

Linking Low-Income Men to Medicaid and the Health Insurance Marketplace



OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE) AND THE OFFICE OF PLANNING, RESEARCH & EVALUATION OF THE ADMINISTRATION FOR CHILDREN & FAMILIES (OPRE/ACF) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Coverage and Care for Reentering Men: What Difference Can It Make?

KEY POINTS:

- **Justice-involved men have significant health care needs**, including higher rates of chronic conditions, HIV infection, mental disorders, and substance use disorders.
- **Obtaining health care coverage and improving access to health services could not only improve physical and mental health outcomes, it could reduce recidivism** and other negative outcomes for justice-involved men as well as have financial benefits for justice agencies.
- **Implementation of the Affordable Care Act (ACA) and the Medicaid expansion**, in participating states, **represents an unprecedented opportunity** to maximize health care coverage and access to coordinated health care services among justice-involved men.

RECOMMENDATIONS FOR ORGANIZATIONS SERVING JUSTICE-INVOLVED MEN TO HELP THEIR CLIENTS GET ACCESS TO CARE:

1. **Coordinate efforts among agencies that work with justice-involved men.** Justice agencies can partner with human services agencies, health care coverage navigators, health care providers and other community-based organizations to conduct health outreach and enrollment.
2. **Implement coverage and coordinated care models that better meet the needs of justice-involved men.** Partners should develop a model of care that reaches into prisons and jails to help men connect to health care providers prior to release; uses data-sharing techniques to improve continuity of care from the prison or jail facility to community health care providers after release; and connects men to the services they need, including behavioral and substance use treatment.
3. **Offer relevant, effective messages about health, health coverage, and care.** Consider engaging the incarcerated person's family members in conversations about health coverage and care before and after release. Allow messengers with similar life experiences to those of reentering men deliver messages about the importance of health coverage and care.

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The Linking Low-Income Men to Medicaid and the Health Insurance Marketplace Project

Funded by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) and the Office of Planning, Research, and Evaluation of the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services, this project aims to:

- Understand characteristics of newly eligible men and their barriers for accessing coverage and care;
- Identify outreach, enrollment, and messaging strategies for low-income men to connect them to coverage and care; and
- Explore the role responsible fatherhood, child support, and other ACF programs can play in enrollment.

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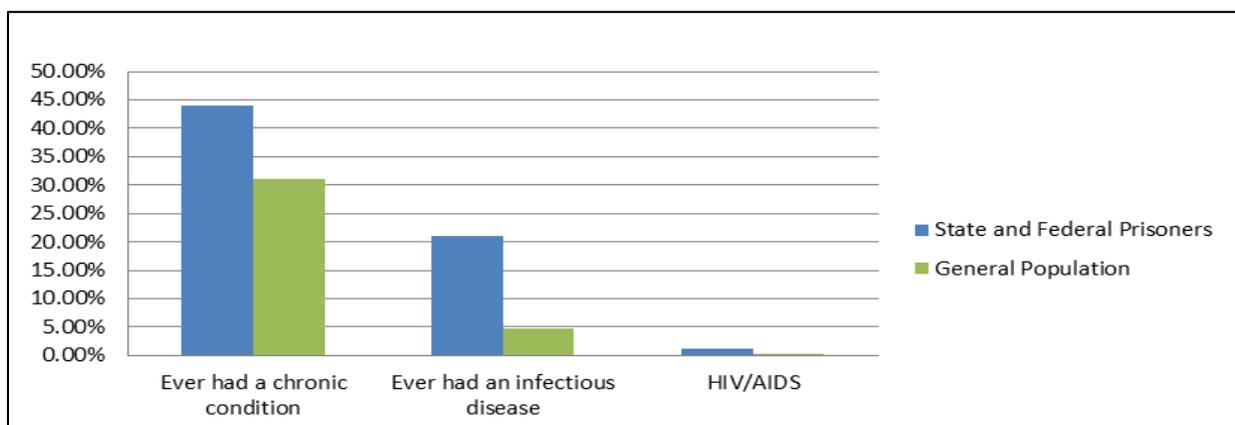


OFFICE OF THE ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE) AND THE OFFICE OF PLANNING, RESEARCH & EVALUATION OF THE ADMINISTRATION FOR CHILDREN & FAMILIES (OPRE/ACF) U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Coverage and Care for Reentering Men: What Difference Can It Make?

