2025 PUBLIC HEALTH LAW CONFERENCE

Connection. Collaboration. Community.

Centering True Lived Experience in Policies to Support Health During Reentry from Incarceration

Presented by Transitions Clinic Network and the Network for Public Health Law

September 16, 2025

The Network for Public Health Law

About the Network for Public Health Law

Provides visionary leadership in the use of law to promote, protect and improve health and advance health equity.

Works with local, tribal, state and federal public health officials and practitioners, as well as attorneys, policymakers, advocates and community organizations.

We provide information, resources, consultation and training, as well as opportunities to connect.

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Introduction (Q)

- Our **Speakers**
- **Background**: Carceral, Community, and Public Health
- **Context**: Barriers to Support During Reentry (e.g., "Medicaid Inmate Exclusion")
- **Overview**: Recent Policy Changes to Improve Healthy Transitions During Reentry (1115 reentry waivers, changes to Medicaid and CHIP coverage for youth)

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OUTLINE

- ***My personal journey***
- Why LE is important in policy
- The TCN Model

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“MY JOURNEY TO THIS WORK”

- Lived experience of incarceration & reentry
- Struggled with Health care, MH/SUD, family reunification etc.
- Found healing and purpose in supporting others
- My story and stories like mine, are part of why the TCN model exist in my state.

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OUTLINE

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Incarcerated individuals have complex health conditions.

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Image Courtesy of Ray Chavez and CA Prison Health Care Receivership

Incarcerated people are systematically silenced.

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Nick Oza/The Republic.

REENTRY IS DANGEROUS

The NEW ENGLAND JOURNAL of MEDICINE

12 times increased risk of death in first 2 weeks after release

- The leading causes of death:
  1. Drug overdose
  2. Cardiovascular disease
  3. Homicide
  4. Suicide
  5. Cancer

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I. Binswanger, et al NEJM 2007; 356:157-65

SYSTEMIC BARRIERS TO CARE

- **Continuity of care**: No discharge planning, health records and short supply of medications[1]
- **Access**: No health insurance/lapse in Medicaid and Medicare B[2]
- **Social Determinants of Health**: Individuals need to meet basic needs which may take priority over healthcare: housing, employment
- **Lack of appropriate services**: Individuals returning to under resourced communities that lack physical, mental health and substance use disorder services

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[1] N.A. Flanagan, et al. Can J Nurs Res 2004, [2] N. Birnbaum, et al., E.A. Wang, AJPH 2014, [3]E.A. Wang, et al. AIDS Educ Prev 2013. [4] Fahmy N, Ann Fam Med 2018.

OUTLINE

- My personal Journey
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DEVELOPING THE TCN MODEL*

- Include individuals and communities impacted by criminal legal system in design, implementation and evaluation of programs
- Incorporate a broad definition of health & well-being
- Adapt systems to be patient-centered
- Empower patients
- Favor reintegration
- Avoid replication of carceral systems

*IN COLLABORATION WITH THE COMMUNITY

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TRANSFORMING PRIMARY CARE HEALTH SYSTEMS

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TCN COMMUNITY HEALTH WORKERS

Core Components:

- In-reach to carceral systems
- Community outreach
- Cultural interpreter
- Health and social service navigation
- Emotional support & mentorship
- Health education & management of chronic conditions
- ***Advocacy***

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WHY CENTER LIVED EXPERIENCE IN POLICY

- **Authentic Expertise**
  - People who have lived through incarceration know firsthand the barriers to health care, SDOH, and family reunification. Their insights ensure that policies reflect reality, not assumptions.
- **Accountability & Equity**
  - Centering lived experience keeps systems accountable to the communities most affected by incarceration. It shifts power toward equity by including voices historically excluded from decision-making.
- **Improved Outcomes**
  - Policies informed by lived experience are more practical, trauma-informed, and effective. They reduce recidivism, improve health outcomes, and foster successful reentry.
- **Humanizing Impact**
  - Including these voices breaks down stigma and challenges stereotypes. It reminds policymakers that behind every policy are real people, families, and communities.
- **Systems Change**
  - Those most impacted can identify structural gaps that professionals may overlook. Their leadership drives innovative solutions and sustainable change. Those closest to the problem, are closest to the solution.

