

CalAIM JI in Action


Lessons Learned from Two Early Implementing Counties

2025 CHEAC Annual Conference

October 2, 2025



Objectives

- Introduction to CalAIM JI Initiative
 - Planning and Implementation efforts of two counties that have gone live
 - Lessons learned, ongoing challenges, & sustainability considerations
 - Success stories
 - Q & A
- 

Stephanie Lucio, Project Manager, Yuba County



- 10 Years of service to Yuba County
 - 8 years with HHSD/Public Health before transitioning in Dec. 2023 to Sheriff's Office to support CalAIM JI for the Jail and Tri-County Youth Rehabilitation Campus
- Lead Yuba County's efforts in implementing CalAIM JI as part of the first cohort – October 2024
 - Provided support in advancing the project statewide by sharing insights, lessons learned, and strategic considerations with peer counties & state partners.
- Bachelor's degree in Business Administration from American Military University
- Associate degrees in General Studies and Paralegal Studies from the University of Alaska, Fairbanks,
- Project Management Certificate from California State University, Sacramento

Christa McCauley, Program Manager, Sutter County



- 10 Years of service to Sutter County
 - 6 years with Employment & Eligibility, 3 years with Public Health-Health Education, transitioned to CalAIM JI in July 2024.
- Lead Sutter County's efforts in implementing CalAIM JI in the third cohort – April 2025
- Bachelor's degree in English-Creative Writing, Summa Cum Laude
- Master of Fine Arts- Creative Writing
- Member of the International English Society and the National Society of Leadership and Success



Yuba
COUNTY

SUTTER
COUNTY

Yuba and Sutter Counties

Sutter County



- Rural northern California with population of 97,948
 - 1 county jail, originally built in 1977
 - Average daily population of 214
 - Contracted with WellPath for medical and behavioral health services within the facility
- Went live with CalAIM JI 4/1/2025

Yuba County



- Rural northern California county with population of 83,421
- 1 County Jail
 - Average Daily Population (ADP) - 350
 - Under Consent Decree
- 1 Youth Detention Center
 - The Tri-County Youth Rehabilitation Campus serves Yuba, Sutter, and Colusa Counties
 - Average Daily Population (ADP) - 30
- Transitioning from WellPath as the contracted clinical medical and behavioral health provider within the Jail and Youth Detention Center
- Went live with CalAIM JI 10/1/2024

County Structures

Sheriff Department

- Jail Division

Probation Department

- Youth Services Division – Tri-County Youth Rehabilitation Campus, located in Yuba County
- Adult Services Division

