

THE FEDERAL INTERAGENCY REENTRY COUNCIL

A Record of Progress and a Roadmap for the Future

Health Care, Treatment, and Benefits



AUGUST 2016



To view the full report, visit:

<http://csgjusticecenter.org/wp-content/uploads/2016/08/FIRC-Reentry-Report.pdf>

Improving access to health care, treatment, and benefits for justice-involved individuals and families

The Challenge. The incarcerated population carries a high disease burden, with substantially higher rates of medical, psychiatric, and addiction problems than the general public.⁷⁵ Approximately half of those in prison or jail report having had a chronic condition and almost 20 percent report having had an infectious disease.⁷⁶ In terms of behavioral health, more than half of individuals in prison or jail report having a mental health condition,⁷⁷ and about half (53 percent of all state prisoners and 45 percent of all federal prisoners) met the DSM-IV criteria for drug dependence.⁷⁸ These rates are significantly higher than the general population.

While some prisoners receive the treatment and care they need while incarcerated, many do not. The gap is particularly acute when it comes to substance use disorders and mental illness, where less than 20 percent of those who need treatment get it.⁷⁹ After release, there is often even less care in the community. Yet the research is clear: continuity of care is essential if we want to see health and safety benefits.⁸⁰ Overdose from opioids, for example, was the leading cause of death for former prisoners, with highest risk present in the first week of release.⁸¹ Whether it be for substance use disorders, mental illness, infectious or chronic conditions, continuity of care must be a priority, particularly in the first days and weeks after release when the risk of relapse, reoffending, and even death, is most acute.⁸²

The Path Forward. The Reentry Council is committed to expanding health care coverage and continued access to treatment in order to help lower health care costs, hospitalizations and emergency department visits, and to decrease mortality and recidivism for justice-involved individuals. In addition to ensuring access to health care, the Reentry Council will help reentering individuals get back on their feet by facilitating access to the federal benefits they may be eligible for. Since many incarcerated individuals leave prison with little more than a bus ticket and small amount of money, access to key social safety net programs, like SNAP or Social Security, immediately upon release can help stabilize the critical time after incarceration when individuals are most at risk of relapse and reoffending. The Reentry Council will continue to ensure that the opportunities provided by reforms such as the Affordable Care Act will expand access to appropriate physical and behavioral health interventions and will continue to facilitate access to other forms of public assistance after a person is released from incarceration.

Reentry Council Accomplishments:

» **Facilitated access to health care coverage.** HHS issued [Medicaid guidance](#) which clarifies that states can suspend, rather than terminate, Medicaid eligibility and cannot refuse to determine Medicaid eligibility based on incarceration. The guidance indicates that, while states may suspend Medicaid enrollment for individuals during periods of incarceration, or suspend coverage (with procedures to permit non-excluded coverage), they should also have procedures

in place to ensure that any suspension is lifted promptly when inmate status ends. Such policies help ensure active Medicaid coverage at reentry and timely access to the full array of Medicaid-covered services upon release. The guidance also clarifies coverage of certain Medicaid-eligible individuals living in community halfway houses (where they have freedom of movement), a policy clarification that increases access to care for as many as 96,000 individuals over the course of a year. HHS also released [guidance](#) for justice-involved individuals seeking to purchase private health insurance through the Health Insurance Marketplace.

» **Strengthened the continuity of care.** HHS sponsored a conference to share [strategies](#) for improving the continuity of care by using health information technology to connect community and correctional health care providers. HHS also issued [guidance](#) allowing Health Information Technology for Economic and Clinical Health (HITECH) Act funding for expenditures related to connecting eligible providers to other Medicaid providers, including correctional health care providers. This guidance supports interoperability to facilitate better care coordination and case management. DOJ provided funding to create [State Profiles of Health Care Information for the Criminal Justice System](#) to assist criminal justice professionals in understanding the health care environment in their state.

“It is important to understand the critical role access to health care plays in successful returns to the community for so many Americans trying to change their lives.”

**Richard Frank,
Former Assistant Secretary
for Planning and Evaluation,
U.S. Department of Health
and Human Services**

» **Improved the quality of health care.** HHS allocated \$9.2 million for a [reentry program](#) to support substance use disorder treatment, recovery support, and capacity building skills for formerly incarcerated individuals. HHS also launched the [Health Improvements for the Reentry Population \(HIRE\)](#) demonstration grants which provided \$1.5 million in funding to improve HIV/AIDS health outcomes of formerly incarcerated persons by supporting community-based efforts to ensure their successful transition from state or federal incarceration back to their communities. In addition, HHS clarified the requirements for providing services to justice-involved individuals across an array of health care settings that receive funding through Medicare and Medicaid. This [guidance](#) to surveyors seeks to assure high quality care is provided that is consistent with essential patient rights and safety for all individuals.

