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Medi-Cal Utilization Project:

*A Report on the Medi-Cal Enrollment and Behavioral Health
Services Utilization for Individuals Released from the
California Department of Corrections and Rehabilitation*

April 2025



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Acronyms

BH	Behavioral Health
CalAIM	California Advancing and Innovating Medi-Cal
CCJBH	Council on Criminal Justice and Behavioral Health
CDCR	California Department of Corrections and Rehabilitation
DHCS	Department of Health Care Services
DMC	Drug Medi-Cal
DMC-ODS	Drug Medi-Cal Organized Delivery System
ECM	Enhanced Care Management
MAT	Medication Assisted Treatment
MCUP	Medi-Cal Utilization Project
MCP	Managed Care Plan
MH	Mental Health
Non-SMHS	Non-Specialty Mental Health Services
SMHS	Specialty Mental Health Services
SMI	Serious Mental Illness
SUD	Substance Use Disorder

Executive Summary

Since 2018, the California Department of Corrections and Rehabilitation (CDCR), Council on Criminal Justice and Behavioral Health (CCJBH), and the California Department of Health Care Services (DHCS) have collaborated on the Medi-Cal Utilization Project (MCUP), which is a data matching effort to examine and monitor enrollment into, and utilization of, Medi-Cal services for eligible justice-involved individuals transitioning from prison to community in order to inform policy development and identify areas for operational improvements. Since many of these individuals often require specialized mental health (MH) and/or substance use disorder (SUD), also referred to as behavioral health (BH) care services, a central goal of this project is to provide annual reporting to support quality improvement efforts within relevant public systems, such as BH and criminal justice, including strengthening and monitoring targeted outreach, engagement, and service coordination. Similar to previous MCUP reports, this year's findings are presented for individuals released from CDCR and enrolled into Medi-Cal within one year following release, with this year's report building on prior year analyses by adding two new cohorts – individuals released in Fiscal Years (FYs) 2020-21 and 2021-22 – to examine demographics, Medi-Cal enrollment, Medi-Cal Managed Care Plan (MCP) selection, and Medi-Cal BH service utilization trends for individuals released each year from FY 2018-19 through FY 2021-22.

Demographics

As found in previous MCUP reports, the demographics for individuals released from CDCR in FY 2020-21 and FY 2021-22 and enrolled into the DHCS Medi-Cal system within the subsequent year show that most were male (about 90 percent), between the ages 25-44 years old (approximately 70 percent) and the largest race/ethnicity groups were Hispanic (approximately 40 percent), White (about 20 percent), and Black (20 percent). For both FYs, slightly over three-quarters of these individuals had an identified behavioral health need at the time of their release.

Medi-Cal Enrollment and Managed Care Plan Selection¹

Analyses of Medi-Cal Enrollment data for each of the four FYs examined showed that the one-year rates began at 80 percent for FY 2018-19 releases, decreased to 76 percent for both FYs 2019-20 and 2020-21 (i.e., during the pandemic), and then increased to 84 percent for FY 2021-22 releases; a rate slightly higher than occurred prior to the pandemic. Similarly, over this same period of time, the one-year MCP selection rates declined from 85 percent for FY 2018-19 releases to 81 percent for FY 2019-20 releases and then increased slightly to 82 percent and 83 percent for FYs 2020-21 and 2021-22, respectively; closer to pre-pandemic MCP selection rates.

¹ For FYs 2020-21 and 2021-22 the Medi-Cal population was expanded to include 'non-certified' eligibles (with full or partial benefits) which means that all Medi-Cal enrolled members were factored into the analyses to provide a more comprehensive view regarding utilization. Thus, the MCP selection rate used a broader denominator group that may have some nominal effects on rates.

Medi-Cal Behavioral Health Services Utilization

Medi-Cal data were analyzed for the four FY release cohorts (FYs 2018-19 through 2021-22) to examine utilization trends for Drug Medi-Cal (DMC), specialty mental health services (SMHS) and non-specialty mental health services (Non-SMHS)² for individuals with the following BH designations: Substance Use Disorder (SUD) only, co-occurring MH/SUD, and mental health (MH) only. Key findings are as follows:

- Less than half of the Medi-Cal-enrolled individuals released from CDCR with identified BH needs received at least one Medi-Cal BH service within the first year of their release from prison. The lowest penetration rates (25 percent overall in any BH within one year) were found primarily for the FY 2019-20 CDCR releases (i.e., during the onset of the pandemic).
- The highest one-year DMC services penetration rate for the four FY release cohorts examined was about 50 percent, which was found for FYs 2020-21 and 2021-22 releases with co-occurring MH/SUD. Although lower than would be desirable for these individuals, this finding was a notable increase of 29 percentage points from the rates of those who were released from CDCR in FY 2019-20 with a co-occurring MH/SUD need.
- There were decreases in SMHS and Non-SMHS penetration rates between FY 2018-19 and 2019-20, with a slight rebound in FY 2020-21. Rates then decreased once more in FY 2021-22:
 - The SMHS penetration rates for FY 2018-19 CDCR releases who had an identified MH or co-occurring MH/SUD conditions were 36 and 30 percent, respectively. These figures decreased, such that by FY 2021-22, the SMHS penetration rates were 26 and 23 percent, respectively.³
 - For Non-SMHS services utilization for each category of BH need, the rates were no higher than 22 percent for FY 2018-19 through FY 2021-22.
- While the one-year DMC and SMHS penetration rates were similar for MH and co-occurring MH/SUD individuals released in FYs 2018-19 and 2019-20, DMC service utilization became significantly higher than SMHS utilization beginning for those released in FYs 2020-21 and 2021-22. Penetration in DMC and SMHS for individuals with SUD only remained consistent over the four FYs examined.

² In line with DHCS' [Performance Outcomes System](#) reporting, service utilization is measured in terms of penetration rates, indicating utilization of one or more (1+) services, and engagement rates, indicating utilization of five or more (5+) services.

³ Some of the decrease in penetration rates from FY 2020-21 to FY2021-22 may be attributed to insufficient claims/data as FY2020-21 had a longer data follow-up period, thus those claims are considered more complete.

As found in prior years, engagement rates over the last two fiscal years of CDCR releases continue to show that, even if individuals released from CDCR penetrate one of the Medi-Cal behavioral health service delivery systems, less than half continue to engage in these services within a year after release.⁴

Enhanced Care Management and Community Supports

New to this year's MCUP report is the examination of Medi-Cal Enhanced Care Management (ECM) and Community Supports Services utilization for individuals released from CDCR in FY 2021-22, which serves as a baseline for ECM and Community Supports implementation for individuals released from prison as implementation for these services in the MCP delivery system began in January 2022. Initial findings are as follows:

- ECM utilization rates grew by 55 percent over the 2022 and 2023 calendar years. For the 1,885 individuals released from CDCR in FY 2021-22 who received ECM services in the two years after release, findings showed that these individuals qualified for ECM services as follows.⁵
 - 41 percent ($n=767$) were experiencing homelessness.
 - 32 percent ($n=600$) had a serious mental illness and/or substance use disorder.
 - 28 percent ($n=537$) were transitioning from incarceration.⁶
 - 28 percent ($n=524$) were high Medi-Cal utilizers.
 - Less than 5 percent were at high risk of institutionalization or transitioning back to the community from an institution or hospital setting.
- Community Supports service utilization doubled over the Calendar Years 2022 and 2023. For the 1,428 individuals released from CDCR in FY 2021-22 who received these services in the two years after release, the top three services used were:
 - Housing Transition Navigation Services (62 percent)
 - Housing Tenancy and Sustaining Services (14 percent)
 - Recuperative Care -Medical Respite (8 percent)

It is expected that the number of justice-involved individuals accessing these new Medi-Cal services will continue to increase as the California Advancement and Innovation of Medi-Cal (CalAIM) 90-day Pre-Release services will serve to facilitate immediate linkages to ECM, and potentially Community Supports, upon release.

It will be important to continue tracking and monitoring Medi-Cal data for individuals releasing from CDCR, particularly as many of the community initiatives, including [Behavioral Health](#)

⁴ An examination of four-year engagement rate trends is not presented in this report as prior year analyses for FYs 2018-19 and 2019-20 releases calculated these rates within two years of release; therefore, comparable results are not readily available to make direct comparisons to the one-year rates calculated for FYs 2020-21 and 2021-22 releases.

⁵ Individuals may qualify for ECM under multiple Populations of Focus, so addition of the numbers and percentages presented for each of these qualifiers may exceed 100 percent.

⁶ Some individuals in the justice-involved population of focus may not be eligible for pre-release services or ECM if they are not Medi-Cal or CHIP eligible, or if they do not meet specific health needs criteria such as mental health diagnosis, substance use disorder, or other chronic conditions (e.g., brain injury, intellectual/developmental disability, HIV/AIDS, pregnant or postpartum).

[Transformation](#) and CalAIM, are implemented. The information presented in the [Barriers to, and Strategies to Improve, Medi-Cal Behavioral Health Services Utilization: A Lived Experience Listening Session Report](#) could be useful in these efforts as it provides insights as to the reasons for these findings, as well as potential solutions, as communicated by individuals with lived experience in the criminal justice and behavioral health systems.

Background & Overview

The California Department of Corrections and Rehabilitation (CDCR), Council on Criminal Justice and Behavioral Health (CCJBH), and Department of Health Care Services (DHCS) have partnered on the Medi-Cal Utilization Project (MCUP) since 2018, examining enrollment into Medi-Cal and utilization of Medi-Cal behavioral health (BH) services for individuals involved in the criminal justice system who suffer from BH conditions (i.e., mental health (MH) and/or substance use disorders (SUD)). Similar to previous years, this report presents findings for individuals released from CDCR and enrolled into Medi-Cal within one year following release, with this year's report building on prior year analyses by adding two new cohorts – individuals released in Fiscal Years (FYs) 2020-21 and 2021-22 – to examine Medi-Cal enrollment, Plan selection, and Medi-Cal BH service utilization trends for CDCR Releases in FY 2018-19 through 2021-22.⁷ A description of the data match and analysis methodology may be found in [Appendix A](#).

Given the critical need for immediate and ongoing care after release from prison,⁸ both CDCR and DHCS have continued to work collaboratively to improve access to primary care and BH care services, most recently regarding efforts to implement the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Specific CalAIM services that are expected to benefit justice-involved individuals include 90-day Pre-Release Services, Enhanced Care Management (ECM), and Community Supports. Given that the 90-day Pre-Release services are currently in the planning stage for most of the state, this report focuses on ECM and Community Supports, implemented beginning in January 2022, by including baseline data for the FY 2021-22 CDCR release cohort.

