

**County of Sacramento
Department of Health Services
Primary Health Division**

Request For Letters of Interest (LOI) No. PRI/036

Adult Correctional Health Program, California Advancing and Innovating Medi-Cal Justice Involved Initiative (CalAIM JI)

The County of Sacramento, Department of Health Services (DHS), Adult Correctional Health Program is seeking a qualified agency(ies) to provide Enhanced Care Management (ECM) services under CalAIM JI. This initiative aims to expand pre-release services for justice-involved individuals within Sacramento County jails and those transitioning back into the community, connecting them to Primary Health, Behavioral Health, and other reentry services and supports.

Sacramento County operates two adult correctional facilities with an average daily population of approximately 3,300 adults, and more than 34,000 individuals are booked into the County jail each year. On average, 2,400 patients are discharged monthly, highlighting the need for effective coordination and continuity of care. The selected contractor(s) will play a vital role in supporting successful reentry and reducing health disparities by ensuring seamless care transitions. Pre-release services are initiated at intake and may continue post-release to promote stabilization and successful reintegration into the community, including development, implementation, and oversight of individuals' whole-person care plans that are designed to address both clinical and non-clinical needs of justice-involved individuals.

The Agency(ies) MUST meet ALL of the following minimum requirements:

1. Single agency responses only. No collaborations, partnerships, multi-agency or fiscal sponsorship responses will be accepted.
2. Be located within and currently deliver services in Sacramento County.
3. Have policies and procedures for HIPAA compliance, patient confidentiality, and information sharing with correctional facilities.
4. Must be a Medi-Cal enrolled provider or able to become enrolled prior to contract execution.
5. Must have the ability to contract with Sacramento County Medi-Cal Managed Care Plans (MCPs).
6. Must have one year of experience providing services (e.g., case management, pre-release, etc.) within a county jail system.
7. Have at least three years of experience successfully providing health, behavioral health, and case management or reentry services to high-need and justice-involved populations, including demonstrated ability to link individuals to appropriate services such as health plans, primary care providers, pharmacy services, mental health providers, and dental care.
8. Experience addressing health disparities, social determinants of health and barriers to receiving care for justice-involved communities, including but not limited to linkage to transportation, housing, and social support programs.
9. Have a mission that includes a focus on individualized and whole-person care, an understanding of health concerns, and the ability to provide patients with necessary knowledge and information to improve health outcomes of priority populations.
10. Demonstrated experience delivering behavioral health services, including mental health and substance use treatment, with the ability to coordinate timely linkages to care through Sacramento County Behavioral Health and community-based providers to justice-involved individuals.

LOI Release date: November 17, 2025

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11. Have an existing operational structure in place for care coordination for both pre- and post-release populations, and the capacity to conduct pre-release screenings for 7,500–15,000 individuals annually in accordance with DHCS guidelines.
12. Have established or planned partnerships with correctional facilities, community-based organizations, housing providers and behavioral health agencies.
13. Willingness to participate in multidisciplinary care team meetings and cross-system collaboration.
14. Must sign a Sacramento Health Information Exchange (SHIE) Data Sharing Agreement (DSA) with Sacramento County, DHS to gain access to shared data and commit to utilizing the SHIE as an integral tool for care coordination.
15. Possess the capacity and system(s) to track, monitor, evaluate and report progress towards meeting multiple contract deliverables (e.g., care coordination, appointment follow-up, service utilization).

Interested organizations must respond using the form at the end of this document by the due date (see below). The form must include your organization's information – legal name, address, phone, e-mail, contact name, and must be signed by a person with contract signing authority for the organization. Electronic and/or scanned authorized signatures will be accepted.

The successful applicant(s) shall be required to sign a Sacramento County contract and must agree to all terms and conditions of the contract with Sacramento County.

This will be the only advertisement of this public notice of request for LOI. The County of Sacramento reserves the right to cancel this public notice and/or issue a Request for Proposals (RFP) for these services, to reject any or all LOIs and/or proposals, and to determine which LOI and/or proposal shall be accepted. Only those agencies that successfully respond to this public notice are eligible to participate in the RFP for these services if an RFP is utilized in the future. In addition, the County reserves the right to make a contract award to one or more bidders for all or part of the services.

Responses are due and must be emailed to dhs-pri-ach-calaimji@saccounty.gov as a PDF file attachment or as a zipped file by 5:00pm (PST) on December 1, 2025. The following will not be accepted: hard copies of responses that are delivered to County locations, emailed responses to any other email address, or faxed responses. Late submissions will not be accepted.

Email subject line should include organization name and LOI number (example: Smithsonian, LOI PRI/036 Response). An emailed receipt of delivery will be sent in response to all emails containing LOI responses. DHS will reject any submissions not substantially meeting all LOI requirements.

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Organization's Legal Name:	
Address:	
Phone:	
E-Mail:	
Contact Name:	

Submission of the Letter of Interest serves as notice that our organization is interested in applying for LOI # PRI/036

Minimum Organization Requirements:

The Agency MUST meet ALL of the following minimum requirements:

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I hereby certify that my organization meets the above minimum requirements:

Signature

Date

Printed Name

Title