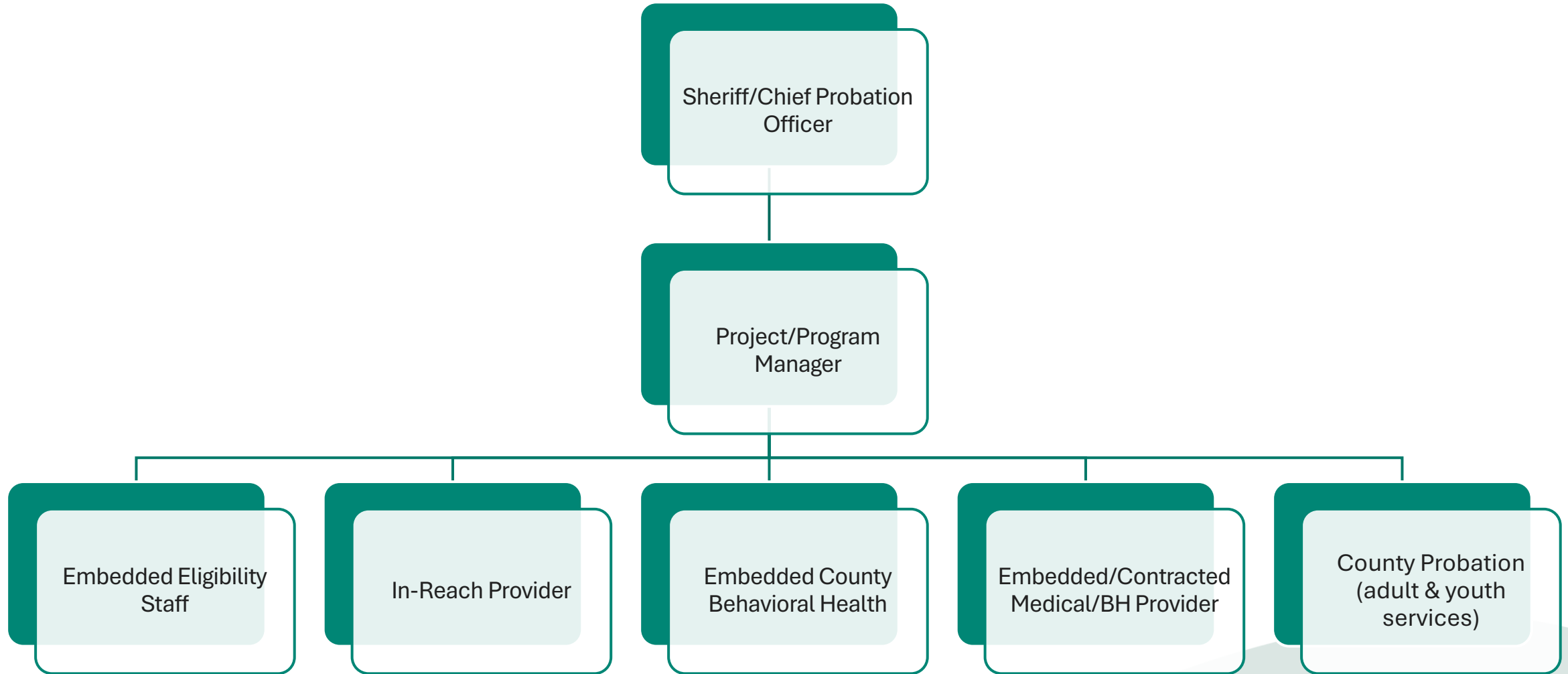
Health and Human Services Department

- Public Health Division
- Employment & Eligibility Divisions

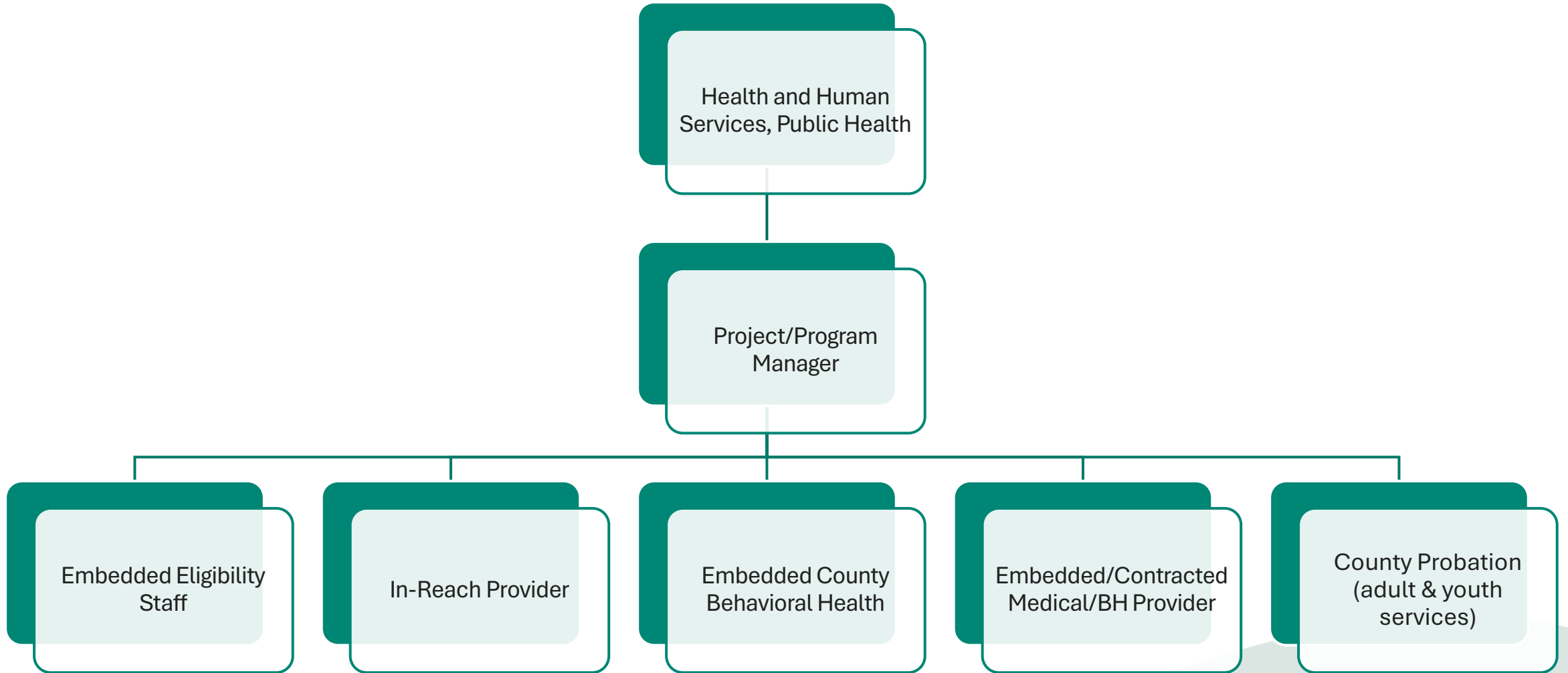
Sutter-Yuba Behavioral Health