» **Improved accessibility of state-by-state information and resources on health care for the criminal justice population.** DOJ supported the creation of a [centralized online interactive map](#) that consolidates information and resources by state pertaining to health care coverage for the justice-involved population.

- » **Increased access to health care coverage and continuity of care for the justice-involved population.** DOJ has incentivized criminal justice agencies and reentry professionals to promote enrollment in health care coverage and create stronger links to health care services for the reentering population. Through such grant programs as Second Chance Act programs, Justice and Mental Health Collaboration Program, Adult Drug Court Program and others, BJA has encouraged grantees to adopt practices to improve access to health care for the populations they serve and supported special training for technical assistance providers. Additionally, BJA instituted performance measures for its grantees in order to capture data on enrollment activities and eligibility, requiring grantees to report directly on the numbers of individuals they serve that have access to health care, are eligible for health care coverage, and had been enrolled in public or private health care coverage.
- » **Created tools for corrections agencies to improve access to health care upon reentry.** DOJ published a toolkit, *Health Care Reform, The Patient Protection and Affordable Care Act: A Practical Guide for Corrections and Criminal Justice Professionals*. This publication outlines the successful strategies jurisdictions have incorporated to enroll individuals in Medicaid and private health insurance to facilitate continuity of health care from incarceration to the community, and gives tools and sample strategies for each step in the process of implementing health care reform for the adult correctional population.
- » **Funded research to understand the impact access to health care can have on recidivism.** HHS and DOJ funded a three-year pilot project to test the efficacy of enrolling individuals in prison and jail in the Medicaid program prior to release. The pilot project will evaluate outcomes such as Medicaid use, employment, and recidivism. HHS also funded a \$6.9 million Health Care Innovation Award to the Foundation for California Community Colleges to establish the [Transitions Clinic Network](#) to address the health care needs of high risk/high cost Medicaid and Medicaid-eligible individuals with chronic conditions released from prison.⁸³ Targeting 11 community health centers in seven states and Puerto Rico, the program has worked with the Department of Corrections to identify patients with chronic medical conditions prior to release and employ community health workers to help these individuals navigate the healthcare system, find primary care and other medical and social services, and coach them in chronic disease management. The outcomes being assessed include reliance on emergency room care, hospital admissions, cost, and patient health and access to appropriate care.
- » **Improved access to medication assisted treatment (MAT) as a reentry strategy.** Significant research indicates that MAT, which is the provision of medication alongside behavioral health services, is associated with the best long-term outcomes among individuals with substance use disorders. MAT's high success rate relative to other forms of substance use disorder treatment increases the probability of successful long-term recovery, which ultimately contributes to reductions in recidivism.

Joseph Calderon was incarcerated at age 23 and served 17 years in prison. Joe was released with no health insurance, insufficient medications for his hypertension, and nowhere to go for help. At a mandatory parole meeting following release, Joe met Juanita Alvarado, a formerly-incarcerated Community Health Worker at Transitions Clinic Network. Through Transitions, Juanita connected Joe to clinic services and helped him get on his feet. Inspired by Juanita's dedication to the community, Joe enrolled in a Clinical Health Worker training program himself. Joe is now a Community Health Worker at the Transitions Clinic in San Francisco, where he supports hundreds of returning individuals struggling with chronic conditions. In this role, Joe serves as a liaison between the parolees and clinicians. Joe bridges the healthcare gap for his clients, many of whom did not have access to healthcare prior to the Affordable Care Act, and empowers them to navigate the healthcare system. He is also training to teach the Community Health Worker certification program, helping other justice-involved individuals realize their goals. "I really wish I could change society's view of parolees and their potential," Joe says. "I came out of prison with that experience and passion. Yet in many situations we're still not looked upon as being worthy enough to be part of the system. On the contrary, I think we have a lot to give back to society."



Joseph Calderon, right, a community health worker for San Francisco's Southeast Health Center, part of Transitions Clinic Network, with a client. (Photo and caption credit: The Transitions Clinic Network)

- In 2015, DOJ funded a pilot project at three BOP facilities to provide long-acting injectable naltrexone to individuals with an opioid use disorder within two months of release and to continue medications for six months while they are in residential reentry centers or halfway houses.
- In June 2016, ONDCP hosted a convening of 70 leaders in substance use treatment, correctional health, and correctional administration to discuss implementation of MAT programs in correctional and reentry settings. ONDCP has invested heavily in training and TA, including conducting two webinars on MAT for justice-involved populations, a webinar on implementation of MAT in drug courts, and through the Drug Court Training and Technical Assistance grant program, a MAT curriculum for drug court professionals, including a guidebook and training modules.