Section 1: Medi-Cal Enrollment and Medi-Cal Managed Care Plan (MCP) Selection⁹

Figure 1 shows Medi-Cal enrollment and MCP selection rates for individuals released from CDCR from FYs 2018-19 to 2021-22. While Medi-Cal enrollment rates typically hover around 80 percent for individuals released from CDCR, these rates dipped in FYs 2019-20 and 2020-21, during the COVID-19 Public Health Emergency, as both FYs rates were 76 percent. For FY 2021-22 CDCR releases, these rates increased back to pre-pandemic levels, with 84 percent of individuals enrolled into Medi-Cal within one year of release.

Over the four years of data examined, the MCP selection rate decreased by 4 percentage points when comparing FY 2018-19 (85 percent) to 2019-20 (81 percent); however, by FYs 2020-21 and 2021-22, the MCP selection rate increased almost back to the initial rate (82 and 83 percent, respectively).

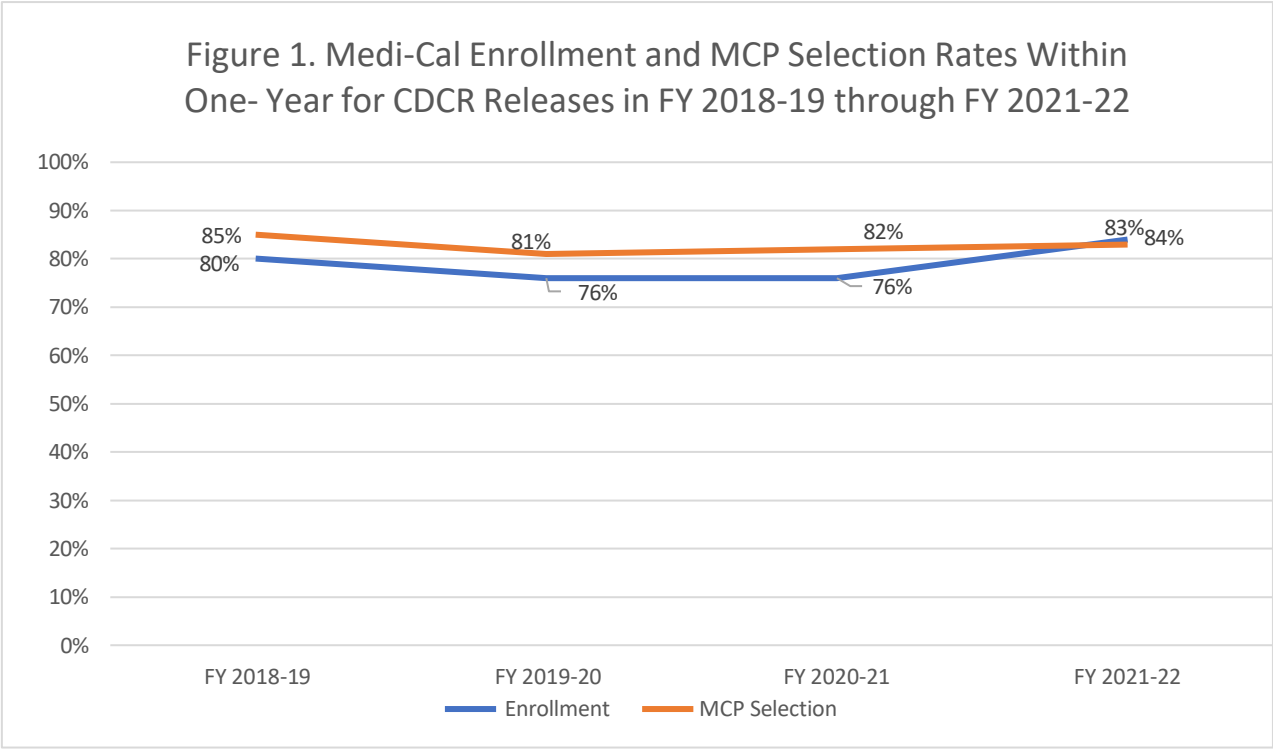
⁷ Data from MCUP analyses for prior FYs were not used due to a refinement and standardization of methodology that began with reporting for FY 2018-19 releases.

⁸ [Research](#) demonstrates that former prisoners are 129 times more likely than the general public to die of a drug-involved overdose in the two weeks after release. [Research](#) also indicates that individuals transitioning from incarceration are at higher risk for suicide after release.

⁹ For FYs 2020-21 and 2021-22 the Medi-Cal population was expanded to include 'non-certified' eligibles (with full or partial benefits) which means that all Medi-Cal enrolled members were factored into the analyses to provide a more comprehensive view regarding utilization. Thus, the MCP selection rate used a broader denominator group that may have some nominal effects on rates.

To review all enrollment and MCP selection data for FY 2020-21 and FY 2021-22, please access the MCUP Data Tables in [Appendix B](#) and [Appendix C](#), respectively. Further, as shown in [Appendix C](#), a deeper look into enrollment and MCP selection data shows that individuals with MH needs had the lowest MCP selection rate within one year of release when compared to other BH designations in FY 2020-21; approximately 83 percent of individuals in SUD and co-occurring BH designations had selected an MCP at one year. Individuals with a MH only designation had the lowest MCP selection rate (approximately 4 percentage points lower than overall). For FY 2021-22 CDCR releases, individuals with MH needs had higher MCP selection rates (at 82 percent) than the prior FY and those rates were much closer to the MCP selection rates for individuals with SUD and co-occurring needs (both 84 percent). Additionally, individuals with no identified BH need had the lowest MCP selection rate in comparison to other BH designation. For prior FY releases MCP selection rates, please see previous MCUP reports that are posted to the CCJBH [Publications](#) webpage

It is anticipated that the CalAIM 90-day Pre-Release Services will increase the number of justice-involved individuals who are enrolled into Medi-Cal prior to release from incarceration. The initiative streamlines the Medi-Cal enrollment process for incarcerated individuals by providing support for application and enrollment within the correctional facility. Additionally, the automatic MCP assignment process that occurs when individuals do not choose a plan within 30 days of establishing eligibility and enrolling into Medi-Cal will ensure that individuals have immediate access to services upon release. In addition to this critical process change, as communicated by individuals with lived experience in the CCJBH [Barriers to, and Strategies to Improve, Medi-Cal Behavioral Health Services Utilization: A Lived Experience Listening Session Report](#), it will also be important to continuously educate justice-involved individuals about available Medi-Cal services to increase post-release Medi-Cal BH service utilization.



Section 2: Characteristics, Including Identified Need for Behavioral Health Services

When examining the characteristics of enrolled Medi-Cal members released from CDCR during FYs 2020-21 and 2021-22 and enrolled within one year, the results aligned with previous MCUP reporting. Overall, the most common demographic was 25-44 years old Hispanic males. By FY 2021-22, approximately 60 percent of enrolled Medi-Cal members were placed on parole supervision and 40 percent were placed on Post-Release Community Supervision (PRCS).¹⁰ Less than one percent were classified as a direct discharge in both years. Out of a total of 24,958 members transitioning from CDCR in FY 2020-21 and 26,727 transitioning in FY 2021-22 who were enrolled into Medi-Cal within one year of release, about half had a SUD-only need, followed by those with a co-occurring CDCR mental health and SUD need (about 20 percent), and those with a CDCR MH-only need (less than 10 percent). In total, approximately three-fourths of the population had an identified BH need. A comprehensive presentation of demographics for each FY may be found in [Appendix D](#).

Section 3: Medi-Cal Behavioral Health Services Utilization by Behavioral Health Need

Service utilization data were examined for the following types of Medi-Cal BH services:

- **Drug Medi-Cal Services (DMC)** – SUD services are primarily provided through the DMC-Organized Delivery System (DMC-ODS), which was implemented in 2016 and currently covers 96 percent of the Medi-Cal population spanning 40 counties.¹¹ DMC-ODS services include outpatient treatment services, intensive outpatient treatment services, partial hospitalization services, residential treatment and inpatient services, narcotic treatment program services, withdrawal management services, medications for addiction treatment (MAT), peer support services (for counties that opt in), recovery services, care coordination, clinician consultation, contingency management, and mobile crisis services.¹² The remaining counties provide SUD services through the legacy DMC system, often called the County “State Plan” DMC program, which includes a subset of the DMC-ODS services, including outpatient treatment services, narcotic treatment program services, intensive outpatient treatment services, perinatal residential substance use disorder treatment, MAT, peer support services (for counties that opt in), and mobile crisis services.¹³ SUD services provided through the Medi-Cal Managed Care and Fee-for-Service systems, including services provided in primary care settings (e.g., detoxification, withdrawal management including MAT, physician consultations), are also reflected in the results.
- **Specialty Mental Health Services (SMHS)** – County Mental Health Plans (MHPs) provide “higher-level” MH services, called SMHS, which include rehabilitative MH services (e.g., outpatient MH services, medication support, day treatment intensive and day

¹⁰ Individuals are released from CDCR to state parole, Post-Release Community Supervision (PRCS), which is under the jurisdiction of County Probation Departments), or are directly discharged from CDCR.

¹¹ For a list of DMC-ODS counties, visit the [DHCS DMC-ODS website](#).

¹² [Behavioral Health Information Notice 24-001](#)

¹³ [Medi-Cal State Plan, Supplement 3 to Attachment 3.1-B](#)

rehabilitation, crisis intervention, crisis stabilization, adult and crisis residential treatment services), psychiatric health facility services, inpatient MH services (e.g., psychiatric inpatient hospital services, acute psychiatric inpatient hospital services, psychiatric inpatient hospital professional services), intensive care coordination (for members under 21), intensive home-based services (for members under 21), therapeutic behavioral services (for members under 21), therapeutic foster care (for members under 21), targeted case management, peer support services (for counties that opt in), and mobile crisis services.¹⁴

- Non-Specialty Mental Health Services (Non-SMHS) – MCPs provide “lower-level” non-SMHS, including individual and group psychotherapy; psychological and neuropsychological testing, when clinically indicated to evaluate a MH condition; outpatient services for the purposes of monitoring drug therapy; psychiatric consultation; and outpatient laboratory, drugs, supplies, and supplements.¹⁵ MCPs must also provide covered SUD services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for members ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening. Further, MCPs must provide or arrange for the provision of MAT in primary care, inpatient hospital, emergency departments, and other contracted medical settings and emergency services necessary to stabilize the member.¹⁶

The categories of CDCR-identified BH needs were defined as follows:

- SUD only – SUD need was identified using the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) needs assessment¹⁷, a non-clinical tool that supports rehabilitation by assessing incarcerated individuals’ needs and targeting those needs through appropriate programming. The reentry COMPAS (also a non-clinical tool) was used to identify SUD needs for people supervised by parole since it is only administered to these individuals releasing to parole whereas the intake COMPAS was used to identify SUD needs for those released to PRCS or who were directly discharged. The most recent COMPAS information for individuals with both “probable” and “highly probable” needs for SUD treatment were used for these analyses.

