

FROM INCARCERATION TO CARE: CALIFORNIA'S MEDI-CAL REENTRY INITIATIVE

Impact Report

March 2026



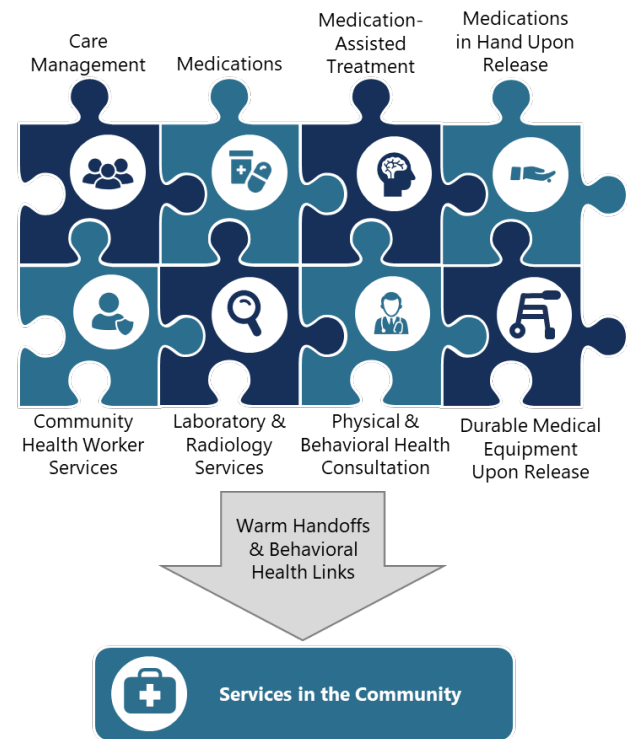
Introduction

In 2023, California became the first state in the nation to receive federal approval to provide a targeted set of Medi-Cal services to incarcerated individuals in the 90 days prior to release from incarceration. This program, known as California’s Justice-Involved Reentry Initiative, covers a set of Medi-Cal services for adults and youth incarcerated in state prisons, county jails, and youth correctional facilities for up to 90 days prior to release.¹ The goal of the initiative is to improve health outcomes by connecting individuals to physical and behavioral health services when they reenter the community. California launched a phased implementation of the initiative in October 2024; all correctional facilities in the state are expected to go live before October 1, 2026. This report highlights early implementation progress and emerging successes since the Initiative’s initial go-live, offering an initial proof of concept.

October 2025 marked one year since go-live for California’s Reentry Initiative, a pivotal milestone for a groundbreaking effort to connect justice-involved (JI) individuals to Medi-Cal services in the 90 days prior to their release from incarceration. Building on the state’s long-standing commitment to equity and whole-person care, the Reentry Initiative bridges the gap between correctional health and community-based care, ensuring that individuals reentering the community have timely access to critical physical and behavioral health, including substance use disorder health care services, as well as linkages to community-based providers and services before they are released.

This Impact Report—based on a review of available data, targeted interviews, and on-going engagement with implementation partners—highlights the program’s progress, key milestones, and lessons learned as California continues to lead the nation in advancing health care coverage and continuity for JI populations.

Pre-Release Services Provided to Incarcerated Individuals






The Reentry Initiative is focused on improving health outcomes for individuals who experience disproportionately higher rates of physical and behavioral health diagnoses and are at higher risk of injury and death due to trauma, violence, overdose, and suicide as compared to those who have never been incarcerated. For example:

- » **53 percent** of incarcerated individuals in California county jails have a mental health issue, as of June 2023.²
- » Among JI individuals in California, **two of three** have high or moderate need for substance use disorder treatment.³
- » Both in California and across the United States, incarcerated populations are disproportionately people of color:
 - Approximately **29 percent** of male prisoners in California are Black (as compared to 5.6 percent of California’s adult population) and 46 percent are Latino (as compared to 38 percent of California’s adult population).⁴
 - American Indian and Alaska Native populations are incarcerated at a rate greater than that of the general population.⁵

Improving health outcomes for this high-needs population requires intensive care management—an anchor service of the initiative—to assess individual needs and ensure timely service delivery.⁶

The table below summarizes key implementation milestones achieved over the last year, reflecting the continued expansion and impact of California’s Reentry Initiative. **Through coordinated efforts among state, county, and correctional partners, the initiative has translated policy into practice—bringing pre-release Medi-Cal services to facilities across the state and strengthening the bridge between correctional health and community-based care.**

California’s Reentry Initiative: By-the-Numbers	
	All 31 state prison facilities and 33 county jails and youth correctional facilities in 13 counties went live with pre-release services by February 1, 2026.
	Correctional facilities screened and identified 34,956 incarcerated individuals eligible for pre-release services.
	Facilities and implementing partners delivered over 159,000 billable pre-release services and prescriptions to incarcerated individuals.*