- In July 2016, HHS finalized a rule to increase the number of patients to whom practitioners may prescribe the MAT, buprenorphine. Effective August 8, 2016, practitioners who have prescribed buprenorphine to up to 100 patients for at least one year and who adhere to several additional requirements can now increase their patient limits to 275, significantly increasing access to buprenorphine treatment.
- » **Supported state Medicaid-housing technical assistance.** The U.S. Interagency Council on Homelessness (USICH), HHS, and HUD, in partnership with national organizations, launched a [State Medicaid-Housing Partnership Technical Assistance effort](#) to help eight states (California, Connecticut, Hawaii, Illinois, Kentucky, New Jersey, Nevada, and Oregon) build partnerships among their Medicaid, behavioral health, and housing agencies. This effort is designed to provide state Medicaid agencies with targeted program assistance to ensure that people who are high users of healthcare services, or have disabling conditions who exit institutional settings have access to a robust service package linked to supportive housing to improve access to health care and outcomes and reduce costs.
 - » **Clarified available sources of public assistance for reentering individuals.** Reentry Council agencies released Myth Busters clarifying federal eligibility for the [Supplemental Nutrition Assistance Program \(SNAP\)](#), [Veterans Compensation Benefits](#), [Temporary Assistance for Needy Families \(TANF\)](#), and [Social Security and Supplemental Security Income \(SSI\)](#). Additionally, the SSA launched a new [reentry web page](#) in December 2013 to provide information about accessing Social Security and SSI benefits after release. The website has received over 490,000 views. HHS provided [guidance](#) clarifying that the TANF eligibility ban for drug felons does not apply to services such as counseling, case management, job retention, job advancement, and certain other employment-related services that do not provide basic income support.
 - » **Identified and removed barriers to benefit access.** USDA developed an administrative waiver to increase the speed with which reentry populations can access nutrition assistance benefits, ensuring food security upon release. This waiver allows state agencies to accept and process SNAP applications submitted by individuals nearing their release date and conduct the required interview with an eligibility worker by phone while the applicant is still incarcerated. If the individual is otherwise eligible for assistance, the processed application is held until his or her release, at which time benefits can be issued immediately.
 - » **Facilitated access to identification.** SSA has worked with federal and state corrections officials to allow incarcerated individuals to apply for or reinstate their Social Security benefits, SSI benefits and receive replacement Social Security Number (SSN) cards prior to their release. SSA now has pre-release benefit agreements with 47 states, and replacement SSN card Memoranda of Understanding with 39 states and the BOP. DOJ also [asked state governors](#) to allow formerly incarcerated individuals to exchange their federal prison ID cards for state-issued identification.

Upcoming Actions:

» **Providing training and technical assistance to states on health care coverage options.**

HHS is conducting outreach so that state Medicaid officials and Health Marketplace assistors understand the options for connecting justice-involved individuals to health care coverage, including the rules concerning private or public health coverage options' ability to pay for physical and behavioral health services.

» **Encouraging connections to health care coverage and services prior to release.** HHS

and DOJ are strongly encouraging correctional institutions and other state, local and tribal agencies to take an active role in preparing individuals for release by assisting with the process of applying for health care coverage – either by helping them enroll in Medicaid pre-release, or coverage offered through the Health Insurance Marketplace post-release. DOJ, for example, is funding intensive training and technical assistance to Los Angeles County and the State of Maryland not only to help these jurisdictions improve access to health care for returning citizens, but also to identify promising practices and generate national policy guidance to assist other states and counties that want to increase enrollment in health care coverage and improve continuity of care for the criminal justice population.

» **Increasing research to track the effects of linking the criminal justice population to health care coverage and services.** DOJ is funding research that will link state incarceration, release and recidivism data with state Medicaid enrollment and usage data to study increases in health care utilization as well as corresponding recidivism rates for these individuals.

» **Expanding access to medication assisted treatment and naloxone.** ONDCP, HHS, and DOJ will continue to encourage correctional institutions at the federal, state, local and tribal levels to develop and implement programs that provide MAT and the opioid overdose reversal medication naloxone to justice-involved individuals with an opioid use disorder. In order to help states understand their options for promising programs, ONDCP is developing a compendium of MAT programs in U.S. jails and prisons. ONDCP, HHS, and DOJ will continue to foster partnerships between law enforcement agencies and public health agencies to address the opioid crisis comprehensively. On April 27, 2016, ONDCP partnered with the Police Executive Research Foundation and the Office of Community Oriented Policing Services to host a symposium on “Law Enforcement and Public Health: Successful Partnerships in Addressing

“Correctional institutions have an important role to play in ending this crisis – they can provide effective treatment, help people successfully reenter society and not recidivate, and ultimately help communities all across the country heal.”

