ITUP
Insure the Uninsured Project

Issue Brief

Examining Incarceration Drivers and Promising Solutions Across Shasta, San Joaquin, and Stanislaus Counties

JUNE 2025

Introduction: Addressing Incarceration Through CalAIM'S Justice-Involved Initiative

California's justice-involved system faces significant challenges with high incarceration rates disproportionately impacting vulnerable populations. The Justice-Involved (JI) Initiative under the California Advancing and Innovating Medi-Cal (CalAIM) Initiative represents a critical effort to address the underlying health and social factors contributing to rising incarceration rates.[1] As of late 2024, the California counties of Inyo, Santa Clara, and Yuba have implemented the JI Initiative, with the remaining counties set to implement in 2026. Operating under a Section 1115(b) waiver approved by the federal administration, CalAIM aims to provide comprehensive support for JI individuals through expanded Medi-Cal coverage and targeted services under enhanced care management (ECM) services and community supports (CS) services.[2]

However, the CalAIM Initiative currently faces uncertainty due to potential funding pullbacks that threaten both Medi-Cal expansion and the JI Initiative.[3] Additionally, the 2024 passage of Proposition 36 introduces new considerations for how communities address issues related to the JI population.[4]

Purpose of this Issue Brief

This policy brief examines key social drivers of incarceration, promising interventions, and community-based solutions in three California counties—Shasta, San Joaquin, and Stanislaus—selected as they reflect the diverse needs and characteristics of rural communities seeking to embrace these benefits. By examining the unique challenges and approaches in each county, this brief will:

Identify
Key Social Factors Driving Incarceration

Analyze
Local Health and Social Service Gaps Affecting JI Populations

Highlight
Promising Interventions to Reduce Incarceration Rates

Document
Existing Community Plans and Their Effectiveness

Share
Lessons Learned Across Counties to Inform Future Policy Decisions

Understanding the Justice-Involved Initiative

The JI Initiative represents a groundbreaking approach to address the health needs of individuals transitioning from incarceration back into the community. The JI Initiative provides a targeted set of Medi-Cal services for JI individuals up to 90 days prior to release to ensure continuity of coverage upon their release and access to key services, which includes[5]:

- **Pre-Release Medi-Cal Application Assistance**
- **Enhanced Care Management (ECM) Services**
- **Community Supports (CS) Services**
- **Behavioral Health Treatment Services**
- **Substance Use Disorder (SUDs) Treatment**
- **Transitional Services**

By addressing both health and social needs of JI individuals, this initiative aims to reduce recidivism, improve health outcomes, and decrease overall system costs. However, the potential reduction in funding threatens to undermine these objectives just as implementation begins to show promising results.

The future of the JI Initiative hinges on the continuity of the CalAIM Initiative, which is currently set to sunset by the end of 2026.[2] Renewal or request for extension of California's 1115(b) waiver requires approval from the federal administration which is currently uncertain. The Trump administration announced the rescinding of Biden-era guidance on covering health-related social needs (HRSN) services and phasing out federal funding for Designated State Health Programs (DSHPs), both of which CalAIM falls under.[6]

County Profiles and Incarceration Fast Facts

SHASTA COUNTY (2022)[7]

- Daily average of **306** people in county jails
- **951** people in the state prison system
- **9,220** arrests
- **7,758** county jail admissions
- **312** people sentenced to state prison
- **1** County Jail
- **3** Juvenile Facilities
- Average of **306** people held daily in county jails
- Incarceration Rate: **663 per 100,000**[8]

SAN JOAQUIN (2021)[9]

- Daily average of **1,296** people in county jails
- **2,395** people in the state prison system
- **17,666** arrests
- **17,541** county jail admissions
- **942** people sentenced to state prison
- **2** County Jails
- **1** State Prison
- **4** Juvenile Facilities
- Average of **1,260 people** held in county jails in 2022
- Average of **2,363** people held in state prisons in 2022