¹⁴ For more information, see the DHCS [MHP Contract Boilerplate](#) (PDF p. 132) and DHCS [Behavioral Health Information Notice 21-073](#).

¹⁵ For more information, see the DHCS [MCP Contract Boilerplate](#) and [All Plan Letter 22-006](#).

¹⁶ For more information, see the DHCS [MCP Contract Boilerplate](#) and [All Plan Letter 22-006](#).

¹⁷ CDCR uses standardized and evidence-based clinical screening and assessment tools from the National Institute on Drug Abuse and the American Society of Addiction Medicine to assess individuals for substance use disorders and determine appropriate levels of care upon intake into CDCR and throughout the duration of their incarceration. CCHCS’s ISUDT Program offers all FDA approved forms of MAT to treat opioid use disorder and alcohol use disorder. CCJBH acknowledges that the use of the COMPAS assessment to aggregate service utilization by SUD and Co-occurring populations of focus does not grasp all individuals who had a SUD need. For MCUP reporting, the COMPAS was used to provide a rough, non-clinical estimate of need to examine services received upon release. Because the COMPAS is a non-clinical tool, the SUD and Co-occurring population of focus is likely underestimated.

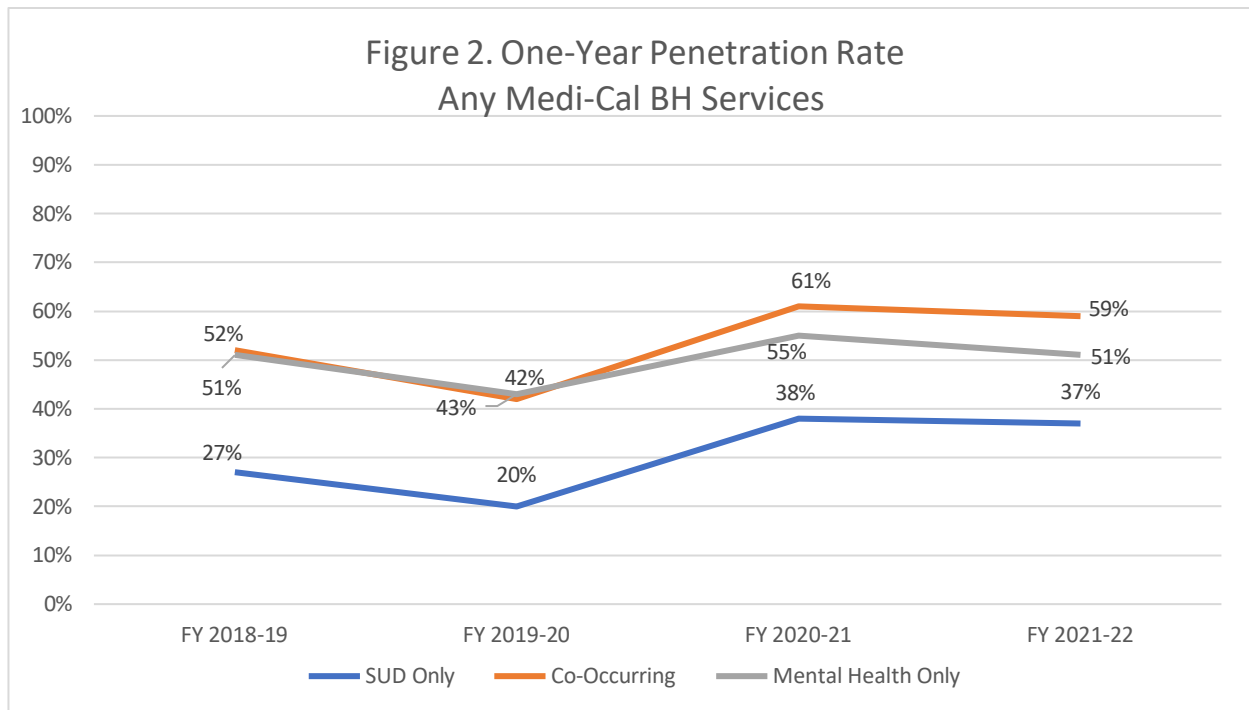
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- CDCR Mental Health Need Only – MH need is identified based on the CDCR MH need at the time of an incarcerated individual’s release. Examples of these needs include Correctional Clinical Case Management System (CCCMS), Enhanced Outpatient Program (EOP), Mental Health Crisis Bed, Inpatient, other intensive BH services provided to individuals with serious mental illness, and services provided to individuals requiring lower levels of MH care.
 - Co-Occurring SUD and CDCR Mental Health Need – Co-Occurring need is based on an incarcerated individual having been identified by CDCR as having both an SUD need per the administration of the COMPAS risk/needs assessment (as specified in the first bullet above) *and* an identified MH need as designated by CDCR at the time of release (as specified in the second bullet above).
 - No Identified BH Need – No identified BH need is designated by CDCR when an incarcerated individual has been assessed for both SUD (e.g. COMPAS risk/needs assessment) and MH needs (e.g., CCCMS, EOP), but does not appear to have either condition.
 - Unknown BH Need – Unknown BH need is designated by CDCR when there is no information obtained about the individual (i.e., no assessment performed) to indicate that there is a BH Need.

Medi-Cal Penetration Rates

Medi-Cal BH penetration rates within one year of release were examined for individuals released from CDCR between FYs 2018-19 and 2021-22 and enrolled into Medi-Cal. To align with DHCS' Performance Outcomes System reporting methodology, Medi-Cal BH service penetration in this report is measured in terms of one or more (1+) services.

Any Medi-Cal Behavioral Health Services by Behavioral Health Need

As shown in Figure 2, the overall Medi-Cal BH penetration rates, which reflect receipt of at least one type of Medi-Cal BH service (i.e., DMC, SMHS, and/or Non-SMHS), show that for each of the FYs examined, at best, a little over half of the Medi-Cal-enrolled individuals released from CDCR with identified BH needs received at least one Medi-Cal BH service within the first year of their release from prison. The lowest penetration rates were found primarily for the FY 2019-20 CDCR releases (i.e., during the onset of the pandemic). There was an increase in BH penetration rates for FY 2020-21 CDCR releases in all BH needs categories, driven primarily by increases in DMC services penetration (see Figure 3), which was then followed by a slight decrease in BH penetration rates for the FY 2021-22 CDCR releases.¹⁸



¹⁸ Some of the decrease in penetration rates from FY 2020-21 to FY2021-22 may be attributed to insufficient claims/data run-out as FY2020-21 had a longer data follow-up period, thus those claims are considered more complete. The addition of non-certified Medi-Cal eligibles for monitoring and reporting purposes may have contributed to fluctuations in penetration rates in FY 2020-21 and FY 2021-22, as those eligibles may have included individuals who are less likely to utilize care.

Penetration rates for Drug Medi-Cal (DMC) Services by Behavioral Health Need

Prior MCUP reporting has documented low DMC services penetration rates for individuals released from CDCR, which is noteworthy as nearly 70 percent of individuals released from CDCR each FY have an identified SUD, most are enrolled into Medi-Cal, and many are placed on MAT prior to their release.¹⁹ This trend continues to persist, though there are signs of improvement. As shown in Figure 3, the highest one-year DMC services penetration rates for individuals released from CDCR and enrolled into Medi-Cal over the four years examined were no higher than approximately 51 percent for FY 2020-21 releases with co-occurring MH/SUD. Although a lower rate would be desirable for individuals with a SUD need, this was a notable increase of almost 30 percentage points from those released from CDCR in FY 2019-20. In addition, while the one-year DMC penetration rates were lower than the one-year SMHS penetration rates for individuals with MH and Co-occurring MH/SUD needs who were released in FYs 2018-19 and 2019-20 (shown in Figure 4), this trend reversed, beginning for those released in FY 2020-21, as DMC service utilization is now higher than SMHS utilization. For FY 2021-22 CDCR releases, the DMC services penetration rates slightly decreased, though were still much higher than they were prior to the pandemic.²⁰

These increases in DMC services penetration rates for CDCR releases in FY 2020-21 and FY 2021-22 are likely attributed to the 1915b and 1115 waiver efforts which allowed billing flexibilities and telehealth services that were initially implemented during the public health emergency as well as the continued implementation of the DMC-ODS including, but not limited to, implementing CalAIM²¹ to expand service access by:

- Clarifying that individuals leaving incarceration are eligible to receive DMC-ODS services if they had at least one diagnosis of SUD prior to being incarcerated or during incarceration.
- Updating SMHS, DMC and DMC-ODS medical necessity criteria.
- Implementing Medi-Cal Behavioral Health Payment Reform.
- Defining requirements for screening and transition of care for Medi-Cal members accessing behavioral health services.

Additional increases, especially for FY 2021-22 CDCR releases may be due to the elimination of the DATA-waiver (also known as the X-waiver). DATA-Waiver registration numbers are no longer needed for buprenorphine prescriptions and require a standard DEA registration number only. Thus, any practitioner with a current DEA registration (that includes Schedule III authority) can prescribe buprenorphine for Opioid Use Disorder (OUD) in their practice. The Waiver also removed federal patient limits for prescribing buprenorphine for OUD.