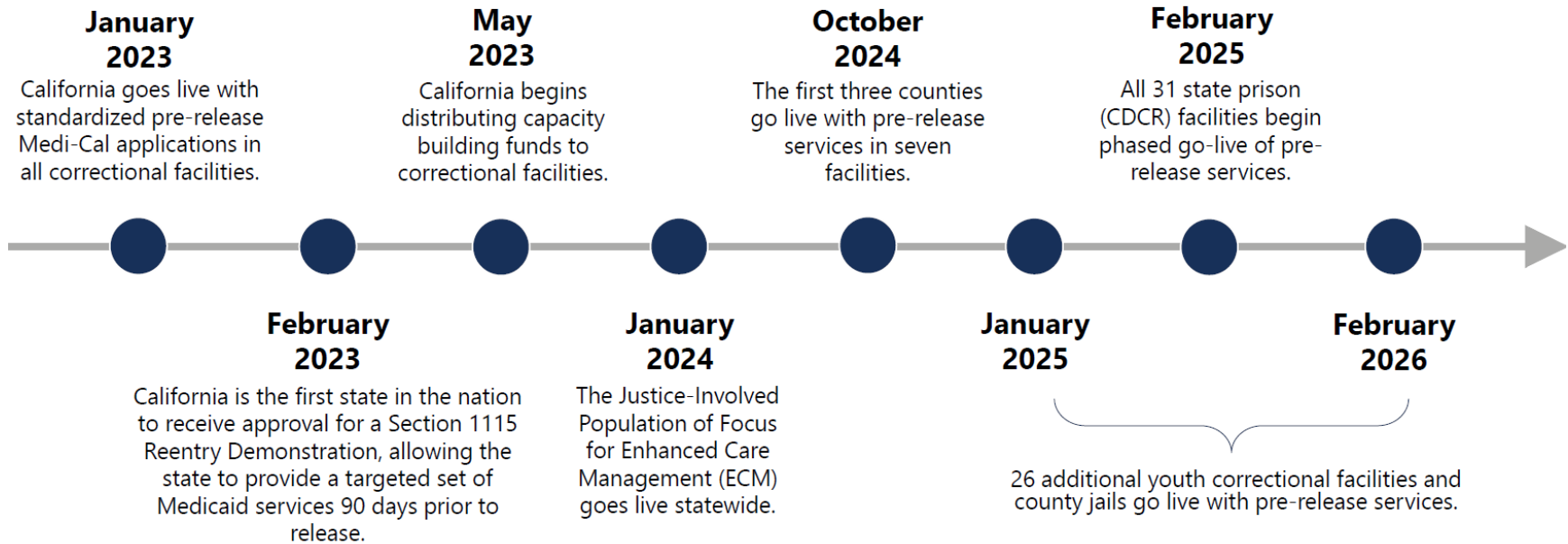
**This does not include services rendered without a submitted claim (i.e., due to claims lag as correctional facility billing systems are established). DHCS expects additional claims to be submitted for services rendered as a part of the Reentry Initiative to date.*

Reentry Initiative Implementation Timeline

The Reentry Initiative has advanced through a series of deliberate, phased milestones since its launch, reflecting California’s commitment to designing, testing, and scaling pre-release Medi-Cal services statewide.

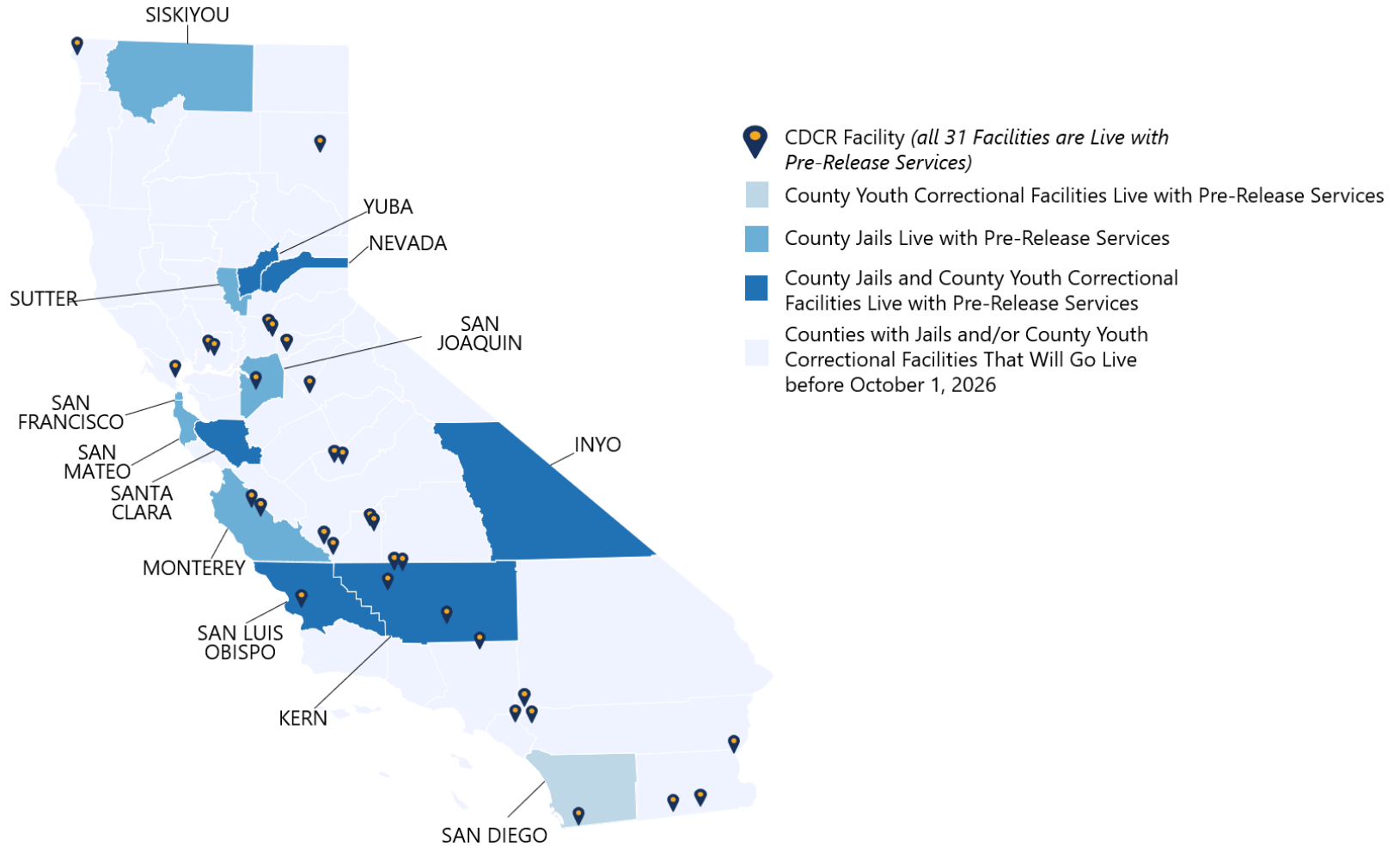
From standardizing Medi-Cal application processes to early Section 1115 Reentry Demonstration approval, to the expansion of pre-release services across correctional facilities, each milestone represents coordinated action across correctional, health, and community partners to strengthen care continuity and improve outcomes for JI individuals.