**Michael Botticelli, Director,
Office of National
Drug Control Policy**

**Remarks at the Stakeholder
Convening on Medication-Assisted
Treatment for Justice-Involved
Populations, Friday, June 17, 2016
The White House**

Opioid Use.” ONDCP circulate the resulting report and other training materials to improve practice at the state and local level.

- » **Promoting health technology to improve continuity of care.** HHS and DOJ are working together to make sure that correctional entities are aware of the opportunities to exchange information between community and correctional health care providers. The agencies are developing materials for prisons and jails to explain the HHS guidance on HITECH Act funding. Additionally the White House, HHS, DOJ, and community stakeholders are holding meetings to discuss promising information exchange practices at the state and local level.
- » **Encouraging connections between public health, human services, and corrections officials at the community level.** Given the high health and human service needs of individuals leaving the system, HHS will launch a new \$2.4 million Re-Entry Community Linkages Program to improve health outcomes for minority and/or disadvantaged individuals, aged 18 to 26, in transition from jail to their communities by establishing connections between the reentry population and community-based organizations that provide linkages to health and behavioral health services, health insurance coverage, and other social services, such as housing, adult education, and employment assistance programs.
- » **Facilitating access to identification and sources of financial support.** SSA will continue to work with federal, state, and local corrections officials to establish pre-release agreements that will improve the process by which incarcerated individuals can obtain replacement Social Security cards. SSA is also developing an online Reentry Resource Map to showcase the states with pre-release agreements, as well as the types of agreements held in those states. USDA is committed to encouraging state SNAP agencies to request the available SNAP waiver and educating key stakeholders about opportunities to enroll individuals in SNAP prior to release. DOJ will continue to work with states to expand the ability of incarcerated individuals to swap their federal prison ID for official state-issued identification.
- » **Facilitating access to drivers’ licenses.** Policies that broadly restrict eligibility for drivers’ licenses based on convictions unrelated to a person’s ability to drive safely significantly limit opportunities for individuals to search for and secure jobs, housing, education, healthcare and other vital services. The Department of Transportation (DOT) is taking several steps to encourage states to consider identification and the ability to use transportation as key elements of programs intended to reduce recidivism and increase public safety. For example, DOT’s National Highway Traffic Safety Administration (NHTSA) funded the American Association of Motor Vehicle Administrators to produce a [“Best Practices Guide to Reducing Suspended Drivers”](#) that includes alternative solutions to drivers’ license suspension and sample legislation. The Secretary of Transportation will continue to work with the industry and states to adopt a flexible approach for reinstating suspended or revoked drivers’ licenses for previously incarcerated persons.

» **Expanding access to trauma-informed care.** DOJ's Office for Victims of Crime (OVC) issued a new rule clarifying that funds under the Victims of Crime Act (VOCA) can be used to provide victim services for incarcerated individuals, many of whom have experienced trauma and victimization themselves. Starting in August 2016, over \$2.5 billion in VOCA funds will be eligible to support trauma-informed, holistic interventions and promote healing among survivors, including those who are justice-involved (see section below related to trauma-informed services to victims). HHS will offer ongoing training opportunities for correctional officials and resources on care through the [National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint \(NCTIC\)](#) and the [GAINS Center for Behavioral Health and Justice Transformation](#).

Improving Access to Trauma Recovery and Support Services for Victims of Crime

As part of its commitment to reducing victimization and recidivism, Reentry Council agencies are exploring access to holistic, trauma-informed services for victims of crime. This includes those victims whose lives may continue to be impacted by the criminal justice or reentry process of the person who originally harmed them via Post Conviction Victim Services, and also justice-involved individuals who have themselves been victimized during or prior to their incarceration.

Post-Conviction Victim Services

Victims have statutory, and often state constitutional-level, rights that begin the moment a crime is committed and continue through the life of a case and beyond – including reentry. Different criminal justice stakeholders are responsible for upholding these rights by providing timely notice and facilitating the victim's participation in various hearings, reviews, appeals, and other legal proceedings that occur long after conviction and sentencing. These same stakeholders – including prosecutors, corrections, reentry, parole, probation, victim advocates and other service providers working both in and out of the justice system – also have the responsibility to promote access to trauma-informed support services at various stages of the post-conviction process.

