AcademyHealth’s Evidence Roadmap series presents selected, key research studies, systematic reviews, and other rigorous evidence to help policy analysts and others explore the current state of knowledge about a topic relevant to health policy or the delivery of health services.

This Evidence Roadmap catalogs recent evidence on coordinating care and facilitating Medicaid coverage for individuals after release from prison, jail, or other justice-related institutions. The Department of Justice estimated in 2011 that if every state adopted the Medicaid expansions made possible by the Affordable Care Act (ACA), formerly incarcerated individuals would make up 35 percent of the newly eligible enrollees. In AcademyHealth’s 2015 Listening Project report, “Improving the Evidence Base for Medicaid Policymaking,” policymakers and other experts identified this topic as needing additional attention from health services researchers. In particular, interviewees noted the need to better understand the existing evidence base on care coordination strategies for linking formerly incarcerated individuals to community-based care upon release. Interviewees also highlighted the need for research on effective strategies for enrolling individuals in coverage after they leave the correctional system—whether that’s facilitating a person’s previous Medicaid enrollment, enrolling them as a newly-eligible, or helping them connect with coverage via the insurance marketplaces.

While primarily focused on the past six years, this Roadmap includes older resources when they represent the most recent available evidence on a topic or a seminal contribution to the evidence base. This Roadmap does not address the strength or quality of the evidence on this topic.

**Individual Studies**

**Program Descriptions and Evaluations:**

**Leveraging the Affordable Care Act to Enroll Justice-Involved Populations in Medicaid: State and Local Efforts**

This paper looked at four strategies to facilitate Medicaid enrollment and offered an overview of 64 different state, county, and federal programs that assisted individuals with Medicaid enrollment or coordination of health care services following release from incarceration.

**Integrating Correctional and Community Health Care for Formerly Incarcerated People Who Are Eligible for Medicaid**

This paper examined three coordinated care programs for formerly incarcerated individuals that provided community support, helped set up medical appointments, and arranged for health care services in clinics.

**A Description of an Urban Transitions Clinic Serving Formerly Incarcerated Persons**

This study looked at a collaboration between Montefiore's Comprehensive Health Care Center and the Osborne Association to create a clinic offering easily accessible care to formerly incarcerated people.

**Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island**

This paper explored a transitional care coordination program for individuals with HIV released from Rikers Island Correctional Facility. The program consisted of medical case management, counseling, discharge-planning, and the set-up of a primary care appointment following release.
Transitions Clinic: Creating a Community-Based Model of Health Care for Recently Released California Prisoners

This paper evaluated the effectiveness of a community-based program that provided case management and transitional and primary care to individuals released from the justice system in San Francisco, California.

**Research Articles:**

**Expedited Medicaid Enrollment, Mental Health Service Use, and Criminal Recidivism among Released Prisoners with Severe Mental Illness**

This study evaluated the effects of a 2006 Washington State policy that expedited Medicaid enrollment for offenders with severe mental illness released from state prisons, assessing the impact on individuals’ Medicaid access, mental health service use, and criminal recidivism.

**Enrollment and Service Use Patterns Among Persons with Severe Mental Illness Receiving Expedited Medicaid on Release from State Prisons, County Jails, and Psychiatric Hospitals**

This retrospective cohort study analyzed enrollment and service use patterns of Washington State individuals with severe mental illness who received expedited Medicaid once released from state prisons, county jails, and psychiatric hospitals.

**Medicaid Expansion: Considerations for States Regarding Newly Eligible Jail-Involved Individuals**

This study analyzed the implications of the ACA Medicaid expansions for jail-involved individuals including enrollment, eligibility, and access to social services.

**What the Affordable Care Act Means for People with Jail Stays**

This study examined the effects of the ACA on individuals’ health care access and cost before and after incarceration as well as the role of electronic health records in coordinating care for this population.

**The Critical Link between Health and Jails**

This article described local efforts to reintegrate formerly incarcerated individuals, the ACA's role in this process, and the general discontinuity between jail and the community.

**Health Information Exchange between Jails and Their Communities: A Bridge that is Needed under Healthcare Reform**

This paper presented case studies of two programs: one in which multiple stakeholders collaborated to incorporate their jail's health care system into the local Health Information Exchange (HIE), and the other in which a single stakeholder linked a jail health care system to the local HIE.

**Achieving Public Health Goals Through Medicaid Expansion: Opportunities in Criminal Justice, Homelessness, and Behavioral Health with the Patient Protection and Affordable Care Act**

This article detailed the post-ACA Medicaid eligibility criteria, their implications on the formerly incarcerated, and approaches to enhancing outreach, enrollment, and care coordination.

**As Roughly 700,000 Prisoners are Released Annually, about Half Will Gain Health Coverage and Care Under Federal Laws**

This article analyzed the impact of the ACA, Second Chance Act, and Mental Health Parity and Addiction Equity Act on formerly incarcerated individuals.

**Engaging Individuals Recently Released from Prison into Primary Care: A Randomized Trial**

This randomized controlled trial compared a case-management primary care program to a regular primary care service offered within the first couple of weeks of release from incarceration.
Evidence Roadmap: Care Coordination and Medicaid Eligibility for Formerly Incarcerated Individuals

**Effects of a Discharge Planning Program on Medicaid Coverage of State Prisoners with Serious Mental Illness**


This study evaluated the effectiveness of an Oklahoma state prison discharge-planning program focused on helping inmates with severe mental illness enroll in Medicaid on or soon after their release date.