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OUTLINE

- ***California's 1115 reentry waiver***
- TCN: Securing a seat at the policy table
- Lessons learned

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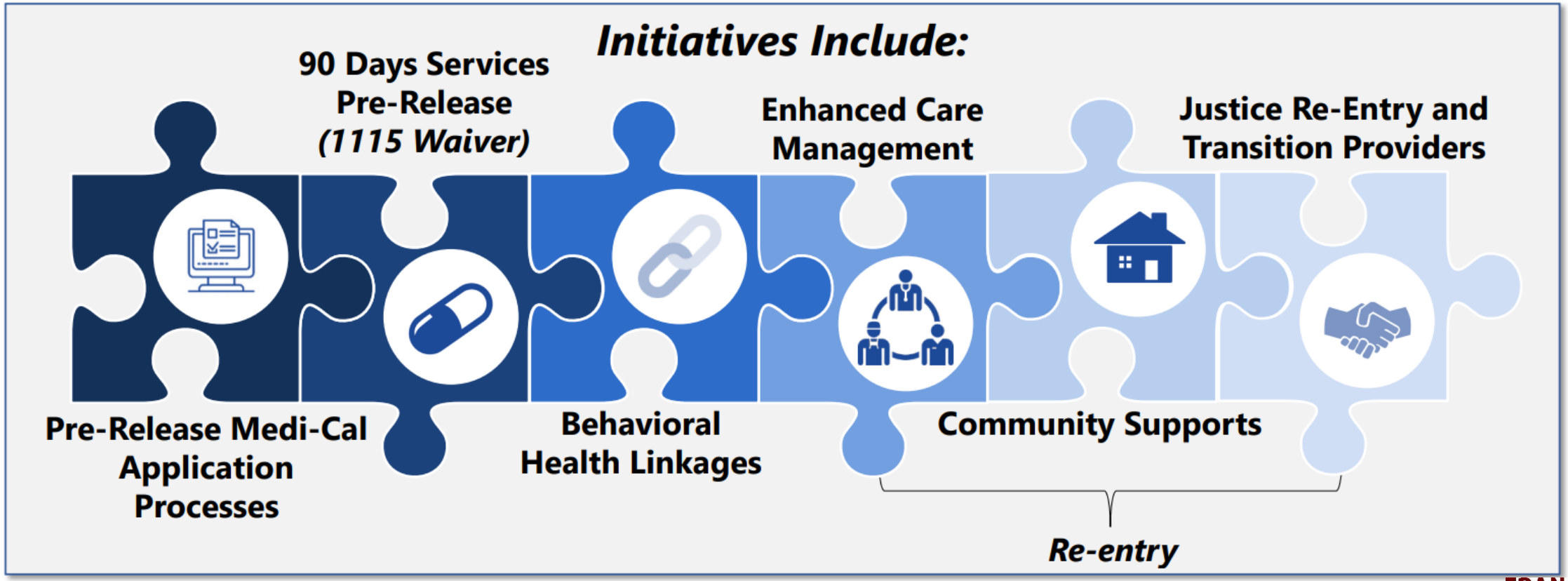
CALAIM: CALIFORNIA'S 1115 REENTRY WAIVER



Through this Justice-Involved Reentry Initiative, California is taking significant steps to address poor health outcomes in this population by establishing pre-release Medi-Cal enrollment strategies to ensure individuals have **continuity of coverage** upon their release, as well as **access to key services** to help them successfully return to their communities

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Key JI-Initiative Stakeholders	Function	Core Responsibilities	Influence
Department of Health Care Services (DHCS)	State Medicaid Agency	Design and implement waiver, provide oversight to ensure waivers align with state priorities and federal objectives. Much of this work is being done by high-level consulting firms.	High
CA Department of Corrections & Rehabilitation (CDCR) & County Jails	Carceral systems	**Pre-release**: Enroll residents in Medi-Cal (Medicaid) and ECM, provide pre-release services including BH & physical health assessment, case management, link patients to BH and ECM providers in community **Post-release**: N/A	High
Medicaid Managed Care Plans	Medicaid delivery system	**Pre-Release**: Enroll patients in MCP, assign pt to ECM-contracted provider **Post-Release**: Point of accountability for referral, coordination, and delivery of ECM/health services	High
County Behavioral Health	Behavioral Health Linkages	**Pre-release**: Participate in care transitions meeting, schedule f/u appointment **Post-Release**: Assure pt connected to county-contracted BH services	Medium
JI-ECM contracted providers	CBOs primary care, BH providers serving JI pts	**Pre-Release**: Assign lead care manager, participate in case management (through in-reach or warm hand-offs), schedule f/u appt **Post-Release**: Provide intensive coordination of health and health related needs	Low
Non JI-ECM contracted reentry & advocacy orgs/ community members	Service providers & support for JI-individuals	May provide programming inside carceral facilities and services to JI-individuals post-release they are not billing (but potentially could).	Low