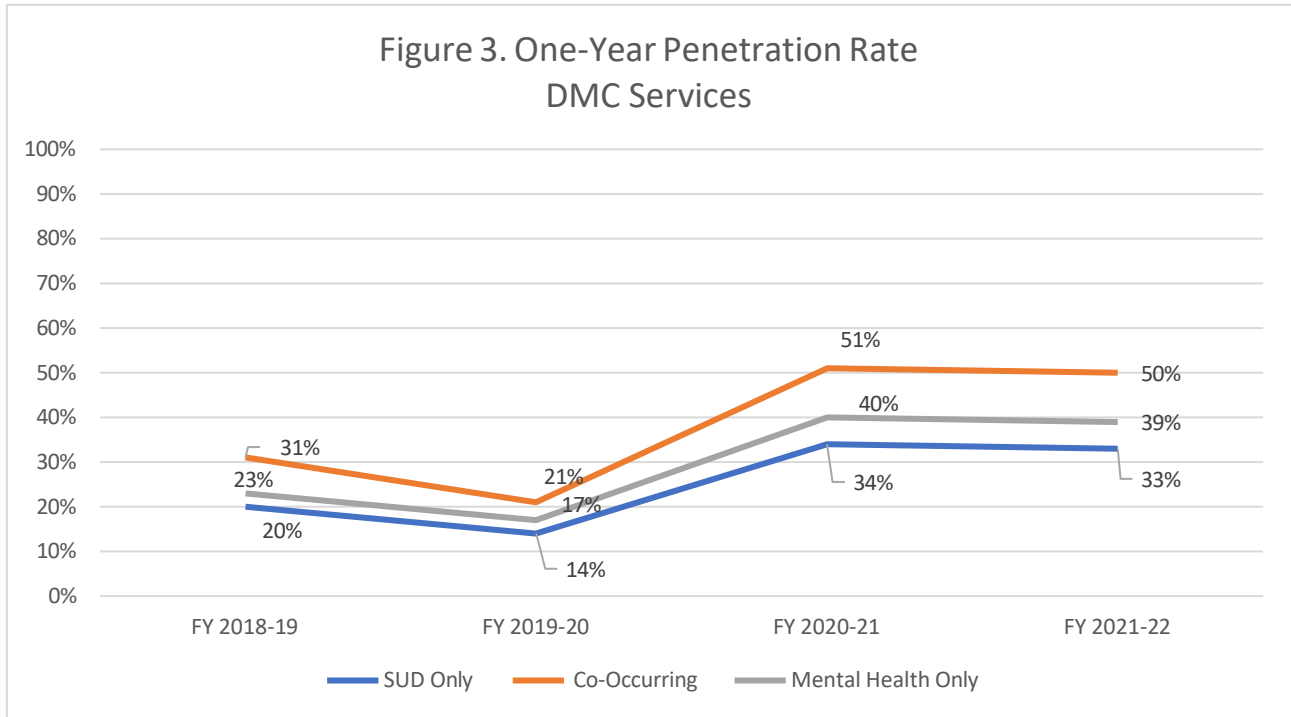
In addition to systemic improvements enabled by the waiver and pandemic flexibilities, SUD service increases may also be due to cultural shifts (e.g., reduced stigma), and integration with

¹⁹ [Per the 2024 CCHCS-ISUDT Annual Report](#), CDCR continues to lead the way in implementing and maintaining evidence-based practices in SUD treatment, including MAT. MAT acceptance rates among CDCR's eligible population remain high (84 percent).

²⁰ Some of the decrease in penetration rates from FY 2020-21 to FY2021-22 may be attributed to insufficient claims/data run-out as FY2020-21 had a longer data follow-up period, thus those claims are considered more complete.

²¹ See AB 133, effective January 1, 2022.

broader health initiatives. These factors, individually and collectively, have enhanced Medi-Cal members' access to and engagement with SUD treatments.



Utilization of Specialty Mental Health Services (SMHS) and Non-SMHS by Behavioral Health Need

As reflected in Figures 4 and 5, there was a decrease in SMHS when comparing FYs 2018-19 through FY2021-22 and Non-SMHS penetration rates remained low over those four years of data for individuals who had an identified BH need that were released from CDCR and enrolled into Medi-Cal. For FY 2018-19 CDCR releases, the SMHS penetration rates for individuals with an identified MH or co-occurring MH/SUD condition were 36 and 30 percent, respectively. These figures decreased over the subsequent CDCR release cohorts such that those released with these conditions in FY 2021-22 had SMHS penetration rates of 26 and 23 percent, respectively – a decrease of 10 percentage points and 7 percentage points, respectively, over this period.²² This trend was not evident in non-SMHS; however, service utilization in non-SMHS was consistently low. Given the high level of MH need, it will be critical to continue tracking these penetration rates as individuals with an identified SUD need rarely utilized Non-SMHS services.

²² Some of the decrease in penetration rates from FY 2020-21 to FY2021-22 may be attributed to insufficient claims/data run-out as FY2020-21 had a longer data follow-up period, thus those claims are considered more complete.

Figure 4. One-Year Penetration Rate
SMHS

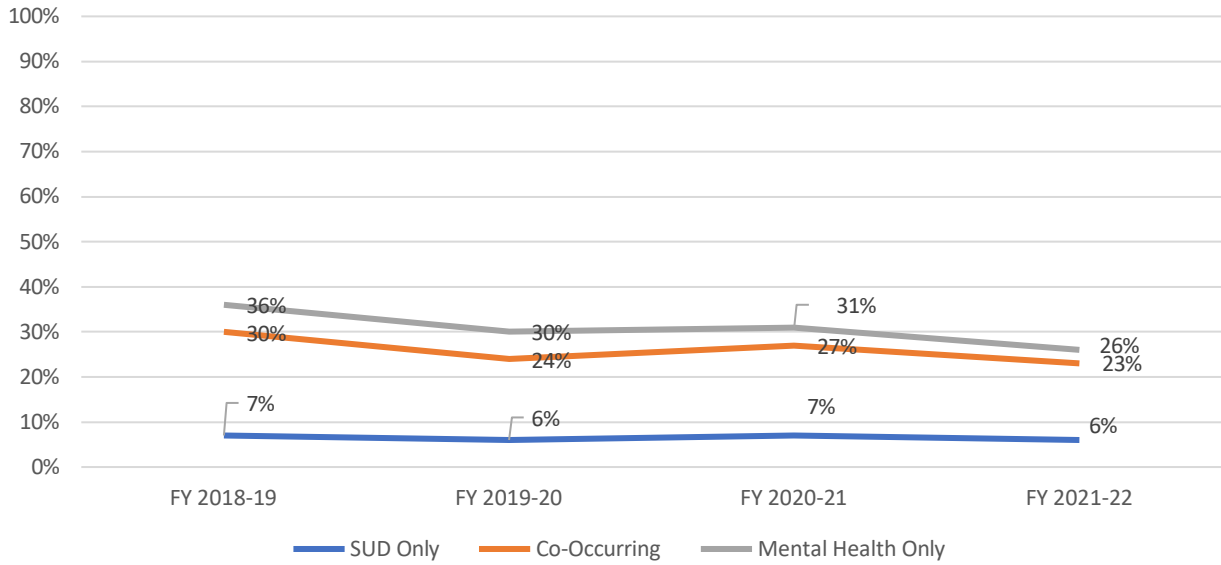
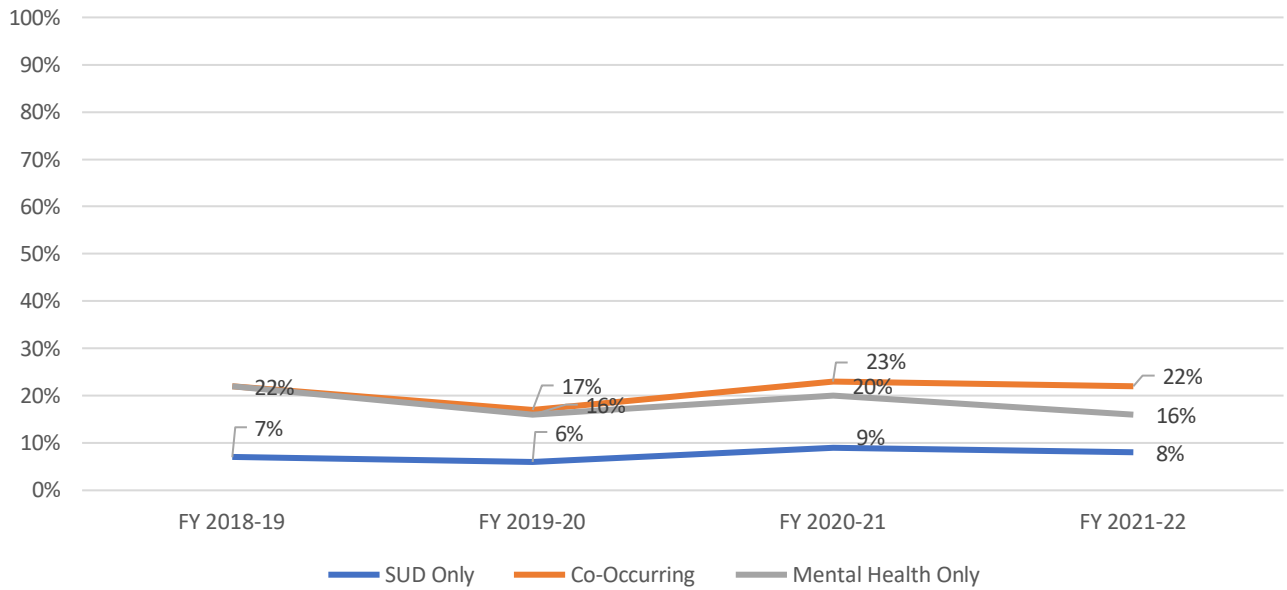
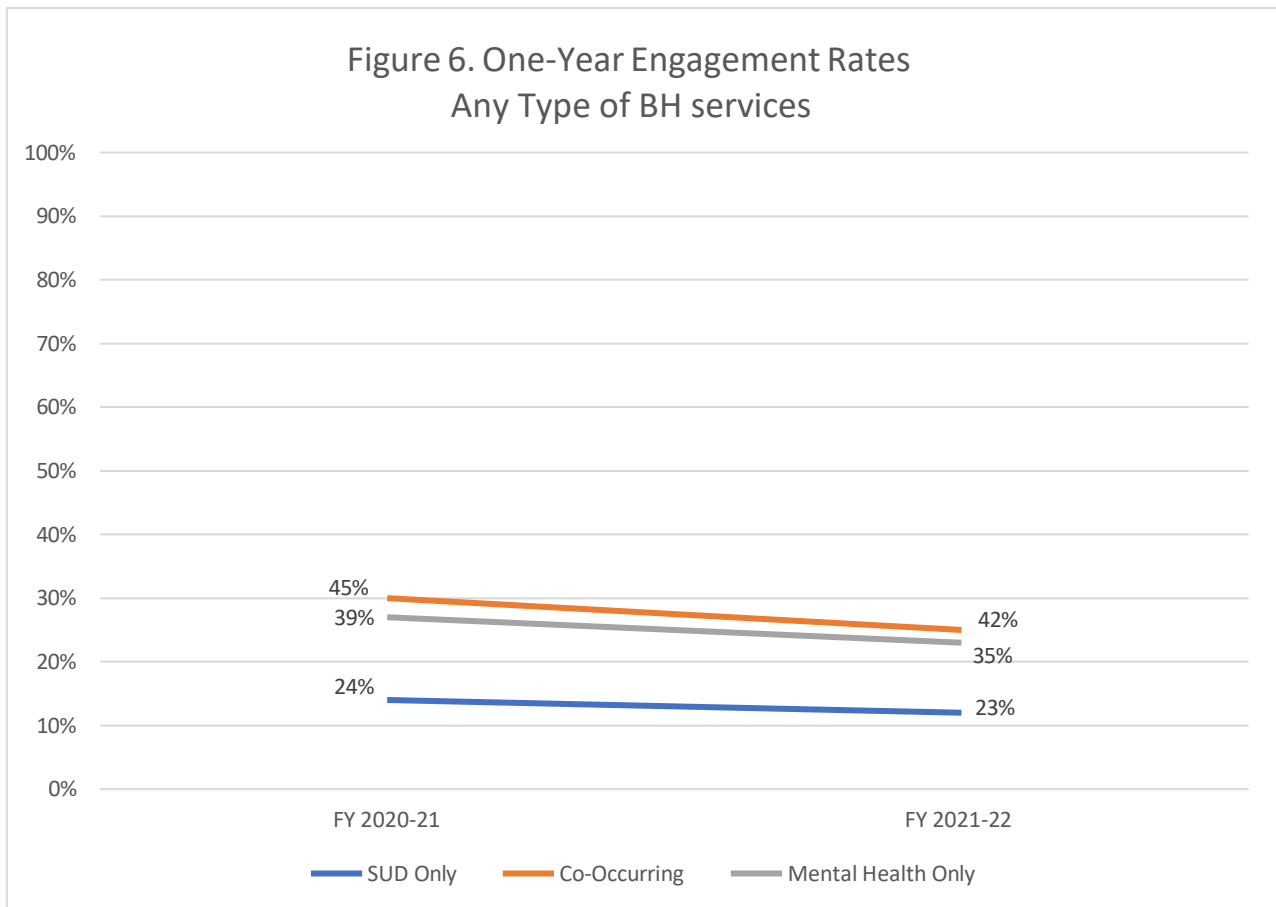


