



ISSUE BRIEF

From Policy to Practice: Seizing the Moment to Transform Health and Reentry

Convening Summary and Stakeholder Perspectives

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HARP

THE HEALTH AND REENTRY PROJECT



■ ABOUT HARP

The Health and Reentry Project (HARP) bridges gaps between the health and criminal justice systems to build safer and healthier communities. HARP works with local, state, and federal leaders, stakeholders, advocates, and people directly impacted by incarceration to advance policy that expands access to health care for millions of people leaving prisons and jails every year.

This issue brief expands on recent HARP publications analyzing the role that Medicaid can play in meeting the health needs of people as they return to communities after incarceration:

- ▶ [Paving the Path to Healthier Reentry: How New Medicaid Policies Can Improve Mental Health and Substance Use Support as People Return to Communities](#) (October 2023)
- ▶ [Breaking Ground: How California is Using Medicaid to Improve the Health of People Leaving Incarceration](#) (May 2023)
- ▶ [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)

HARP has also posted a set of three reports led by HARP Executive Director Vikki Wachino and published by Viaduct Consulting LLC that recommend approaches to using Medicaid to cover opioid use disorder services in prisons and jails:

- ▶ [Recommendations for Medicaid Coverage of Opioid Use Disorder Services in Jails and Prisons](#) (October 2023)
- ▶ [Recommendations for Medicaid Performance Measures for Opioid Use Disorder Services in Jails and Prisons](#) (November 2023)
- ▶ [Recommendations for Medicaid Payment Models for Opioid Use Disorder Services in Jails and Prisons](#) (January 2024)



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■ INTRODUCTION

On July 11, 2023, the Health and Reentry Project (HARP) hosted “From Policy to Practice: Seizing the Moment to Transform Health and Reentry,” an in-person convening that brought together 26 stakeholders across the health and criminal justice systems to discuss implementation of new policies that change Medicaid’s role in covering services when people are incarcerated. The participants included representatives of state and local governments, probation and parole officials, public defenders, Medicaid managed care organizations, community-based service providers, state policy experts, reentry service leaders, and people with lived experience of incarceration.

The convening focused on discussing implementation needs regarding two recent policy changes in health and reentry:

- ▶ new federal guidance that allows states to use Medicaid waivers to cover pre-release services, which apply on a state-specific basis, and
- ▶ statutory changes made in late 2022 to Medicaid coverage of youth who are incarcerated, which apply across all states.

These policies are summarized in [*Medicaid’s New Role in Advancing Reentry: Key Policy Changes*](#), and their history, goals, and details are explored in more depth in [*Meeting the Moment: Opportunities to Improve Health and Safety by Changing Medicaid’s Role When People are Incarcerated*](#), both published by HARP.

The new changes to Medicaid policy seek to strengthen service provision for people who are incarcerated and reentering their communities by addressing an environment in which the health care and justice systems often operate in isolation from one another. Too often, this disconnect between systems impedes people’s ability to get the quality and continuity of care they need, which in turn can lead to outcomes that fall short of public health and public safety goals. If implemented well, these changes hold the potential to improve care for people who have been incarcerated, reduce future justice involvement, save costs to communities, and bolster overall community wellbeing.



10 IMPLEMENTATION TAKEAWAYS

Through facilitated discussion, the convening sought to identify key needs across states, localities, implementation stakeholders, and people directly impacted by the new policies. It also highlighted significant operational considerations and approaches needed to successfully implement these new policies and realize their potential to improve health, wellbeing, and safety. The purpose of this brief is to summarize the perspectives that participants shared in order to inform future action. HARP presents these perspectives as a synthesized set of implementation priorities. These takeaways are illustrated in this brief by quotes from convening attendees. The following ten takeaways are written to help policymakers and other stakeholders prioritize ways to successfully implement these policies and practices at the local, state, and federal levels, including by raising awareness about the connections between health care access and successful reentry and by increasing access to information.