STANISLAUS COUNTY (2021)[10]

- Daily average of **1,221** people in county jails
- **1,340** people in the state prison system
- **16,467** arrests made
- **15,221** county jail admissions
- **658** people sentenced to state prison
- Black individuals are arrested at **2.3xs** the rate of white individuals
- **3** County Jails
- **3** Juvenile Facilities
- Average of **1,327** people held daily in county jails

Overarching Social Factors Driving Incarceration

The five key social factors driving incarceration form a destructive, self-reinforcing cycle that affects marginalized communities across all types of counties. Black and Latinx Californians are disproportionately incarcerated at higher rates than their white counterparts. In addition, many prisons are located in racially privileged communities and areas that economically benefit from the presence of for-profit facilities. This geographic and racial disparity not only perpetuates incarceration but also creates a political power imbalance, siphoning representation from communities of color to white rural areas—further entrenching the very inequities that drive justice involvement.

5 PILLARS DRIVING INCARCERATION

Socioeconomic Instability[11]

Poverty, Unemployment, & Homelessness

Increased Risk of Justice System Contact

Behavioral Health Service Gaps[12]

Untreated Conditions & Lack of Access

Criminalization of Mental Illness

Substance Use & Related Issues[13]

Addiction, Drug Trafficking, & Crime

Intersects with Behavioral Health & Poverty

Structural Inequities[14]

Systemic Racism

Racial Disparities in Policing & Sentencing

Community Resource Deficiencies[15]

Lack of Reentry & Job Programs

Recidivism Risk

SYSTEMIC GAPS IMPACTING JUSTICE AND RECOVERY

Behavioral Health Service Gaps[16, 17]

- Limited Treatment Resources
- Rural Access Barriers
- Inadequate Coordination in Systems

Housing Instability and Homelessness[18, 19, 20]

- Insufficient Affordable Housing Options
- Scarce Supportive Housing
- Gaps in Transitional Housing Options

Substance Use Disorder Treatment Deficiencies[21]

- Limited Treatment Facilities Capacity
- Insufficient Integration of Services
- Weak Long-Term Recovery Support Systems

Systemic Coordination Challenges[22]

- Disconnected Agencies
- Fragmented Delivery Services
- Poor Reentry and Transition Services

Workforce Development Limitations[23,24]

- Inadequate Job Training Programs
- Insufficient Economic Opportunities
- Limited Sustainable Employment Pathways

Promising Interventions – Disrupting Recidivism

Increasing the reliance of community-based alternatives to incarceration does not lead to higher crime or recidivism rates. However, the following strategies have demonstrated strong effectiveness in achieving public safety goals.

- **Intensive Supervision with Swift Response[25]**

This model keeps individuals in the community under close supervision, using immediate proportionate responses to address violations. California's 'flash incarceration' policy reflects this approach, substituting short jail stays for longer revocations.[26,27] Unfortunately, counties report that new local charges remain more common than supervision violations or flash incarceration.[28]

- **Housing First Stabilization Programs**

The Housing First approach tackles recidivism by providing immediate, permanent housing without requiring sobriety or treatment compliance.[29] By stabilizing basic needs first, these programs reduce returns to custody and support long-term outcomes. Effective implementation involves collaboration among corrections, housing agencies, and service providers to identify high-risk individuals' pre-release, secure housing, and deliver wraparound support.[30] This model complements intensive supervision by offering stability essential for success, while also reducing costs linked to repeated incarceration and homelessness.[31]

- **Targeted Services Based on Risk-Need-Responsivity (RNR)**

Programs following the RNR framework have proven particularly effective in disrupting recidivism by addressing risk, need, and responsivity factors by[32,33]:

- Implementing risk assessment tools to identify and target high-risk offenders for intervention.
- Tailoring interventions to address specific criminogenic needs contributing to reoffending.
- Customizing approaches to align with offenders' learning styles and motivations for more effective rehabilitation.