Improving access to health coverage and care is important for reducing recidivism and improving health outcomes among justice-involved men,^a given the significant (and often unmet) health needs of this population.¹ Compared to the general U.S. population, justice-involved persons have disproportionately high rates of chronic conditions and infectious diseases (see Exhibit 1) as well as mental health and substance use disorders.²⁻⁷ Justice-involved men face distinct health care and coverage challenges at each stage of justice system involvement. Before incarceration, justice-involved persons are overwhelmingly without insurance: A recent study of persons entering San Francisco county jails found that 90% had been uninsured immediately prior to their incarceration.⁸ Lack of access to needed mental

Exhibit 1. Percent of state and federal prisoners who have ever had a chronic condition or infectious disease, 2011-12



Source: Maruschak et al. (2015). *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*. Bureau of Justice Statistics.

health and treatment for substance use disorders during this period can place individuals at risk for criminalized activity and arrest.⁹ During incarceration (whether in prison or jail), incarcerated individuals are entitled to health care from the correctional institution; however, they often receive less than ideal

^a “Justice-involved” refers to persons who are incarcerated in a prison or jail, reentering persons, persons with criminal records, and those who are on probation or parole.

care due to care coordination challenges, shortages of behavioral health services, and other issues.^{9,10} After release from incarceration, reentering individuals experience steeply increased mortality relative to the general population. Risk of death for reentering persons during the first two weeks after release is 12.7 times the risk of death for members of the general population.¹¹

During reentry, individuals have an array of competing needs, including finding stable housing, securing employment, and repairing broken relationships.⁶ Getting access to health care is among these needs; however, reentering individuals often lack information about how to obtain health care coverage and navigate the health care system.⁶ Even when care is successfully located, community health care systems are often ill-equipped to meet their needs—particularly regarding care coordination, the availability of behavioral health treatment providers, and the availability of other specialty medical care for individuals with chronic conditions.¹²⁻¹⁶

Better health status and health services access during reentry are linked to lower recidivism as well as improved employment, housing, and family support outcomes.¹⁷ Cost savings to public systems from recidivism reductions associated with improved access to care can be significant (see the text box “Cost Savings Associated with Access to Substance Use Treatment” on page 4).^{1,18,19}

Drawing on the research literature and interviews with national experts in health care and coverage, fatherhood programming, health coverage marketing, and health communications, this brief discusses new health coverage and care opportunities for justice-involved men and the importance of implementing community-based strategies for bringing justice-involved men into coverage and coordinated health care.

What Does the Affordable Care Act Mean for Reentering Men?

Implementation of the Affordable Care Act represents an unprecedented opportunity to maximize health care coverage and access to coordinated health care among justice-involved men. There are two basic health care coverage options for individuals who cannot get or afford employer-sponsored insurance: Medicaid or private coverage through the Health Insurance Marketplaces. Medicaid is a health coverage program for very low-income people; the Health Insurance Marketplaces are either federally-run or state-run platforms for individuals looking to purchase health care coverage on their own, rather than through their employers. Implementation of the Affordable Care Act puts affordable health care coverage and health care within reach for many justice-involved men by expanding the eligibility criteria for Medicaid (in expansion states) and by offering subsidies to purchase health insurance through the Health Insurance Marketplaces.

The Affordable Care Act authorized states to expand Medicaid eligibility to include all individuals with income at or below 133% of the Federal Poverty Level (FPL).²⁰ As of January 2016, 30 states and the

Medicaid Enrollment Efforts for Justice-Involved Persons

Enrolling justice-involved persons in Medicaid during a prison or jail stay helps to support their access to health care upon release. In addition, such efforts tend to result in immediate, direct cost savings to state and county justice agencies. These savings accrue mainly from the ability to bill Medicaid for incarcerated persons' inpatient stays in community-based hospitals when they exceed 24 hours. Enrollment efforts commonly include:

- Hiring or training staff to assist in enrolling incarcerated persons.
- Upgrading Medicaid eligibility systems.
- Requiring contracted hospitals to accept Medicaid rates and/or bill Medicaid directly for services.
- Suspending (rather than terminating) Medicaid enrollment upon incarceration.

