



The Cabinet-level Reentry Council is working to enhance community safety and well-being, assist those returning from prison and jail in becoming productive citizens, and save taxpayer dollars by lowering the direct and collateral costs of incarceration.

# Health Care and Behavioral Health

While many prisoners receive the treatment and care they need while incarcerated, some do not, and there is often a lack of continuity in care from inside the prison to care in the community. For example, approximately half of all people in state and local correctional facilities meet criteria

for drug use or dependence, but less than 20 percent of them receive treatment while incarcerated. Twenty-four percent of people in state prisons have a recent history of mental illness, but only 34 percent of them report receiving any treatment while incarcerated. Additionally, individuals released from state prisons and local jails represent a substantial share of the U.S. population carrying communicable diseases, accounting for 17 percent of the general population living with HIV or AIDS, 39 percent of those with hepatitis C, and nearly 40 percent of people with tuberculosis. The Reentry Council is working to ensure that the opportunities provided by the Affordable Care Act and other reforms will significantly increase access to appropriate physical and behavioral health interventions after release from incarceration, potentially improving public health and public safety.

## Accomplishments to Date

- In addition to releasing two Reentry Mythbusters addressing the critical importance of suspending—rather than terminating—Medicaid benefits during incarceration, the Department of Health and Human Services (HHS) has provided specific information on Medicaid and other health care coverage eligibility for the criminal justice population on its website at [healthcare.gov/incarcerated-people](http://healthcare.gov/incarcerated-people), and provided important information to help courts, corrections, and probation enroll justice-involved populations in coverage when they are eligible.
- HHS and the Department of Justice (DOJ) are facilitating increased information sharing between health and justice systems. HHS made regulatory changes that facilitate payment of incentives when correctional facilities adopt electronic health record keeping and sponsored a conference on strategies for improving continuity of care by using health information technology to connect community and correctional health care providers. DOJ partnered with the Vera Institute of Justice to develop a [toolkit](#) for government agencies and community organizations interested in sharing health information across systems.
- The National Institute of Corrections (NIC) continues to support state and local jurisdictions to strengthen collaboration between criminal justice and health care systems by providing responsive technical assistance, including a facilitated [mapping process](#) of the criminal justice system designed to connect justice-involved individuals to treatment and health care under the Affordable Care Act. The process also helps jurisdictions to identify strengths and opportunities at each criminal justice decision point, prioritizing criminal justice/Affordable Care Act connection opportunities for action planning purposes.
- HHS and DOJ are testing the efficacy of enrolling individuals in prison or jail in Medicaid prior to release. Medicaid use, employment, and recidivism outcomes will be tracked.
- DOJ has provided funding for the Legal Action Center 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 and has sponsored an internet broadcast and three follow-up webinars on health care reform and public safety.
- HHS funded a \$7 million Health Care Innovation Award for a network that links high-risk patients leaving prison to primary care in the community and trains formerly incarcerated individuals to be community health workers to manage that care.

- HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) is conducting a reintegration [toolkit](#) challenge to develop software applications that will

transform existing written information into a user-friendly tool with the potential to promote successful reentry and reduce recidivism.

## Agenda Moving Forward

### Ensure Affordable Care Act Outreach Includes Reentry Populations

Reentry Council agencies will continue to identify ways to inform correctional agencies and people returning to their communities after incarceration of the opportunities for enrollment in Medicaid and the purchase of subsidized coverage through the Health Insurance Marketplace. HHS and DOJ will continue to develop specific materials and outreach strategies.

### Address Capacity and Access to Behavioral Health Treatment

HHS-funded projects—directed at increasing the operational capacity of community-based behavioral health treatment providers—will offer training and technical assistance to hundreds of community-based providers, including those serving populations involved with the criminal justice system. The materials developed will be widely shared with the behavioral health care provider community.

### Promote 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 HITECH Act Electronic Health Records (EHR) incentive programs. Additionally, HHS, DOJ, and relevant criminal justice agencies are holding meetings on information exchange practices. Improving the capacity to exchange health information, including interoperability across EHR systems, will increase the potential for continuity of care.

### Strengthen Collaborations between Medicaid and Correctional Health

Reentry Council agencies are working at the federal, state, and local level to increase opportunities for Medicaid and corrections staff to share their experiences related to collaboration efforts and to identify areas where additional policy clarifications may be needed.

## Key Resources (Health Care and Behavioral Health)

### Reentry Council

<http://csgjusticecenter.org/nrrc/projects/firc/>

### Reentry MythBusters

<http://csgjusticecenter.org/nrrc/projects/mythbusters/>

### National Reentry Resource Center—Health Policy

<http://csgjusticecenter.org/reentry/issue-areas/health/health-policy/>

### Access to Health Insurance and Medicaid

<https://www.healthcare.gov>  
<https://www.healthcare.gov/incarceration>  
<http://www.medicaid.gov>  
<https://marketplace.cms.gov/search.html?q=Incarceration>

### Behavioral Health and Criminal Justice

[http://gainscenter.samhsa.gov/topical\\_resources/reentry.asp](http://gainscenter.samhsa.gov/topical_resources/reentry.asp)  
<http://www.samhsa.gov/health-financing/enrollment-initiatives-research>  
<http://www.samhsa.gov/criminal-juvenile-justice/samhsas-efforts>

### Vera Institute of Justice—Justice and Health Connect

<http://www.jhconnect.org/>  
<http://www.vera.org/sites/default/files/resources/downloads/samhsa-justice-health-information-technology.pdf>

### National Institute of Corrections

<http://nicic.gov/?q=health>

### State Profiles of Health Care Information for the Criminal Justice System

<http://lac.org/resources/state-profiles-healthcare-information-for-criminal-justice-system/>