- Bi-County behavioral health serving both Yuba and Sutter Counties
- Located in Sutter County

CalAIM JI Structure (Yuba)



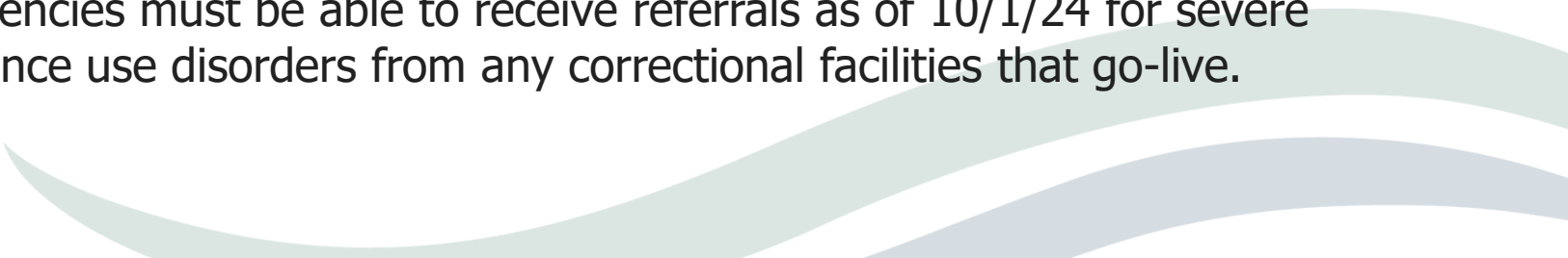
CalAIM JI Structure (Sutter)





