporting.

5.2.2 Sharing with justice partners requires verification of authority and documented justification.

5.2.3 Written member consent is required when disclosures are not otherwise permitted by law.

5.3 Documentation

5.3.1 All disclosures must be documented in the EHR.

5.3.2 Documentation must include the recipient, purpose, and legal basis.

5.4 Breach Response

5.4.1 Suspected breaches must be reported immediately to supervisors.

5.4.2 LG Links Inc. follows breach notification laws and MCP reporting requirements.

6.0 STAFF RESPONSIBILITIES

6.1 Protect confidentiality at all times.

6.2 Verify authorization before disclosure.

6.3 Complete required privacy training.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure compliance with HIPAA, CJIS, and MCP standards.

7.2 Oversee breach investigations and corrective actions.

7.3 Maintain policies and training updates.

8.0 RESOURCES

8.1 HIPAA Privacy Rule

8.2 CJIS Security Policy

8.3 DHCS ECM Policy Guide

8.4 LG Links Inc. Incident Reporting Policy

Policy Title: Justice Involved (JI) Data Management & Quality Assurance Policy

Policy No.: JI-017

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. maintains accurate, complete, timely, secure, and verifiable data to support high-quality Enhanced Care Management (ECM) services for Justice Involved (JI) members.

1.2 All data collection, documentation, storage, and reporting practices must comply with DHCS ECM requirements, MCP contractual obligations, grant conditions, and applicable state and federal regulations.

1.3 LG Links Inc. relies on high-quality data to ensure continuity of care, operational accountability, fiscal integrity, and positive member outcomes.

1.4 Continuous Quality Improvement (CQI) is integrated into all data management and quality assurance activities to promote compliance, equity, and service effectiveness.

2.0 PURPOSE

2.1 To ensure reliable, accurate, and timely documentation of all services and member interactions.

2.2 To support internal monitoring, external audits, DHCS oversight, MCP reviews, and funder reporting.

2.3 To identify trends, gaps, risks, and disparities affecting JI members.

2.4 To use data proactively and systematically to improve service delivery, outcomes, and compliance.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. staff, contractors, consultants, interns, and volunteers involved in documentation, data entry, reporting, analysis, or quality improvement.

3.2 This policy applies to all data systems and formats, including but not limited to:

- Electronic Health Records (EHR)
- MCP portals and reporting platforms
- Internal databases, spreadsheets, and trackers
- Grant and performance reports
- Quality assurance tools and audit files

3.3 This policy applies across all service settings, including community-based services, custody settings, hospitals, courts, transitional housing, and telehealth.

4.0 DEFINITIONS

4.1 Data Integrity refers to the accuracy, completeness, consistency, and reliability of data throughout its lifecycle.

4.2 Quality Assurance (QA) refers to structured activities used to verify that documentation and services meet required standards.

4.3 Continuous Quality Improvement (CQI) refers to ongoing, data-driven efforts to assess performance and implement improvements. Segoe UI

4.4 Source Documentation refers to primary records demonstrating that reported services were actually delivered.

4.5 Audit refers to internal or external reviews conducted by LG Links Inc., MCPs, DHCS, or funders.

5.0 PROCEDURES

5.1 Documentation Standards

5.1.1 Staff must document all services, outreach attempts, assessments, care coordination activities, referrals, and member contacts within required timelines established by DHCS, MCPs, or funding entities.

5.1.2 Documentation must be truthful, accurate, complete, and reflective of actual services delivered.

5.1.3 All entries must include required documentation elements, including:

- Date and time of service
- Type and duration of service
- Staff name and role
- Location or modality of service
- Member participation and response
- Outcomes, barriers, and next steps

5.1.4 Late entries, corrections, or addenda must follow LG Links Inc. documentation correction standards and clearly indicate the reason for the amendment.

5.1.5 Copying-forward, templating, or cloning documentation that misrepresents services or outcomes is prohibited.

5.2 Data Entry & System Use

5.2.1 Staff must use only approved systems and tools for documentation and data entry.

5.2.2 Access to data systems must be role-based and limited to the minimum necessary job functions.

5.2.3 Standardized fields, codes, workflows, and definitions must be used as required by

MCPs and DHCS.