When implemented in coordination, these interventions establish a comprehensive policy framework for reducing recidivism. By aligning swift accountability measures with targeted treatment of risk factors for reoffending and stable housing solutions, counties can address the root social determinants of incarceration in a more holistic and effective manner. This integrated approach not only delivers better public safety outcomes, but also proves more fiscally responsible than continued reliance on incarceration. Long-term success depends on sustained cross-sector collaboration among justice systems, health care providers, housing agencies, and community-based organizations (CBOs) committed to the shared goals of rehabilitation and reintegration.

Insights on Community Plans and Implementation

SHASTA COUNTY INITIATIVES

Shasta County has implemented alternative sentencing programs to address its high rate of misdemeanor arrests, particularly focusing on women.[34] These programs aim to divert individuals from incarceration toward treatment and support services. Shasta County's Alternative Custody Programs allows qualified sentenced inmates to serve their time outside the physical confines of the Shasta County Jail through work programs, electronic monitoring, and Day Report Centers. These initiatives target key social drivers of incarceration in the county, including high housing costs that fuel homelessness and instability, gaps in behavioral health services, increased exposure to drug trafficking due to the county's location, and the disproportionate impact of low-level offenses on women.[35] The program aims to keep families together, lower correctional costs, support employment retention, ease community reentry, and offer more effective, practical rehabilitation.

Implementation Barriers: Implementation is difficult due to limited resources in rural areas, strict transportation requirements—like needing a personal vehicle—and a lack of support for people with medical conditions.[35] Moreover, the program's punitive response to absences and tardiness, including the potential for return to custody, conflict with the outlined rehabilitative goals.[35] This approach risks penalizing individuals for behaviors often rooted in the very issues the program aims to address, such as mental illness, substance use, and housing instability.

SAN JOAQUIN COUNTY INITIATIVES

San Joaquin County employs collaborative models connecting criminal justice, health care, and social services to address its complex drivers of incarceration: poverty, systemic racism, untreated mental illness, homelessness, and limited community resources. These partnerships focus on pre-release coordination, ECM, and housing support services to address social determinants of health (SDoH) which are critical to reducing recidivism.

The county participates in the Female Community Reentry Program (FCRP), allowing eligible incarcerated women to serve their final months in community settings with gender-responsive, rehabilitative services. This phased program provides individualized support for family reunification, education, employment, health care, recovery, and housing, directly addressing the socioeconomic factors driving women's incarceration.[36]

Implementation Barriers: The FCRP's strict eligibility criteria exclude many women with complex needs, particularly those with recent behavioral issues originating from untreated conditions. San Joaquin County faces ongoing challenges with sustainable behavioral health funding, affordable housing, racial equity in access, and fragmented services. These systemic issues further complicate efforts to provide comprehensive support for JI individuals who often have multiple, overlapping needs.

STANISLAUS COUNTY STRATEGIES

Stanislaus County has implemented targeted youth intervention programs, community-based alternatives, and CalAIM coordination to address racial disparities, economic hardship, and gang activity driving incarceration. The $44.4 million Re-Entry and Enhanced Alternatives to Custody Training (REACT) Center provides 288 beds, transitional housing, and programming designed to bridge incarceration and reentry through education and counseling services.[37] Additionally, the Public Defense Pilot Program provides comprehensive reentry support, job training, and case management to reduce recidivism.[38]

Implementation Barriers: The REACT Center represents significant infrastructure development, however ensuring equitable access to its programs across demographic groups remains a challenge. The Homeboy Industries model shows promise but faces funding sustainability issues and struggles to scale sufficiently to meet countywide needs.[39] Cultural responsiveness initiatives aim to address diverse community needs but require consistent staffing with appropriate linguistic and cultural competencies which are often difficult to recruit and retain. Existing transitional programming has insufficient capacity to provide gaps in the continuum of support needed to effectively reduce incarceration rates.