Key Implementation Dates



Statewide Implementation of the Reentry Initiative To Date

This map illustrates the statewide expansion of California's Reentry Initiative, showing the correctional facilities that have gone live with pre-release Medi-Cal services as well as those preparing for launch. The distribution reflects a phased approach across diverse regions demonstrating the program's broad geographic reach.



Reentry Initiative Goals

The Reentry Initiative focuses on advancing five strategic goals to enhance access and continuity of care, expand systems coordination, and improve health outcomes for individuals reentering the community after incarceration:

1

Improve physical and behavioral health care by strengthening access to care before and after release, building on the state's investments in continuity of Medi-Cal coverage and care for Reentry populations.

2

Build a bridge to community-based care for Medi-Cal members reentering from incarceration by delivering coordinated pre-release services to stabilize conditions and developing individualized Reentry Care Plans that support continuity of care post-release.

3

Enhance coordination and communication among correctional facilities, Medi-Cal managed care plans (MCPs), county behavioral health agencies, and community-based providers to ensure seamless person-centered service delivery during reentry.

4

Invest in quality health care and related supports across correctional and community settings to address physical health, behavioral health, and health-related social needs, to maximize successful reentry and minimize disparities.

5

Evaluate the impact of targeted pre-release services on health outcomes and system efficiency, including reductions in preventable emergency department visits, inpatient hospitalizations, other costly and inefficient care, and all-cause mortality among Medi-Cal-eligible individuals post-release.

Elevating Lived Experience: The Human Impact of Reentry

Beyond the program metrics and system-level achievements, the most powerful evidence of the Reentry Initiative's impact comes from the individuals whose lives are transformed by coordinated pre-release and post-release support. Their experiences highlight how meaningful engagement, compassionate care management, and reliable access to services can restore stability, rebuild confidence, and create pathways to long-term success.



"While I was incarcerated, I kept hearing [about] every time someone got a pass to [receive pre-release care management]. Then, finally, I received a pass. I didn't know what to expect, but I never expected to learn as much about myself and my deep-rooted issues. My life after prison would have been much more difficult to rebuild without ECM and especially without my wonderful care manager. She became my extended family. She had so much compassion for me and connected me with other resources that helped me to acquire my goals. Whenever I needed something and I asked [my care manager], before long, I would receive the help. My self-esteem was at an all-time low, but with the support of ECM, I now have confidence and the tools to accomplish anything I want."