Figure 5. One-Year Penetration Rate
Non-SMHS



Medi-Cal Engagement Rates

Figure 6 provides the engagement rates, measured as five or more (5+) services, for individuals released from CDCR in FYs 2020-21 and 2021-22 who received any type of Medi-Cal behavioral health services (i.e., DMC, SMHS, and Non-SMHS) within one year of release. Previous MCUP reports present engagement rates within two years of release; thus, those data were not included in the illustration below. The highest level of engagement was for those with co-occurring MH/SUD, which was 45 percent in FY 2020-21. Conversely, the lowest level of engagement was for those with SUD Only at 23 percent in FY 2021-22. There was a decrease in engagement over the two years examined such that by FY 2021-22, engagement rates had decreased between 1 and 4 percentage points²³, with individuals with a Mental Health Only need showing the largest decline, followed by those with co-occurring MH/SUD and those with SUD Only. As found in prior years, engagement rates over the last two fiscal years continue to show that, even if individuals released from CDCR penetrate one of the Medi-Cal behavioral health service delivery systems, less than half continue to engage in these services within the year.



²³ Some of the decrease in engagement rates from FY 2020-21 to FY2021-22 may be attributed to insufficient claims/data run-out as FY2020-21 had a longer data follow-up period, thus those claims are considered more complete

Section 4: Medi-Cal Enhanced Care Management (ECM) and Community Supports Services Utilization by Behavioral Health Need

Unique to this year's MCUP report is the examination of ECM, which became available in the Medi-Cal MCP delivery system through a phased implementation for specified Populations of Focus, including those with serious mental illness (SMI) and/or SUD,²⁴ and Community Supports services,²⁵ beginning in Calendar Year (CY) 2022. As such, the below results focus on the 31,770 individuals released from CDCR in FY 2021-22.²⁶

ECM Services

When examining CY 2022 and CY 2023 Medi-Cal data for individuals released from CDCR in FY 2021-22 (N=31,770), 6 percent (N=1,885) initiated ECM services. Of these individuals:²⁷

- 739 (39.2 percent) were connected to ECM services in CY 2022, qualifying under the following categories:
 - 60 percent (n=440) were experiencing homelessness.
 - 42 percent (n=308) were transitioning from incarceration.
 - 32 percent (n=234) had an SMI and/or SUD.
 - 18 percent (n=133) were high Medi-Cal service utilizers.
 - Less than one percent (n=11) were at high risk for institutionalization or transitioning back into the community from an institution or hospital setting.
- 1,146 (60.8 percent) were connected to ECM services in CY 2023, qualifying under the following categories:
 - 34 percent (n=391) were high Medi-Cal service utilizers.
 - 32 percent (n=366) had a SMI and/or SUD.
 - 29 percent (n=327) were experiencing homelessness.
 - 20 percent (n=229) were transitioning from incarceration.
 - 4 percent (n=43) were at high risk for institutionalization.
 - Less than one percent were transitioning back into the community from an institution or hospital setting.

Community Supports Services

²⁴ For more information on ECM, including the specified Populations of Focus, see the DHCS [ECM Policy Guide](#).

²⁵ For more information on Community Supports, formerly called In Lieu Of Services, see the DHCS [Community Supports Policy Guide](#).

²⁶ These analyses were calculated using data Calendar Year 2022 and 2023 (Quarters 1-4) submitted to DHCS by MCPs via the [Quarterly Implementation Monitoring Report](#) as of the June 2024. Data may be underreported due to lags in provider reporting of ECM and Community Supports service utilization, which may be updated based on subsequent MCP submissions.

²⁷ Individuals may qualify for ECM under multiple Populations of Focus, so addition of the numbers and percentages presented for each of these qualifiers may exceed 100 percent.

When examining CY 2022 and CY 2023 Medi-Cal data for individuals released from CDCR in FY 2021-22 (N=31,770), 4 percent (n=1,428) received at least one Community Supports service. The most utilized Community Supports were:²⁸

- Housing Transition Navigation Services (62 percent)
- Housing Tenancy and Sustaining Services (14 percent)
- Recuperative Care -Medical Respite (8 percent)
- Medically Supportive Food (7 percent)
- Sobering Centers (5 percent)
- Short Term Post Hospitalization Housing (4 percent)
- Housing Deposits (3 percent)
- And less than one percent utilized each of the following Community Supports services:
 - Received for Respite Care (Caregiver respite)
 - Day Habilitation Program
 - Assisted Living Facilities Transitions
 - Community to Home Transition Services
 - Personal Care and Homemaker Services
 - Environmental Accessibility Adaptations
 - Asthma Remediation

Although fewer than 10 percent of individuals released from CDCR in FY 2021-22 received ECM and/or Community Supports services, the number of individuals connected to ECM and Community Supports did begin to increase over CYs 2022 and 2023. Most qualified for ECM due to experiencing, or being at risk of, homelessness, followed by having a SMI/SUD and/or being a high-utilizer of Medi-Cal services.²⁹ Interestingly, a combined total of only 537 individuals (28 percent) who were released from CDCR in FY 2021-22 were identified as being eligible for under the “transitioning from incarceration” ECM criteria even though all of these individuals had been released from CDCR within the prior two years, which may be indicative of inconsistent or incomplete eligibility assessments, data reporting, etc. The top two types of Community Supports that were provided addressed housing needs (i.e., Housing Transition Navigation and Housing Tenancy and Sustaining services).

These analyses can be used to establish a baseline for ECM and Community Supports utilization, with the goal of increasing access over time given the efforts that CDCR has been and is making to refer individuals under parole supervision to MCPs, as well as the upcoming efforts to implement the CalAIM 90-day Pre-Release services, which will serve to facilitate immediate linkages to ECM, and potentially Community Supports, upon release.

²⁸ Counts for these services were not reported due to de-identification guidelines.

²⁹ The justice-involved population reflected could be driven by the transition to CalAIM for those Medi-Cal Whole Person Care pilot counties’ that had served the justice-involved population as the MCPs in these counties were required to provide ECM to the justice-involved population beginning on January 1, 2022, whereas the rest of the counties did not have to implement the ECM justice-involved Population of Focus until January 1, 2024.

Conclusion

Overall, Medi-Cal enrollment rates declined in FYs 2019-20 and 2020-21 (the pandemic years) but were back to the previous levels by FY 2021-2022 (which may be attributed to the fact that COVID requirements temporarily halted disenrollments protocols). Whereas the MCP selection rates declined between FY 2018-19 and FY 2019-20 but increased back to previous levels in both FYs 2020-21 and 2021-22. Notably, while service penetration rates for SMHS steadily declined and non-SMHS services remained low, DMC service penetration rates increased. That said, CCJBH remains concerned about the overall low Medi-Cal BH services utilization rates as less than half of the individuals releasing from CDCR with identified BH needs who are enrolled into Medi-Cal receive Medi-Cal BH services within the 12 months of their release. Therefore, it will be important to continue tracking and monitoring these data, particularly as many of the community initiatives in [Behavioral Health Transformation](#) and CalAIM are implemented. The information presented in the [Barriers to, and Strategies to Improve, Medi-Cal Behavioral Health Services Utilization: A Lived Experience Listening Session Report](#) could be useful in these efforts as it provides insights as to the reasons for these findings, as well as potential solutions, as communicated by individuals with lived experience in the criminal justice and behavioral health systems.

Appendix A

Data Match and Analysis Methodology

The analytic sample for the results presented in this report reflects all individuals who were released from the California Department of Corrections and Rehabilitation (CDCR) facilities in Fiscal Year (FY) 2020-21 and FY 2021-22 and have at least one month of certified California's Medicaid Program (Medi-Cal) enrollment within the specified time periods post-release (referred to as members transitioning from incarceration). CDCR data are extracted from the Strategic Offender Management System. The California Department of Health Care Services (DHCS) data are extracted from the Management Information System/Decision Support System.

Claims data are not populated in the DHCS database in real time because of lags in claim submission and processing. For example, there may be a lag of six or more months for specialty mental health services claims processed through the Short-Doyle system. Data analyses presented in this report began in January 2024 and were completed by June 2024. As such, data on FY 2020-21 and FY 2021-22 CDCR releases are presented because these data permit a complete one-year follow-up period, at minimum, for health care service utilization. Some members have a longer follow-up period depending on their release date. The follow-up period is at least one year for all members but is longer for some members compared to others. For example, individuals released in FY 2020-21 during the earlier part of the FY were in the community for a longer period compared to individuals released later in FY 2020-21. As a result, individuals released earlier in FY 2020-21 had greater opportunity than individuals released later in the FY to utilize behavioral health services in the community.

Data on individuals released from CDCR facilities who were not enrolled into Medi-Cal were not included in these analyses as the focus of this report is on Medi-Cal utilization. Data on individuals transitioning from jail incarceration are not available currently as there is no centralized, statewide database that captures this information.

Approximately 75 percent of individuals released from CDCR facilities in FY 2020-21 and 83 percent of individuals released in FY 2021-22 were enrolled into Medi-Cal within one year of release from prison, as indicated by the rate of matches between the CDCR file (all CDCR releases) and DHCS file (all Medi-Cal members) (i.e., **FY 2020-21**: 24,958 enrolled of 32,668 total releases and for **FY 2021-22**: 26,727 enrolled out of 31,770 total releases).