North Carolina has reported saving roughly \$10 million in the first year of billing Medicaid for eligible inpatient services and California has reported saving roughly \$31 million.²¹

District of Columbia have exercised this authority.^b

This means that in these expansion states, an individual with a household income of \$15,654 or less per year may now be eligible for Medicaid.^c Strugar-Fritsch's (2013) estimates suggest that **up to 2.86 million, or 22%, of the newly Medicaid-eligible population will be justice-involved adults**, predominantly men.²²

In addition to the broader cost savings possible from improved health status and reduced recidivism among justice-involved men, states and localities also have an immediate budget incentive to enroll men in Medicaid during incarceration. Prisons and jails are legally responsible for the cost of health care for incarcerated persons. Though Medicaid coverage is typically terminated or suspended during incarceration, services for persons enrolled in Medicaid under certain circumstances (including in-community hospitalizations of more than 24 hours) can be billed to Medicaid rather than being shouldered by the correctional agency.²³

When Medicaid can be billed for services during incarceration and post release is complex. New York

and Colorado, both expansion states, estimate that 80% and 90% (respectively) of all persons in their state prisons are now eligible for Medicaid.²⁴ Men who are released from incarceration with Medicaid coverage or who are enrolled in Medicaid while in a halfway house or on community supervision will benefit from access to very low-cost health care in the community (Medicaid deductibles, office visit copays, and prescription drug copays are all under \$5).

In expansion and non-expansion states alike, **efforts to more effectively engage justice-involved persons in Medicaid can result in enormous direct and indirect savings to correctional agencies.** For example, estimates from the Inmate Medicaid Enrollment program in North Carolina (a non-expansion state) indicate potential savings of \$178,000 for each incarcerated person enrolled in Medicaid, totaling roughly \$2 billion.²⁵

^b See kff.org/health-reform/slide/current-status-of-the-medicaid-expansion-decision for the status of states' Medicaid expansion decisions.

^c Some states have set higher income limits. A table of income criteria for Medicaid eligibility can be found here: <http://www.ncsl.org/research/health/medicaid-eligibility-table-by-state-state-activit.aspx>.

In addition to new Medicaid opportunities and enrollment initiatives, **justice-involved men in all U.S. states are also now eligible for coverage through Health Insurance Marketplaces** established by the Affordable Care Act.²⁸ Individuals with incomes up to 400% of the FPL (up to \$47,080 for an individual) can receive subsidies to buy private coverage in the Marketplaces.

Finally, justice-involved men stand to benefit from improved care coordination and access to mental health and substance use treatment due to Affordable Care Act provisions that:

- Make federal Medicaid matching funds available for efforts to develop **more integrated health information technology (HIT) infrastructure** across corrections, health care, and health coverage systems;
- Mandate **coverage for treatment of mental health and substance use disorders** on par with medical services (“behavioral health parity”) in Medicaid Managed Care programs and many private plans; and
- Encourage expansion of **medical home models** to improve care coordination in state Medicaid programs.²⁹

Cost Savings Associated with Access to Substance Use Treatment

Public agencies in Washington State documented significant **public cost savings due to expanded substance use treatment access for low-income individuals** (many of whom were justice involved), such as:

- 17%–33% reduction in arrest rates.^{26,1}
- Average \$5,000–\$10,000 savings to law enforcement, jails, courts, and state department of corrections from reductions in crime for each person receiving substance use treatment.¹
- Average \$2,500 reduction in medical costs per year for each person receiving substance use treatment.²⁷

The Affordable Care Act and related initiatives have created a range of new opportunities to enroll justice-involved men in health care coverage, including expansions in Medicaid coverage in 30 states and the District of Columbia, recent efforts in both expansion and non-expansion states to bill Medicaid for hospital stays during incarceration, the new availability of subsidized private coverage through the Health Insurance Marketplaces, and other Affordable Care Act provisions that support care coordination and improved mental health and substance use treatment. To realize these opportunities, however, will require innovative approaches to health care coverage enrollment during incarceration as well as efforts to enroll reentering persons and engage them in community health care after release.

Approaches to Enrollment during Incarceration

To date, many efforts to engage justice-involved men in coverage and care under the Affordable Care Act have focused on facilitating enrollment into Medicaid and the Marketplaces from within jails and prisons. Such efforts present significant challenges and promising practices are still being determined. The benefits of engaging men before release include supporting continuity of care between prison-based services and health care provided in the community (particularly important for responding to HIV and behavioral health issues) and the opportunity to inform men about coverage and care options when acute survival-related needs such as finding housing are not competing for their attention.