**Linking HIV-positive Jail Inmates to Treatment, Care, and Social Services after Release: Results from a Qualitative Assessment of the COMPASS Program**


This qualitative research study evaluated the effectiveness of the Community Partnerships and Supportive Services for HIV-Infected People Leaving Jail (COMPASS) program.

**Addressing the Challenge of Community Reentry Among Released Inmates with Serious Mental Illness**


This paper examined challenges faced by formerly incarcerated individuals with severe mental illness when reentering the community.

**The Role of Medicaid Enrollment and Outpatient Service Use in Jail Recidivism among Persons with Severe Mental Illness**


This study examined the association between receiving behavioral health services through Medicaid and recidivism among formerly incarcerated individuals with mental illnesses.

**Connecting the Justice-involved Population to Medicaid Coverage and Care: Findings from Three States**

Kaiser Family Foundation; June 2016.

This briefing presented efforts by Arizona, Connecticut, and Massachusetts in the areas of coordinated care, Medicaid enrollment, and other initiatives to improve the health of formerly incarcerated individuals.

**How Medicaid Enrollment of Inmates Facilitates Health Coverage after Release**

The Pew Charitable Trusts; December 2015.

This brief explored how Medicaid expansion, availability, and reimbursement for inpatient costs impacts formerly incarcerated individuals.

**Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System**

The Council of State Governments; December 2013.

This brief summarized post-ACA federal Medicaid eligibility rules and funding for justice-involved populations with examples from North Carolina, New York, and Colorado.

**The Affordable Care Act and Criminal Justice: Intersections and Implications**

Bureau of Justice Assistance, US. Department of Justice; July 2012.

This white paper discussed the implications of the ACA's coverage and health information technology provisions for justice-involved individuals.

**County Jails and the Affordable Care Act: Enrolling Eligible Individuals in Health Coverage**

National Association of Counties; March 2012.

This document explained the impact of the ACA on inmates’ insurance eligibility and enrollment.

**Jail Reentry Roundtable Initiative**

Urban Institute Justice Policy Center; June 2006.

This report provides an overview of issues and data related to jail inmates’ reentry into the community.
Ongoing Research

Effectiveness of a Prison System-based Medicaid Enrollment Program
Rosen D (University of North Carolina, Chapel Hill, NC). National Institutes of Health.

This study evaluates costs, enrollment rates, prisoner attitudes, and post-release outcomes associated with prison-based Medicaid enrollment assistance programs in North Carolina.

Search Strategy:
Staff used key words to search various databases and journals for relevant articles and then examined the bibliographies of these articles to identify additional studies. Staff identified grey literature by searching Google with the key words identified below and by reviewing the websites of health care, health policy, trade group, government, and academic organizations mentioned in the individual studies listed in this Roadmap or known to produce analysis and publications related to Medicaid or the justice system. The grey literature listed in this Roadmap represents resources most relevant to care coordination and Medicaid coverage for formerly incarcerated individuals. Because the Roadmap seeks to inform current policy, we focused the search on the period 2010 through 2016, with older resources included when appropriate. AcademyHealth revised an initial draft to incorporate suggestions and comments from three external reviewers with relevant expertise.

Databases: PubMed/MEDLINE; JSTOR; Google Scholar; Health Services Research Projects in Progress (HSRPro); Web of Science; Cambridge Books Online; Hein Online; EBSCO Host—Abstracts in Social Gerontology, Omnifile Full Text Mega; SAGE Journals; PsycINFO; National Criminal and Justice Reference Service; ProQuest—Social Services Abstracts, Sociological Abstracts; McMaster Health Forum—Health Systems Evidence; The Cochrane Library; EPPI-Centre Reviews.

Key words: The list below outlines the key word combinations included in the search strategy:

- Medicaid AND (prisons OR jails OR “detainment centers”)
- Medicaid AND (prisons OR jails OR “detainment centers”)
- Medicaid AND prisons AND (release OR reentry)
- Medicaid AND (release OR jails OR prisons OR “formerly incarcerated” OR justice OR inmates)
- (“coordinated care” OR “care coordination”) AND Medicaid AND (“formerly incarcerated” OR inmates OR prisons)
- (Medicaid OR “coordinated care”) AND inmates

Inclusion criteria: Research studies and other resources related to transitional care, health care coordination, and Medicaid enrollment of formerly incarcerated individuals.

Key to Cited Resources
- Individual studies provide findings from key pieces of research published in the peer-reviewed literature.
- Ongoing research includes studies currently underway that address the topic area.
- Grey literature provides relevant evidence that may or may not be peer reviewed and is published by organizations whose primary activity is not publishing.

Endnotes
1. Relevant evidence on jails, prisons, parole, and other forms of detainment was included in the search strategy for this Roadmap. The differences between prisons and jails lie in the administration of the systems, the crime committed by the individuals, and their length of stay. Individuals in prisons have committed more serious crimes, and must remain in confinement for more than a year, while those in jails are convicted of misdemeanors and hence are more transient and stay less than one year in jail. Other justice-involved individuals might include those on parole, on probation, and in juvenile detention centers. Retrieved from: Bureau of Justice Statistics.
3. The Listening Project interviews policymakers, delivery system leaders, and other users of health services and policy research to identify the most pressing health services research needs looking three to five years into the future.