

# Correctional Chaplains

## Champions of Whole-Person Health

By David Young

**C**orrectional chaplains are positioned strategically to be champions of whole-person health and wellness and to help facilitate increased health-insurance coverage for those incarcerated. Although chaplains are often perceived as strictly purveyors of spiritual health, the fact is that many religious people view spiritual health as inseparable from their emotional, mental and physical being. Thankfully, over the past several decades, much of Western medicine has returned to the long-ago healing tradition that stressed the interdependence of the mind, body and spirit, or “whole-person health.” In the 1990s, an approach to care called integrative medicine was launched, which centers on the individual and addresses the full range of physical, emotional, mental, social, spiritual and environmental influences on their health.

For this article, health insurance is defined as any program that helps pay for medical expenses, whether through privately purchased plans or social insurance programs like Medicaid and social security. Since it became law in March 2010, the Patient Protection and Affordable Care Act (PPACA) has been touted as a major “game changer” for the justice-involved population. One of the requirements of the PPACA is that states must provide targeted outreach to their underserved, vulnerable and hard-to-reach

populations, and individuals in jails and prisons fit those criteria. For the first time ever, because of the PPACA, uninsured and underinsured individuals within correctional care are eligible for much-needed medical services, especially treatment for substance abuse and mental-health disorders. Under the PPACA’s “essential health benefits” category, health plans offered through the state Health Insurance Marketplace (HIM) are required to cover mental health and substance-abuse treatment.

Other benefits arising from the PPACA are that insurers can no longer deny coverage to individuals based on preexisting conditions, and young adults

(up to 26 years old) can obtain health-care coverage under their parent’s insurance plan. The PPACA eliminates co-payments or cost-sharing for adult mental health and alcohol screenings, as they are included as preventive services, which are at no cost to those who have Medicaid, Medicare and/or qualified health plans offered on the HIM.

So, what can correctional chaplains do to help advance health and wellness and insurance coverage for the incarcerated populations? A tripartite approach is suggested involving (1) basic information, (2) outreach and engagement, and (3) staying informed.

### Basic Information

The following two major state-based policy decisions, which vary widely among states, are important to know as they have a large influence on health-insurance coverage for the justice-involved populations: Medicaid expansion under the PPACA and Medicaid termination or suspension upon incarceration. As of May 2016, a total of 31 states and the District of Columbia have expanded Medicaid under the PPACA.<sup>1</sup> Likewise, as of May 2016, a total of 31 states and the District have suspended, rather than terminated, Medicaid upon incarceration.<sup>2</sup> Correctional chaplains should be familiar with the activities going on in their

**Although chaplains are often perceived as strictly purveyors of spiritual health, the fact is that many religious people view spiritual health as inseparable from their emotional, mental and physical being.**

states so as to promote successful reentry and encourage enrollment in health-care coverage. The questions should be asked: Does your state have a statewide reentry committee or task force? If so, is that body working to enhance the justice-involved population's enrollment in health-care coverage and engagement in community-based treatment services?

## Outreach and Engagement

Correctional chaplains could introduce the topic of health and wellness on a homily. In addition, they could hold a health fair in the chapel or program room, counsel inmates who seem resistant to enrolling in health-care coverage on a one-to-one basis, and/or distribute pamphlets and literature regarding the benefits of health-care coverage to the inmates.

By training to become certified application counselors (CACs), correctional chaplains may have the opportunity to directly involve themselves with the enrollment process at their respective institution. Correctional officers have taken this route in a number of facilities to better assist inmates with the enrollment process. Correctional chaplains may also be involved in program development to assist with engaging, educating and enrolling inmates in health-care coverage. For instance, at our detention center, the staff has developed a three-pronged educational intervention, which involves promoting, to improve overall health and wellness:

- Health literacy.
- Health-insurance literacy.
- Relationship education.

This intervention has established curricula on health literacy and health-insurance literacy that is available to inmates, while being

housed on desktop computers in the facility's computer lab. Also, as a significant number of individuals end up in local jails because of toxic, abusive relationships, it is in the process of implementing the well-documented curriculum on relationship education developed and produced by Healthy Relationships California, a nonprofit dedicated to educate the public on healthy relationships and marriages, that has already been tested in a jail setting.<sup>3</sup>

## Staying Informed

Health-care coverage for the justice-involved is a complex issue at best, with new developments and changes occurring on a periodic basis. Some states do not have any statutes, regulations or written policies regarding Medicaid eligibility for individuals in prisons and jails. According to a report from the Vera Institute of Justice, from 2014 to 2015, a total of 45 states enacted more than 200 bills, executive orders and ballot initiatives to reform at least one aspect of their criminal justice system.