Such initiatives are not the primary focus of this brief, but provide important context for community-based efforts to support health care and coverage engagement for justice-involved men. Detailed

information about enrollment strategies from within correctional settings can be found in the following resources:

- *The Affordable Care Act and Justice-Involved Populations* (Community Oriented Correctional Health Services, 2013): <https://multco.us/file/30475/download>
- *Maximizing Medicaid: An Innovative Approach to Finance Health Care for Criminal Justice Populations* (Council of State Governments Justice Center, 2014): <http://csgjusticecenter.org/nrrc/webinars/maximizing-medicaid-an-innovative-approach-to-finance-health-care-for-criminal-justice-populations/>
- *A Culture of Coverage for Justice-Involved Adults in Illinois: A Resource Guide for Implementing the Affordable Care Act for Criminal Justice Personnel in Illinois* (Office of the Governor of Illinois, 2014): https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/justice_involved_adults_illinois.pdf
- *Health Reform & Public Safety: New Opportunities, Better Outcomes* (National Institute of Corrections, 2014): <http://community.nic.gov/blogs/nic/archive/2014/06/30/new-to-the-nic-website-health-reform-and-public-safety-broadcast.aspx>

A number of such health coverage enrollment efforts have already met with success. For example, Cook County, Illinois enrolled 13,000 persons incarcerated in its county jails in Medicaid from April 2013 to April 2014, drawing on a highly coordinated, multiagency collaboration. Enrollment was conducted by the county's contractor, Treatment Alternatives for Safer Communities (TASC) of Illinois, which stationed enrollment staff at the county jail 7 days a week. Staff worked with persons in the jail shortly after booking or as part of visits with medical providers.

When staff found that few people had proof of address and identity when they were arrested, stakeholders worked together to obtain approval for an **alternative eligibility verification process allowing the jail's fingerprint ID documentation to replace traditional proof of address and identity, and accepting self-attestation of no income** as adequate income documentation when not contradicted by administrative income data. Completing online enrollment forms, including scanning and uploading required documentation, took just 10–15 minutes of onsite time per person, at which point Medicaid eligibility workers finished processing applications.

Although jail- and prison-based enrollment is an important facet of a robust outreach and enrollment strategy for justice-involved men, challenges remain. Individuals are not able to buy private health care coverage while in prison or jail (unless they are pending disposition of charges), so enrollment must be carefully timed with release (see "Health Coverage for Incarcerated People," <https://www.healthcare.gov/incarcerated-people>). Short lengths of stay among jail detainees and uncertain release dates among those incarcerated in prisons create difficulties in correctly timing and following through on enrollment processes. Scheduling challenges within correctional systems and a lack of trusting relationships between incarcerated men and correctional staff can make it difficult for them to engage actively with health coverage and care issues during jail intake and prison pre-release planning processes.³⁰ Finally, many prisons or jails do not offer this kind of planning and connections to services.

Approaches to Enrollment and Care in the Community

Reaching men after release or during probation terms can help to address these challenges, support successful reentry, and better ensure that reentering individuals are able to access the services they need. Individuals under community supervision (including probation and parole) account for 69% of the justice-involved population.³¹ Further, the period immediately following release from incarceration is a pivotal juncture in the well-being of justice-involved individuals.³²⁻³⁴ Prior work suggests that promising strategies for engaging men in health care after release from prison include outreach and enrollment efforts in community-based agencies that work with justice-involved men, and the use of care coordination and community health worker models to better engage justice-involved men in care. Building on this prior work, findings from a recent literature review and interviews with national experts suggest three key strategies to connect men to coverage and care in the community:

1. **Coordinate efforts among agencies that work with justice-involved men;**
2. **Implement coverage and coordinated care models that better meet the needs of justice-involved men;** and
3. **Offer relevant, effective messages about health, health coverage, and care.**

The next three sections of this brief describe how agencies that work with reentering men and men under community supervision can use these three strategies to improve cross-sector coordination, increase coverage enrollment, and improve access to responsive and appropriate health care.

I. Coordinate Efforts among Agencies That Work with Justice-Involved Men

Successful efforts to engage justice-involved men have been built on broad-based collaborations among agencies that work with justice-involved men or have a stake in supporting them to achieve positive health outcomes and avoid further justice system involvement. Key informants indicated that the efforts tend to be more successful when they:

- Are visibly supported by one or more high-level state, county, or local official;
- Include partnerships with one or more agencies or organizations, such as public health and health services agencies, human services agencies, community clinics, public hospitals, behavioral health agencies, state Health Insurance Marketplaces, housing and employment providers, justice agencies, and advocates from the formerly incarcerated community; and
- Operate in teams of 12–14 individuals representing a variety of organizations to accomplish agreed-on goals that benefit all involved agencies.³⁵