1115 REENTRY WAIVER PROCESS

Design (2021-2023):

Stakeholder driven process to develop policies and protocols for billing, data exchange and pre- and post-release service provision

Implementation (2023-present)

Implementation of policies and procedures, developing and refining workflows and building capacity of carceral and community providers

Evaluation (present-)

Process of developing measures to evaluate implementation and outcomes of reentry waiver. Community reinvestment funds.

Essential that lived experience voices inform all aspects of waiver

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TCN: SECURING A SEAT AT THE POLICY TABLE

Statewide Network TCN Programs

- Statewide safety net of 21 TCN programs in 14 counties throughout CA
- Evidence-based model informed by community
- Supporting enhanced post-release health and reentry outcomes

CA Reentry Health Hub

- Online referral system and hotline facilitating care from CA state prisons to community
- Connected over 20,000 people to care

Subject Matter Expertise

- Multi-disciplinary team including staff with lived experience- experts on intersection of health and reentry
- Longstanding relationships with CA health and carceral systems
- Informed Whole Person Care reentry component (previous 1115 waiver)

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REENTRY DEMONSTRATION WAIVER

"Models like the Transitions Clinic Network leverage community health workers who are part of the integrated care team to further promote high quality, equitable health care and cultural responsiveness in clinics that serve reentering individuals in the neighborhoods most impacted by incarceration."

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
more, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SMD# 23-003

RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated

17, 2023

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is issuing the following guidance for designing demonstration projects under section 1115 of the Social Security Act (the Act) (42 U.S.C. § 1315) to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution (hereinafter referred to as incarcerated individuals, except when quoting from statute) and who are otherwise eligible for Medicaid. This letter also provides guidance to interested states about development and submission of the associated section 1115 demonstration application.

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TCN ADVOCACY GOALS

1115 waiver presents an opportunity to amplify TCN program experience and expertise to ensure California policy reflects community voice and best practices to enhance health and reentry outcomes and mitigate mass incarceration. TCN's goals:

1. Elevate lived experience perspectives in the Waiver process
2. Grow network of primary care clinics providing culturally responsive care to people post-release;
3. Increase sustainability and opportunities for CHWs with lived experience of incarceration and build career pathways;
4. Improve health outcomes, enhance care coordination and delivery and increase health equity statewide.

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TCN ENGAGEMENT IN WAIVER PROCESS

Design

- Served on DHCS CalAIM Justice Advisory Group to inform waiver design
- Convened lived experience community advisory board to advise DHCS

Implementation

- Ongoing consultation to key stakeholders (MCPs, CDCR, DHCS, counties)
- Training JI-ECM contracted providers in best practices
- Share on the ground feedback on what is working/not working for implementation

Evaluation

- Lived experience informed ‘roadmap’ for evaluating 1115 reentry waiver
- Roadmap shared with CMS

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WAIVER DESIGN

Successes

- Informed definition of ‘lived experience’
- Lived experience CAB uplifted concerns not identified in broader ‘stakeholder’ group around things like privacy, encroachment of carceral systems
- Advocated for 90 days of medication at release
- Recommendation that MCPS contract with providers employing staff with ‘lived experience’
- Advocated for MCPs (not carceral systems) to assign ECM providers

Challenges

- Fee for service Medicaid billing pre-release
- High level of carceral control of pre-release process
- JI-ECM contractors not required to include CHWs/staff with lived experience