5.2.4 Staff must report system issues or data errors immediately to supervisors.

5.3 Quality Assurance Reviews

5.3.1 Supervisors must conduct routine chart audits and data reviews to assess:

- Timeliness of documentation
- Accuracy and completeness
- Compliance with DHCS and MCP standards
- Alignment between services delivered and reported data

5.3.2 QA reviews must occur at regular intervals and be increased for new staff, identified performance concerns, or audit findings.

5.3.3 Identified errors or deficiencies must be corrected promptly.

5.3.4 QA findings must be tracked to identify recurring issues or systemic risks.

5.4 Continuous Quality Improvement (CQI)

5.4.1 LG Links Inc. uses data to monitor performance indicators such as:

- Outreach timeliness
- Engagement rates
- Assessment completion
- Service utilization
- Member outcomes
- Compliance metrics

5.4.2 Data trends must be reviewed at least quarterly.

5.4.3 CQI activities may include:

- Workflow or process changes
- Staff training or retraining
- Policy and procedure updates
- Increased supervision or technical assistance

5.4.4 CQI actions, decisions, and outcomes must be documented.

5.5 Reporting Requirements

5.5.1 All reports submitted to DHCS, MCPs, or funders must be accurate, complete, and submitted within required deadlines.

5.5.2 Reported data must align with source documentation and internal records.

5.5.3 Discrepancies must be investigated and resolved before submission when possible.

5.6 Audit Readiness & Oversight

- 5.6.1 Documentation must be maintained in an organized, secure, and retrievable manner.
- 5.6.2 Staff must cooperate fully with audits, monitoring visits, and record requests.
- 5.6.3 Audit findings must result in documented corrective action plans when required.
- 5.6.4 Repeat findings must be escalated and addressed through CQI interventions.

6.0 STAFF RESPONSIBILITIES

- 6.1 Enter data accurately, completely, and within required timeframes.
- 6.2 Follow documentation and data security standards.
- 6.3 Respond promptly to correction requests or QA feedback.
- 6.4 Participate in QA reviews, training, and CQI activities.
- 6.5 Report data integrity or compliance concerns immediately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

- 7.1 Oversee implementation of data management and QA processes.
- 7.2 Ensure alignment with DHCS ECM, MCP, and grant requirements.
- 7.3 Review QA findings and data trends regularly.
- 7.4 Lead and document CQI initiatives and corrective actions.
- 7.5 Ensure staff receive ongoing training related to documentation, reporting, and compliance.
- 7.6 Serve as primary contact during audits and oversight reviews.

8.0 RESOURCES

- 8.1 DHCS ECM Reporting and Documentation Guidelines
- 8.2 MCP Data Submission Manuals
- 8.3 LG Links Inc. Documentation & Record Retention Policy
- 8.4 Quality Assurance and CQI Tools

Policy Title: Justice Involved (JI) Cultural Responsiveness & Non-Discrimination Policy

Policy No.: JI-018

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. is committed to providing culturally responsive, trauma-informed, linguistically appropriate, and equitable services to all members, with particular attention to the unique needs of Justice Involved (JI) populations.

1.2 Services must recognize and respect each member’s lived experience, including the impact of incarceration, systemic inequities, racism, poverty, trauma, disability, and community context.

1.3 LG Links Inc. prohibits discrimination, harassment, retaliation, or exclusion in service delivery, employment, or program operations.

1.4 All services must be delivered in a manner that promotes dignity, autonomy, safety, and trust, regardless of a member’s justice involvement or background.

2.0 PURPOSE

2.1 To ensure equitable access to ECM services for JI members.

2.2 To reduce disparities in health and social outcomes for historically marginalized populations.

2.3 To establish clear expectations for culturally responsive practices and non-discriminatory conduct.

2.4 To align LG Links Inc. services with DHCS civil rights requirements and MCP cultural competency standards.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. employees, contractors, interns, volunteers, and consultants.

3.2 This policy applies to all members, applicants, referral sources, and community partners.

3.3 This policy applies to all service settings, including community-based services, custody settings, courts, hospitals, offices, and telehealth.

4.0 DEFINITIONS

4.1 Cultural Responsiveness refers to the ability to deliver services that are respectful of, and responsive to, the cultural beliefs, practices, language, values, identities, and lived experiences of members.

4.2 Trauma-Informed Care refers to an approach that recognizes the widespread impact of trauma and avoids re-traumatization.