According to the federal government, an individual is *not* considered “incarcerated” if they are detained in a jail/detention center pending disposition of charges — that is, being held but not convicted of any crime. The federal government further states that “incarceration” doesn't mean living at home or in a residential facility under supervision of the criminal justice system, or living there voluntarily. In other words, incarceration doesn't include being on probation, parole or

home confinement. Thus, pretrial detainees in jails are eligible to enroll in the state's HIM.<sup>4</sup> In April 2016, the federal government issued a letter to all state health officials providing guidance on facilitating access to covered Medicaid services for eligible individuals prior to and after a stay in a correctional facility.<sup>5</sup>

Justice-involved individuals can enroll in health-care coverage through either the HIM or Medicaid. The eligibility status of jail inmates for health-care coverage is best summarized by the four status classifications below (Table 1), according to the National Association of Counties.

Just prior to the start of PPACA's third Open Enrollment on Nov. 1, 2015, the director of the National Institute of Corrections issued a statement called, “Health Care Coverage Under the Affordable Care Act,” encouraging the justice-involved population to sign up for health-care coverage. Along with the paper, the director included a one-page flow chart, entitled “Healthcare Enrollment Intercepts in the Criminal Justice System,” detailing the following five sample decision points or intercepts for eligibility determination and enrollment in the various stages of incarceration:

- Intercept 1: Law Enforcement/Emergency Services.
- Intercept 2: Pre-Arrestment & Court Hearings.
- Intercept 3: Jails/Courts.
- Intercept 4: Prisons/Jails Reentry.
- Intercept 5: Community Corrections.<sup>6</sup>

**Table 1. Status Classifications for Health Care Eligibility**

	Marketplace Eligible	Medicaid Eligible
Pretrial, but not detained	Yes	Yes
Pretrial, detained	Yes	No, unless inpatient
Sentenced, but not detained	Yes	Yes
Sentenced and incarcerated	No	No, unless inpatient

On July 18, 2016, the American Correctional Association and the Bureau of Justice Assistance issued a practical guide for corrections and criminal justice professionals on the PPACA.<sup>7</sup> The guide outlines successful strategies jurisdictions have incorporated to enroll individuals in Medicaid and private health insurance thus facilitating continuity of care from incarceration to the community.

## Conclusion

Facilitating successful enrollment of the justice-involved population within health-care coverage is not only a moral and ethical imperative, it is a win-win for the criminal justice system, individuals, families, communities, counties, states and nation as a whole. The importance of supporting Medicaid applications prior to release and developing mental health-care plans for those with serious mental illness

were listed as major challenges at the first-ever National Reentry Symposium. Efforts to reduce recidivism without addressing health-related factors of the justice-involved population will fail because health-related factors are important and substantial predictors of recidivism.

### ENDNOTES

<sup>1</sup> National Conference of State Legislature. 2016. *Affordable Care Act Medicaid expansion*. Retrieved from [www.ncsl.org/research/health/affordable-care-act-expansion.aspx](http://www.ncsl.org/research/health/affordable-care-act-expansion.aspx).

<sup>2</sup> Hagan, E. 2016. *Medicaid suspension policies for incarcerated people: 50-state map*. Families USA. Retrieved from <http://familiesusa.org/product/medicaid-suspension-policies-incarcerated-people-50-state-map>.

<sup>3</sup> Howell, P., K.J. Krafsky, D. Larsen-Rife, D. Early, D. Collins and S. McAllister. 2016. *Unshackled potential (booklet)*. Leucadia, California: Healthy Relationships California.

<sup>4</sup> HealthCare.gov. 2016. *Incarcerated people*. Retrieved from [www.healthcare.gov/incarcerated-people](http://www.healthcare.gov/incarcerated-people).

<sup>5</sup> Centers for Medicare and Medicaid Services. 2016. *To facilitate successful re-entry for individuals transitioning from incarceration to their communities*. Retrieved from [www.medicare.gov/federal-policy-guidance/downloads/sho16007.pdf](http://www.medicare.gov/federal-policy-guidance/downloads/sho16007.pdf).

<sup>6</sup> National Institute of Corrections. 2015. Message from NIC's director on the Affordable Care Act. Retrieved from <http://community.nicic.gov/blogs/nic/archive/2015/10/30/message-from-nic-director-on-the-affordable-care-act.aspx>.

<sup>7</sup> Shoemaker, J.M. 2016. *Health care reform – The Patient Protection and Affordable Care Act – A practical guide for corrections and criminal justice professionals*. Washington, D. C.: American Correctional Association and Bureau of Justice Assistance. Retrieved from [www.aca.org/ACA\\_Prod\\_IMIS/DOCS/OCHC/HealthCareReform.pdf](http://www.aca.org/ACA_Prod_IMIS/DOCS/OCHC/HealthCareReform.pdf)



David Young is a professor and community health specialist at the Montana State University Extension and College of Nursing and chaplain at the Gallatin County

Detention Center.

***Reprinted with permission of the American Correctional Association, Alexandria, VA. All rights reserved.***