State and county health and human services agencies, particularly agencies that have traditionally delivered or coordinated care for low-income residents, are often natural conveners for efforts to engage justice-involved men in coverage and care. Many different types of agencies have filled this role in various community collaborations for engaging justice-involved men. What appears most crucial is that the convening agency reach out to a broad range of invested partners and employ a highly vocal (and, ideally, highly placed) champion who is capable of inspiring his or her colleagues. **Appendix A,**

Developing a Collaborative Approach to Enrollment: Key Players to Include (see page 13), provides examples of potential partner agencies to involve in such a collaboration.^d

Faith-Based Health Coverage Outreach: Allen Temple Baptist Church

Working in an East Oakland neighborhood heavily impacted by incarceration, Allen Temple’s leaders took note of the opportunity the Affordable Care Act offered for meeting acute needs in their local community. Allen Temple became a certified enrollment entity, recruited congregation volunteers to be trained as Health Insurance Navigators by the state Health Insurance Marketplace (Covered California), established an agreement with the Alameda County Department of Social Services to host outstationed Medicaid eligibility workers at its site, and built partnerships with three local community health clinics to connect its congregation members and program participants with coverage and care.

II. Implement Coverage and Coordinated Care Models That Better Meet the Needs of Justice-Involved Men

It is crucial that health benefits programs for justice-involved men cover the services they most need. Further, community-based systems of care must be designed to deliver those services effectively. It is equally important to ensure that men who obtain coverage know what services are covered and how to get access to those services. Without such coverage and care models, newly enrolled men may reap limited benefits from their new health care coverage. Efforts by policymakers, health care organizations, and other organizations and agencies that serve justice-involved men can help to connect men to appropriate sources of care and streamline delivery of this care in a number of ways.

“Reach in” to jails and prisons to help men connect with community providers prior to release

Efforts to connect reentering men to community-based care should begin prior to their release. Reentry planning staff can coordinate care pre-release by building relationships with a variety of community providers, including community health clinics, mental health centers, and substance use treatment providers, and by facilitating the development of relationships between reentering men and those providers.^{2,36} Relationships between men and their providers can be built through innovative approaches like the use of videoconferencing to enable men to meet with community providers before their release. In addition to facilitating provider communication, reentry planning staff can minimize lapses in care upon release by helping men to make appointments with their providers, requesting the transfer of their medical records from correctional to community providers, and providing men with the health supplies

Locating Community Service Providers

Federal databases offer one way to identify community health care providers who might serve as potential partners in linking reentering men to care before release.

To locate behavioral health services:

<https://findtreatment.samhsa.gov/>

To locate substance use treatment facilities:

<https://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx>

To locate community health centers:

<http://findahealthcenter.hrsa.gov/>

^d States vary in terms of how functions related to health care and public safety are split or shared across agencies. For example, Medicaid can be administered by a human resources agency, a public health or health care services agency, or be a free-standing entity. Medicaid payment and eligibility functions might be combined in a single agency or administered by two different agencies.

(such as prescription medications, condoms, and smoking cessation materials) they will need when released.³⁶

Learning from HIV Care Coordination Models for Reentering Individuals

Promising models designed for use with HIV-positive reentering individuals, both men and women, hold promise for the general population of justice-involved men. For example, Project Bridge, a program based in Rhode Island, has been successful in improving care coordination for justice-involved people with HIV through its intensive case management model.⁶ Staff members from Project Bridge visit prisons and connect with HIV-positive individuals prior to their release. In addition to linking clients to a hospital-based clinic for post-release care, Project Bridge also seeks to provide other social support services. This combination of intensive case management with connections to other support services can ensure that justice-involved men are well-equipped to focus on their health upon release.

Use data-sharing techniques to improve the continuity of care provided within the prison/jail facility and care provided in the community after release.

When released individuals seek care in the community, their new provider often lacks information about previous health care received. Medical records are often not transferred. Such barriers can prevent community-based medical providers from having access to documentation of care (including any diagnoses or prescriptions issued) during incarceration—thus causing duplication of physician efforts and disrupting continuity of care. The transition from a correctional facility to the community may pose particular challenges for individuals with behavioral health needs and substance use disorders, as any regular care they might receive while incarcerated is typically disrupted upon their release.¹⁷ Data sharing between correctional agencies and health agencies can facilitate effective transfers between correctional facilities and the community for reentering individuals with behavioral health conditions and substance use disorders. For example, the Alameda County (California) Probation Department has developed a strategic reentry plan that outlines strategies for matching data from the Probation Department and the Sheriff’s Office with data maintained by Alameda County Behavioral Health Care Services (within the Alameda County Health Care Services Agency). The plan then entails record sharing among treatment providers to coordinate post-release care for reentering individuals with behavioral health and substance use needs.³⁷

Connect justice-involved men to the health care services they need.