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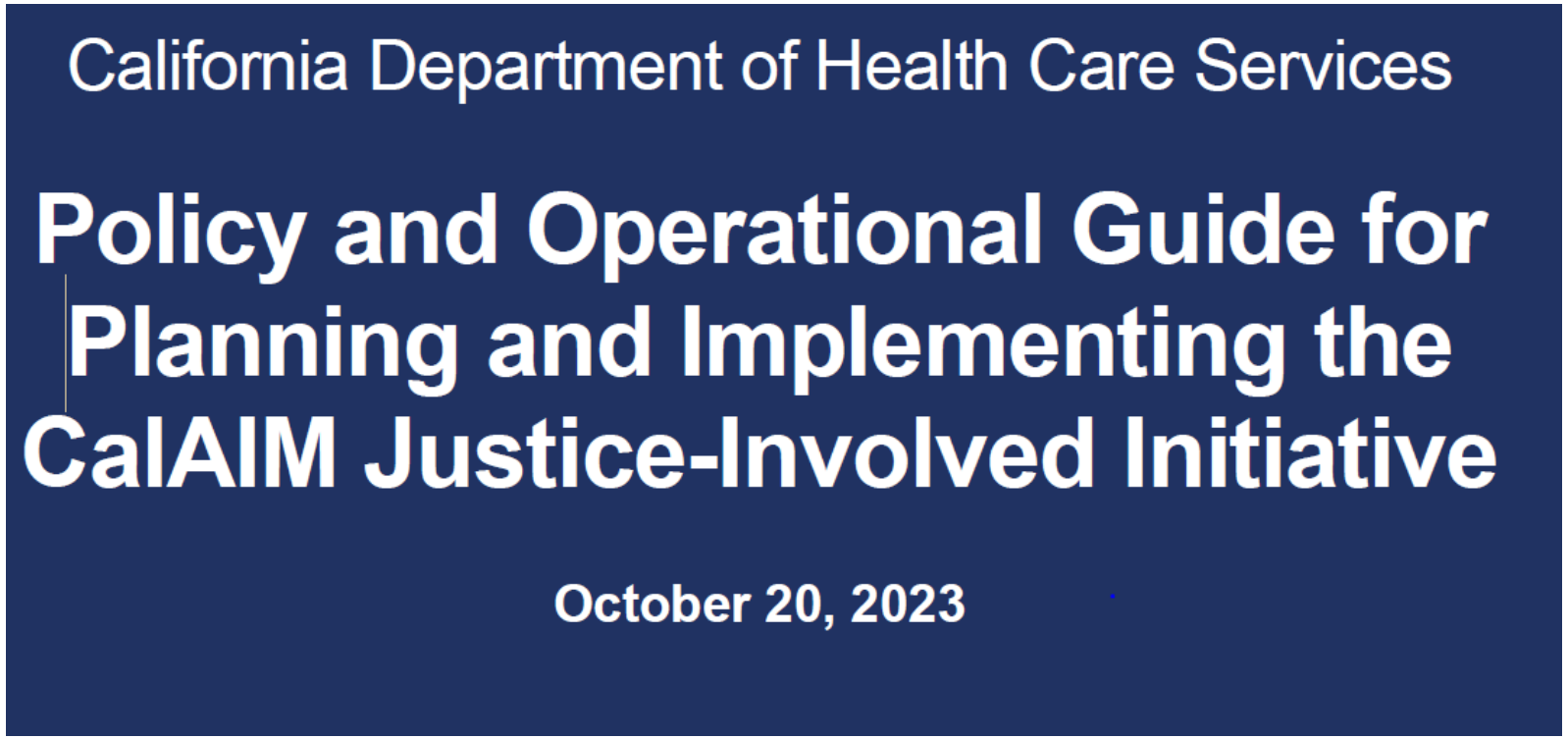

As a best practice, DHCS recommends that MCPs prioritize contracting with JI ECM providers that employ individuals with lived experience, including community health workers (CHWs).[175]

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WAIVER IMPLEMENTATION

Successes

- Contracting with MCPs to:
  - Inform MCP's JI-ECM implementation efforts
  - Build the capacity of JI-ECM contracted providers to better serve JI patients through training and technical assistance
  - Implement new TCN programs statewide
    - MCPs incentivizing clinics to implement program and hire CHWs with lived experience
- Sharing 'on the ground' feedback with key policymakers