Data Match Information

DHCS shared a file with CDCR in June 2023, which contained information about all Medi-Cal members between July 1, 2020, and March 2023. The DHCS source file contained records and information from the Management Information System/Decision Support System, including First/Last Name, Middle Initial, Social Security Number, and Birth Date. CDCR used a matching strategy detailed in Table A.1, below, which is already employed by CDCR's Enterprise Information Systems Division for use with CDCR and DHCS data, to identify Medi-Cal members transitioning from incarceration. In the initial stage, records were matched on multiple rounds. Subsequently, matched records were de-duplicated and the matched record with the strongest match was retained (A: strongest; E3: weakest).

Table A.1: Cases Matched and Retained in CDCR-DHCS Data Match

Round	Required Elements
A	First name, last name, middle initial, DOB
B	First name, last name, DOB
C	Using CDCR's alias file: first name, last name, middle initial, DOB
D	Using CDCR's alias file: first name, last name, DOB
E1	SSN, DOB, last name
E2	SSN, DOB, first name
E3	SSN and DOB

Appendix B

FY 2020-21 CDCR Releases

Medi-Cal Managed Care Plan Selection for Members Transitioning from Incarceration in FY 2020-21 Followed-up in FYs 2020-21 and 2021-22 by Specified Time Periods Post-Release

Table B.1 presents counts and rates of Managed Care Plan (MCP) selection³⁰ within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified behavioral health (BH) need at release. The measure of behavioral health need is taken from the CDCR data.

³⁰ Different from prior year MCUP reporting, Managed Care Plan Enrollment is phrased as “Selection” to minimize confusion by clarifying the distinction between Medi-Cal enrollment and Medi-Cal Managed Care Plan selection.

Table B.1. Managed Care Plan Selection among Members Transitioning from Incarceration in FY 2020-21, by Specified Time Periods Post-Release

CDCR Identified BH Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
MCP Selected	7,110	31%	11,202	47%	15,198	64%	18,614	76%	20,470	82%	22,253	87%
Total Enrolled	23,075	100%	23,620	100%	23,910	100%	24,414	100%	24,958	100%	25,525	100%
Co-Occurring												
MCP Selected	1,197	29%	1,960	46%	2,681	62%	3,357	76%	3,725	83%	4,000	88%
Total Enrolled	4,179	100%	4,260	100%	4,299	100%	4,389	100%	4,471	100%	4,556	100%
MH Only												
MCP Selected	513	35%	709	47%	915	60%	1,120	72%	1,257	79%	1,377	84%
Total Enrolled	1,474	100%	1,503	100%	1,515	100%	1,554	100%	1,596	100%	1,635	100%
SUD Only												
MCP Selected	3,736	30%	6,043	47%	8,334	64%	10,186	77%	11,159	82%	12,161	88%
Total Enrolled	12,458	100%	12,775	100%	12,948	100%	13,217	100%	13,528	100%	13,852	100%
No Identified												
MCP Selected	1,349	31%	2,126	48%	2,836	63%	3,434	75%	3,768	80%	4,112	86%
Total Enrolled	4,338	100%	4,447	100%	4,506	100%	4,598	100%	4,691	100%	4,798	100%
Unknown												
MCP Selected	315	50%	364	57%	432	67%	517	79%	561	83%	603	88%
Total Enrolled	626	100%	635	100%	642	100%	656	100%	672	100%	684	100%

**Penetration and Engagement Rates by BH Delivery System for
Members Transitioning from Incarceration in FY 2020-21 Followed-up within one year of release stratified by
CDCR-Identified Behavioral Health Need**

Table B.2 presents a comparison of the counts and rates of BH service penetration and engagement for CDCR Releases in FY 2020-21. The data are stratified by identified behavioral health (BH) need at release and reflects up to a one-year follow-up period for service utilization per individual. The measure of behavioral health need is taken from the CDCR data. Penetration rates, indicating utilization of one or more (1+) services, and engagement rates, indicating utilization of five or more (5+) services, are presented.

Table B.2. Behavioral Health Service Penetration and Engagement Rates within one year of release for Members Transitioning from Incarceration in FY 2020-21

CDCR Identified BH Need at Release	#	Any BH		Non-SMH	Non-SMH		SMH		SUD	
		n	%		n	%	n	%	n	%
Overall	1+	10,342	41%	2,944	12%	3,062	12%	8,746	35%	
	5+	6,699	27%	618	2%	1,762	7%	5,740	23%	
	Total Enrolled	24,958	100%	24,958	100%	24,958	100%	24,958	100%	
Co-Occurring	1+	2,723	61%	1,039	23%	1,206	27%	2,271	51%	
	5+	2,003	45%	249	6%	708	16%	1,680	38%	
	Total Enrolled	4,471	100%	4,471	100%	4,471	100%	4,471	100%	
MH Only	1+	885	55%	312	20%	487	31%	641	40%	
	5+	618	39%	65	4%	326	20%	445	28%	
	Total Enrolled	1,596	100%	1,596	100%	1,596	100%	1,596	100%	
SUD Only	1+	5,200	38%	1,201	9%	966	7%	4,609	34%	
	5+	3,207	24%	235	2%	499	4%	2,891	21%	
	Total Enrolled	13,528	100%	13,528	100%	13,528	100%	13,528	100%	
No Identified	1+	1,186	25%	305	7%	274	6%	921	20%	
	5+	644	14%	53	1%	147	3%	530	11%	
	Total Enrolled	4,691	100%	4,691	100%	4,691	100%	4,691	100%	
Unknown	1+	348	52%	87	13%	129	19%	304	45%	
	5+	227	34%	16	75%	82	12%	194	29%	
	Total Enrolled	672	100%	672	100%	672	100%	672	100%	

**Penetration Rates for Any Type of Medi-Cal Behavioral Health Service for
Members Transitioning from Incarceration in FY 2020-21 Followed-up in FYs 2020-21 and 2021-22 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table B.3 presents counts and rates of any type of behavioral health (BH) service utilization for CDCR Releases in FY 2020-21. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified BH need at release. The measure of behavioral health need is taken from the CDCR data. Utilization of services in the non-specialty and specialty mental health systems, as well as substance use disorder (SUD) services, is presented.

Table B.3. Any Behavioral Health Delivery System Utilization among Members Transitioning from Incarceration in FY 2020-21, by Specified Time Periods Post-Release

CDCR Identified BH Need at Release	1M		2M		3M		6M		1Y		1Y+	
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ BH	3,931	17%	5,159	22%	6,104	26%	8,044	33%	10,342	41%	12,720	50%
Total Enrolled	23,075	100%	23,620	100%	23,910	100%	24,414	100%	24,958	100%	25,525	100%
Co-Occurring												
Utilized 1+ BH	1,264	30%	1,615	38%	1,852	43%	2,287	52%	2,723	61%	3,152	69%
Total Enrolled	4,179	100%	4,260	100%	4,299	100%	4,389	100%	4,471	100%	4,556	100%
MH Only												
Utilized 1+ BH	413	28%	512	34%	586	39%	721	46%	885	55%	1,040	64%
Total Enrolled	1,474	100%	1,503	100%	1,515	100%	1,554	100%	1,596	100%	1,635	100%
SUD Only												
Utilized 1+ BH	1,740	14%	2,348	18%	2,827	22%	3,910	30%	5,200	38%	6,567	47%
Total Enrolled	12,458	100%	12,775	100%	12,948	100%	13,217	100%	13,528	100%	13,852	100%
No Identified												
Utilized 1+ BH	361	8%	502	11%	616	14%	846	18%	1,186	25%	1,560	33%
Total Enrolled	4,338	100%	4,447	100%	4,506	100%	4,598	100%	4,691	100%	4,798	100%
Unknown												
Utilized 1+ BH	153	24%	182	29%	223	35%	280	43%	348	52%	401	59%
Total Enrolled	626	100%	635	100%	642	100%	656	100%	672	100%	684	100%

**Penetration Rates for Medi-Cal Managed Care, Non-Specialty Mental Health Service for
Members Transitioning from Incarceration in FY 2020-21 Followed-up in FYs 2020-21 and 2021-22 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table B.4 presents counts and rates of Non-Specialty Mental Health Services (Non-SMHS) utilization for CDCR Releases in FY 2020-21. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified BH need at release. The measure of behavioral health need is taken from the CDCR data.

Table B.4. Non-Specialty Mental Health Services (Non-SMHS) Utilization among Members Transitioning from Incarceration in FY 2020-21, by Specified Time Periods Post-Release

CDCR Identified BH Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ Non-SMHS	591	3%	958	4%	1,258	5%	1,937	8%	2,944	12%	4,361	17%
Total Enrolled	23,075	100%	23,620	100%	23,910	100%	24,414	100%	24,958	100%	25,525	100%
Co-Occurring												
Utilized 1+ Non-SMHS	246	6%	387	9%	489	11%	710	16%	1,039	23%	1,450	32%
Total Enrolled	4,179	100%	4,260	100%	4,299	100%	4,389	100%	4,471	100%	4,556	100%
MH Only												
Utilized 1+ Non-SMHS	69	5%	114	8%	149	10%	212	14%	312	20%	457	28%
Total Enrolled	1,474	100%	1,503	100%	1,515	100%	1,554	100%	1,596	100%	1,635	100%
SUD Only												
Utilized 1+ Non-SMHS	208	2%	353	3%	477	4%	778	6%	1,201	9%	1,863	13%
Total Enrolled	12,458	100%	12,775	100%	12,948	100%	13,217	100%	13,528	100%	13,852	100%
No Identified												
Utilized 1+ Non-SMHS	44	1%	75	2%	106	2%	178	4%	305	7%	479	10%
Total Enrolled	4,338	100%	4,447	100%	4,506	100%	4,598	100%	4,691	100%	4,798	100%
Unknown												
Utilized 1+ Non-SMHS	24	4%	29	5%	35	5%	59	9%	87	13%	112	16%
Total Enrolled	626	100%	635	100%	642	100%	656	100%	672	100%	684	100%

**Penetration Rates for Medi-Cal Mental Health Plan, Specialty Mental Health Services for
Members Transitioning from Incarceration in FY 2020-21 Followed-up in FYs 2020-21 and 2021-22 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table B.5 presents counts and rates of Specialty Mental Health Services (SMHS) utilization for CDCR Releases in FY 2020-21. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified BH need at release. The measure of behavioral health need is taken from the CDCR data.

