



CalAIM Justice-Involved (JI) Initiative: Overview

The California Advancing and Improving Medi-Cal (CalAIM) Justice-Involved (JI) Initiative, led by the California Department of Health Care Services (DHCS), is designed to improve health outcomes for individuals who are currently or formerly incarcerated.

CalAIM JI transforms Medi-Cal by integrating physical health, behavioral health, and social supports to promote continuity of care and successful reentry into the community.



LOCAL IMPLEMENTATION

Launching in Main Jail and RCCC

GO-LIVE DATE:
OCTOBER 1, 2026

MAIN COMPONENTS OF CALAIM JI



Pre-Release Medi-Cal Enrollment



Pre-Release Enhanced Care Management (ECM)



Care Planning & Warm Handoffs



Medication & Treatment Continuity



Post-Release Community Services



Data Sharing & System Coordination



CORE APPROACH

CalAIM JI treats release from custody as a planned healthcare transition—not a disruption in care.

WHAT THIS LOOKS LIKE IN PRACTICE



1 EARLY ENGAGEMENT (PRE-RELEASE)

Individuals are identified and engaged while still in custody. This includes a health risk assessment that assesses a person's need, education about benefits and early engagement with care management staff.



4 ASSIGNED CARE MANAGER

A Pre-Release Care Manager is assigned. Provides coordination, discharge planning, and ongoing support during the transition from custody to community care.



2 MEDI-CAL ACTIVATION

Coverage is activated or reinstated before release. Ensures that Medi-Cal coverage is active immediately on the day a person leaves the correctional facility so there are no gaps in coverage.



5 MEDICATION & TREATMENT CONTINUITY

Individuals leave custody with medications and prescriptions. Includes access to Medication-Assisted Treatment (MAT) when appropriate. Individuals are provided a 30-day supply of necessary medications upon release.



3 INDIVIDUALIZED CARE PLANNING

A comprehensive reentry care plan is developed in custody. Addresses medical, behavioral health, substance use, and social needs. Includes medications, referrals, and follow-up appointments.



6 WARM HANDOFFS TO COMMUNITY PROVIDERS

Not just referrals. Direct connections are made between correctional health staff, care managers, and community providers. This includes scheduling appointments, sharing of health information and ensuring the individual knows how to access care post-release.



INTENDED IMPACT

CalAIM JI aims to reduce gaps in care during reentry, decrease emergency room utilization, prevent relapse and health deterioration, and support long-term stability and reduced recidivism.