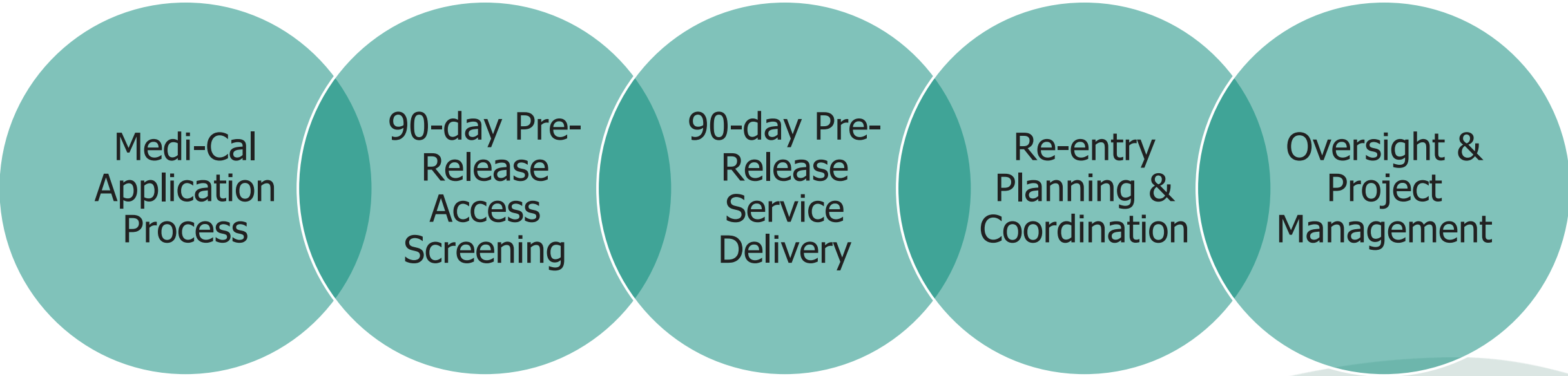
CaIAIM JI & PATH

California Advancing and Innovating Medi-Cal Justice-Involved Initiative

- Through its CalAIM 1115 Demonstration, California received federal approval to provide a targeted set of Medi-Cal services to youth and adults in state prisons, county jails and youth correctional facilities for up to 90 days prior to release.
 - Prior to approval of this waiver, the only medical services which were covered by Medi-Cal for incarcerated individuals was hospital/inpatient stays over 24 consecutive hours.
 - Requirements for the CalAIM JI Initiative must be implemented no earlier than October 1, 2024 but no later than September 30, 2026.
 - County behavioral health agencies must be able to receive referrals as of 10/1/24 for severe mental illness and/or substance use disorders from any correctional facilities that go-live.
- 

Focus Areas of Readiness

DHCS established five focus areas that CFs must demonstrate readiness to get approval to go live:



Medi-Cal
Application
Process


90-day Pre-
Release
Access
Screening

90-day Pre-
Release
Service
Delivery


Re-entry
Planning &
Coordination

Oversight &
Project
Management

Policy and Operational Guide & Readiness Assessment

- [Policy and Operational Guide](#) provides implementation guidance on the requirements of the CalAIM JI initiative
 - Readiness Assessment demonstrates a facility's readiness to meet the requirements
 - DHCS will review elements and score focus areas as 'approved, not yet ready, or denied'
- 

Providing Access and Transforming Health (PATH) Funding

- Department of Health Care Services issued PATH Rounds 1-3 to support planning and implementation
 - Yuba received Round 3 (Sheriff and Probation)
 - Sutter received Rounds 1-3 (Sheriff, Social Services, and Behavioral Health)
 - Both counties applied for Round 4 funding for all facilities (pending approval)
 - Implementation plans are required to align with proposed budgets
- 

Allowable Uses of PATH JI Round 3 &4



Implementing Billing Systems



Adoption of Certified Electronic Health Record Technology



Technology and IT Services



Hiring of Staff and Training



Development of Protocols and Procedures



Additional Activities to Promote Collaboration Planning



Screening for Pre-Release Services (time limited to 2 years)




Other Activities to Support Provision of Medi-Cal Reentry Services



Planning Efforts

Assignment of Project/Program Managers

- Key factor in success – centralized leadership to ensure program planning and implementation across multiple departments/Community Based Organizations
 - Yuba – assigned Project Manager December 2023
 - Sutter – assigned Program Manager July 2024
 - Public Health background allowed for base understanding of social determinants of health, health equity, and Medi-Cal
 - Routine Project Reports allowed for streamlined communication through project updates, upcoming work, risks/issues, and decision points
- 

Executive Committee


- Active participation and involvement:
 - County Administrative Officer (CAO)
 - Sheriff and Undersheriff
 - Chief Probation Officer
 - County Counsel
 - Health and Human Services Director
- Project Updates
 - Facilitated by Project Manager and Health Officer
 - Ensure alignment with County's vision of project outcomes
 - Receive approval for decision points