While coordination with CalAIM managed care plans (MCPs) offers opportunities to leverage health care resources for JI populations, bureaucratic barriers between health and justice systems may impede effective integration. Additionally, addressing underlying economic hardship and gang activity requires comprehensive prevention strategies.

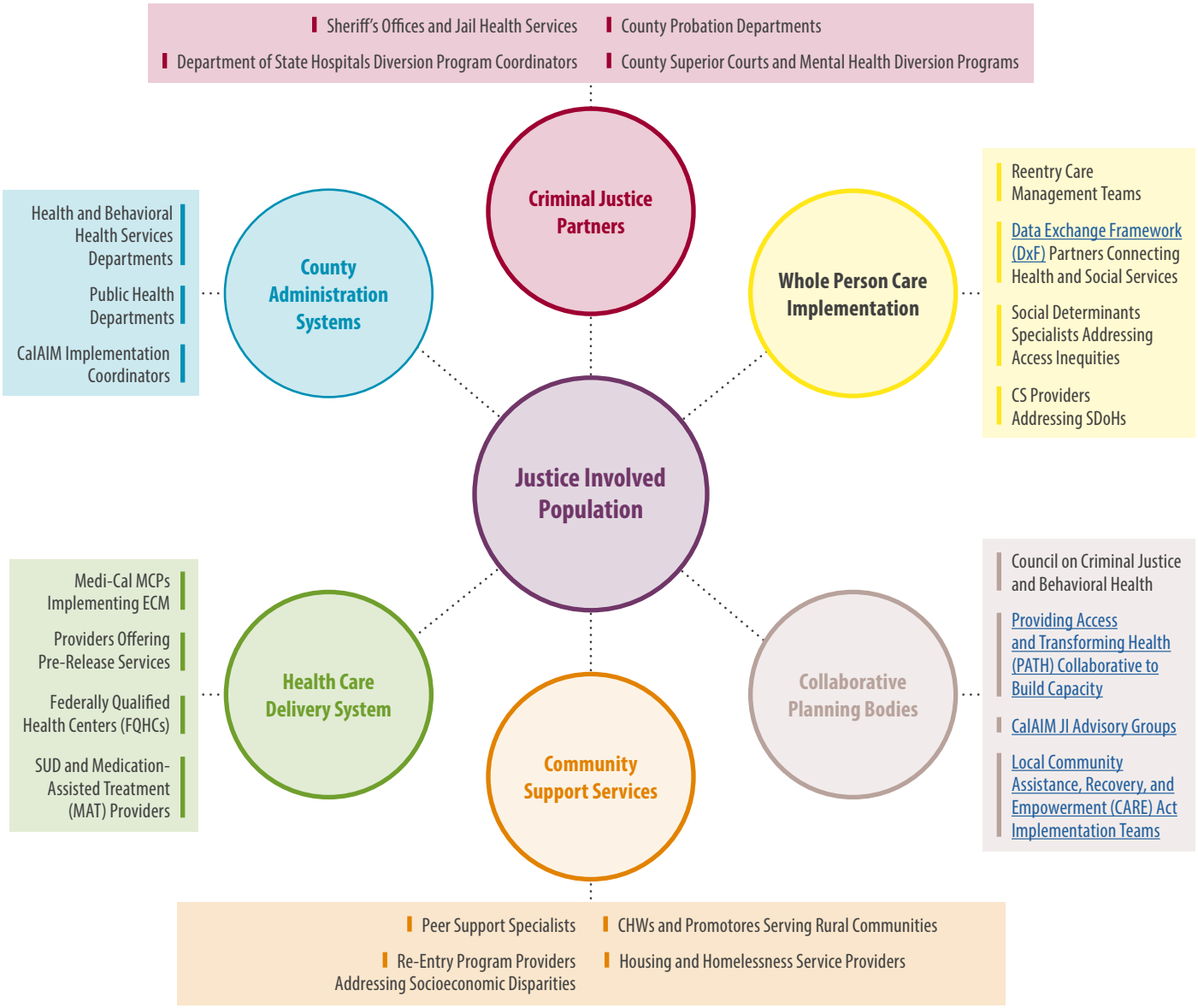
Community Power Building: Stakeholders Critical to Implementation