Table B.5. Specialty Mental Health Services (SMHS) Utilization among Members Transitioning from Incarceration in FY 2020-21, by Specified Time Periods Post-Release

CDCR Identified Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ SMHS	1,109	5%	1,450	6%	1,711	7%	2,291	9%	3,062	12%	4,100	16%
Total Enrolled	23,075	100%	23,620	100%	23,910	100%	24,414	100%	24,958	100%	25,525	100%
Co-Occurring												
Utilized 1+ SMHS	437	10%	577	14%	695	16%	934	21%	1,206	27%	1,543	34%
Total Enrolled	4,179	100%	4,260	100%	4,299	100%	4,389	100%	4,471	100%	4,556	100%
MH Only												
Utilized 1+ SMHS	231	16%	285	19%	323	9%	386	25%	487	31%	608	37%
Total Enrolled	1,474	100%	1,503	100%	1,515	100%	1,554	100%	1,596	100%	1,635	100%
SUD Only												
Utilized 1+ SMHS	297	2%	403	3%	476	4%	676	5%	966	7%	1,409	10%
Total Enrolled	12,458	100%	12,775	100%	12,948	100%	13,217	100%	13,528	100%	13,852	100%
No Identified												
Utilized 1+ SMHS	90	2%	122	3%	140	3%	194	4%	274	6%	382	8%
Total Enrolled	4,338	100%	4,447	100%	4,506	100%	4,598	100%	4,691	100%	4,798	100%
Unknown												
Utilized 1+ SMHS	54	9%	63	10%	77	12%	101	15%	129	19%	158	23%
Total Enrolled	626	100%	635	100%	642	100%	656	100%	672	100%	684	100%

**Penetration Rates for Drug Medi-Cal, Substance Use Disorder Services for
Members Transitioning from Incarceration in FY 2020-21 Followed-up in FYs 2020-21 and 2021-22 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table B.6 presents counts and rates of Medi-Cal Substance Use Disorder (SUD) service utilization for CDCR Releases in FY 2020-21. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified BH need at release. The measure of behavioral health need is taken from the CDCR data.

Table B.6. Substance Use Disorder (SUD) Service Utilization among Members Transitioning from Incarceration in FY 2020-21, by Specified Time Periods Post-Release

CDCR Identified Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ SUD	3,224	14%	4,245	18%	5,039	21%	6,754	28%	8,746	35%	10,845	42%
Total Enrolled	23,075	100%	23,620	100%	23,910	100%	24,414	100%	24,958	100%	25,525	100%
Co-Occurring												
Utilized 1+ SUD	1,001	24%	1,282	30%	1,471	34%	1,881	43%	2,271	51%	2,641	58%
Total Enrolled	4,179	100%	4,260	100%	4,299	100%	4,389	100%	4,471	100%	4,556	100%
MH Only												
Utilized 1+ SUD	284	19%	357	24%	415	27%	525	34%	641	40%	776	47%
Total Enrolled	1,474	100%	1,503	100%	1,515	100%	1,554	100%	1,596	100%	1,635	100%
SUD Only												
Utilized 1+ SUD	1,527	12%	2,056	16%	2,476	19%	3,442	26%	4,609	34%	5,832	42%
Total Enrolled	12,458	100%	12,775	100%	12,948	100%	13,217	100%	13,528	100%	13,852	100%
No Identified												
Utilized 1+ SUD	280	6%	393	9%	484	11%	660	14%	921	20%	1,236	26%
Total Enrolled	4,338	100%	4,447	100%	4,506	100%	4,598	100%	4,691	100%	4,798	100%
Unknown												
Utilized 1+ SUD	132	21%	157	25%	193	30%	246	38%	304	45%	360	53%
Total Enrolled	626	100%	635	100%	642	100%	656	100%	672	100%	684	100%

Appendix C

FY 2021-22 CDCR Releases

Medi-Cal Managed Care Plan Selection for Members Transitioning from Incarceration in FY 2021-22 Followed-up in FYs 2021-22 and 2022-23 by Specified Time Periods Post-Release

Table C.1 presents counts and rates of Managed Care Plan (MCP) selection³¹ within one month (1M), two-months (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified behavioral health (BH) need at release. The measure of behavioral health need is taken from the CDCR data.

³¹ Different from prior year MCUP reporting, Managed Care Plan Enrollment is phrased as “Selection” to minimize confusion by clarifying the distinction between Medi-Cal enrollment and Medi-Cal Managed Care Plan selection.

Table C.1 Managed Care Plan Selection among Members Transitioning from Incarceration in FY 2021-22, by Specified Time Periods Post-Release

CDCR Identified BH Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
MCP Selected	8,941	35%	12,607	48%	16,563	63%	19,869	75%	22,208	83%	23,873	89%
Total Enrolled	25,756	100%	26,028	100%	26,162	100%	26,464	100%	26,727	100%	26,787	100%
Co-Occurring												
MCP Selected	1,581	33%	2,285	47%	2,975	61%	3,713	75%	4,224	84%	4,539	90%
Total Enrolled	4,833	100%	4,880	100%	4,904	100%	4,974	100%	5,020	100%	5,031	100%
MH Only												
MCP Selected	868	40%	1,106	50%	1,380	62%	1,630	72%	1,858	82%	2,018	88%
Total Enrolled	2,188	100%	2,206	100%	2,222	100%	2,255	100%	2,279	100%	2,285	100%
SUD Only												
MCP Selected	4,017	32%	5,983	47%	8,147	64%	9,764	76%	10,840	84%	11,596	89%
Total Enrolled	12,477	100%	12,623	100%	12,685	100%	12,818	100%	12,951	100%	12,973	100%
No Identified												
MCP Selected	1,722	35%	2,397	49%	3,112	63%	3,683	74%	4,101	81%	4,461	88%
Total Enrolled	4,859	100%	4,911	100%	4,940	100%	4,997	100%	5,046	100%	5,062	100%
Unknown												
MCP Selected	753	54%	836	59%	949	67%	1,079	76%	1,182	83%	1,259	88%
Total Enrolled	1,399	100%	1,408	100%	1,411	100%	1,420	100%	1,431	100%	1,436	100%

**Penetration and Engagement Rates by BH Delivery System for
Members Transitioning from Incarceration in FY 2021-22 Followed-up within one year of release stratified by
CDCR-Identified Behavioral Health Need**

Table C.2 presents a comparison of the counts and rates of behavioral health (BH) service penetration and engagement for CDCR Releases in FY 2021-22. The data is stratified by identified BH need at release and reflects up to a one-year follow-up period for service utilization per individual. The measure of behavioral health need is taken from the CDCR data. Penetration rates, indicating utilization of one or more (1+) services, and engagement rates, indicating utilization of five or more (5+) services, are presented.

Table C.2. Behavioral Health Penetration and Engagement Rates for Members Transitioning from Incarceration in FY 2021-22

CDCR Identified BH Need at Release	#	Any BH		Non-SMH		SMH		SUD	
		n	%	n	%	n	%	n	%
Overall	1+	10,903	41%	2,896	11%	3,020	11%	9,450	35%
	5+	6,939	26%	547	2%	1,688	6%	6,064	23%
	Total enrolled	26,727	100%	26,727	100%	26,727	100%	26,727	100%
Co-Occurring	1+	2,937	59%	1,083	22%	1,134	23%	2,500	50%
	5+	2,094	42%	218	4%	638	13%	1,814	36%
	Total enrolled	5,020	100%	5,020	100%	5,020	100%	5,020	100%
MH Only	1+	1,165	51%	369	16%	593	26%	899	39%
	5+	800	35%	71	3%	385	17%	610	27%
	Total enrolled	2,279	100%	2,279	100%	2,279	100%	2,279	100%
SUD Only	1+	4,828	37%	1,055	8%	840	6%	4,337	33%
	5+	2,925	23%	210	2%	397	3%	2,675	21%
	Total enrolled	12,951	100%	12,951	100%	12,951	100%	12,951	100%
No Identified	1+	1,306	26%	272	5%	238	5%	1,113	22%
	5+	693	14%	35	1%	126	2%	600	12%
	Total enrolled	5,046	100%	5,046	100%	5,046	100%	5,046	100%
Unknown	1+	667	47%	117	8%	215	15%	601	42%
	5+	427	30%	13	1%	142	10%	365	26%
	Total enrolled	1,431	100%	1,431	100%	1,431	100%	1,431	100%

**Penetration Rates for Any Type of Medi-Cal Behavioral Health Service for
Members Transitioning from Incarceration in FY 2021-22 Followed-up in FYs 2021-22 and 2022-23 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table C.3 presents counts and rates of any type of behavioral health (BH) service utilization for CDCR Releases in FY 2021-22. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified BH need at release. The measure of behavioral health need is taken from the CDCR data. Utilization of services in the non-specialty and specialty mental health systems, as well as substance use disorder (SUD) services, is presented.

Table C.3. Any Behavioral Health Delivery System Utilization among Members Transitioning from Incarceration in FY 2021-22, by Specified Time Periods Post-Release

CDCR Identified BH Need at Release	1M		2M		3M		6M		1Y		1Y+	
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ BH	4,560	18%	5,935	23%	6,933	27%	8,897	34%	10,903	41%	12,590	47%
Total Enrolled	25,756	100%	26,028	100%	26,162	100%	26,464	100%	26,727	100%	26,787	100%
Co-Occurring												
Utilized 1+ BH	1,414	29%	1,801	37%	2,049	42%	2,505	50%	2,937	59%	3,261	65%
Total Enrolled	4,833	100%	4,880	100%	4,904	100%	4,974	100%	5,020	100%	5,031	100%
MH Only												
Utilized 1+ BH	556	25%	695	32%	795	36%	991	44%	1,165	51%	1,293	57%
Total Enrolled	2,188	100%	2,206	100%	2,222	100%	2,255	100%	2,279	100%	2,285	100%
SUD Only												
Utilized 1+ BH	1,856	15%	2,475	20%	2,918	23%	3,881	30%	4,828	37%	5,678	44%
Total Enrolled	12,477	100%	12,623	100%	12,685	100%	12,818	100%	12,951	100%	12,973	100%
No Identified												
Utilized 1+ BH	450	9%	596	12%	738	15%	988	20%	1,306	26%	1,587	31%
Total Enrolled	4,859	100%	4,911	100%	4,940	100%	4,997	100%	5,046	100%	5,062	100%
Unknown												
Utilized 1+ BH	284	20%	368	26%	433	31%	532	37%	667	47%	771	54%
Total Enrolled	1,399	100%	1,408	100%	1,411	100%	1,420	100%	1,431	100%	1,436	100%

**Penetration Rates for Medi-Cal Managed Care, Non-Specialty Mental Health Service for
Members Transitioning from Incarceration in FY 2021-22 Followed-up in FYs 2021-22 and 2022-23 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table C.4 presents counts and rates of Non-Specialty Mental Health Services (Non-SMHS) utilization for CDCR Releases in FY 2021-22. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified Behavioral health (BH) need at release. The measure of BH need is taken from CDCR data.