CalAIM JI Steering Committee

- **Public Health Officer**
- **Health and Human Services Department**
 - Public Health
 - Employment & Eligibility
- **Sheriff's Department**
 - Jail Division
- **WellPath (contracted Jail medical/behavioral health provider)**
- **In-Reach Provider**
 - Peach Tree Health (Yuba)
 - Ampla Health (Sutter)
- **CalAIM JI Project/Program Manager**
- **Probation Department**
 - Adult Services
 - Youth Services (Yuba)
- **Sutter-Yuba Behavioral Health**
 - Adult Services
 - Youth Services
- **Partnership Health Plan**
 - Primary Managed Care Plan in Yuba and Sutter

Gap Analysis & Readiness Assessment

- Gap analysis to identify:
 - What is the new CalAIM JI requirement
 - What is current process
 - What is the gap
 - What needs to be done to close that gap (i.e. policy, staffing, infrastructure updates, contracts, etc.)
 - Timeline for implementing each requirement
 - Readiness Assessment
 - Each requirement can be phased in over a year from approved go-live date
- 

NPI and PAVE Enrollment

- National Provider Identifier (NPI) Number
 - Each correctional facility will receive its own NPI number
 - Each ordering, rendering, and prescribing (ORP) provider will have a NPI number
- Each correctional facility will enroll as a Medi-Cal provider under the Medi-Cal exempt from licensure clinic enrollment type within the PAVE system
 - Enrollment as a Medi-Cal provider clinic which includes attestations, insurance provisions, and agreeing to terms and conditions for Medi-Cal reimbursements
- DHCS information on NPI and PAVE enrollment:
 - <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/PAVE-Enrollment-for-Correctional-Facilities.pdf>

Embedded, In-Reach, & Mixed Models

Embedded

A model through which embedded care managers (i.e., care managers employed by or contracted with the Correctional Facility) deliver pre-release care management services to individuals eligible for pre-release services.

In-Reach

A model through which community-based care management providers deliver pre-release care management for individuals eligible for pre-release services, either in person or via telehealth.


Mixed

A model through which the Correctional Facility uses both In-Reach and Embedded providers for pre-release care service delivery and care management.

Yuba and Sutter County chose the mixed model.

- Helps ensure closed-loop care through In-Reach Provider/post release Enhanced Care Management
- Builds report with the participants due to maintaining same Enhanced Care Management Case Manager pre- and post-release.


Contracts, MOUs, and Data Sharing

- Contracted medical and behavioral health services at the Correctional Facility (if not provided by county)
 - Data sharing agreement
 - Medi-Cal billing vendor (Medusind)
 - In-Reach Provider (if using this model for reentry planning)
 - Medi-Cal and Enhanced Care Management Expert Consultant (Optimas Services)
 - Behavioral Health and Probation (for clinical services provided at the Youth campus)
 - Managed Care Plan/Correctional Facility Memorandum Of Understanding (template from Department of Health Care Services)
- 




Implementation


Going-Live

- [County Readiness Status](#)
 - County check-ins with Department of Health Care Services – individual & live counties
 - Share concerns/issues/solutions
 - Ensure guidance is accurate and reflective of operational needs
 - Phased approach – Correctional Facilities can phase in implementation over the course of 12 months through reporting on status
 - Data metrics – established a set of data metrics to gather:
 - Substance Use Disorder needs, Mental Health level of severity, Chronic care needs, Housing security, Reporting of Traumatic Brain Injury, Medication at release, post-release referrals
- 


JI Screening Portal

- Activate, Terminate, Pause, Reset, and Restart JI Aid Codes
 - Department of Health Care Services working on batch uploads, current process is individualized for each Medi-Cal Member
 - Department of Health Care Services working on reports to monitor use of 90 day pre-release services
 - Yuba and Sutter currently monitor this internally through spreadsheets
 - Ongoing technical and operational issues being worked on collaboratively with Department of Health Care Services and IBM
- 