Individual Served by the Reentry Initiative

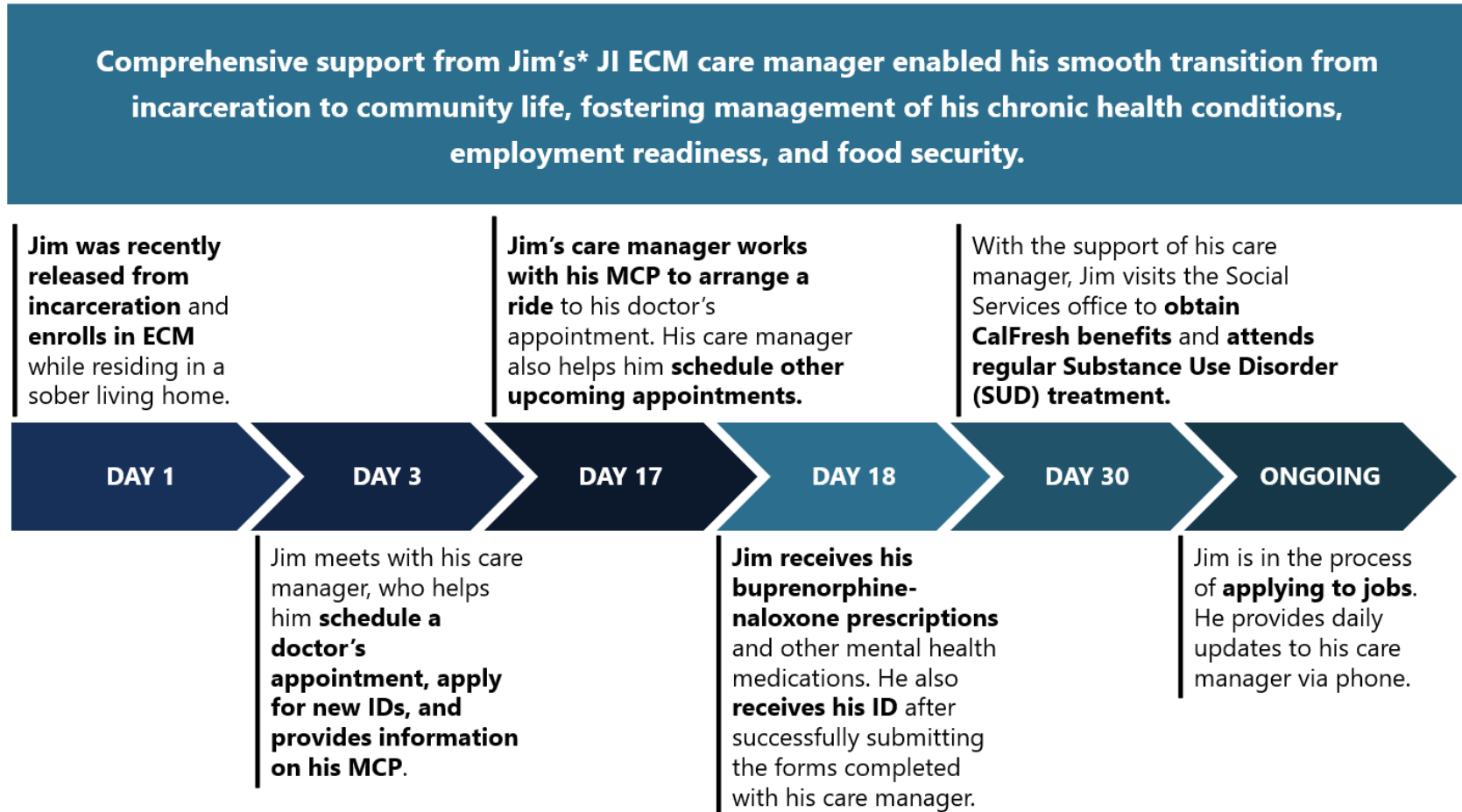


"I felt cared about, like I mattered to someone, and it felt good. It felt like I was worth it. I remember being on drugs and homeless in the streets with no place to go. I knew I wanted a change, but I didn't know how. I'm grateful to my care manager for a lot. I'm able to have a certificate from parenting classes coordinated by my care manager and show the court that I'm bettering myself for my son, for myself, and for society."

Individual Served by the Reentry Initiative

From Release to Renewal: Building Stability Through Coordinated Care

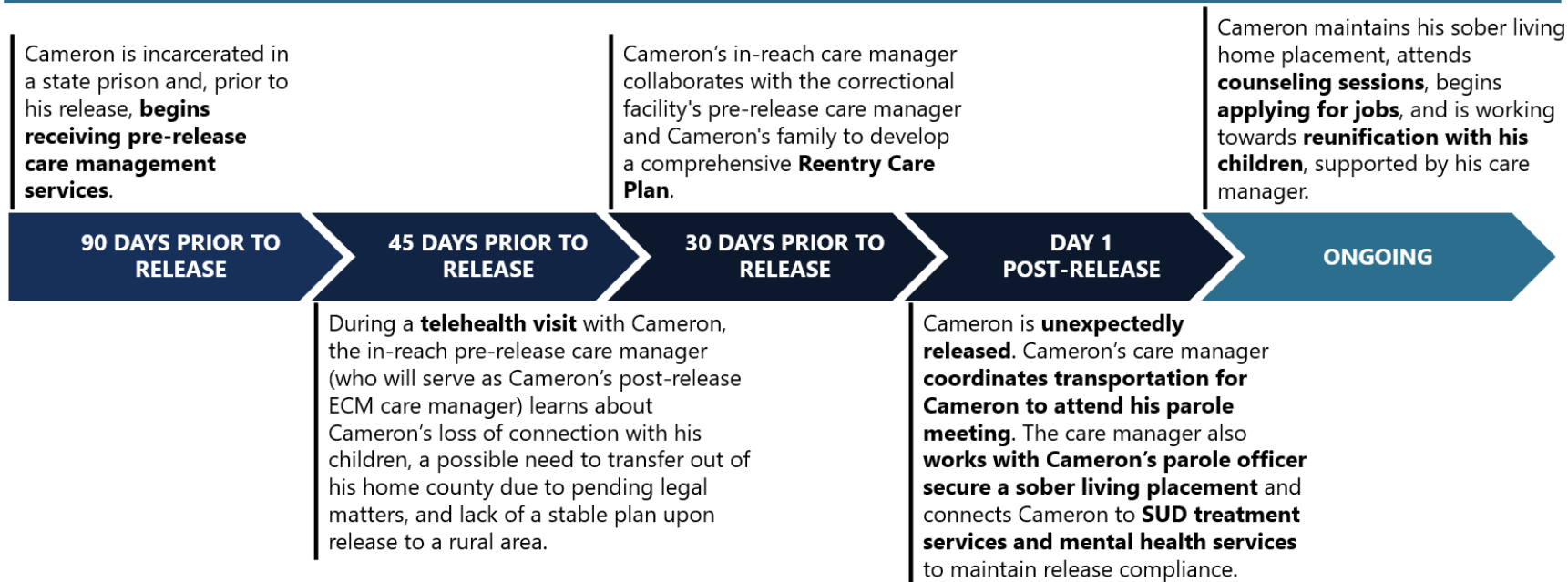
The following patient journeys are drawn from the lived experiences of real individuals who received pre-release services and post-release Enhanced Care Management (ECM). Their stories reflect the resilience, healing, and transformation made possible through dedicated care coordination and tailored support for the reentry population of focus.