Justice-involved populations have a number of significant health needs, including care for behavioral health conditions and substance use disorders.^{4,5} For justice-involved men who are newly eligible for Medicaid as a result of the Affordable Care Act, enrollment in Medicaid under an “alternative benefit plan,” or the Medicaid benefit package provided to the expansion population, guarantees coverage for certain basic behavioral health and substance use disorder treatment. Alternative benefits plans are required to cover 10 groups of health services, known as essential health benefits (EHBs), which include mental health and substance use disorder services.³⁸ Nonetheless, states may exercise discretion in determining what specific services are covered under this EHB category. By designing alternative benefits plans with robust coverage of behavioral and substance use disorder treatment, state Medicaid agencies can more effectively meet the needs of justice-involved populations.

Coordinating Care for Justice-Involved Men: A Promising Approach in the State of New York

New York has opted to take advantage of Section 2703 of the Affordable Care Act by implementing a health homes model. Health homes are a system of care for Medicaid enrollees, with a specific focus on enrollees who have multiple chronic conditions. Beginning in January 2012, New York's Health Home program has been implemented in multiple phases. In addition to care management services, Health Home members can receive assistance in coordinating transportation and supportive housing services. Though their Health Home model continues to evolve, the state of New York plans to incorporate a focus on high-cost beneficiaries transitioning from jail or prison to the community. A Health Home criminal justice workgroup has been formed, and the state anticipates that Health Home provider participants will partner with corrections agencies. While the success of New York's initiative cannot yet be determined, the state's decision to focus on justice-involved populations in its Health Home implementation can serve as an example for other states.

Source: New York State Department of Health. *Medicaid Health Homes: Questions and Answers*. http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/questions_and_answers.htm

In addition to providing comprehensive behavioral health services, state Medicaid agencies can connect justice-involved men to care management services and important community resources, like supportive housing, through innovative health home programs designed to better coordinate care for at-risk populations. Section 2703 of the Affordable Care Act authorized states to develop health homes for Medicaid beneficiaries who have one or more chronic conditions, have one chronic condition and are at risk of developing a second, or have one serious and persistent mental health disorder.³⁹ Services covered in health home programs can include comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social support services.³⁹ Though justice involvement alone does not meet the criteria for eligibility, states can target justice-involved men with chronic conditions or serious mental health conditions for inclusion in their health home programs, giving these men the opportunity to access care coordination services that could greatly enhance their treatment. The text box, "Coordinating Care

for Justice-Involved Men: A Promising Approach in the State of New York," (above) describes one example of such an approach.

Use community health workers to help justice-involved men navigate the health care system

Without targeted assistance to connect them to appropriate sources of care and health resources, newly enrolled justice-involved men may struggle to obtain the treatment they need. The use of community health workers (CHWs) represents one strategy for supporting justice-involved men in finding medical providers and adhering to a treatment regimen once they have received care. CHWs serve as liaisons between health systems and communities, and they facilitate access to and improve the quality and cultural competence of medical care, with an emphasis on preventive and primary care.⁴⁰ The Transitions Clinic Network (described in the text box, "Peer-Led Health Care Services for Justice-Involved Men: The Transitions Clinic Network Model," below) has developed an approach that shows promise. The Transitions Clinic Network has recruited and trained formerly incarcerated men to be CHWs, serving other justice-involved persons. City College of San Francisco has begun offering a CHW curriculum designed for formerly incarcerated persons who wish to support their peers in the reentry transition, which culminates in a post-prison health worker certification. In addition, Affordable Care Act-authorized health homes for Medicaid enrollees with chronic conditions (described above, page 9), may present an opportunity to connect justice-involved men with assistance from CHWs. As of

May 2014, six states—Maine, New York, Oregon, South Dakota, Washington, and Wisconsin—had developed health home models that included the use of CHWs.⁴¹

Peer-Led Health Care Services for Justice-Involved Men: The Transitions Clinic Network Model

Founded in 2006 in San Francisco, the Transitions Clinic Network is a health clinic network with locations in 10 cities across the United States that works to connect justice-involved individuals to health care and other services upon their release.