Table C.4. Non-Specialty Mental Health Services (Non-SMHS) Utilization among Members Transitioning from Incarceration in FY 2021-22, by Specified Time Periods Post-Release

CDCR Identified BH Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ Non-SMHS	705	3%	1,073	4%	1,400	5%	2,114	8%	2,896	11%	3,088	12%
Total Enrolled	25,756	100%	26,028	100%	26,162	100%	26,464	100%	26,727	100%	26,787	100%
Co-Occurring												
Utilized 1+ Non-SMHS	279	6%	408	8%	541	11%	792	16%	1,083	22%	1,144	23%
Total Enrolled	4,833	100%	4,880	100%	4,904	100%	4,974	100%	5,020	100%	5,031	100%
MH Only												
Utilized 1+ Non-SMHS	119	5%	168	8%	202	9%	281	12%	369	16%	391	17%
Total Enrolled	2,188	100%	2,206	100%	2,222	100%	2,255	100%	2,279	100%	2,285	100%
SUD Only												
Utilized 1+ Non-SMHS	233	2%	378	3%	497	4%	784	6%	1,055	8%	1,133	9%
Total Enrolled	12,477	100%	12,623	100%	12,685	100%	12,818	100%	12,951	100%	12,973	100%
No Identified												
Utilized 1+ Non-SMHS	44	0.9%	74	2%	100	2%	174	3%	272	5%	294	6%
Total Enrolled	4,859	100%	4,911	100%	4,940	100%	4,997	100%	5,046	100%	5,062	100%
Unknown												
Utilized 1+ Non-SMHS	30	2%	45	3%	60	4%	83	6%	117	8%	126	9%
Total Enrolled	1,399	100%	1,408	100%	1,411	100%	1,420	100%	1,431	100%	1,436	100%

Penetration Rates for Medi-Cal Mental Health Plan, Specialty Mental Health Services for Members Transitioning from Incarceration in FY 2021-22 Followed-up in FYs 2021-22 and 2022-23 by CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release

Table C.5 presents counts and rates of Specialty Mental Health Services (SMHS) utilization for CDCR Releases in FY 2021-22. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified Behavioral Health (BH) need at release. The measure of BH need is taken from CDCR data.

Table C.5. Specialty Mental Health Services (SMHS) Utilization among Members Transitioning from Incarceration in FY 2021-22, by Specified Time Periods Post-Release

CDCR Identified Need at Release	1M	1M	2M	2M	3M	3M	6M	6M	1Y	1Y	1Y+	1Y+
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ SMHS	1,219	5%	1,560	6%	1,825	7%	2,453	9%	3,020	11%	3,156	12%
Total Enrolled	25,756	100%	26,028	100%	26,162	100%	26,464	100%	26,727	100%	26,787	100%
Co-Occurring												
Utilized 1+ SMHS	458	9%	589	12%	690	14%	930	19%	1,134	23%	1,182	23%
Total Enrolled	4,833	100%	4,880	100%	4,904	100%	4,974	100%	5,020	100%	5,031	100%
MH Only												
Utilized 1+ SMHS	284	13%	359	16%	404	18%	512	9%	593	26%	615	27%
Total Enrolled	2,188	100%	2,206	100%	2,222	100%	2,255	100%	2,279	100%	2,285	100%
SUD Only												
Utilized 1+ SMHS	278	2%	370	3%	441	3%	642	5%	840	6%	882	7%
Total Enrolled	12,477	100%	12,623	100%	12,685	100%	12,818	100%	12,951	100%	12,973	100%
No Identified												
Utilized 1+ SMHS	101	2%	123	3%	147	3%	194	4%	238	5%	251	5%
Total Enrolled	4,859	100%	4,911	100%	4,940	100%	4,997	100%	5,046	100%	5,062	100%
Unknown												
Utilized 1+ SMHS	98	7%	119	8%	143	10%	175	12%	215	15%	226	16%
Total Enrolled	1,399	100%	1,408	100%	1,411	100%	1,420	100%	1,431	100%	1,436	100%

**Penetration Rates for Drug Medi-Cal, Substance Use Disorder Services for
Members Transitioning from Incarceration in FY 2021-22 Followed-up in FYs 2021-22 and 2022-23 by
CDCR-Identified Behavioral Health Need and Specified Time Periods Post-Release**

Table C.6 presents counts and rates of Medi-Cal Substance Use Disorder (SUD) service utilization for CDCR Releases in FY 2021-22. The time increments of the counts and rates are within one month (1M), two-month (2M), three-month (3M), six-month (6M), one year (1Y), and over one year (1Y+) time periods, stratified by identified Behavioral Health (BH) need at release. The measure of BH need is taken from CDCR data.

Table C.6. Substance Use Disorder (SUD) Service Utilization among Members Transitioning from Incarceration in FY 2021-22, by Specified Time Periods Post-Release

CDCR Identified Need at Release	1M		2M		3M		6M		1Y		1Y+	
	n	%	n	%	n	%	n	%	n	%	n	%
Overall												
Utilized 1+ SUD	3,863	15%	5,040	19%	5,891	23%	7,564	29%	9,450	35%	11,262	42%
Total Enrolled	25,756	100%	26,028	100%	26,162	100%	26,464	100%	26,727	100%	26,787	100%
Co-Occurring												
Utilized 1+ SUD	1,171	24%	1,482	30%	1,683	34%	2,082	42%	2,500	50%	2,884	57%
Total Enrolled	4,833	100%	4,880	100%	4,904	100%	4,974	100%	5,020	100%	5,031	100%
MH Only												
Utilized 1+ SUD	399	18%	495	22%	569	26%	722	32%	899	39%	1,049	46%
Total Enrolled	2,188	100%	2,206	100%	2,222	100%	2,255	100%	2,279	100%	2,285	100%
SUD Only												
Utilized 1+ SUD	1,668	13%	2,238	18%	2,631	21%	3,457	27%	4,337	33%	5,214	40%
Total Enrolled	12,477	100%	12,623	100%	12,685	100%	12,818	100%	12,951	100%	12,973	100%
No Identified												
Utilized 1+ SUD	376	8%	498	10%	623	13%	832	17%	1,113	22%	1,401	28%
Total Enrolled	4,859	100%	4,911	100%	4,940	100%	4,997	100%	5,046	100%	5,062	100%
Unknown												
Utilized 1+ SUD	249	18%	327	23%	385	27%	471	33%	601	42%	714	50%
Total Enrolled	1,399	100%	1,408	100%	1,411	100%	1,420	100%	1,431	100%	1,436	100%

Appendix D

Demographics for Medi-Cal Members Transitioning from Incarceration FY 2021-22 and FY 2020-21

Table D.1 presents demographic attributes of Medi-Cal members transitioning from CDCR incarceration in FY 2020-21 and FY 2021-22 that were enrolled into Medi-Cal within one year of release

	FY 2020-21			FY 2021-22	
	n	%		n	%
Total	24,958	100%		26,727	100%
<i>Race/Ethnicity</i>					
American Indian/Alaska Native	250	1%		235	1%
Asian/Pacific Islander	541	2%		545	2%
Black/African American	4,934	20%		5,212	20%
Hispanic	9,013	36%		10,851	41%
White	5,558	22%		5,658	21%
Other/Unknown	4,662	19%		4,226	16%
<i>Sex</i>					
Female	1,873	8%		1,744	7%
Male	23,085	92%		24,983	93%
<i>Age</i>					
Age 18-19	55	0%		0	0%
Age 20-24	2,002	8%		1,014	4%
Age 25-29	4,316	17%		4,106	15%
Age 30-34	4,821	19%		5,639	21%
Age 35-39	4,030	16%		4,727	18%
Age 40-44	3,201	13%		3,875	14%
Age 45-49	2,088	8%		2,378	9%
Age 50-54	1,654	7%		1,784	7%
Age 55-59	1,359	5%		1,374	5%
Age 60 and over	1,432	6%		1,830	7%
<i>Release Type</i>					
Parole	14,019	56.17%		15,517	58%
Post-Release Community Supervision (PRCS)	10,835	43.41%		11,091	41%
Direct Discharge	104	0.42%		119	0.45%

	FY 2020-21		FY 2021-22	
	n	%	n	%
<i>Identified Behavioral Health Need</i>				
SUD with No/Unknown Mental Health Designation	13,528	54%	12,951	48%
Co-Occurring Mental Health Designation and SUD	4,471	18%	5,020	19%
Mental Health Designation without SUD	1,596	6%	2,279	9%
No Identified Behavioral Health Need	4,691	19%	5,046	19%
Unknown Behavioral Health Need	672	3%	1,431	5%

*Percentages may not total 100% due to rounding.

Table D.2 presents demographic attributes of all Medi-Cal members transitioning from CDCR incarceration in FY 2020-21 and FY 2021-22 that were enrolled into Medi-Cal within two years of release

	FY 2020-21		FY 2021-22	
	n	%	n	%
Total	25,525	100%	26,787	100%
<i>Race/Ethnicity</i>				
American Indian/Alaska Native	253	1%	236	1%
Asian/Pacific Islander	552	2%	546	2%
Black/African American	5,004	20%	5,223	19%
Hispanic	9,176	36%	10,876	41%
White	5,647	22%	5,665	21%
Other/Unknown	4,893	19%	4,241	16%
<i>Sex</i>				
Female	1,924	8%	1,748	7%
Male	23,601	92%	25,039	93%
<i>Age</i>				
Age 18-19	55	0%	0	0%
Age 20-24	2,048	8%	1,021	4%
Age 25-29	4,413	17%	4,117	15%
Age 30-34	4,929	19%	5,649	21%
Age 35-39	4,120	16%	4,739	18%
Age 40-44	3,286	13%	3,880	14%
Age 45-49	2,125	8%	2,383	9%
Age 50-54	1,690	7%	1,786	7%
Age 55-59	1,395	5%	1,379	5%
Age 60 and over	1,464	6%	1,833	7%
<i>Release Type</i>				
Parole	14,307	56.05%	15,554	58%
Post-Release Community Supervision (PRCS)	11,106	43.51%	11,113	41%
Direct Discharge	112	0.44%	120	0.45%
<i>Identified Behavioral Health Need</i>				
SUD with No/Unknown Mental Health Designation	13,852	54%	12,973	48%
Co-Occurring Mental Health Designation and SUD	4,556	18%	5,031	19%

	FY 2020-21		FY 2021-22	
	n	%	n	%
Mental Health Designation without SUD	1,635	6%	2,285	9%
No Identified Behavioral Health Need	4,798	19%	5,062	19%
Unknown Behavioral Health Need	684	3%	1,436	5%

*Percentages may not total 100% due to rounding.