

# HARP

THE HEALTH AND REENTRY PROJECT

## **Improving Health and Safety as Youth and Young Adults Leave the Justice System: State Implementation of Policies to Strengthen Continuity of Care at Reentry**

9.17.25

# Today's Session Agenda

- Health Needs of Youth and Young Adults Involved in the Justice System
- National Medicaid and CHIP Policies for Youth and Young Adults Who are Incarcerated
- Key Themes from 3 States' Early Implementation
- Hear from a leading state: Lisa Belmarsh, Assistant Commissioner for Support Services at the Massachusetts Department of Youth Services, in conversation with Vikki Wachino, HARP Executive Director
- Open Q&A

# Youth in the Justice System by the Numbers

**30,000**

youth (12-17yo)  
are incarcerated  
in juvenile  
facilities each day

**166,000**

young adults (18-  
25yo) are  
incarcerated in  
adult facilities  
each day

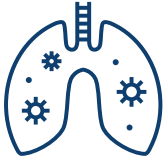


Youth  
incarceration has  
**decreased** over  
the last several  
decades



the number of  
youth in juvenile  
facilities has  
**increased since**  
**2021** – with  
disparities for Black  
and Tribal youth

# Health Needs of Young People Involved in The Justice System



High rates of physical health conditions, including asthma, hypertension, TBI, oral health issues, STIs, and obesity



More likely to have worse health in adulthood than their peers



Up to 70% of may have a diagnosable behavioral health condition, including substance use disorders, PTSD, and depression



Youth who have been involved in the justice system may also have been impacted by other factors, such as homelessness, negative school experiences, and contact with the child welfare system

# Access to Coverage and Care Can Impact Health *and* Safety

A majority  
(approximately  
60%) of  
incarcerated  
youth ages 12-17  
are covered by  
Medicaid/CHIP

Loss of Medicaid  
eligibility is  
correlated with  
repeated justice  
system contact

Youth who access  
primary care  
after release are  
less likely to be  
reincarcerated

Medicaid and CHIP Payment and Access Commission. (2021). Access in Brief: Health Care Needs and Use of Services by Adolescents Involved with the Juvenile Justice System.

Jácome, E. (December 2022). Mental Health and Criminal Involvement: Evidence from Losing Medicaid Eligibility. (Working Paper ).

Freudenberg N, Daniels J, Crum M, Perkins T, Richie BE. (September 2008). Coming home from jail: the social and health consequences of community reentry for women, male adolescents, and their families and communities. Am J Public Health, 98(9 Suppl):S191-202.

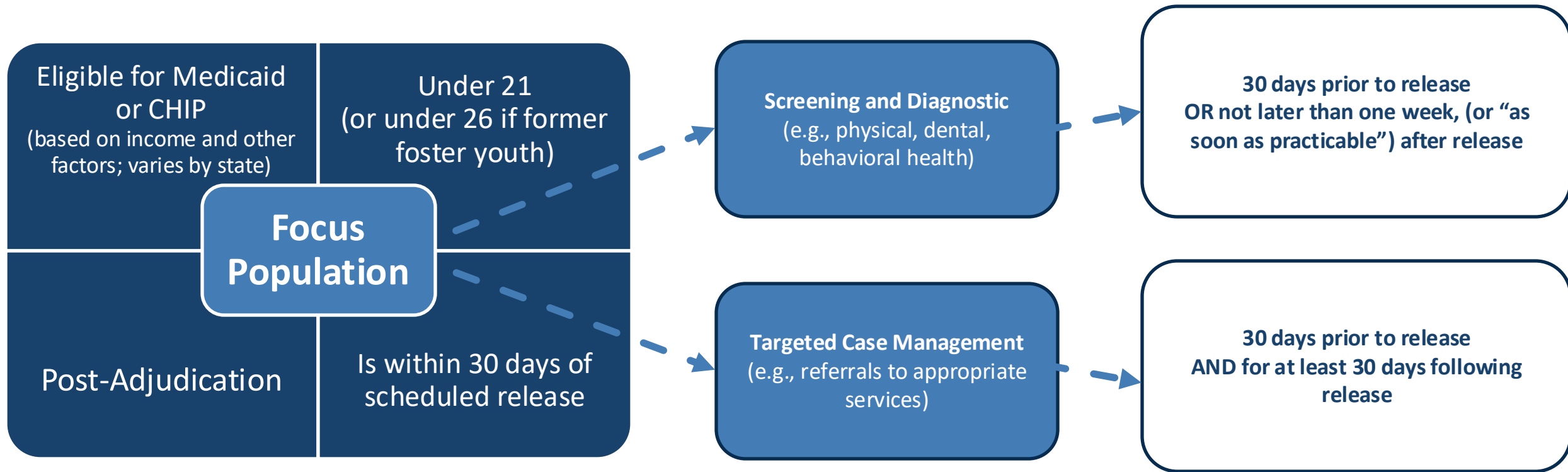
Foster EM, Qaseem A, Connor T. (May 2004). Can better mental health services reduce the risk of juvenile justice system involvement? Am J Public Health, 94(5):859-65.

# Medicaid and CHIP Policies for Youth Who Are Incarcerated: Required in All States, January 2025

## Who

## What

## When



# Medicaid-Covered Services are an Opportunity to Understand Needs and Connect Youth to Services in the Community

## Screening and Diagnostic Services

- Identify physical, dental, and behavioral health needs
- Connect to Early and Periodic Screening Diagnostic and Treatment (EPSDT) program
- States have flexibility to choose screening and assessment tools

## Targeted Case Management

- Comprehensive assessment and person-centered care plan
- Referrals to appropriate services and warm handoffs to community providers
- Monitoring and follow up activities

## Community-Based Services

- Health
- Behavioral health
- Specialized mental health/IDD
- Family interventions
- Educational/ Vocational
- Advocacy/ Mentoring

# Lessons from Early Policy Implementation: Key Strategies from Massachusetts, North Carolina, and New Mexico

**Strategy 1:** Collaborate across agencies and sectors, including partnering with community providers

- Key Partners included Medicaid/ Health and Human Services departments, Juvenile Justice departments, Department of Children & Families, Department of Corrections, Behavioral Health, managed care, community providers, and more
- Regular planning meetings and workgroups to support alignment on process and approach





# Lessons from Early Policy Implementation: Key Strategies from Massachusetts, North Carolina, and New Mexico

**Strategy 2:** Promptly enroll all eligible incarcerated youth in Medicaid and ensure all appropriate services can be covered and paid for by Medicaid

- Screening for eligibility and enrollment upon entering custody
- Leveraging technology to facilitate linkages and smoother communication between corrections and Medicaid



# Lessons from Early Policy Implementation: Key Strategies from Massachusetts, North Carolina, and New Mexico

**Strategy 3:** Start release planning early and partner with community providers to ensure continuous service provision at reentry

- Begin screening and assessments at arrival and feed information into reentry care plans
- Identify and engage community providers, including MCOs, early
- Understand variation in service availability across different communities – leverage telehealth where possible



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