Discharge planning = Reentry planning

- "Discharge planning starts at hospital admission" = "Reentry planning should take place as close to booking as possible"
 - Established CalAIM JI Multidisciplinary Team
 - Activate JI Aid Code as close to booking, after verifying Medi-Cal enrollment
 - Offer collaborative reentry service to justice-involved individual – get a Release of Information
 - Case Manage at Multidisciplinary Team meeting within first week of incarceration
 - Pause/reset/restart codes as necessary based on Multidisciplinary Team discussions
 - Data Metrics
 - Substance Use Disorder, chronic care, level of mental health severity, social needs, probation/parole status, medications at release, referrals through reentry care planning, and final disposition
- 

Behavioral Health Links


- Assigned Resource Specialist to support Behavioral Health Linkages for severe mental illness (SMI) and substance use disorder (SUD)
 - Active participation in the Multidisciplinary Team discussions
 - Support pre-release referrals and enrollment with County Behavioral Health for post-release appointments
 - Ensure professional to professional warm-hand off between Jail medical provider and County Behavioral Health
- 

Re-entry Care Bundle Rates

Department of Health Care Services developed five care management bundles to support Medicaid billing and claiming. These care management bundles include services that are provided and/or overseen by a pre-release care manager / post-release care manager.

Care Management Bundles	
	Bundle 1: Health Risk Assessment
	Bundle 2: Care Coordination
	Bundle 3: Care Manager Warm Handoff
	Bundle 4: Reentry Care Plan
	Bundle 5: Post-Transition Support

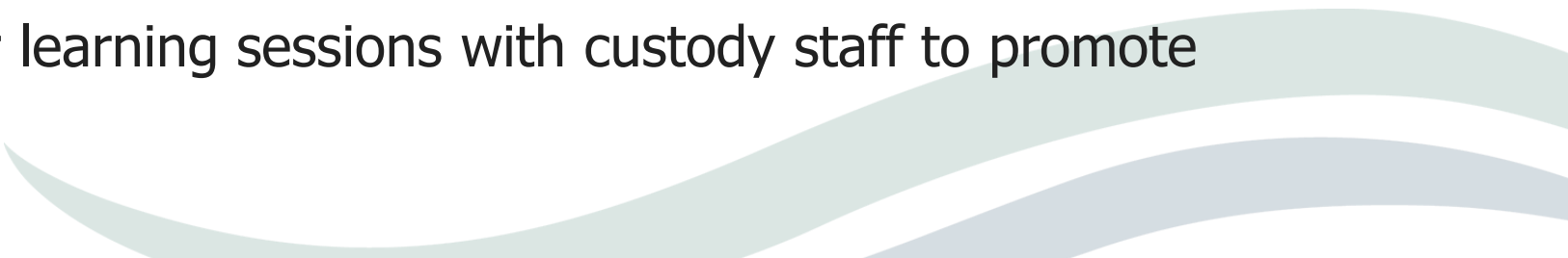
Medi-Cal FFS, Medi-Cal Rx/CA-MMIS, & Short Doyle Billing

- Pre-release medical and behavioral health services are billed through Medi-Cal Fee-for-Service (FFS) through Correctional Facility NPI
 - Behavioral Health Linkages are billed Medi-Cal FFS through Short-Doyle
 - Patient specific prescriptions are billed through Medi-Cal Rx
 - Stock medications through CA-MMIS
 - Aid in transition away from stock medication to maximize billing – patient specific medications
- 