**To ensure privacy and confidentiality, names have been modified. These stories were provided by JI ECM Providers and Care Managers.*

Navigating the Unexpected: Building a Safer Path Home

Through proactive planning and rapid response, Cameron's* care manager ensured continuity of mental health and SUD treatment, a stable living situation, and supported his journey towards wellness and reunification.



**To ensure privacy and confidentiality, names have been modified. These stories were provided by JI ECM Providers and Care Managers.*

Reconnecting and Rebuilding: A Journey Towards Independence

Coordinated support helped Daniel* overcome chronic challenges, graduate from parole, restore family ties, and achieve educational and professional milestones after a recent release from incarceration.

Daniel experienced homelessness and repeated incarcerations over several years. Upon his most recent release from incarceration, **he enrolls in ECM.**
Note: Daniel's county is not yet live with pre-release services.

With the support of his LCM, Daniel **secures a full-time job and stable housing, completes his court-ordered classes, and successfully graduates from parole.** His LCM also helps him **enroll in GED classes** with the goal of applying to barber school.

DAY 1

DAY 2-90

DAYS 91-180

ONGOING

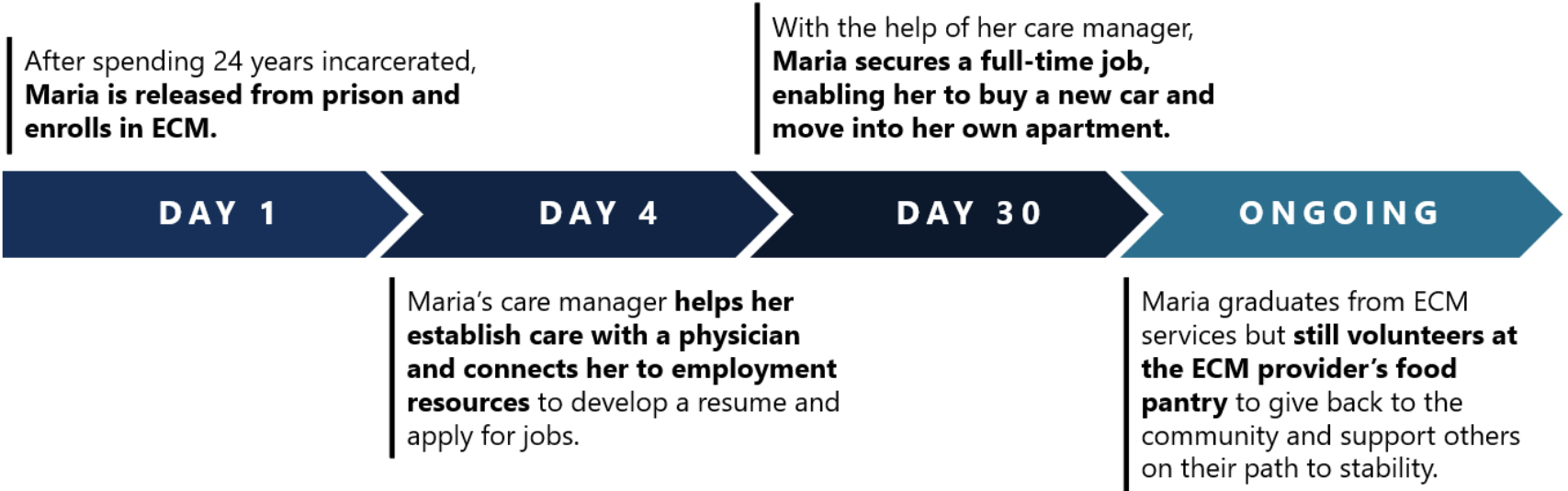
Daniel's LCM helps him **obtain food and hygiene products and schedule doctor's appointments.** By attending the appointments, Daniel **successfully manages his diabetes.**

After more than a decade, **Daniel reconnects with his daughters,** reinforcing both his health and community. He continues to **build his confidence and has started independently scheduling his medical visits.**

**To ensure privacy and confidentiality, names have been modified. These stories were provided by JI ECM Providers and Care Managers.*

Transforming Barriers into Opportunities: A Path to Community Connection

Targeted support from Maria's* JI ECM care manager empowered her successful reintegration after a long-term incarceration, leading to sustainable employment, financial stability, and active contribution to her community.