Beginning in May 2025, ITUP has worked across Shasta, San Joaquin, and Stanislaus County facilitating stakeholder meetings to identify community needs and strategic goals to better enable the JI benefit for their respective communities. **The following section of this issue brief identifies key stakeholders necessary to meaningfully engage and ensure successful health care delivery service to this population of focus**.

To improve health outcomes for JI populations in rural California, stakeholders must integrate their expertise with existing health care frameworks. County officials, community organizations, and formerly incarcerated individuals should form collaborative partnerships to identify the unique health care barriers that exacerbate socioeconomic health disparities in rural communities.

Partnering strategically with Medi-Cal MCPs allows stakeholders to tailor ECM services to the needs of JI individuals and ensure that community health workers (CHWs) use trauma-informed care. Rural stakeholders play a critical role in advancing CS services that address key SDoHs—particularly housing, transportation, and food security—issues that are often more severe in remote communities.

Achieving sustainable impact requires long-term funding for reentry care management and strong partnerships with local employers to create meaningful jobs that improve economic stability, health outcomes, and reduce recidivism among JI rural Californians. Effective service delivery in these communities depends on strategic collaboration across multi-sectoral stakeholders, who together bridge system gaps and integrate clinical care with social interventions to form a continuum that supports health and reentry success in resource-limited areas.



Lessons and Insights Learned Across Counties

1 Racial Equity Must be Centered

Addressing racial disparities requires intentional strategies, data monitoring, and community engagement.

2 Integrated Approaches Work Best

Counties showing the most promise combine surveillance with comprehensive services addressing SDoHs.

3 Housing Stability is Fundamantal

Access to stable, affordable housing emerges as a critical factor in reducing recidivism across all counties.

4 Diversion from Incarceration for Minor Offenses

Reducing incarceration for misdemeanors, particularly for women, shows promising outcomes for both individuals and systems.

5 Community-Based Alternatives are Cost-Effective

Even when outcomes are similar, community-based approaches typically cost less than incarceration.

Policy Recommendations

Preserve CalAIM JI Funding

Advocate for continued funding of the JI Initiative to maintain momentum on promising interventions.

Expand Data Collection and Analysis

Implement consistent metrics across counties to identify the most effective strategies and inform resource allocation.

Strengthen Cross-System Coordination

Develop formal mechanisms for coordination between criminal justice, health care, housing, and social service systems.

Target High-Risk Populations

Focus resources on individuals at highest risk of reoffending, using evidence-based assessment tools.

Address Proposition 36 Implications

Develop strategies to harmonize Proposition 36 requirements with CalAIM JI Initiatives.

Expand Housing-First Approaches

Increase investment in permanent supportive housing and rapid rehousing for JI individuals.

Conclusion

The JI Initiative under CalAIM represents a critical opportunity to address the complex factors driving incarceration in California counties. The experiences of Shasta, San Joaquin, and Stanislaus counties highlight both common challenges and unique local contexts that must inform implementation.

Despite funding uncertainties and the impact of Proposition 36, continued investment in community-based alternatives that combine supervision with targeted services addressing SDoHs remain essential. By learning from local innovations and challenges, California can advance more effective, equitable strategies to reduce incarceration and improve community well-being. At this critical juncture, sustaining support for the JI Initiative—while strengthening data collection and cross-system coordination— is vital to building on progress and addressing persistent challenges statewide.