4.3 Non-Discrimination refers to the provision of services without bias based on protected characteristics.

4.4 Protected Characteristics include, but are not limited to: race, ethnicity, language, nationality, immigration status, gender identity, sexual orientation, age, disability, religion, health condition, housing status, socioeconomic status, or justice involvement.

4.5 Language Access refers to the provision of interpretation, translation, and communication supports for members with Limited English Proficiency (LEP) or communication disabilities.

5.0 PROCEDURES

5.1 Cultural Responsiveness Training

5.1.1 All staff must complete cultural humility and cultural responsiveness training during onboarding.

5.1.2 Ongoing training must be completed at least annually and include:

- Implicit bias awareness
- Trauma-informed care
- Justice-involved population considerations
- Health equity and disparities
- Respectful communication

5.1.3 Training completion must be documented and tracked.

5.2 Service Delivery Practices

5.2.1 Staff must engage members in a respectful, non-judgmental, and strengths-based manner.

5.2.2 Services must be adapted to reflect member preferences, cultural practices, and communication styles when clinically and operationally appropriate.

5.2.3 Staff must avoid stigmatizing language related to incarceration, criminal history, substance use, mental health, or housing instability.

5.2.4 Staff must acknowledge and address historical mistrust of systems when working with JI members.

5.3 Language Access & Communication

5.3.1 Language access services must be offered to members with LEP at no cost.

5.3.2 Staff must use qualified interpreters when needed and may not rely on family members unless permitted and appropriate.

5.3.3 Written materials must be provided in accessible formats when required.

5.4 Accommodations & Accessibility

5.4.1 Reasonable accommodations must be provided for members with disabilities.

5.4.2 Staff must coordinate accommodations related to physical, cognitive, behavioral, or communication needs.

5.5 Non-Discrimination Enforcement

5.5.1 Discrimination, harassment, or retaliation is strictly prohibited.

5.5.2 Staff must immediately report observed or alleged discriminatory behavior to a supervisor.

5.6 Complaints & Grievances

5.6.1 Members may file complaints or grievances verbally or in writing without fear of retaliation.

5.6.2 Complaints must be documented and investigated promptly and fairly.

5.6.3 Members must be informed of their right to escalate complaints to the MCP or DHCS if unresolved.

5.6.4 Outcomes and corrective actions must be documented.

6.0 STAFF RESPONSIBILITIES

6.1 Provide services that are respectful, equitable, and culturally responsive.

6.2 Participate in required training and self-reflection regarding bias.

6.3 Use inclusive, person-first, and non-stigmatizing language.

6.4 Report concerns related to discrimination or inequitable treatment.

6.5 Support member autonomy and self-determination.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure implementation of this policy across all programs.

7.2 Monitor training compliance and service delivery practices.

7.3 Review complaints and ensure timely resolution.

7.4 Implement corrective action and additional training when patterns of concern are identified.

7.5 Ensure alignment with DHCS civil rights and MCP cultural competency requirements.

8.0 RESOURCES

8.1 DHCS Civil Rights & Cultural Competency Requirements

8.2 DHCS ECM Policy Guide

8.3 LG Links Inc. Grievance & Appeals Policy

8.4 Trauma-Informed Care Best Practice Guidelines

Policy Title: Justice Involved (JI) Member Rights & Responsibilities Policy

Policy No.: JI-019

Next Review: 2/14/2025,12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1,1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. respects, protects, and promotes the rights of all members receiving services, including individuals who are Justice Involved (JI).

1.2 LG Links Inc. is committed to providing services in a manner that upholds dignity, privacy, autonomy, and fairness, regardless of a member’s justice involvement, background, or life circumstances.

1.3 While members have clearly defined rights, LG Links Inc. also promotes shared responsibility to support safe, respectful, and effective service delivery.

1.4 Members may exercise their rights without fear of discrimination, retaliation, or denial of services.

2.0 PURPOSE

2.1 To ensure members are informed of their rights and responsibilities when receiving ECM and related services.

2.2 To promote respectful, collaborative, and person-centered engagement between members and staff.

2.3 To support compliance with DHCS, MCP, and civil rights requirements.

2.4 To provide clear processes for addressing concerns, grievances, and appeals.

3.0 SCOPE

3.1 This policy applies to all members receiving services from LG Links Inc., including those residing in the community, custody settings, reentry programs, hospitals, or transitional housing.

