



Enrollment

# Health Insurance for People Involved in the Justice System: Outreach and Enrollment Strategies

This brief describes the outreach and enrollment strategies that enrollment assisters can use to help people involved in the criminal justice system get health coverage.

By focusing on this population, assisters will not only help these individuals enroll in health coverage and receive needed care, they will reach and enroll more uninsured consumers. Enrollment assisters in many states are working to help the justice-involved population enroll in health coverage. This brief provides an overview of why it is important to focus on this population and offers assisters tangible steps to begin this work.

## Why Is Health Coverage Important for the Justice-Involved Population?

We all have a stake in helping people who are leaving incarceration obtain health coverage. Evidence shows that access to health care can keep people out of prison,<sup>1</sup> which is vital given that two-thirds of the

individuals who spend time in a correctional facility are arrested again.<sup>2</sup> Health coverage is especially important because this population experiences high rates of substance abuse,<sup>3</sup> mental health disorders, and chronic physical conditions.<sup>4</sup>

The rate of people released from incarceration who do not have health insurance is alarmingly high.<sup>5</sup> Lack of health insurance, combined with significant health care needs, leads these individuals to rely heavily on the emergency room for basic health care,<sup>6</sup> seeking help when conditions become dire, rather than for preventive services. Further, incarcerated individuals often have low incomes,<sup>7</sup> indicating that many are likely eligible for Medicaid and financial assistance through the health insurance marketplaces.

## Why Should Enrollment Assisters Focus on This Population?

Enrollment assisters can play an important role in preventing previously incarcerated people from returning to the justice system by connecting them to coverage and the subsequent care they need.

**Assisters are community-based:** Navigators and other assisters are community-based experts on health coverage. People involved in the justice system may qualify for financial help to afford a marketplace plan or be eligible for Medicaid (more on coverage options on page 3), and assisters are well-positioned to help this population sign up for both types of coverage.

As enrollment assisters seek new populations to enroll in health coverage, people involved in the justice system offer great potential for successful outreach. Working with this population helps the individuals and the community as a whole.

### Who is the “justice-involved population”?

The “justice-involved population” refers to people recently or currently incarcerated or under court supervision. This includes individuals who are on parole or probation, serving short terms in county or state jails, and serving longer sentences in state or federal prisons.

**Individuals in the justice system make up a portion of the remaining uninsured:** As we continue to make great progress in connecting people to health coverage and reducing the number of uninsured, it is increasingly important to identify new populations to enroll. People involved in the justice system are a key population to consider.

**Reaching justice-involved individuals benefits communities:** Beyond helping incarcerated individuals gain badly needed health insurance, working with the justice-involved population also yields benefits for the broader community. Individuals in this population often have families who may need health coverage. Incarcerated parents may be involved in health care decisions for their children, and may need support getting their families insured. A focus on this population serves to increase the relationships that enrollment assisters are able to create, while also helping spread the word in local communities about the availability of in-person assistance.

## Coverage Options for the Justice-Involved Population

There are no current estimates of how many justice-involved individuals are eligible for Medicaid or marketplace coverage. Of course, the goal of outreach to is to enroll these individuals in health coverage eventually. Assisters in states that work with this population—both states that have expanded Medicaid and those that have not—have successfully signed up individuals in this population for health insurance.

## Coverage through Medicaid

When assessing Medicaid eligibility for justice-involved individuals, assisters should first look at whether or not the individual was enrolled in Medicaid before incarceration:

**1 Individuals in the criminal justice system who have Medicaid upon incarceration:** Individuals are not able to use their existing Medicaid while incarcerated (unless it is for inpatient services). However, when an individual becomes incarcerated, the process for handling his or her current Medicaid varies widely by state. States have two options when someone is incarcerated: terminating the individual's Medicaid or temporarily suspending Medicaid.

**In states that terminate an individual's Medicaid eligibility,** he or she should re-apply and re-enroll in Medicaid upon release from jail or prison to continue coverage.

**In states that suspend Medicaid eligibility,** coverage can be reinstated immediately and the person's eligibility doesn't have to be re-checked. While the option to suspend Medicaid has existed for some time, many states have not adopted it because so few people were eligible for Medicaid. Now, because a majority of states have expanded Medicaid, many more people stand to benefit, and states are re-evaluating these policies. It's important that assisters know the state's policies before beginning to work with this population.

## **2 Individuals in the justice system who are eligible**

**but not enrolled in Medicaid:** Individuals who are incarcerated are able to enroll in Medicaid during or after incarceration. As noted above, however, they cannot use their coverage while incarcerated and it will not begin until their release.

