

From the Facilitated Group Discussions: Healthcare

There's no reason why anybody should leave prison . . . and now they got to start this . . . medical assistance thing. Because half the time when you get out of prison, you don't even have documentation to prove who you are. . . . So I think that there's no reason why that can't be set up . . . to help streamline that whole issue because you know how it is when you get out. You're stressed to the max.

Another topic addressed in the group discussions was healthcare. We heard from some participants about their experiences in having their healthcare needs addressed while incarcerated, and we asked several questions about getting their healthcare needs met since their release. These issues include navigating systems, getting Medicaid benefits activated (or reactivated), and securing medications. We also invited a discussion about their experiences accessing medical records from the period of their incarceration. Here we present a series of themes that emerged from the participants' collective responses. Each theme (a bulleted statement in boldface) is supported by direct quotes from the participants.

Healthcare Experiences Before Release

- **When individuals became ill or were injured while incarcerated, they often went untreated, or they waited a long time to receive appropriate medical care.** It was common for the participants to share that they, or others they were locked up with, had developed medical issues during their incarceration. These medical issues ranged from a sprained ankle to fungal infections to cancer (and everything in-between). For example, one participant shared, "When I came out, I had several medical issues, and I also had contracted a fungus in my lungs while I was in [the] Department of Corrections. . . . And I've been battling it ever since 2019." Another stated, "I had hurt my back in prison . . . from lifting these heavy garbage cans . . . So I'm on disability right now because I hurt my back."

However, many of these individuals went untreated. For some individuals, they chose not to seek healthcare due to concerns with the quality of care, and for others who did request healthcare, they may have had to wait anywhere from weeks to years to address their medical issues in the facilities where they were incarcerated. Among those responding to the poll questions, 71% stated they did not have adequate healthcare, including care for chronic conditions. One participant described that in January of the year they were released, they experienced a flare-up of cellulitis in their lower right leg. It took a week before they were taken to the hospital where they "had to stay five days on IV [intravenous] antibiotics and fluids." The swelling in the leg remained. As the participant explained, "That

was the first of the year, and I was released in October, and my leg is still, one of my legs is still like this and swollen. And they never gave me any kind of care after that.” Another participant was injured playing volleyball in prison, and it took weeks to receive a proper diagnosis: “After going to see them so many times, they never tried to take me out to go get a CT scan, an X-ray, nothing like that.” It took weeks to be referred to a physical therapist, who diagnosed a torn ACL [anterior cruciate ligament]:

They said I needed to be there for at least six more months or something, that way I could get surgery done. . . . I had a little under six months, and they still wouldn’t do surgery on my knee. And so, I had to wait till I got out. And then trying to find somebody who would work on my knee. . . . It took a year to finally get surgery on my knee after being out of prison.

Healthcare Experiences After Release

- **Individuals who participated in reentry programs (either prerelease or postrelease) had better success addressing healthcare needs, compared with those who did not participate in these programs.** Most participants who were in prerelease programs and reentry programs have had access to dedicated staff within those programs whose responsibility is to assist them with applying for or reactivating their healthcare coverage (e.g., Medicaid). These staff have experience with and knowledge about navigating healthcare and have been able to make this process much smoother for those participants who were or are connected to such programming and resources. One participant shared:

Our reentry program provided us opportunities to apply for Medicaid and Medicare prior to our release. So, it was one of the most beneficial things to me, as far as getting proper checkups, evaluations, and everything that I needed as far as medical, dental, everything.

Another explained:

On the way out the door, they made sure you had the medical insurance you needed, and the prerelease classes taught you how to navigate that. So, once I got out, I could go and get my teeth taken care of, get my blood work done . . .

On the other hand, some participants did not receive prerelease guidance or were not given the same kind of support on the outside in their reentry programs or halfway houses. For these participants, it was difficult to even know how to begin the process of applying for or reactivating their healthcare coverage. Individuals who were in prison for several years or incarcerated as teenagers and released as adults after a lengthy sentence, in particular, had little to no experience with or knowledge of how to navigate healthcare systems. For example, someone shared, “I had no life experience with that. . . . So if it weren’t for my

family to help me through that, and it was during COVID. I didn't know how to use my phone, let alone sign up for benefits." Another shared the following after being asked if they had an opportunity to reactivate their Medicaid prior to release: "No, ma'am, they don't do none of that. You got to wait until you come home to the halfway house, and you got to initiate that process yourself . . . because they ain't going to do nothing for you."