1. **States can act now to strengthen access to health care for people involved with the criminal justice system, building on past progress.**

States can take immediate action now to help increase the impact of Medicaid policy changes in the long term. Even before the recent federal policy changes, many state and local governments were making progress in strengthening connections to health care as people are leaving prison and jail. States should continue to build on those efforts to improve service provision and ease the path toward the ultimate implementation of new federal policies. For example, states are increasingly suspending rather than terminating Medicaid coverage when Medicaid beneficiaries are incarcerated. Since 2018, a federal law has required states to suspend Medicaid eligibility for youth who are incarcerated, and states have the option to suspend eligibility for other groups. When states implement Medicaid suspension, it removes the need for a person to submit a new application for coverage at reentry, facilitating stronger Medicaid coverage and smoother connections to needed services after release. The new CMS reentry waiver policy requires that states suspend Medicaid eligibility, and states can take that step now, with or without an approved waiver. States can also automate the systems and data exchange mechanisms needed to carry out suspension. This move would support the implementation of new waiver and statutory policies aimed at connecting Medicaid beneficiaries to reentry services as they are being released.

Additionally, some state and local officials across the health and criminal justice systems are providing more continuous access to services as people transition between the correctional system and the community health system. Many jurisdictions are scaling up the use of medication-assisted treatment for substance use disorders in the community and, to a lesser extent, inside correctional facilities. Notable initiatives such as Massachusetts' MassHealth Behavioral Health Supports for Justice-Involved Individuals are leading the way by connecting people who are justice-involved (both incarcerated and not incarcerated) with social supports and behavioral health care in the community. More states could establish similar programs to improve continuity of care and better meet the needs of their population, either as a stepping stone to ultimate waiver implementation, or as standalone initiatives without a waiver.



2. Expand awareness of policy changes and their goals among policymakers, implementation partners, and directly impacted people.

Participants in the convening noted that the new Medicaid policy changes are in an early stage and awareness of them is low, even among organizations and leaders who will play a key role in carrying them out. These changes present an unprecedented opportunity to advance community health and safety. They have potential to advance shared objectives across the health and criminal justice systems, such as increasing continuity of care, reducing recidivism, enhancing public safety, managing costs, and fostering employment. Participants recognized that the combined effect of these improvements could reduce the extent to which people are involved in the justice system. Emphasizing the potential to achieve shared goals can help improve communication and coordination across systems across systems. The COVID-19 pandemic underscored that the challenges that correctional facilities face are not confined within their walls but expand outward, affecting broader communities and systems.



[Policymakers need to hear] personal stories that make the invisible issues visible again so we can address them.



Convening participants advocated for concerted efforts by government agencies, professional associations, and advocates to build awareness of the new policy changes. Since these changes will have the greatest impact on people who are incarcerated and reentering their communities, officials should prioritize informing them of the new policies and their purpose, and involving them in implementation. Participants also suggested that advocates and professional associations should communicate the intent behind the changes to policymakers at the local, state, and federal levels. In particular, these actors should educate policymakers with evidence and personal stories about these policies' purpose, rationale, and potential to improve health and safety outcomes, which will help to support their implementation.

Participants also noted that leaders and government agencies should especially build awareness about national changes to Medicaid coverage for youth who are incarcerated, which take effect in all states in January 2025. These provisions have received less attention than other reentry policy changes and will have a broad impact, since they affect youth in the juvenile justice system as well as some youth in prisons and jails because by law they apply to people under age 21 and former foster youth under age 26.



3. Directly engage and share information with the many people and constituencies who will be involved in implementation.

Local, state, and federal officials responsible for developing guidance and processes must ensure that all parties involved in implementation have access to materials and information about how the new policies may be carried out. There is limited transparency about how health care services are provided in the correctional system, so effective implementation of policy changes will require intensive guidance, engagement, and cross-sector learning. Convening participants stressed that officials should create a strong role in implementation for key system actors including corrections officers, probation and parole officers, court officials, wardens, reentry service providers, and correctional health professionals. All these parties have visibility into correctional processes and conditions and will likely be working with Medicaid requirements for the first time. Participants emphasized that, due to the hierarchical structure of correctional settings, officials must provide an understanding of the policy changes not just at the leadership level but throughout the “chain of command,” as well as across the health and justice system workforce at all levels.



