The Health and Reentry Project

Improving health and safety as people return to communities
Four Subjects of Today’s Presentation

The Relationship Between Health and Incarceration

The Medicaid Reentry Policy Landscape

The Health and Reentry Project (HARP)

HARP’s Roadmap, Redesigning Reentry
The Impact of the Criminal Justice System on Health

A range of research documents significant health challenges for people who have been incarcerated, including:

• In the weeks and months following release, rates of hospitalizations and mortality are higher for formerly incarcerated Medicare beneficiaries than other Medicare beneficiaries

• People leaving incarceration are:
  – 12 times more likely to die in the two weeks following release (in Washington state) than are other groups
  – Far more likely to die of an overdose post-release (129x in research done in Washington state; 40x in research done in North Carolina)
  – More likely to use emergency room and other hospital services in the year following arrest, probation or parole

• Research that studied people leaving incarceration over four decades found higher rates of mortality for Black people who had been incarcerated than for other groups, including non-Black people who had been incarcerated
The Relationship Between Incarceration and Community Health

People who are incarcerated have significant health and behavioral health needs
- People who are incarcerated have higher rates of many chronic physical conditions than the general population
- Nearly two-thirds of people in jails and half of state prisoners have a mental health condition
- About two-thirds of people who are incarcerated have SUD

Outcomes at release are unfavorable
- High rates of ER use
- High rates of death
- Negative impact on families and communities
- Risk of recidivism

Each year, more than a million people are in prison. About 9 million people enter jail, many for short stays
- Disproportionately BIPOC and poor
- Generally, low rates of recent engagement with health care
Historically, Medicaid Has Not Covered Services During Incarceration

• Over time, as more people have gained health coverage, progress has been made connecting people to Medicaid coverage and services after they are released

• Medicaid law prevents Medicaid from paying for any services -- except for inpatient community hospital stays
  – Medicaid beneficiaries who are incarcerated can remain enrolled
  – The “inmate exclusion” was established when Medicaid was created in 1965, primarily to prevent cost-shifting to the federal government
  – The exclusion is increasingly seen as a barrier to continuity

• Allowing Medicaid to cover some services at reentry offers potential to improve continuity of care, access, and outcomes
Major Proposals to Change Medicaid’s Role at Reentry

Proposals to change the inmate exclusion, especially at reentry, have gained traction in recent years. They have progressed in two ways:

**FEDERAL LEGISLATION**
- Medicaid Reentry Act
- Bipartisan, bicameral bill
- Would require Medicaid coverage of services to eligible incarcerated people for 30 days pre-release
- Applies in all states; is not optional
- Passed U.S. House 3 times, but not U.S. Senate

**MEDICAID WAIVERS**
- States can adopt and test new approaches, subject to federal approval
- CMS is reviewing 11 states’ Medicaid reentry waiver proposals
- Each would cover services pre-release but vary with respect to:
  - Covered services
  - Eligible population
  - Period of coverage
- CMS is developing reentry waiver guidance for all states
HARP Phase One: Goal and Process

**HARP’s Goal**

To help states, the federal government, local governments, and relevant stakeholders maximize the benefits of proposed Medicaid policy changes for public health and public safety.

**HARP Phase One Process**

- Guided by cross sector Advisory Committee
- Informed by 16 Expert/Stakeholder Interviews
- Multi-sector stakeholder Convening with 70 Participants
- Published “Medicaid and Reentry,” March 2022
- Published “Redesigning Reentry,” July 2022
- Dissemination of Findings
Three Elements of Redesigning Reentry

Guiding Principles for Changing Medicaid’s Role at Reentry

A New Care Model to Support Successful Reentry

7 Essential Actions for Implementing Medicaid Reentry Policies
Guiding Principles HARP Synthesized from Stakeholder Input

- Strengthen Continuity of Care
- Help People Return to Communities “Healthy and Whole”
- Advance Equity
- Support Evidence-based, Clinical Services
- Increase Access to Community Services
- Reinvest State and Local Savings Generated by New Policies in Services
A New Care Model to Support Successful Reentry

Stakeholders identified key elements of an approach to health care delivery that focuses on the specific needs of people leaving incarceration.
Seven Key Actions for Policymakers

1. **Align Health Care Services** Provided in Correctional Settings with Community-Based Standards of Care
2. **Account for Key Differences** Between Prisons, Jails, and Juvenile Justice Facilities
3. **Invest in Systems and Infrastructure** to Promote Continuity and Quality of Care
4. Increase Investments in **Community-based Health Care Services**
5. **Strengthen the Workforce** to Meet the Needs of People Leaving Incarceration
6. **Coordinate and Collaborate with** Health, Justice System Stakeholders and Directly Impacted People
7. **Measure and Evaluate** the Impact of New Medicaid Policies
HARP Partners and Funders

PARTNERS

Viaduct Consulting
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FUNDERS

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HARP Resources

Providing Health Care at Reentry is a Critical Step in Criminal Justice Reform, a HARP blog published by the Commonwealth Fund (September 2022)

Redesigning Reentry: How Medicaid Can Improve Health and Safety by Smoothing Transitions from Incarceration to Community (July 2022)

Medicaid and Reentry: Policy Changes and Considerations for Improving Public Health and Public Safety (March 2022)

Available at: www.counciloncj.org/health-and-reentry-project