- **Individuals who experienced lapses in their medical coverage after release have had to endure periods of time without access to necessary prescriptions.** If individuals were taking prescribed medications prior to release, most facilities provided them with an approximate 14- to 30-day supply of their medication(s) at release. However, for some it took more than two weeks or a month to reactivate their healthcare coverage and therefore get their prescriptions refilled. It can be a difficult process to reestablish their health benefits. When asked how long until they were able to get their medications refilled after their 14-day supply ran out, one participant shared, "There was some scrambling involved. . . . I'm very lucky the medications I need are very cheap but establishing with a new doctor that you need it that quickly was the challenge."
- **Navigating healthcare systems can be a stressful, confusing, and frustrating process for many after release from incarceration.** Even with the proper resources or guidance from professionals, navigating healthcare systems and services can be complicated and confusing. Among those responding to the poll questions, only 37% reported learning how to manage or navigate healthcare services. One participant had this to say about their experience with Medicaid reactivation: "They were like, 'What can we help you with?' I just said, 'Hey, I just got out of prison after all these years, I don't know anything,' and they just took me into an office and basically walked me through it." Yet, the approval process was not smooth. This person received automated messages indicating that their account was closed, even though everything was appropriately activated. If they had not been persistent, they might have concluded (incorrectly) that it was not possible to reinstate the health benefits.

Another participant had this to say about their experience:

I was going to be 65 when I was released, and so I signed up for Social Security and Medicare and all that. . . . But the Medicare, my case worker in prison never submitted it. And so when I got out and tried to sign up for that, I was denied Part B, and I'm being penalized for that the rest of my life because not for any fault of my own but because a state case worker didn't do his job.

Beyond just establishing or reinstating healthcare coverage, many individuals shared experiences of having issues with searching for and finding healthcare providers and

services, extending coverage to their children or other family members, or transferring medical prescriptions from state to state.

Access to Health Records

- **Although some participants had no issue accessing their health records after release, others could not access their medical records.** The participants described experiences along a continuum, depending on the state where they lived and were incarcerated. At one end of the spectrum, some could submit a request for their medical records and other relevant documentation while still incarcerated to receive them at release, whereas others did not need to submit a request and were given this documentation automatically at release. For example, a participant shared, “This was one thing they did right, is they kept meticulous records. So, when I got out and I finally got lined up with the primary care, I had a huge thick file.” At the other end of the spectrum, other participants shared experiences of requesting their medical records from the facilities where they were incarcerated, but their requests were denied. For many, this meant that they and their primary care doctors or other healthcare providers have no information on their health history from the time of their incarceration. When asked whether they could transfer their health records upon release, one participant shared:

That answer will be no for me. Matter of fact, we even had to ask for my medical records to be shipped to the clinic that I was going to, and they denied that. So, I still don't know my medical records from the Department of Correction as of today. And I've been out, going on three years now.

We heard from participants in various states that it was not possible to obtain health records from the prison system.

Recommendations

In their descriptions about how reentry works or how to improve conditions so that reentry success is possible, individuals in the group discussions provided numerous recommendations related to healthcare.

Prior to Release

- It would be helpful to have services within prisons to reestablish healthcare for everyone preparing to reenter their community prior to their release. Many participants shared that having someone inside prisons to help them reinstate their healthcare coverage prior to their release would help alleviate much of the stress and anxiety typically associated with reentry and reestablishing oneself in their community.

During the Transition from Incarceration to the Community

- The transition from a very controlled setting to an unstructured environment can be disorienting, stressful, and even overwhelming. Ideally, everyone would have holistic support so that they have resources to address healthcare needs.

Other

Reentry should be about authentic second chances:

- Coupled with policies on a clean slate and expungement, it is vitally important to offer sufficient options for healthcare benefits while a person's criminal record is still a limiting factor.

Implications for Stakeholders

Based on what we heard from participants, we offer potential implications of our takeaways for reentry providers and correctional administrators.

Reentry Providers

Based on what we learned from these group discussions, there are several takeaways for reentry providers. Most importantly, comprehensive initiatives are vital. Those in reentry need support related to the seamless continuity of care for those on medication, and equity of access for all gender, racial, and ethnic subgroups for all services.

Correctional Administrators

The group discussions also produced several takeaways for correctional administrators, including offering better access to healthcare for those who are incarcerated and ensuring everyone, once released, has access to any health records from the period of their incarceration.

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