**To ensure privacy and confidentiality, names have been modified. These stories were provided by JI ECM Providers and Care Managers.*

Strong Collaboration Across Implementing Partners

The success of California’s Reentry Initiative will be rooted in deep, sustained collaboration across a wide network of partners—correctional facilities, MCPs, county behavioral health agencies, county departments, community-based organizations, and individuals with lived experience. In targeted interviews, stakeholders consistently emphasized that the initiative’s achievements were made possible through intentional partnership-building, transparency, and shared commitment to improving health outcomes for JI individuals. Regular planning meetings prior to go-live established a foundation of trust and operational alignment, allowing partners to clarify roles, strengthen communication, and develop streamlined workflows for delivering pre-release services. These collaborative structures continued after implementation, evolving into ongoing multidisciplinary team check-ins that ensure seamless coordination of care and effective linkages to community-based services upon release.

“If we're looking at successes, the California Department of Corrections and Rehabilitation (CDCR) was very open to collaborating and attending weekly meetings to hear us out, pitch ideas, work things through. We worked with CDCR folks to understand how they are managing members and how Kern Family Health can wrap around that.”

ECM Clinical Manager,
Kern Family Health

“Since launching the Reentry Initiative in October 2024, Yuba County Jails convene daily multi-disciplinary release planning meetings for adults and Probation for the Youth Campus convene biweekly release planning meetings for youth. “Prior to the initiative, without this constant close communication, one hand wasn't always talking to the other even though medical and corrections were in the same facility. It's been a great effort to bring everyone to the table. We are able to bounce ideas off of each other. We all have our strengths and our area of expertise and contacts in the community. Coming together, sharing that expertise, and making a solid plan for reentry has been great.”

Project Manager, Yuba County

“We are really looking across all sorts of agencies, across the whole county and different systems and different legal frameworks. It's amazing the amount of programs and people and institutions that we're touching with this work.”

Director of Systems
Integrations, Santa Clara
County Behavioral Health

The Importance of Early Engagement in the 90 Day Pre-Release Period

Stakeholders emphasized that early engagement during the 90-day pre-release window is central to the effectiveness of the Reentry Initiative. Initiating referrals and care planning as early as possible allows care teams to build trust, conduct comprehensive assessments, and prepare individuals for a safe and supported transition back to the community.

The reflections below illustrate how early action within the 90-day period enhances continuity of care and creates more stable conditions for successful reentry.

“The earlier in that 90-day pre-release process that a referral is made and acted on, the better. There is a big difference in cases when clients get referred 30 days before release versus 60 days before release. The more time that the pre-release care managers have to do their work, the more concrete the plans are, and the less anxiety that person may experience as they're transitioning.”

Behavioral Health Consultant,
Amity Foundation

By integrating the 90-day CalAIM pre-release timeline into existing reentry planning efforts, CDCR has closed critical gaps in establishing post-release community connections and handoffs. “Even though we start talking to patients about their reentry processes about six months prior to release, to start Medi-Cal coverage and reentry planning at 90 days and to do a warm hand off where they have a link to services in the community is a real comfort to them. Now, what I see with the population is more of a comfort level, which is super important in health care and substance use—the client knows that they're not going to just fall off of a cliff. I think this is just critical. I think we will see a reduction in recidivism because they will have that continuity of care that's needed and it's also one less stressor that will possibly trigger their criminogenic factors.”

Director of Strategic Initiatives and Innovation, CDCR

“90 days allows incarcerated individuals to prepare more but also allows us to really reach them. It gives us more time. If we talk to them at 90 [days], and they're unsure, we'll try again at 60 [days]. So, it just allows us to be able to reach out more, plan a little bit more, be a little bit more prepared.”

Deputy Director of
Special Projects and
Programs, CDCR

Strengthening Post-Release Linkages and Support Services

Implementing partners consistently underscored that coordinated post-release support is essential to ensuring continuity of care and stabilizing individuals during the critical first days and weeks after returning to the community. By proactively scheduling medical appointments, arranging care-manager touchpoints, securing transportation, and addressing immediate social and documentation needs, organizations are creating structured, reliable pathways that help individuals navigate the transition from correctional settings to community-based services.

"Our JI ECM Providers schedule their doctor's appointment - we always have that scheduled ahead of time. We also schedule time for them to come into our office in the week post-release so they can get in contact with their case manager, and we also talk to them about any needs that they may have, like court-ordered classes. We offer anger management, substance abuse counseling, and a food pantry. We also ask if they need any documentation, like ID or SSN, or housing. We try to get resources linked to them post-release."