The Transitions Clinic model, funded by the Centers for Medicare & Medicaid Services Innovation Center and designed with support from an advisory board including formerly incarcerated individuals, relies on the use of community health workers (CHWs) who have a history of incarceration. According to key informants, this shared experience allows the CHWs to more effectively understand and engage reentering patients. The CHWs work in the community to conduct outreach to individuals who are recently released or are about to be released, by visiting places these individuals are likely to frequent, such as prisons and jails, substance use treatment programs, and shelters. Once a relationship with an individual has been established, the CHWs then help him or her to navigate the health care system, understand his or her medical conditions, and get connected to other important community resources, like employment agencies, housing services, and general assistance programs. Preliminary evidence suggests that the Transitions Clinic model has been effective in engaging justice-involved men in use of health care services and has reduced these men’s use of emergency services.⁸ A network of clinics in eight jurisdictions has received an innovation grant from the Centers for Medicaid and Medicare Services (CMS) to attempt to bring this model to national scale.

In addition to the use of CHWs, the Transitions Clinic model relies on primary care providers who have experience delivering primary care services to justice-involved populations. Key informants believe that this use of culturally competent patient navigators and providers, combined with the guidance of formerly incarcerated individuals, is responsible for the success of the Transitions Clinic in connecting justice-involved populations to care.⁴²

III. Offer Relevant, Effective Messages about Health, Health Coverage, and Health Care

The widespread availability of health coverage for low-income, justice-involved men is a new development, and little is yet known about effective strategies for health care and coverage messaging to justice-involved men; approaches to engaging this population have not traditionally placed emphasis on these men’s volition and decision making regarding their coverage and care. Practitioners coordinating efforts to connect men to coverage and care should consider how to most effectively gain the buy-in of justice-involved men. Motivating men to seek coverage, educating them about using their health coverage, and empowering them to find appropriate care upon release may be the most effective way to put them on a path toward the sustained use of health care that meets their needs.

In addition, justice-involved men often have a number of complex health needs, including behavioral health conditions and chemical dependency. Health coverage messaging to justice-involved men should address these needs by highlighting the availability of low- or no-cost behavioral health services. Messaging should also be sensitive to the particular concerns that justice-involved men may have about getting coverage, such as fears about the impact of enrollment on enforcement on child support arrears or concerns about the affordability of even very low-cost services or copayments. Furthermore, men

seeking behavioral health care may need to be assured of provider-patient confidentiality, especially if referred by a probation officer or another representative from the criminal justice system.^e

Consider engaging family members in conversation about accessing health care

Emerging evidence shows that connecting justice-involved men to social supports, including family, may improve reentry outcomes.⁴³⁻⁴⁵ Engaging men’s families (through visitation, letter writing, or other forms of contact) is one of eight evidence-based reentry principles identified by the National Institute of Corrections in 2004.⁴⁶ Research suggests that family members can exert a strong influence on reentering individuals’ health behaviors and outcomes.^{4,47} Initiating a family-focused health coverage conversation may motivate justice-involved men to better prioritize their own health in the interest of being effective providers and role models. For example, a dialogue that begins with asking about children’s health coverage can open the door to a discussion of men’s own coverage status and coverage options. Practitioners can engage family members by inviting them to participate in men’s health care planning before and after reentry, and by discussing the health needs of all family members.

**Comprehensive, Culturally Competent Services for the Justice Involved:
The Fortune Society**

The Fortune Society, a reentry services organization based in New York City, serves as an example of an entity that has succeeded in developing positive, trusting relationships with its justice-involved clients. Operating from three primary locations, the Fortune Society uses a “one-stop shop” model that allows clients to access a variety of services, including health coverage enrollment assistance, at a single location. Programs include housing, employment services, education, family services, mental health services, substance use treatment, and medical care. Services are delivered by professionals whose cultural backgrounds and life experiences are similar to those of the organization’s clients. Fortune staff members note that many justice-involved persons have experienced discrimination in past care-seeking and may be uncomfortable with the health care system. They advocate for employing justice-involved peers in many key roles, such as community health worker, for successful health coverage and care outreach.

Identify effective messengers for reaching justice-involved men

To reach justice-involved men most effectively, a variety of messengers will be necessary. Those coordinating efforts to connect men to coverage and care should consider how to deliver messages through as many different messaging channels as possible, from case managers, medical providers, and staff of community-based nonprofit reentry services organizations, to probation and parole officers. The work of one New York City–based nonprofit reentry services organization that has included a strong focus on developing positive relationships with justice-involved populations is described in the text box, “Comprehensive, Culturally Competent Services for the Justice Involved,” above.