3.2 This policy applies to all service modalities, including in-person services, telehealth, outreach, care coordination, and case management.

4.0 DEFINITIONS

4.1 Member Rights refer to the legal, ethical, and contractual protections afforded to individuals receiving services.

4.2 Member Responsibilities refer to reasonable expectations for participation, communication, and conduct that support safe and effective service delivery.

4.3 Grievance refers to a verbal or written complaint related to services, staff conduct, access to care, or perceived rights violations.

4.4 Retaliation refers to any adverse action taken against a member for exercising their rights, filing a grievance, or expressing concerns.

5.0 PROCEDURES

5.1 Notification of Member Rights & Responsibilities

5.1.1 Members must receive written and verbal notice of their rights and responsibilities at enrollment or initial engagement.

5.1.2 Information must be provided in a language and format the member can understand, including the use of interpretation or accommodations when needed.

5.1.3 Staff must review key rights and responsibilities with the member and allow time for questions.

5.1.4 Acknowledgment of receipt must be documented when required by MCP or DHCS standards.

5.2 Member Rights

5.2.1 Members have the right to:

- Be treated with dignity, respect, and courtesy
- Receive culturally responsive and trauma-informed services
- Participate actively in care planning and decision-making
- Receive services free from discrimination or harassment
- Access services regardless of justice involvement
- Privacy and confidentiality of their information
- Review and request corrections to their records, as permitted by law
- Decline services or withdraw from services at any time
- File grievances or complaints without fear of retaliation
- Receive information about available services and alternatives

5.2.2 Members must be informed of any limits regarding rights related to safety, legal obligations, or custody requirements.

5.3 Member Responsibilities

5.3.1 Members are expected to:

- Treat staff and others with respect
- Participate honestly in assessments and care planning
- Communicate changes in contact information or circumstances when possible
- Follow agreed-upon care plans to the best of their ability
- Use services in a manner that does not compromise safety

5.3.2 Failure to meet responsibilities does not result in denial of services but may require additional support, engagement strategies, or safety planning.

5.4 Grievances, Complaints, & Appeals

5.4.1 Members may file grievances verbally or in writing at any time.

5.4.2 Staff must assist members in filing grievances upon request, including accommodations for literacy, language, or disability needs.

5.4.3 All grievances must be documented and reviewed promptly.

5.4.4 Members must be informed of their right to escalate grievances to the MCP or DHCS if unresolved.

5.4.5 Retaliation against a member for filing a grievance is strictly prohibited.

5.5 Justice-Involved Considerations

5.5.1 Staff must recognize that JI members may have experienced coercion, trauma, or rights violations in other systems.

5.5.2 Engagement around rights must be clear, supportive, and non-threatening.

5.5.3 Legal or custody-related requirements must be explained in plain language.

6.0 STAFF RESPONSIBILITIES

6.1 Uphold and protect member rights at all times.

6.2 Explain rights and responsibilities clearly and respectfully.

6.3 Support members in accessing grievance processes.

6.4 Use non-judgmental, person-first language.

6.5 Document concerns, grievances, and resolutions accurately.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure implementation of this policy across all programs.

7.2 Monitor grievance tracking, resolution timelines, and patterns.

7.3 Ensure corrective action when rights violations or trends are identified.

7.4 Ensure alignment with DHCS, MCP, and civil rights requirements.

7.5 Provide training and guidance to staff on member rights protections.

8.0 RESOURCES

8.1 LG Links Inc. Member Handbook

8.2 Grievance & Appeals Policy

8.3 DHCS ECM Policy Guide

8.4 MCP Member Rights Notices

Policy Title: Justice Involved (JI) Staff Training & Competency Policy

Policy No.: JI-020

Next Review: 2/14/2025, 12/14/2026

Approved By: Board Authorized

Signature: Linda M. Garcia, CEO

Effective Date: 12/14/2024

Version: 1.1, 1.2

All Staff involved in intake, outreach, enrollment, documentation, and service delivery for JI members.

1.0 POLICY STATEMENT

1.1 LG Links Inc. ensures that all staff, contractors, and affiliates are adequately trained, qualified, and competent to deliver high-quality, compliant, and ethical services to Justice Involved (JI) populations.

1.2 Staff training and competency must align with DHCS ECM requirements, MCP contractual standards, and best practices for serving individuals impacted by incarceration, trauma, and systemic inequities.