Challenges

- Not enough providers have structural capacity to contract for JI-ECM (including primary care providers)
- Launched JI population of focus after all other populations
- LCMs/providers with lived experience have limited access to patient's pre-release
- Unable to triage high acuity patients to skilled, primary care providers

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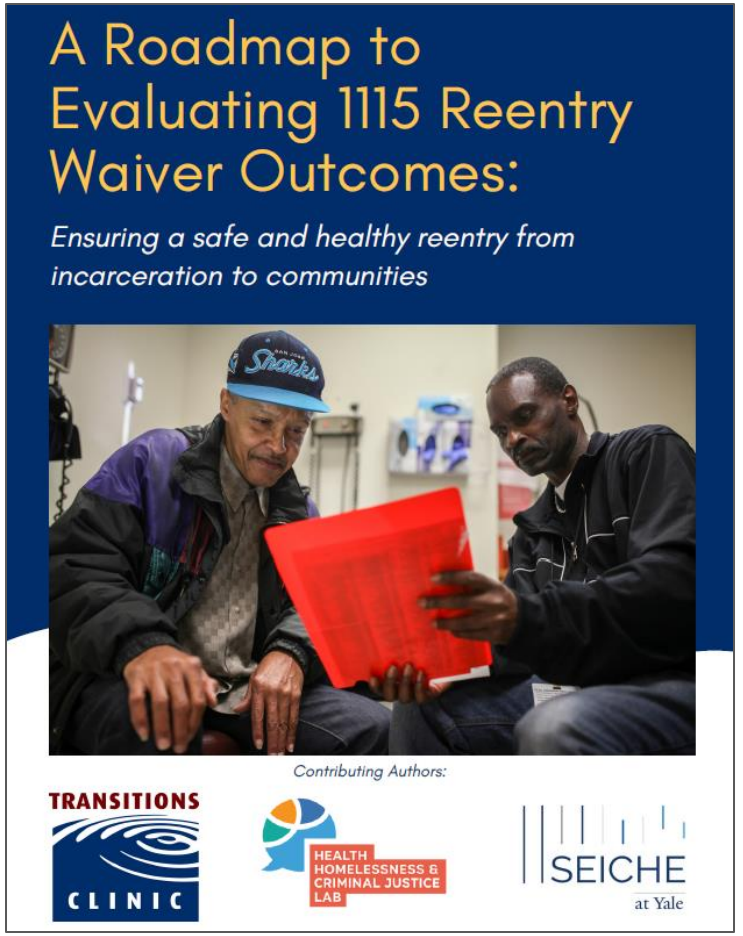
WAIVER EVALUATION

Successes

- Developed evaluation roadmap informed by our national network and community advisory board shared with CMS
- Providing real-time feedback on implementation efforts
- Hub data shared with MCPs

Challenges

- Process is opaque-have not seen anything about state's evaluation plan
- Lack of access to carceral system data



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OUTLINE

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LESSONS LEARNED

- Opaque process-a lot happens behind the scenes. You need to be at many tables to influence
- 1115 waiver is a huge policy-need to identify a few advocacy priorities
- Partnerships essential to this work: health system, carceral systems, advocacy organizations, Medicaid managed care plans
  - Everyone involved is siloed and not used to collaborating or communicating
  - Need to constantly educate/build awareness and advocate within each one
  - Bring in consultants to better understand perspective of key stakeholders
- Centering lived experience requires deep commitment and intention
  - Don’t assume stakeholders know how to, or want to, engage individuals with lived experience
- Each stakeholder will advocate for their own interest and are looking for path of least resistance
  - Variable willingness to change systems