Bosses talk to bosses, but that trickle down isn't happening.




participants advocated that officials create a clear role in implementation for people who are or have been incarcerated and provide them with materials and information to guide them. They observed that people who have been incarcerated possess a unique understanding of how correctional health care works, and that this understanding can be pivotal to guiding changes. They also noted the need to build peoples' trust in service provision and described people who are incarcerated as being influential actors within the correctional system.

4. Prioritize health care and criminal justice system collaboration, identifying and working toward shared goals.

Because the health and criminal justice systems have limited history of working together, leaders of these systems must actively collaborate and communicate with each other in order to implement these new policies effectively. Convening participants emphasized the need for active, ongoing partnership to support both shared and system-specific goals, to develop successful policy and implementation approaches, and to create shared language, including understanding of each other's terminology and key concepts.

As an example, convening participants identified the potential for Medicaid coverage of pre-release services to help increase the quality of care in correctional settings. Medicaid standards have previously applied only in community settings and have not been brought to bear in correctional health. Participants noted that a large proportion of correctional health



services are currently provided by contracted health providers, but these providers may not be experienced in working with Medicaid or prepared to meet the standards that Medicaid requires in the community. When beginning to understand and apply these standards under the new policy changes, health and justice system leaders will need to work together, offering significant training and guidance to providers, including helping participants recognize the rationale and goals of the changes.

The challenge is that corrections language and Medicaid language are so different...[We] need to get more people together to learn each other's language.


State and local governments will be primarily responsible for implementing the new policy changes, within the policy parameters established by the federal government. Therefore, state and local governments will take lead responsibility for convening and fostering collaboration among health care and justice system officials. These activities may require an investment of resources, which could potentially be supported by federal grants, philanthropic contributions, or state and local funding streams.

5. Expand guidance and highlight successful strategies on specific policy elements.

These Medicaid policies are new and unprecedented. As implementation begins, organizations and leaders putting them into practice should highlight and disseminate successful approaches to help others scale up their efforts. Convening participants were eager for additional guidance in particular areas in order to advance the implementation efforts of the health and justice systems. For example, in 2025, nationwide changes will take effect, expanding Medicaid coverage of targeted services for youth who are incarcerated. Additional federal guidance could support successful implementation by providing specifics on eligibility for services, definitions of eligible services, protocols for screening and assessment, information about which providers can participate, and details about how connections to post-release services can be made.

Health and justice system officials also sought guidance from states and the federal government about how to operationalize new Medicaid policies that are tied to expected release dates. Particularly in jails, officials often do not know peoples release dates, or they are subject to variability. Additionally, officials described a need for guidance in implementing policies for people facing short periods of incarceration.

Additionally, states submitting applications for the [Medicaid Reentry Section 1115 Demonstration Opportunity](#) must lay out reinvestment plans that explain how any federal funding that replaces existing state and local funding for correctional services will be reinvested to increase access to



care in correctional settings. However, they may face uncertainty about how to operationalize different priorities for reinvestment, and what specific activities are appropriate reinvestments. To navigate this uncertainty, states have an opportunity to learn from one another and evaluate different approaches by sharing and disseminating promising reinvestment strategies.

6. Invest in community-based systems of care.

Convening participants advocated for increased investments in community-based systems of care as an essential part of improving the health and lives of people as they return to their communities from correctional facilities. Trusted community-based services play a critical role in supporting successful reentry. These services help to reduce recidivism and reincarceration and prevent people from becoming justice-involved in the first place.

This is not a correctional system reform. It's a community system reform.

A robust system of community-based treatment and services can also serve as a counterweight to one potential unintended consequence of new Medicaid policies: the possibility that courts may opt to incarcerate a person in order to facilitate reliable access to treatment. Participants stressed that jurisdictions should avoid this consequence, but that to successfully do so, they must make services available and accessible in the community.