Key Terms

CalAIM Justice-Involved Initiative: Helps eligible Californians in jail or prison get connected to community healthcare when they are released. It also provides services for up to 90 days before release to improve their health and prepare for care after they leave.[40]

Community Health Workers (CHWs): Trusted public health workers who connect healthcare providers with the community. They help people access healthcare and social services by understanding the community's needs and challenges.[41]

Community Supports (CS) Services: Local services offered by Medi-Cal plans to meet social needs and help members avoid costly care like hospital stays or ER visits.[42]

County Jails: Short-term facilities for individuals awaiting trial, sentencing, or serving brief sentences, typically less than a year. County jails, operated by local governments, mainly house those awaiting trial or serving short sentences.[43]

Criminogenic Needs: Parts of a person's life that increase their chances of committing crimes again. Research shows six key factors linked to criminal behavior: low self-control, anti-social personality, anti-social beliefs, hanging out with other criminals, substance abuse, and problems within the family.[44]

Designated State Health Programs (DSHP): State-funded health initiatives that offer safety-net services to low-income or uninsured individuals.[45]

Enhanced Care Management (ECM): A Medi-Cal service that offers personalized, community-based care for members with the greatest needs.[46]

Flash Incarceration: A short stay, usually one to ten days, in county jail for breaking probation or supervision rules. It allows probation agencies to address minor violations without a long-term revocation.[47]

Health-Related Social Needs (HRSN): Unmet social conditions that harm health. When not addressed, they can lead to coverage gaps, higher medical costs, worse health outcomes, and increased health inequities, especially for at-risk individuals and underserved communities.[45]

Housing First: An approach in California that helps people get permanent housing right away, then offers support services if needed, without requiring things like treatment or sobriety first.[48]

Juvenile Facilities: Short-term confinement for youths who have been arrested but not yet tried. It's used when the court believes the youth may commit more crimes or flee before the trial.[49]

Managed Care Plans (MCPs): Healthcare plans that control costs and quality by working with specific doctors and facilities. They focus on prevention, coordinate care through primary doctors, and may offer extra services like case management.[50]

Pre-Release Medi-Cal Application Mandate: Requires counties to help people in jails and correctional facilities apply for Medi-Cal before they are released.[51]

Promotores: Volunteers or paid workers and are also called patient liaisons, peer educators, health advocates, family educators, outreach workers, or system navigators.[52]

Proposition 36: Permits felony charges for drug possession or theft under $950 if the defendant has two or more prior convictions for similar offenses.[53]

Public Defender: A lawyer who represents people who can't afford to hire their own lawyer. They work for a government-funded public defender service and are assigned by the court to defend people.[54]

Recidivism: When a person returns to criminal behavior, usually after being punished or receiving help for a past crime.[55]

Re-Entry Programs: Organizations that help people adjust to life after prison by offering resources and support. They assist with challenges like finding a job, housing, and mental health care, with the goal of reducing reoffending and improving public safety.[56]

Risk-Need-Responsivity (RNR): A crime prevention model based on behavior science. It uses assessments to find out what services a person needs to help reduce repeat offenses and improve outcomes for both individuals and the community.[57]

Section 1115(b) Waivers: Allow states to try new ways of running Medicaid programs, as long as the changes help meet Medicaid's goals. These waivers give states more flexibility than usual federal rules allow.[58]

Social Determinants of Health (SDoH): The non-medical factors that impact health. These include the conditions where people are born, grow, live, work, play, worship, and age, along with larger societal influences on their lives.[59]

Social Drivers of Incarceration: Social and environmental conditions that make it more likely for someone to go to jail or return there. These include things like poverty, low education, poor health, and unequal access to resources. They are the deeper reasons, often tied to unfair systems, that lead people to prison.[60]

State Prison System: Operated by state governments, house inmates convicted of violating state laws. For example, the California Department of Corrections and Rehabilitation manages the state's prison system. These facilities typically incarcerate individuals convicted of violent crimes like murder, rape, and assault with a deadly weapon. State prisons also feature varying levels of security.[61]

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About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and community-informed policy solutions that expand access to equitable health care and improve the health of all Californians.

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