Care Manager, Stay Focused Ministries

"We figured out how to work with our providers to set up rides after release when the individual is still incarcerated and [may not be actively enrolled in a managed care plan] by providing access to [the enrollment report] to leadership in our transportation department, and then we teach our JI providers to use a specific referral form. For referrals prior to plan assignment, we have a more limited process to help ensure timely responses. We will provide rides for individuals to meet with their ECM care manager upon release; sometimes it's to pick up their medications when they meet the DHCS criteria. We have also completed an FAQ for this benefit that has been adopted and distributed to the other plans at the request of DHCS."

Senior Manager of Justice-Involved Systems, Partnership Health Plan

Engaging Providers with Lived Experience

Stakeholders emphasized that integrating the expertise of individuals with lived experience is one of the most powerful drivers of the Reentry Initiative's success. Providers noted that peer staff bring authenticity, trust, and credibility that cannot be replicated through traditional service models and help bridge communication gaps, reduce stigma, and guide JI individuals through complex transitions with empathy and insight.

Organizations have also highlighted the importance of supporting peer staff through strong leadership, trauma-informed supervision, and intentional workforce practices that recognize both the value they bring and the unique challenges they may face.

"Being an organization in all prisons in California and providing reentry services, we have really set a tone for what type of provider it takes to do this work and do it well. Not only have we been able to do that successfully, but we've also been able to change policy. We have folks that have served life sentences that are now employed with us because of our work in developing that trust with prisons and county sheriff's departments to where we can employ those with lived experience."

Vice President of Reentry Services,
Amity Foundation

"Making sure that we had peers within our JI programs was really important to us. Somebody who has previously been JI can now get a job to help out others and help them with strategies and tactics to be successful and well within the community, even though they're overcoming what can sometimes be a very stigmatizing and constraining history of being JI. Just having somebody that's advocating for you and helping you get the resources you need, whether that's housing or helping you find employment or education."

Behavioral Health Services Director,
Sacramento County

"Having lived experience is so valuable. At the same time, when you have a staff with lived experience, it's also important that leadership supports the staff as much as they do the members. It is really easy to experience fatigue or get triggered depending on the situation. And it's important to have that open conversation with whoever's in leadership about what's going on with your team to make sure they're just as supported as the members."

CalAIM ECM Director, Be Finally
Free

Advancing Data Sharing and Standardized Information Practices

Effective information exchange enables partners to coordinate care, streamline workflows, and ensure that individuals receive timely services before and after release. Stakeholders highlighted that establishing data use agreements, developing standardized definitions, and aligning consent and information-sharing practices have significantly strengthened cross-agency collaboration.

These shared frameworks allow correctional, clinical, behavioral health, and county systems to access reliable, consistent information that supports decision-making and comprehensive reentry planning.

CDCR has established data use agreements to ensure appropriate data-sharing upon reentry. "The most important thing for us is definitions. We're blending for the first time, and the best thing we have developed is standardized definitions because from a law enforcement's perspective, programming or treatment means something, and from a clinician's perspective, treatment and programming means something completely different. The teams that are working their program have really done a great job at identifying what those definitions should be."

Director of Strategic Initiatives and Innovations, CDCR

"For several years we've been working on [matching information for individuals] served by the county health system, which includes behavioral health, custody health, and physical health. I can go to a dashboard and can look at one individual to see how many incarcerations they have, have they been connected with specialty level mental health, have they been entered into our housing management system, when's their next court date?"

Director of System Integration, Santa Clara Behavioral Health Agency

"When we were in the planning stage before go-live, we put together a multi-agency, universal release of information that we give to the incarcerated person—if they are an adult—or the parent/guardian—if they are a youth—to sign. We do it at the onset or as close to booking as possible and in just one large consent form that covers the entity. I think that is a best practice that should be done in other counties."

Health Officer, Yuba County

Building Case Management Provider Capacity to Serve JI Members

A strong and prepared provider network has been essential to delivering high-quality pre-release and post-release services under the Reentry Initiative. Stakeholders emphasized the importance of intentional capacity-building efforts—ranging from hiring and supporting JI peer staff, to strengthening operational readiness, to creating regular learning and feedback loops.

The perspectives below highlight how these strategies are fostering a capable provider network equipped to meet the unique needs of this population.

"We've encouraged our providers to hire JI peer support, where the providers have a history of justice involvement. We had one provider who has been operating in this community for years and was started by someone who was formerly incarcerated; we used Incentive Payment Program funding to help them become an ECM provider."

ECM Director, Kern Family Health

"Our ECM program staff lead a monthly meeting with our JI ECM providers. So, if JI ECM providers have questions about how to serve members, if they had issues with warm handoffs or billing, we as a managed care plan can take those questions back and try to work on best practices with JI providers."

ECM Director, Kern Family Health

"Whenever an organization wants to contract with Partnership as an ECM provider, we have a readiness questionnaire that we provide them to get them thinking. If they indicate that they're interested in the JI Initiative, we have an additional Model of Care web form that my team will send to them that drills down to the specific JI requirements like [Fee-For-Service provider] enrollment. We sent that out to everybody who had indicated they want us to serve the JI population, came back with about half of them able to meet all the requirements and be able to enroll [as FFS providers]."