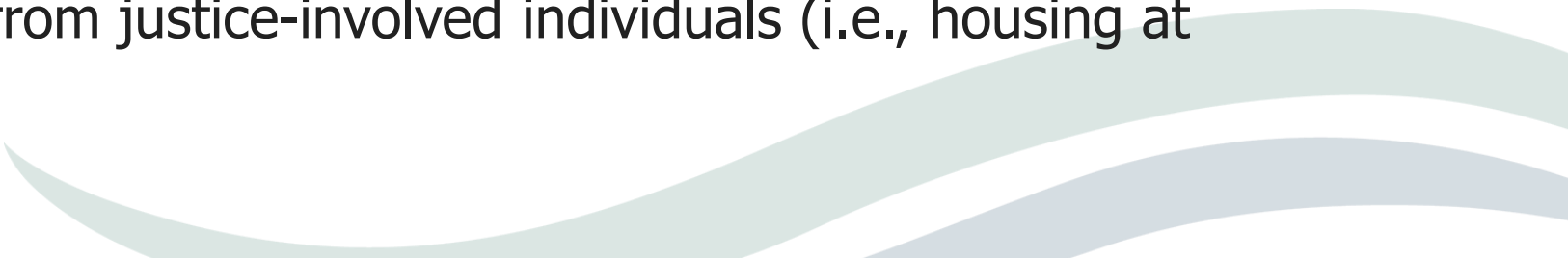


Lessons Learned, Ongoing Challenges, & Sustainability

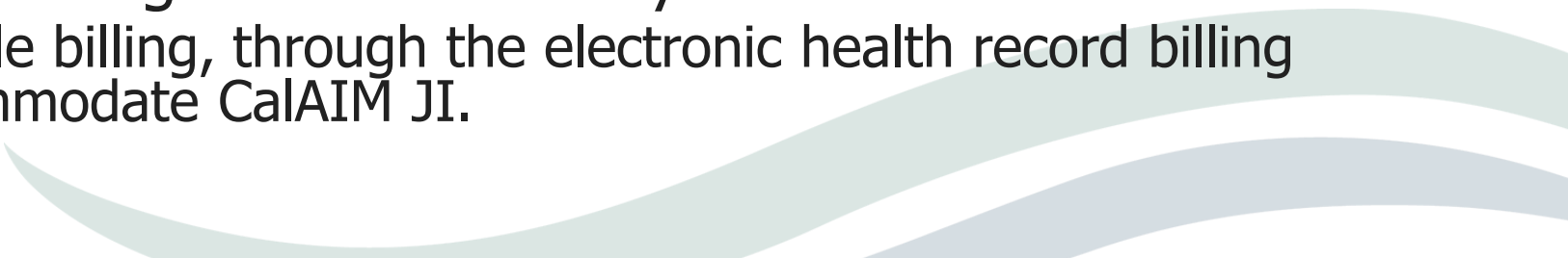
Lessons Learned

- Early engagement of stakeholders promotes buy-in
 - Work early on with Social Services/Eligibility to understand difference between traditional pre-release Medi-Cal applications and CalAIM JI pre-release Medi-Cal applications
 - Presumptive eligibility does not meet CalAIM JI eligibility requirements
 - Universal Release of Information (ROI) reviewed by all needed parties and County Counsel vs. Multiple ROIs for each agency
 - Higher rate of JI individuals willing to participate in re-entry services
 - Phased approach during implementation makes for an easier program lift
 - Submit PAVE Portal application several months before go-live
 - Communicate and offer learning sessions with custody staff to promote participation
- 

Ongoing Challenges and Program Sustainability

- One time funding from Department of Health Care Services
 - Low Medi-Cal reimbursement rates
 - DHCS anticipates counties sustaining the program primarily through County funding and Medi-Cal reimbursements
 - No guarantee of 1115 waiver renewal (current one ends 12/31/26)
 - Low post-release Enhanced Care Management engagement by the participants
 - Unrealistic expectations from justice-involved individuals (i.e., housing at time of release)
- 


Ongoing Challenges and Program Sustainability

- New program with Medi-Cal members not fully understanding what they are eligible for and how to receive services
 - Pre-release services and reentry planning services
 - CalAIM JI and Probation – perceived impact to terms of Probation should they opt in to post-release Enhanced Care Management services
 - Programmatic requirements
 - Medication Assisted Treatment (MAT) Expansion
 - Durable Medical Equipment (DME) requirements
 - Electronic Health Record with billing capacity
 - Optimizing Medi-Cal Rx billing savings, CMAA claiming, and Medi-Cal FFS and Short-Doyle billing for sustainability
 - Setting up Short Doyle billing, through the electronic health record billing component, to accommodate CalAIM JI.
- 