1.3 Training and competency expectations are role-specific, documented, and reviewed regularly to support program integrity, member safety, and positive outcomes.

1.4 No staff member may independently perform job duties beyond their scope or training.

2.0 PURPOSE

2.1 To ensure that all staff possess the knowledge, skills, and abilities required to serve JI members effectively.

2.2 To promote consistent, compliant, and high-quality ECM service delivery.

2.3 To reduce risk related to safety, confidentiality, documentation, and professional practice.

2.4 To support workforce development, accountability, and continuous improvement.

3.0 SCOPE

3.1 This policy applies to all LG Links Inc. employees, contractors, consultants, interns, and volunteers.

3.2 This policy applies to all roles, including leadership, care management, outreach, peer support, administrative, and support staff.

3.3 This policy applies to staff working in community settings, custody settings, hospitals, courts, offices, and via telehealth.

4.0 DEFINITIONS

4.1 Competency refers to the demonstrated ability to perform assigned job duties effectively, safely, ethically, and in accordance with policies and standards.

4.2 Required Training refers to mandatory education related to job role, regulatory requirements, and population served.

4.3 Onboarding refers to initial training and orientation completed before or immediately upon hire.

4.4 Continuing Education refers to required ongoing training to maintain competency and compliance.

5.0 PROCEDURES

5.1 Required Training

5.1.1 All staff must complete onboarding training before providing independent services.

5.1.2 Onboarding training must include, at a minimum:

- LG Links Inc. mission, values, and policies
- DHCS ECM program overview
- Justice-Involved population considerations
- Trauma-informed care principles
- Cultural responsiveness and non-discrimination
- HIPAA and confidentiality requirements
- CJIS awareness (as applicable)
- Member rights and grievance procedures
- Safety and field-based risk considerations
- Documentation and data quality standards

5.1.3 All staff must complete required annual refresher training courses, including updates driven by DHCS, MCPs, or regulatory changes.

5.1.4 Additional training is required when staff duties change or new program requirements are introduced.

5.2 Role-Specific Training

5.2.1 Training content must be tailored to staff roles and responsibilities.

5.2.2 Staff working directly with JI members must receive enhanced training related to:

- Reentry barriers and criminogenic needs
- Legal system navigation and constraints
- Engagement strategies for individuals with histories of incarceration
- De-escalation and safety awareness
- Coordination with justice partners

5.3 Competency Monitoring & Evaluation

5.3.1 Staff competency must be assessed on an ongoing basis through:

- Direct supervision
- Chart reviews and documentation audits

- Observation of service delivery
- Performance evaluations
- Quality assurance findings

5.3.2 New staff must receive increased supervision and support during the initial employment period.

5.3.3 Identified competency gaps must result in targeted coaching, retraining, or corrective action.

5.3.4 Staff may be restricted from specific duties until competency is demonstrated.

5.4 Documentation of Training & Competency

5.4.1 All training completions must be documented and maintained in personnel files.

5.4.2 Training records must include dates, topics, and the method of training.

5.4.3 Competency evaluations and corrective actions must be documented.

5.5 Non-Compliance

5.5.1 Failure to complete required training or demonstrate competency may result in:

- Temporary removal from assigned duties
- Increased supervision
- Performance improvement plans
- Disciplinary action, up to and including termination

6.0 STAFF RESPONSIBILITIES

6.1 Complete all required onboarding and ongoing training within established timeframes.

6.2 Actively participate in supervision and professional development.

6.3 Practice within the assigned scope of training and competency.

6.4 Notify supervisors when additional training or support is needed.

6.5 Maintain professional, ethical, and trauma-informed practice.

7.0 PROGRAM DIRECTOR RESPONSIBILITIES

7.1 Ensure implementation of this policy across all programs.

7.2 Maintain and update the Training Matrix.

7.3 Track training compliance and address gaps.

7.4 Ensure staff competency aligns with DHCS, MCP, and contractual requirements.

7.5 Integrate training needs identified through QA, audits, or incidents.

7.6 Ensure corrective actions are taken when competency concerns arise.

8.0 RESOURCES

8.1 LG Links Inc. Training Matrix

8.2 LG Links Inc. Supervision & Performance Policy

8.3 DHCS ECM Policy Guide

8.4 DHCS ECM Training and Workforce Requirements

8.5 MCP Training Standards and Provider Manuals