These rights and services are not only part of the dignity and meaningful role in the justice process intended for crime victims, hard-fought over decades of advocacy and now spelled out in law. They also often play a critical role in victims' unique healing journeys, offering them choices in the ways they may participate in the justice process, while also providing safety and support within a system that is often ill-equipped to

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recognize or prioritize their needs. Failing to keep these supports in place may not only negatively impact the safety, healing and recovery process of a victim or family, but may also stifle the successful reentry of the person returning as well.

Victims often hold key perspectives and information critical to successful reentry. When victims are given the opportunity for meaningful participation and engagement, and the support to help them feel safe in the process, a holistic approach to reentry planning sets individuals, families, and communities up for success. Providing trauma-informed post-conviction services that are integrated and ongoing, much like reentry services, allows for the sharing of timely and relevant information and the development of tailored responses which address the most pressing safety, stability, and healing needs of all parties involved.

Trauma-Informed Services for Justice-Involved Victims

Public perception often envisions “victims” and “perpetrators” as two separate if not mutually exclusive categories, overlooking the significant overlap between these populations. In reality, many justice-involved individuals were once, if not many times, themselves victims of violent crime and often have significant trauma histories.⁸⁴

As the country embraces meaningful second chances for people with records, it is time we also address the role that trauma may have played in their lives. Despite a growing body of evidence demonstrating the physical, psychological and emotional impacts of exposure to violence and trauma, many victims struggle to access the services they need to heal. According to the National Crime Victimization Survey, only about nine percent of all victims of serious violent crime receive direct assistance from a victim service agency. When the crime is not reported to police (the case for approximately half of these victimizations) that number drops to four percent – and is so often the case for victims with a criminal record who fear they will not be seen by the system as a victim of crime.⁸⁵ When trauma goes unaddressed, victims may be more likely to cope through substances or other self-destructive behaviors leading to justice system involvement, fueling the cycle of violence and harm.

With an understanding of the long-term impact of trauma and victimization, the Reentry Council is working to break down the false dichotomy between victims and the justice-involved population, ensuring that all victims – including those who are incarcerated or reentering – receive the support necessary to stabilize their lives. To this end, OVC has issued a groundbreaking new rule interpreting VOCA, making clear that these funds can be used to support victim services for incarcerated individuals. These services identify and address the root causes of violence and other criminal activity, reducing recidivism and interrupting the cycle of violence in communities.

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Trauma-informed services are of particular importance for groups that are disproportionately affected by violence and whose victimization needs have traditionally gone unrecognized, such as young men and boys of color. In 2015, OVC and OJJDP collaborated to fund and support 12 demonstration sites nationally to improve responses to male survivors of violence, with a focus on boys and young men of color and their families. This initiative is providing resources, partnerships, training and TA to address the fact that while young men of color represent some of the highest rates of victimization, they are far more likely to end up incarcerated than in a victims services program.⁸⁶ Through survivor-centered strategies, peer-learning and cross-training opportunities, and robust program evaluation, this initiative will not only promote healing among male survivors of violence, but will also yield valuable insight to guide and inform the field.

The Reentry Council is also addressing the recently recognized challenge of human trafficking of justice-involved women before, during, and after their release. The National Institute of Corrections (NIC) is working with Reentry Council stakeholders to identify and address the vulnerabilities of this population, and to connect with the many avenues of support funded by BJA and OVC. This includes the recently-launched OVC and the American Bar Association Commission on Domestic & Sexual Violence Survivor Reentry Project, providing national training and technical assistance for judges, prosecutors, and attorneys working with survivors of human trafficking, including allowing survivors to petition to have their records cleared if they can show that their arrests or convictions arose from their victimization. Most survivors are unaware of the relief for which they are potentially eligible, and which could remove the many collateral consequences standing in the way of rebuilding their lives. In other words, sometimes a cutting-edge victim services program and a cutting-edge reentry program are the same thing.

The Council is also expanding the use of existing tools, such as the BJS National Inmate Survey and National Crime Victimization Survey, to develop a more nuanced understanding of the barriers to services that perpetuate cycles of victimization and harm. A new BJS report examining trauma among those incarcerated in prison or jail is planned for publication in 2017. The report uses data from the 2011-12 National Inmate Survey to examine seven types of trauma (including physical assault, sexual assault, a life threatening accident or injury, the murder or suicide of a loved one, the accidental death of a loved one, witnessing someone being seriously injured or killed, and other experiences that put you at risk of death). The results may be used to support the need for trauma-informed services for those reentering their communities from prison and jail.