



# TRANSFORMATION OF MEDI-CAL: JUSTICE-INVOLVED

## The Issue

Justice-Involved individuals—people who are now, or have spent time, in jails, youth correctional facilities, or prisons—are at higher risk for poor health outcomes, injury, and death than the general public. They face disproportionate risk of trauma, violence, overdose, and suicide. People of color are disproportionately represented in the Justice-Involved population due to systemic inequities in the criminal justice system, as well as a higher likelihood of incarceration due to mental health issues and the criminalization of substance use disorders.

- » Incarcerated individuals in California jails **with an active mental health case rose by 63 percent over the last decade.**
- » **Sixty-six percent of Californians in jails or prisons have moderate or high need for substance use disorder treatment.**
- » **Overdose is the leading cause of death** for people recently released from incarceration, and people in California jails or prisons have a drug overdose death rate more than three times that of incarcerated people nationwide.
- » In California, **nearly 29 percent of incarcerated men are Black, while Black men make up only 5.6 percent of the state's total population.**

Through its [Justice-Involved Initiative](#), California is taking significant steps to improve poor health outcomes in this population as they prepare to re-enter their community. In 2023, California became the first state in the nation [approved](#) to offer a targeted set of Medicaid services to youth and adults in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release.

Through a federal Medicaid 1115 demonstration waiver approved by the Centers for Medicare & Medicaid Services (CMS), DHCS will partner with state agencies, counties, and community-based organizations to establish a coordinated community reentry process that will assist people leaving incarceration connect to the physical and mental health services they need prior to release. This will help to ensure continuity of health care coverage after incarceration, enabling access to programs and services like [Enhanced Care Management \(ECM\)](#) and [Community Supports](#), linkages to medical and mental health services, and prescription medications in hand upon release.



## Faces of Medi-Cal's Transformation: Meet Cameron\*

Cameron is nearing the end of his time in prison. He was diagnosed with bipolar disorder and has been on medication to manage his condition. After he is released, Cameron will need to continue to see a psychiatrist and take his medications but does not know how he can get this care. Since Cameron has a diagnosed mental health condition, he qualifies for the 90-day pre-release Medi-Cal services under the Medi-Cal Justice-Involved Initiative, and he will be able to receive targeted pre-release services focused to support his reentry to the community paid for by Medi-Cal (e.g., psychiatry clinical consultation), in addition to his current care provided by the prison, in the 90 days before his release date. He is assigned a pre-release care manager who conducts a needs assessment and develops a reentry care plan to support his transition into the community. Prior to his release, he will be connected to a psychiatrist in the community who will continue to care for him, through a behavioral health warm linkage (which will include a handoff meeting between Cameron, his correctional facility psychiatrist, and his community-based psychiatrist). Once in the community, Cameron will be able to receive Enhanced Care Management. He will have the chance to meet his ECM provider before he is released, as part of a "warm handoff" meeting between his pre-release care management provider and the post-release ECM provider. He will also receive a supply of his bipolar medication to take with him upon release. His ECM provider will also connect him with Community Supports, such as housing, to help him build stability in the community.

(\*A hypothetical individual based on a composite of cases.)

## Justice-Involved Initiative Highlights

The Justice-Involved initiative aims to connect eligible members to community-based care, offering them services up to 90 days before their release to stabilize their health conditions and establish a plan for their community-based care (collectively referred to as "pre-release services"). Pre-release services are available to Medi-Cal members who meet the following eligibility criteria:

- » Adults who meet one or more of the following health needs criteria: confirmed or suspected mental health diagnosis, a substance use disorder or suspected diagnosis, a chronic clinical condition or significant non-chronic clinical condition, a traumatic brain injury, intellectual or development disability, a positive test or diagnosis of human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), or are pregnant or within a 12-month postpartum period.
- » Youth who are in custody of a youth correctional facility; they do not need to meet clinical criteria.



These pre-release Medi-Cal services include the following:

- » Reentry care management services.
- » Physical and behavioral health clinical consultation services provided through telehealth or in person, as needed, to diagnose health conditions, provide treatment as appropriate, and support pre-release care managers' development of a post-release treatment plan and discharge planning.
- » Laboratory and radiology services.
- » Medications and medication administration.
- » Medication Assisted Therapy for all Food and Drug Administration-approved medications, including coverage for counseling.
- » Services provided by CHWs with lived experience.

In addition to the above pre-release services, qualifying members will receive covered outpatient prescribed medications and over-the-counter (OTC) drugs and durable medical equipment (DME) upon release, consistent with approved state plan coverage authority and policy.

To reach these aims, DHCS has made Providing Access and Transforming Health Initiative (PATH) funding available to implementing agencies (e.g., correctional facilities, county social service departments, county behavioral health, California Department of Corrections and Rehabilitation) to build capacity for workforce, technology changes, and data sharing that support justice-involved initiatives.

## The Positive Impact of Medi-Cal's Justice Involved Initiative

People who are or have been incarcerated—a population that, because of systemic inequities in our criminal justice system, disproportionately over-represents people of color—experience worse health outcomes than other populations. The state's Justice-Involved Initiative will address these disparities by reducing gaps in care and improving connections between pre-release and community based services, increasing investments in health care and related services to enhance quality of care, improving physical and mental health outcomes, and preventing unnecessary admissions to inpatient hospitals, psychiatric hospitals, nursing homes, and emergency departments.

California is the first state to obtain federal authority (and federal matching funds) to provide Medi-Cal services to incarcerated individuals prior to their release. This initiative is part of California's broader transformation of Medi-Cal and its commitment to a healthier, more equitable health system for all.