In states that have not expanded Medicaid, some individuals may fall into the “coverage gap”: They are not eligible for Medicaid or financial assistance for marketplace coverage. For those who fall into this gap, it can be helpful for assisters to let them know that if their circumstances change—for example, if they get a job—they should reconnect with the assister to help them apply for coverage. It’s also important to remember that they may have children or family members who are eligible for coverage, regardless of their parents’ status.

### **Coverage through the health insurance marketplaces**

Although many people who are leaving incarceration will be eligible for Medicaid, many may also be eligible for coverage through the health insurance marketplaces. Of these, many will also be eligible for financial assistance through the marketplaces. For example, some people leaving incarceration are required to obtain and maintain employment as a condition of their release. This source of income can put many within the range of eligibility for financial assistance.

Incarcerated individuals are not eligible for marketplace coverage while they are incarcerated. However, being

released from incarceration is considered a “qualifying life event” that triggers a special enrollment period (SEP). This SEP provides individuals with a 60-day window to enroll in coverage. For 2016 coverage, individuals enrolling through the federally facilitated marketplace cannot apply ahead of their release. For 2017 and beyond, however, individuals will be able to notify the marketplace ahead of their release in order to have obtain health coverage as soon as possible following their release.

### **Enrollment Assisters Can Take Various Approaches to Working with the Justice-Involved Population**

Around the country, enrollment assisters are taking different approaches to working with the justice-involved population. Assisters should assess what their organization can offer in terms of outreach, education, and enrollment to this population and build a program based on capacity and resources. Building relationships and connecting to new communities can take time. A program could include:

1. Building relationships with organizations that have access to the justice population and conducting outreach and education through these partnerships
2. Participating in or forming a coalition that focuses on working with the justice population
3. Educating and assisting individuals with enrollment while they are in a corrections facility
4. Educating and assisting individuals with enrollment following their release from a corrections facility

## Building relationships with organizations that work with the justice population

Through community partnerships, enrollment assisters may discover they have strong relationships with entities already working with the justice-involved population. Another way to find organizations to build connections to this population is by joining an existing coalition concerned with helping people coming out of incarceration, described in more detail in the following section.

When working with partners, consider how a partnership can help them meet their goals. Start with a conversation about their needs and how their work might benefit from a partnership. Many social services organizations have limited capacity, but would welcome help in their work with this population. For example, educational outreach on health insurance eligibility, benefits, and coverage options can be a significant contribution to those who work closely with justice-involved individuals. One of these organizations' roles is to make reentry a success for the people they work with, and for many, health coverage assists with that process.

### Possible partners for enrollment assisters

**Correctional facilities and halfway houses:** Local jails, state prisons, and halfway houses are places where assisters can begin outreach and education while an individual is still incarcerated.

▶ **Tip for gaining partners:** Discuss the importance of health care and health coverage for reducing recidivism.

### Courts, probation offices, and sheriff's offices:

These locations are all places justice-involved individuals may frequent after release, an important time for enrollment. See how assisters in Virginia formed partnerships with these entities on page 6.

▶ **Tip for gaining partners:** Discuss the role that health coverage can have in sentencing and reducing recidivism.

**Health clinics and rehabilitation centers:** These organizations have a vested interest in continuity of care and may be willing to take new patients, an important factor for newly released individuals who may be new to health insurance.

▶ **Tip for gaining partners:** Discuss the importance of health care for public health and continuity of care.

**Other social service organizations:** These organizations—whose role is to help create seamless reentry for recently released individuals—are often looking for partners to help with reentry planning.

▶ **Tip for gaining partners:** Discuss how enrollment assistance can aid in reentry planning.

Many social services organizations have limited capacity, but would welcome help in their work with the justice community.

## Enroll Virginia partners with public defenders, correctional facilities, and others

In Virginia, Enroll Virginia has served as a statewide navigator (a form of enrollment assister) since 2013. In 2014, many of Enroll Virginia's regional navigators began working with the justice-involved population to connect them to health coverage. Their navigators began reaching out to entities working with the justice-involved population—public defenders' offices, probation and parole offices, and staff inside correctional facilities—to inform them about coverage options available and about the navigator's ability to conduct enrollment assistance.

In addition, one of Enroll Virginia's subgrantee partners is the public defender's office in two cities. This partnership allows those involved in the court system to have direct access to a navigator. These entities have understood the importance of health coverage and have seen the benefit to creating relationships with navigators. Many invited navigators in to give presentations to their offices so that staff could better serve the population. This meant the entities have a contact when they want to take them up on offers of enrollment assistance. Once these relationships were well-established, navigators were often invited to conduct outreach and enrollment assistance within these offices.

