



OPPORTUNITIES FOR HEALTH PROVIDERS TO PARTNER WITH JUSTICE SYSTEMS

Regardless of care setting, payment arrangement, or specialty, healthcare providers share the same goals: provide high-quality, cost-effective care that improves individual and community health. However, stakeholders throughout the healthcare sector know that these outcomes cannot be determined through medical interventions alone. Despite the increased attention on social drivers of health, one significant factor is often overlooked: Incarceration.



Jails exacerbate underlying health challenges and often do not have the services to support people with mental health needs or substance use disorders, often the very conditions that drove an individual to entanglement with the justice system. An individual may leave a carceral setting having received insufficient care for chronic conditions or without health insurance to access necessary community-based services. This often leads to increased utilization of emergency healthcare services and, alarmingly, a higher mortality rate in the first two weeks post-reentry. To find more information about the connection between criminal justice and unmet health needs, please see COCHS' document "Breaking the Cycle: The Expanding Role of Medicaid in the Criminal-Legal System."

This white paper describes upcoming Medicaid policy developments that will impact how healthcare is delivered in carceral settings and opportunities to partner with criminal-legal entities to improve individuals' health inside and outside of carceral settings.

POLICY BARRIERS TO CARE



Medicaid policy plays a role in collaboration between correctional and community-based healthcare services. The Social Security Act forbids Medicaid from paying for most services while an individual is an "inmate of a public institution," including jails, prisons, and juvenile justice facilities. This means that people lose access to Medicaid with every booking. Upon release, it can take weeks or months for Medicaid agencies to reinstate medical and pharmacy benefits which impedes timely access to care.

The Consolidated Appropriations Act of 2023 made substantial changes to how Medicaid operates for incarcerated juveniles. Beginning in 2025, states must provide Medicaid's screening and diagnostic benefits to sentenced juveniles thirty days before release from a jail, prison, juvenile justice facility or other "public institution." It also requires thirty days of targeted case management before and after release. The law also allows states to opt to maintain Medicaid benefits for pretrial juveniles.

While federal legislators continue to work on statutory changes, the federal government is approving state Medicaid waivers that would allow for Medicaid dollars to be used for incarcerated people. These waivers would support people before they leave incarceration and allow for enhanced support for people during the critical reentry period.

Examples of submitted waivers pending federal approval:

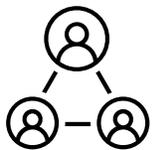
- **Kentucky:** Would provide **SUD treatment** to eligible incarcerated members throughout period of incarceration (including pretrial) and enroll eligible members into a Medicaid program thirty days prior to release.
- **Utah:** Would provide **full set of Medicaid State Plan** benefits to eligible members thirty days prior to release. Eligibility criteria includes chronic physical or behavioral health condition, mental illness, or opioid use disorder.
- **Arizona:** Focused on members at **high risk of experiencing homelessness**, waiver would provide Medicaid-reimbursable reentry services (case management, coordinating housing, linkages to physical and behavioral providers) to members thirty days prior to release.

Source: [State Policies Connecting Justice-Involved to Medicaid Coverage and Care, Kaiser Family Foundation](#)

OPPORTUNITIES TO SUPPORT CRIMINAL-LEGAL REFORM

Leading healthcare policy institutions have identified the harms of and policy barriers to effective care for justice-involved populations. As the industry leader of health strategy for people leaving incarceration, COCHS has identified ways that healthcare stakeholders can leverage present policy and funding levers in order to improve the health of individuals and communities:

Seek federal dollars for collaboration with justice partners: Federal health agencies have provided funding to jurisdictions that are interested in tackling reentry health challenges. Partnerships between the criminal-legal and health systems can be supported through a variety of funding streams, such as grants to deploy the SAMHSA’s [Sequential Intercept Model](#) or the Health Resources Services Administration’s [RCORP grants](#).



Example: Hawai‘i Island Community Health Center has received over \$1 million in various grants from HRSA that strengthen the health system’s relationship to the criminal-legal systems. Through an RCORP grant and a rural health network planning grant, HICHC has convened health and justice partners to map out the relationship between health and justice systems. This data was used to create a health-justice collaborative

focused on improving access to care upon release and establish a foundation and workflow to support justice-involved populations.

Initiate data-sharing initiatives: While the healthcare system has transitioned to electronic health records (EHRs), many jails and prisons have not had the incentive structure or federal push to transition to electronic healthcare record-keeping systems. Many jails keep analog records or use electronic systems that are not created with data-sharing in mind. As a result, correctional health staff have no way to access individuals’ previous

medical records and healthcare providers rarely receive records of treatment provided while incarcerated.

- **Example:** The **Camden Coalition** has established a data-sharing agreement with the county jail in which correctional health providers are able to view a limited medical history while Camden Coalition care teams are made aware of care delivered within the jail. The agreement ensures that sensitive information is securely stored and that shared patients are informed of and consent to information disclosure.

Support reentry through enrollment, in reach, and care management: Medicaid enrollment and engagement with services is a crucial factor for individuals leaving the criminal-legal system, particularly for people with substance use disorder or serious and persistent mental illness. While individuals may not receive most Medicaid-covered services while incarcerated, many states have applied waivers to allow targeted services, enrollment, and care management programs pre-release. Healthcare entities can support these efforts by funding and staffing programs, ensuring quality control, and establishing relationships with correctional facilities to ensure seamless transitions.

- **Example:** California has received funding to support Medi-Cal services and enrollment for people transitioning from incarceration, including 90 days of services pre-release from incarceration. This project offers intensive coordination through statewide Enhanced Care Management benefit that covers adults and youth who are transitioning from incarceration and provides access to community supports prior to reentry.

THE FUTURE

Many people are stuck in a feedback loop of poor health outcomes and frequent incarceration. Community health providers must play a key role in breaking this cycle by partnering with the justice sector and offering high-quality services behind bars and connections to community systems. COCHS is ready to help you prepare for these important conversations. As criminal-legal and healthcare systems come together to meet this challenge, we aim for a future where everyone can be healthy and safe.