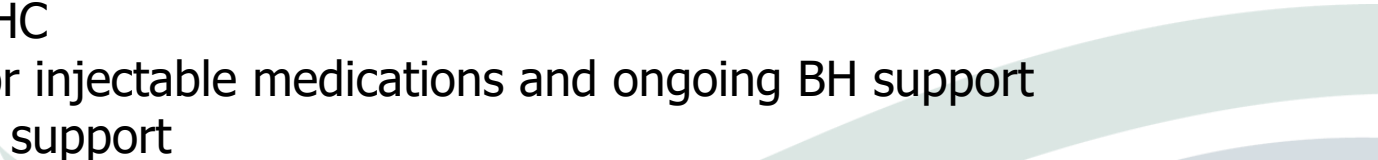


Successes

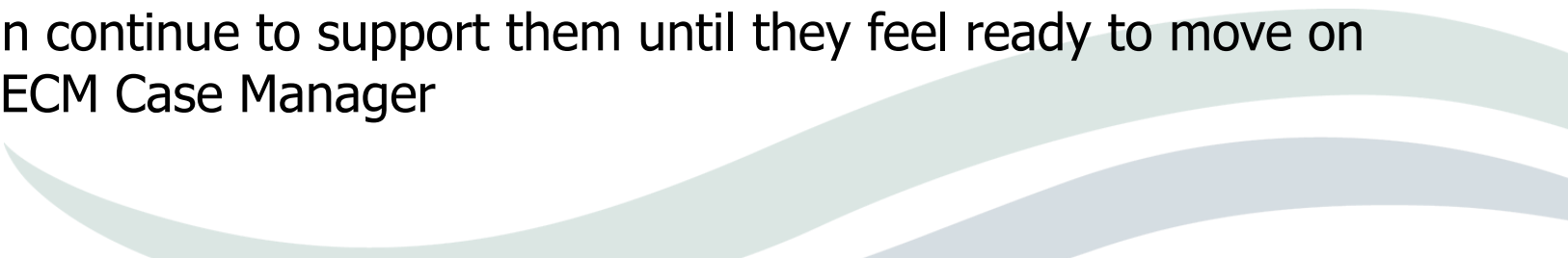
Success Stories

- 24 YO Female
 - Extensive history at the Yuba County Jail as well as incarcerations in other counties, usually for misdemeanor charges
 - Severe mental health conditions (SMI) with history at County Behavioral Health, crisis hospitalizations, and State Hospital
 - Substance use disorder which is reflected in many of her charges
 - Homeless within the Yuba County area
 - Probation with Yuba County
 - LPS Conservatorship discussed, did not meet criteria
 - No family support in the area; Family identified in Colorado
 - Through coordinated reentry efforts – Probation was able to submit request to transfer her probation to CO so she could live with and be supported by family
- 

Success Stories

- 66 YO Male
 - Extensive history at the Yuba County Jail dating back to the early 1990's
 - 290 status, on Parole
 - Chronic alcoholism, hearing & vision impairment, underweight, MDD, Schizoaffective disorder, other chronic health conditions
 - Homeless within the Yuba County area
 - 2nd Reentry Planning support
 - Through coordinated reentry efforts –
 - Temporary housing secured at local homeless services facility, Community Supports referral submitted for longer-term housing options
 - Meal delivery service connection
 - SSI reapplication
 - Transportation to appointments
 - PCP established at local FQHC
 - County Behavioral Health for injectable medications and ongoing BH support
 - Parole pulled in for ongoing support
- 

Success Stories

- Middle-aged individual
 - Multiple incarcerations for drug charges
 - Substance Use Disorder connected to meth and fentanyl
 - Housing insecure
 - ECM Goals
 - Focus on quitting drug use
 - Medical and dental care
 - Housing
 - Post-release was housed with a recovery center and participated in drug rehab program
 - Has not been reincarcerated since being released and gained employment
 - "The employer has shared wonderful things about the client, which warm my heart. I genuinely hope they continues to move forward on this path. We've agreed to have monthly meetings so I can continue to support them until they feel ready to move on without my assistance." -ECM Case Manager
- 



Yuba
COUNTY

SUTTER
COUNTY

Q & A

Stephanie Lucio, Project Manager
Yuba County
slucio@yuba.gov

Christa McCauley, Program Manager
Sutter County
cmccauley@co.sutter.ca.us