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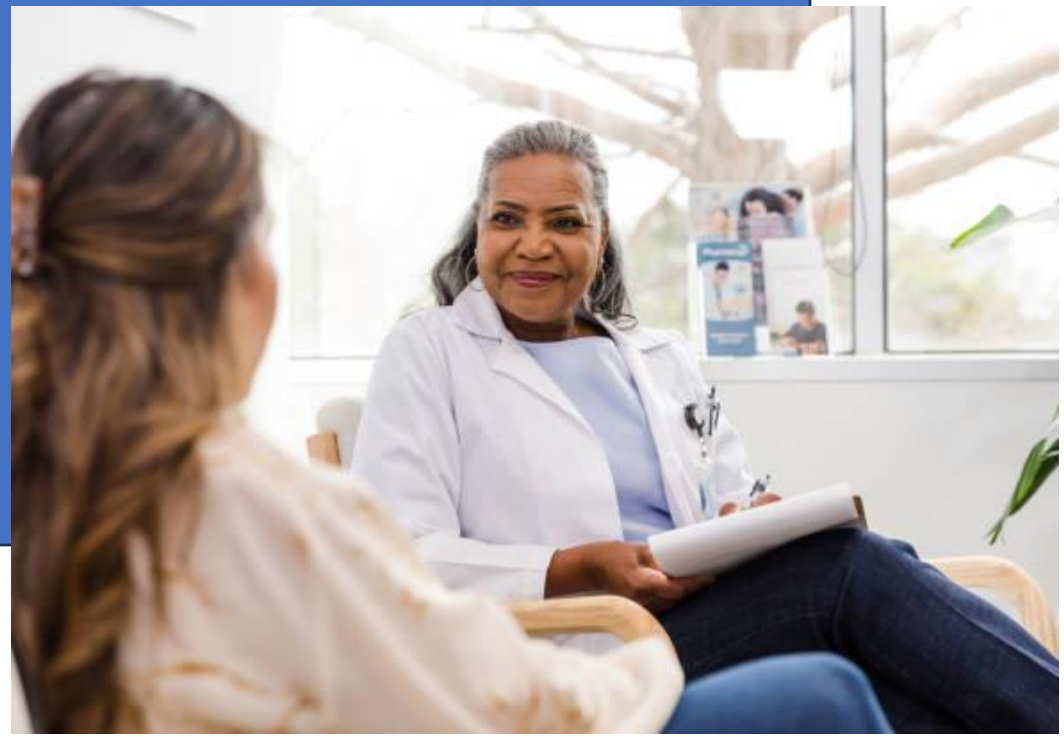
Centering Lived Experience in Approaches to Information Sharing and Privacy

Emma Kaeser, JD, Staff Attorney – Network for Public Health Law

The Network for Public Health Law

Centering lived experience to build health-affirming approaches to data sharing and privacy that support healthy transitions during reentry

- Avoid replicating carceral systems of control and surveillance
- Protect dignity and autonomy



Where does data sharing fit in?

- Enrolling and activating Medicaid/CHIP coverage
- Billing Medicaid and CHIP
- Assessing needs and developing care plans
- Facilitating linkages and closed-loop referrals
- Providing trauma-informed, person-centered services pre- and post-release

Which entities collect or share data?

- Carceral health care providers
- Carceral facilities
- Medicaid agencies and MCOs
- Community providers
- Carceral agencies

Critical importance of protecting privacy in light of…

- Concerns about confidentiality with respect to sensitive care
- Potential harmful consequences of data disclosure and use
  - Stigma
  - Discrimination
  - Criminalization
- Need for trust in providers and support networks
- Risk of oversurveillance and criminalization of communities involved in the criminal legal system
- Risk of data practices failing to empower impacted communities

Building autonomy and dignity through informed consent

- Predicating all data collection, use, and disclosure on consent
- Avoiding inaccessible, lengthy forms
- Providing clear explanations of terms and risks, accounting for accessibility barriers
- Involving people with lived experience, such as CHWs or peer support navigators
- Ensuring consent can be revoked at any time

Community Decision-Making

- Participatory governance structures
- Lived expertise shaping key governance decisions
  - Data recipients
  - Data types collected and disclosed
  - Restrictions on use and disclosure
  - Other policies and procedures

Robust Data Governance Examples

- Firewalls around carceral health providers
- Prohibition on disclosures to law enforcement
- Prohibition on sale or use for marketing
- Data retention policies
- Data minimization
- Staff training
- Escalation protocols

Building Partnerships

- Connect with key partners, especially people with lived experience of incarceration
- Involve existing community reentry programs
- Advocate and show up to ensure carceral facilities and agencies are not the only ones at the table

Thank you!

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THANK YOU

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The Network for Public Health Law