After more than a year of doing this work, Enroll Virginia is finding that word of mouth is working well. It has received numerous requests to give presentations for social service agencies, work-force reentry programs, and other groups that work with incarcerated individuals about the importance of health coverage and the role navigators play. Enroll Virginia navigators continue to distribute information about health coverage, and how to contact their local navigator, to partners and consumers they are assisting.<sup>8</sup>

### Educating Partners about the Process of Enrolling in Health Coverage

While many partners will be eager to work with assisters, it will help them to have a basic grasp of health coverage options available and to understand the role assisters play in connecting people to that coverage. This will help partners know how to talk with the justice-involved

population about their health coverage, and connect them with the resources and assistance they need to enroll in coverage. In Virginia, for example, probation and parole officers were trained by enrollment assisters about coverage options through the Affordable Care Act, the importance of connecting parolees to coverage, and how to partner with and refer to assisters to provide parolees with application assistance.

## Kentucky coalition creates “10 Things You Can Do” for partners

A coalition in Kentucky—the Healthy Reentry Coalition of Kentucky (HRC)— created documents listing 10 things partners can do to help enroll the justice-involved population in coverage.<sup>9</sup> For example, in the “10 Things Judges Can Do to Link Justice-Involved Populations to Health Insurance” document, they suggest that judges can consider making application pre-screening, with the option of completing an application, a pre-requisite for release. HRC has these resources for county jails, federal prisons, state prisons, halfway houses, probation and parole offices, attorneys, and judges. These resources have been a great way to start the conversation with potential partners, and provide concrete options for partners to get involved. Consider using these resources as a jumping off point for conversations.

### Participating in or Forming a Coalition

In some communities, there may already be a roundtable of organizations meeting on a regular basis to coordinate social services for people leaving incarceration. They may or may not have partners focused on health coverage. Assisters can inquire about whether there is a need for information on health coverage, presentations on the enrollment opportunities, or details about enrollment assistance.

If possible, assisters can become active participants in this group. If there isn't a roundtable or coalition already in existence, assisters can consider forming one, as navigators in Kentucky did (see “Kentucky navigators form the Health Reentry Coalition” on page 8). First, make a list of organizations that work with

the justice-involved population, such as social service agencies, corrections-related groups, drug and alcohol programs, and civil liberties groups. Examine the organization's established networks and determine whether relationships already exist with any of the key people in each of these partner organizations.

If assisters do not have relationships with these groups, it's helpful to identify the “movers” of the organization and reach out to them for a direct meeting. These movers may include people such as correctional facility officers, mental health coordinators, or reentry planners. Identify how these potential partners would benefit from enrolling the justice-involved population in health coverage, and make the case to them.

## Kentucky navigators form the Health Reentry Coalition

The **Healthy Reentry Coalition of Kentucky (HRC)** was initiated by two navigator entities that wanted to reach out to the justice-involved population. They pulled together a small group of stakeholders and have since built a coalition with more than 30 different member organizations. They are “a coalition of organizations and individuals interested in promoting equal opportunity to adults and juveniles involved with the criminal justice system, through ensuring access to health care, aiding in reentry, increasing successful community participation, and reducing the rate of recidivism.”<sup>10</sup> By bringing together a wide range of stakeholders around a common interest, enrollment assisters been able to better reach the justice-involved population, and also have the support they need from other stakeholders for referrals and spreading the word about their services.

Because of the wide range of stakeholder partnerships, the HRC has contributed to policy and procedure changes such as:

- the implementation of a suspension (instead of termination due to incarceration) policy for Medicaid
- the creation of a dedicated phone line specifically for justice-involved population use
- marketing and educational materials, including a video to be used in Kentucky jails and prisons; posters and brochures using artwork and messaging created by inmates; and a plastic wallet containing basic instructions for how to use insurance and places for recording necessary medical information
- broader outreach to county jails, state prisons, and federal institutions located in Kentucky<sup>11</sup>

### Outreach and Education for the Justice-Involved Population

Outreach and education can take place at many different points during an individual’s connection to the justice system, depending on the partners and capacity of enrollment assisters. As with regular outreach and education, it’s important to create a consistent message about the availability of health coverage and to reach individuals multiple times.

### Reaching individuals who are in Contact with the criminal court system

Many people who are involved with the criminal justice system may not be incarcerated; many will instead have trials and be on probation or under other community supervision. Reaching people through the court system can be an important opportunity to start the conversation, especially for individuals who will have a short incarceration. Talking to people about the importance of health coverage multiple times is most effective,<sup>12</sup> even if it doesn’t lead immediately to an enrollment.

## **Reaching those currently incarcerated**

Relationships with correctional facilities may enable assisters to present information on health insurance to soon-to-be released individuals to let them know of their options once released. When working with people currently incarcerated, consider providing contact information or getting their contact information for later follow-up.