Conclusion

Passage of the Affordable Care Act has created an unprecedented opportunity to respond to the unmet health needs of justice-involved men. To succeed, the work underway in many jurisdictions to enroll

^e Information obtained in the course of a visit to a behavioral health care provider is legally protected from subpoena or other justice system use ([Confidentiality of Alcohol and Substance Abuse Patient Records regulation 42 CFR Part 2](#)). However, information obtained in the course of a visit to other types of providers is not subject to this protection (Maya Bernstein, personal communication, December 8, 2014).

justice-involved persons during incarceration must be accompanied by an equally concerted effort to engage them in coverage and care in the community, including building effective collaboration among agencies that work with justice-involved men; implementing coverage and coordinated care models that better meet the specific needs of the justice-involved population; and offering relevant, effective messages about health, health coverage, and care—delivered by a variety of messaging channels, including “messengers” with similar life experiences. In order to initiate this work, stakeholders can begin by identifying key community partners and engaging in strategic planning to leverage the strengths of participating organizations. Such efforts to strengthen coverage and continuity of care have cost-saving benefits that extend beyond the individual and to the greater community and health care system. Furthermore, they offer an historic chance to begin addressing the collateral consequences of mass incarceration and the serious health disparities that affect justice-involved individuals.^{5,11,48}

Appendix A. Developing a Collaborative Approach to Enrollment: Key Players to Include

Key Players in Community-Based Engagement Efforts with Justice-Involved Men		
Type of Partner	Example Agencies	Common Role or Function
Human services agencies	<ul style="list-style-type: none"> • State department of social services • County department of social services • Local social security office 	<ul style="list-style-type: none"> • Process Medicaid eligibility determination • Streamline Medicaid application process • Administer food stamps, general assistance, and other benefits used/needed by reentering men • Provide eligibility documentation for reentering persons
Health agencies	<ul style="list-style-type: none"> • State Medicaid office • State department of health • County department of public health • County department of health services 	<ul style="list-style-type: none"> • Oversee state and local Medicaid programs • Process Medicaid applications • Ensure health care access for very low-income residents via contracted services and/or Medicaid program(s) • Administer Medicaid managed care programs • Contract with Medicaid providers • Administer grants for in-person health coverage enrollment assistance programs • Administer care coordination programs
Health Insurance Marketplaces	<ul style="list-style-type: none"> • State Health Insurance Marketplace (may be a state-run, quasi-governmental, or independent non-profit entity) • State agency that administers or liaises with the (federal or state-run) Health Insurance Marketplace • The Marketplace run by the federal government 	<ul style="list-style-type: none"> • Develop and administer application website for Medicaid and private coverage subsidies • Provide in-person coverage enrollment assistance via “floating” Navigators and/or In-Person Assisters

Key Players in Community-Based Engagement Efforts with Justice-Involved Men		
Type of Partner	Example Agencies	Common Role or Function
Justice agencies	<ul style="list-style-type: none"> • Courts • County or state probation • State parole • County sheriff and/or local law enforcement • Local jails, state and federal prisons • State department of corrections 	<ul style="list-style-type: none"> • Facilitate enrollment of persons who are adjudicated, in custody, or on community supervision • Deliver health care and maintain health records for incarcerated individuals • Work with community-based health care providers to ensure continuity of care • Contribute to pre-release care coordination and case planning efforts • Discuss health and health coverage (including behavioral health needs, coverage, and treatment options) as part of diversion, adjudication, and/or release planning
Health care providers	<ul style="list-style-type: none"> • Federally Qualified Health Centers • Transitions Clinic Network clinics • Disproportionate Share Hospitals • Other providers serving a high proportion of Medicaid clients and/or operating in low-income neighborhoods 	<ul style="list-style-type: none"> • Deliver health care and maintain health records for justice-involved persons in the community • Work with jail and prison health care providers to ensure continuity of care • Provide in-person coverage enrollment assistance via onsite Certified Application Counselors and In-Person Assisters • Build trust with justice-involved men to facilitate care and coverage engagement
Community-based organizations	<ul style="list-style-type: none"> • Reentry services providers • Housing assistance providers • Job training and job readiness programs • Churches and faith-based organizations • Fatherhood programs serving low-income men 	<ul style="list-style-type: none"> • Refer justice-involved men to other partners that provide enrollment support and health care • Help justice-involved men meet the immediate survival needs that often prevent them from focusing on health • Build trust with justice-involved men to facilitate care and coverage engagement

To determine the type of Health Insurance Marketplace used in your state and identify local organizations that provide enrollment assistance, visit localhelp.healthcare.gov.

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