Senior Manager of Justice Involved Systems, Partnership Health Plan

Strengthening Behavioral Health Links

Behavioral Health Links strengthen care coordination and promote continuity of treatment for individuals who receive behavioral health services or medication for addiction treatment for substance use disorders while incarcerated. Through this process, correctional facilities initiate referrals to post-release providers across the county Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Medi-Cal managed care delivery systems, based on each individual's assessed needs.

Effective implementation of Behavioral Health Links relies on timely and secure data sharing among correctional facilities, county behavioral health agencies, and managed care plans to ensure post-release providers receive comprehensive clinical information. When clinically indicated, correctional and community providers also coordinate professional-to-professional handoffs, supporting seamless transitions and enhancing the likelihood of continued engagement in care following release.

County behavioral health agencies in California completed and submitted a Readiness Assessment in 2024, in advance of the statewide go-live of Behavioral Health Links and laying the foundation for seamless connections as facilities go live with pre-release services.



Enhancing Community Well-Being and Reducing Justice-System Involvement

Stakeholders emphasized that the impact of the Reentry Initiative extends far beyond the walls of correctional facilities. By improving access to coordinated behavioral health services, stabilizing individuals during the transition from incarceration, and ensuring strong linkages to community-based supports, the initiative is contributing improved individual outcomes.

Partners noted that these services help reduce returns to custody and enhance community safety.

“The proof is in the pudding. When we don't see these people back in jail, we see them thriving on the street, we see patrol officers not dealing with them—it literally affects the whole community and our departments now that we have full wraparound services taking care of Reentry populations.”

Captain, Yuba County Jail

“We have more capacity, and we have a more specialized capacity, meaning that programs are designed specifically to work with the JI individuals. When our Agency becomes aware of somebody within our community who needs support and connects them with services so we can support them and their mental wellness, there will hopefully be a decreased risk of them getting involved with the justice system in the future. Our Full-Service Partnership program data demonstrates that—we do see a decreased involvement with the justice system. We're being more strategic in how we use our behavioral health resources to maximize the actual results for the individuals being served.”

Behavioral Health Services Director, Sacramento County Behavioral Health Agency

Looking Ahead

Under State law⁷, all California correctional facilities are required to go live with pre-release services before October 1, 2026. California was the first of 19 states to receive federal approval for the Reentry Initiative and the first to go live. Three additional states followed with pre-release services in 2025, and many more states are now well advanced in planning and implementation for go-lives in 2026 and beyond. As implementation expands nationwide, states are engaging in cross-state information sharing and collaboration to identify best practices and promote innovation for justice-involved populations.

As California's Reentry Initiative continues to expand, DHCS will continue to highlight best practices from implementation partners and facilities that have already gone live, refine processes based on on-the-ground feedback, and provide hands-on support to the remaining facilities that are preparing for launch. With each service provided, DHCS gains deeper insight into both the short- and long-term impacts of this transformative program, informing future improvements and demonstrating the value of these services for Reentry populations. DHCS is in the early stages of analyzing claims and utilization data and will share additional information at a later date.

Together, state Medicaid agencies, correctional facilities, managed care plans, community-based providers, and other implementing partners have laid a strong foundation for growth. Their collaborative efforts have ensured that facilities are equipped to build upon existing health care services and enhance the quality, service array, and coordination of care delivered to individuals reentering the community. This groundwork not only supports successful reentry for thousands of Californians but also sets the stage for ongoing innovation and expanded access to reentry services across the country.

Endnotes

1. Centers for Medicare and Medicaid Services, *California's Advancing and Innovating Medi-Cal (CalAIM) Section 1115 Demonstration Approval*, December 16, 2024, <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-calaim-dmnstrn-appvl-12162024.pdf>.
2. Magnus Lofstrom and Brandon Martin, "County Jails House Fewer Inmates, but Over Half Face Mental Health Issues," *Public Policy Institute of California*, August 2023, <https://www.ppic.org/blog/county-jails-house-fewer-inmates-but-over-half-face-mental-health-issues/>.
3. California Health Policy Strategies. *The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009–2019*. February 2020. https://calhps.com/wp-content/uploads/2020/02/Jail_MentalHealth_JPSReport_02-03-2020.pdf.
4. Heather Harris and Sean Cremin, "California's Prison Population," *Public Policy Institute of California*, September 2024. Available at: <https://www.ppic.org/publication/californias-prison-population/>.
5. Roxanne Daniel, "Native People Make Up 2% of the U.S. Population, but 2.6% of the Prison Population," *Prison Policy Initiative Blog*, April 22, 2020. <https://www.prisonpolicy.org/blog/2020/04/22/native/>.
6. Community Oriented Correctional Health Services, "How Strengthening Health Care at Reentry Can Address Behavioral Health and Public Safety: Ohio's Reentry Program." <https://cochs.org/files/medicaid/ohio-reentry.pdf>.
7. Welfare and Institutions Code §§14184.102 and 14184.800 authorize DHCS to implement the Justice-Involved Reentry Initiative and provide targeted pre-release Medi-Cal services as required under CalAIM Special Terms and Conditions. These provisions mandate correctional facilities and Medi-Cal behavioral health systems to comply with implementation timelines, including the requirement to go live before October 1, 2026.