## **Reaching those during “reentry” or after release from incarceration**

There are many other points during the reentry process where assisters can play a role connecting someone to coverage. They can talk with the correctional facility to find out whether there are ways they can learn about release dates and either be part of the discharge process or follow up after an individual is released. Assisters can also work with probation and parole offices to do outreach and education—or actual enrollment assistance—on site (see how Enroll Virginia conducts outreach on page 6).

## **Conclusion**

Outreach to and enrollment of the criminal justice population in health coverage has multiple benefits. Beyond helping the individual gain health coverage, this work can aid local communities, states, and enrollment assisters themselves. As local health insurance experts, enrollment assisters are perfectly poised to build relationships with people in their communities who are involved in the criminal justice system. By working with partners or coalitions, assisters can determine the best strategies for connecting this population to the health insurance—and health care—they need.

## Endnotes

- 1 Joseph P. Morrissey, Gary S. Cuddeback, Alison Evans Cuellar, and Henry J. Steadman, “The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism Among Persons With Severe Mental Illness.” *Psychiatric Services* 58:6 (2007), 794-801
- 2 Andrew Papchristos, “Recidivism and the Availability of Health Care Organizations” *Justice Quarterly* 2014 31(3).
- 3 Kamala Mallik-Kane and Christy A. Visher, *Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration*, (Washington: Urban Institute, 2008), available online at: <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/411617-Health-and-Prisoner-Reentry.PDF>.
- 4 Andrew P Wilper, Steffie Woolhandler, J. Wesley Boyd, Karen E. Lasser, Danny McCormick, David H. Bor, and David U. Himmelstein. “The Health and Health Care of US Prisoners: Results of a Nationwide Survey” *Am J Public Health*. 2009 April; 99(4): 666–672
- 5 Kamala Mallik-Kane and Christy A. Visher, *Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration*, (Washington: Urban Institute, 2008), available online at: <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/411617-Health-and-Prisoner-Reentry.PDF>.
- 6 Joseph W Frank, Christina M Andrews, Traci C Green, Aaron M Samuels, T Tony Trinh, and Peter D Friedman. “Emergency Department utilization among recently released prisoners: a retrospective cohort study.” *BMC Emergency Medicine* 2013, 13:16.
- 7 Daniel Kopf and Bernadette Rabuy, *Prisons of Poverty: Uncovering the pre-incarceration incomes of the imprisoned* (Easthampton, MA: Prison Policy Initiative, July 9, 2015), available online at: <http://www.prisonpolicy.org/reports/income.html>.
- 8 Telephone conversation between Elizabeth Hagan, Families USA, and Deepak Madala and Enroll Virginia navigators, July 15, 2015.
- 9 Healthy Reentry Coalition of Kentucky, *10 Things You Can Do*, available online at: <http://www.hrcofky.com/#!/resources/cas9>.
- 10 Health Reentry Coalition of Kentucky, *About Us*, available online at: [http://www.hrcofky.com/#!/about\\_us/c14e3](http://www.hrcofky.com/#!/about_us/c14e3).
- 11 Families USA, *Outreach Opportunities for 2015: Reaching the Justice Population* (Washington: April 22, 2015), available online at: <https://cc.readytalk.com/cc/playback/Playback.do?id=bq26mo>.
- 12 Molly Warren, *Enroll America’s Grassroots Campaign and Early Lessons Learned*, November 2013-February 2014, (Washington: Enroll America, April 2014), available online at: <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/04/Grassroots-Campaign-and-Early-Lessons.pdf>.

A selected list of relevant publications to date:

*How Enrollment Assistants and Health Insurers  
Can Partner to Better Serve Consumers*  
(December 2014)

*Using Volunteers in Navigator and Assister  
Programs: Doing More with Less* (August 2014)

For a more current list, visit:

[www.familiesusa.org/publications](http://www.familiesusa.org/publications)

Publication ID: 000ENR100815

This publication was written by:

**Elizabeth Hagan**, Senior Policy Analyst

**Jessica Kendall**, Director, Enrollment Assister Network

The following Families USA staff contributed to the  
preparation of this material (listed alphabetically):

Elizabeth Cooper, Emerson Hunger Fellow

Nichole Edralin, Senior Designer

Evan Potler, Art Director

Alexandra Walker, Senior Web Editor

*The authors would like to thank Enroll Virginia, the  
Kentucky Primary Care Association, and the Healthy  
Reentry Coalition of Kentucky for their thoughtful  
contributions, collaboration, and review of this issue brief.*

© Families USA 2015

**FAMILIESUSA**   
THE VOICE FOR HEALTH CARE CONSUMERS

1201 New York Avenue NW, Suite 1100

Washington, DC 20005

202-628-3030

[info@familiesusa.org](mailto:info@familiesusa.org)

[www.FamiliesUSA.org](http://www.FamiliesUSA.org)

facebook / FamiliesUSA

twitter / @FamiliesUSA