7. Advance a holistic definition of health in implementing new policies.

Many factors beyond medical care play a role in supporting the health and wellbeing of people who have been incarcerated. Convening participants recognized that as people transition back into their communities, their immediate concerns often revolve around re-establishing their lives, and health care might not be their main priority. But health is not limited to health care: secure housing can lead to better mental health, stable employment can ensure consistent access to nutrition, and family reunification can be a source of emotional and psychological support. As jurisdictions implement the new Medicaid changes, they should foster stronger connections between the health care system and services such as housing, employment, nutrition, transportation, and family reunification. Community-based service providers can serve as the trusted connection point to these social and health needs. Policies and implementation that recognize and act upon these interconnected issues can advance successful reentry.

If a person is not physically and mentally healthy, their behavior is not going to change.



8. Expand the workforce to meet the needs of the reentry population.

Successful implementation of Medicaid-covered services rests on the availability of an effective, trained, and trusted workforce. Convening participants highlighted the need to develop specific types of workers who can deliver these services in correctional settings and during reentry. They also emphasized that community-based providers must be adequately equipped and trained to support the needs of people who have been incarcerated.



They may bring on 1,000 new people [in the workforce], but about 800 people leave.



Participants noted two types of professionals, case managers and community health workers as particular workforce development priorities. Reentry case managers will play a key role in supporting the health and social needs of people as they leave incarceration. They require specialized knowledge of community resources and training to build trust and improve outcomes for people who are formerly incarcerated. Community health workers, especially those with lived experience of incarceration, will help support people in accessing services. Their experience fosters trust between patient and provider and can increase patients' engagement in their own care. However, there remain substantial barriers to community health workers' involvement, including legal constraints in some states that prevent people with criminal records from working within correctional settings. Overcoming these challenges requires targeted policy interventions and a commitment to recognizing the value of lived experience in shaping effective reentry in communities.

Participants also described major staffing shortfalls in both the health care and corrections systems, which can present barriers to implementation. High vacancy and turnover rates of corrections staff result in a loss of institutional knowledge and forces facilities to rely on mandatory overtime in order to perform their routine services. In general, frequent staff changes can disrupt continuity and reduce the effectiveness of training and development programs. The understanding and commitment of seasoned staff will be pivotal to the successful implementation of any integrated system.

9. Advance multi-sector accountability.

Participants noted that the new Medicaid policy changes require an accountability framework that extends beyond the state Medicaid system and into local jurisdictions. This framework should not be viewed in isolation but rather as an integral component of establishing a standard of care that applies to services delivered inside correctional facilities and in the community. It should encompass and influence all aspects of the implementation process and hold all participating actors accountable for their roles, including justice system officials and



contractors. Using an accountability framework will help to ensure that execution of the new policies adheres to the highest standards of care and that every person receives the services they need.

Additional mechanisms — such as periodic audits, third-party evaluations, stakeholder feedback systems, and transparent reporting protocols — can also help promote accountability in delivery of reentry services. Historically, states have used litigation as an accountability mechanism, but participants held mixed views on its effectiveness.



Medicaid is only one aspect of the accountability matrix.



10. **Conduct more research on health care for justice-involved populations.**

Research and data is needed to inform policymakers, community leaders, and organizations who are advancing and implementing reforms to help them understand the context and the impact of their efforts. Priority topics for research include: up-to-date data on health conditions within prisons and jails compared to the general population; methods and outcomes of health-focused reentry programs; and details of health care delivery in correctional settings, including availability of services, quality of care, who is providing care (correctional employees, contractors, or community-based providers), spending on services, and how this impacts outcomes. Researchers and agencies should track health service use and health outcomes as well as public safety metrics like recidivism and reductions in prison and jail populations. In general, researchers should seek to overcome the disparity in data quality and availability between the health care and criminal justice systems, and the absence of a robust, integrated data infrastructure spanning these two systems.

CONCLUSION

Translating new Medicaid policies into a reality that improves people's lives requires the active engagement of a range of stakeholders across systems. At HARP's 2023 convening, participants with different roles and perspectives identified essential elements of effectively implementing these policies. Successful implementation of these policies is crucially important, because it can significantly improve access to services for youth and adults during incarceration and as they reenter their communities following release, in turn enhancing the quality and continuity of care, improving public safety, and reducing justice system involvement.