Exploring the Impact of the SUPPORT Act and New CMS Guidelines on Medicaid and Children's Healthcare Insurance Program Coverage on Reentering Justice-Involved Black Girls and Recidivism Rates in Washington D.C.

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I. Introduction

In Washington D.C., the Department of Youth Rehabilitation Services (DYRS) committed 153 youths in the fiscal year of 2024, a population that has decreased 75% over the last 24 years (FY24). DYRS runs two facilities in which justice-involved youth (JIY) can be residentially placed: the New Beginnings Youth Development Center (New Beginnings) or the Youth Services Center (YSC). These two facilities house on average 138 youths in total daily, who are in various stages of placement.[117]

Almost half of JIY in DYRS facilities report that their primary form of healthcare prior to incarceration was Medicaid and Children's Health Insurance Program (CHIP).[118] However, only recently have new policies taken effect to ensure that incarcerated juveniles are able to maintain Medicaid and CHIP coverage when they are released. According to the Federal Inmate Exclusion Act, Medicaid and CHIP are automatically suspended for juveniles who are involuntarily held by the state.[119] Until recently, the guidelines provided by the Center for Medicaid Services (CMS) left it up to the Medicaid agencies and states on whether they could terminate or only suspend Medicaid and CHIP services to incarcerated youth. In 2018, the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) act established that states may only *suspend* incarcerated juveniles' Medicaid and CHIP services during incarceration and must guarantee re-enrollment upon their release, effective January 2025.[120] Prior to the implementation of the SUPPORT Act, 37.8% of JIY in carceral or correctional residential facilities were released without the guarantee of healthcare upon release.[121]

[117] "Data | Dyrs."
[118] "CMS Releases Guidance on New Required Services for Incarcerated Young People."
[119] Barnert et al., "Physical Health, Medical Care Access, and Medical Insurance Coverage of Youth Returning Home After Incarceration."
[120] "CMS Releases Guidance on New Required Services for Incarcerated Young People."
[121] "CMS Releases Guidance on New Required Services for Incarcerated Young People."

The guidelines of implementing the SUPPORT Act were outlined in the Center for Medicaid Services' Consolidated Appropriations Act (CAA) of 2023.[122] Pre-release eligible incarcerated juveniles are entitled to targeted case management (TCM) and diagnostic and screening services for all 30 days prior to their release as well as 30 days post-release. The purpose of TCM is to connect JIY with health care providers in their local communities pre-release.[123] Medicaid-enrolled youth receive additional comprehensive needs assessments of behavioral and health needs, a person-centered care plan, and referrals and related activities to social services in the community. Unfortunately, CHIP enrollees do not have guaranteed access to case management services. CMS states in the CAA guidelines that states who provide CHIP services are encouraged to align with Medicaid standards but are not required to.[124]

The new CAA guidelines aim to address a population that has been suffering from a lack of systemic support and follow-up care. JIY present higher rates of chronic mental and physical illnesses and addiction, which are exacerbated due to a lack of healthcare access upon reentry. A survey conducted by Ravindra Gupta sponsored by the MacArthur Foundation found that 62% of JIY nationwide lacked a primary care provider and healthcare insurance after incarceration, even though twice that amount had coverage before they were incarcerated. Additionally, more than 60% reported having a physical health condition, 28% reported an acute illness, and 40-60% reported high substance abuse or mental challenges.[125]

These health issues are much worse for minority populations of JIY. A nationwide study by the University of California Los Angeles Pediatrics Department

[122] "CAA 2023 Sections 5121 & 5122 - Juvenile Justice | Medicaid."
[123] "New CMS Guidance on the Provision of Medicaid and CHIP Services to Incarcerated Children and Youth."
[124] "CMS Releases Guidance on New Required Services for Incarcerated Young People."
[125]Gupta et al., "Delinquent Youth in Corrections.", Jones, "Providing Health Care and Mental Health Services to Juveniles.", Mcfalls, "Juvenile Justice-Involved Youth and the Mental Health Care System.",

found that 47% of female just-involved-youth reported needing mental health services, 62% of whom were repeat offenders.[126] According to the Department of Youth Rehabilitation Services, Black and brown JIY are overrepresented in the population that relies on Medicaid and upon reentry face larger barriers to healthcare access.[127] Hence, justice-involved Black girls face "higher rates of substance abuse, acute illnesses, sexually transmitted diseases, unplanned pregnancies, and psychiatric disorders" than any other demographic.

The recent implementation of the SUPPORT Act and CMS guidelines in January 2025 makes it imperative to examine their effects on the continuum of care for Justice-Involved Black Girls and recidivism rates for Medicaid and CHIP eligible youth in Washington D.C. Washington D.C. youth recidivism rates have climbed to 92.7%, making D.C. an ideal case study for understanding the impact of the new healthcare guidelines on recidivism.[128]

II. Literature Review

Previous literature on the reentering youth and Medicaid access has focused on identifying the barriers faced with re-enrolling into health insurance policies and accessing healthcare.

Alberton, E.M. (2018) evaluated the access to behavioral health services during reentry for youth in Washington State based on their health diagnosis, race and geographic location. This established a correlation between lack of access to care and likelihood for recidivism within the youth population. Research by Mcfalls, C. (2021)

[126]Barnert et al., "Physical Health, Medical Care Access, and Medical Insurance Coverage of Youth Returning Home After Incarceration.", Gupta et al., "Delinquent Youth in Corrections."
[127]"Data | Dyrs."
[128]Partin, "Juvenile Recidivism: A 2018 Cohort Analysis."

studied the consequences of a 'continuum of care' for JIY and found that the more access to treatment JIY have, the less likely they are to recidivate.

Barnert E. S., Lopez, N., (2020) was a foundational study conducted to demonstrate the impact of cultural, socioeconomic, and citizenship barriers to accessing health care faced by re-entering latino youth. The findings of the study showed that the latino youth population were outliers in the set of barriers regarding language, religion and political issues such as immigration compared to other populations, but that they had the same rates of likely recidivism as their black counterparts.

While past research has explored separately the connection between race, gender and recidivism as well as healthcare access and recidivism there is a gap in research considering the impact of the intersection between race and gender.

III. Theory

Black girls are overrepresented in the population for relying on Medicaid and CHIP services within DYRS[129] and confront higher rates of chronic illness during reentry due to a lack of health care, leading to a high recidivism rate.[130]

A continuum of care is crucial when JIY are confronted with stress-inducing challenges such as a lack of housing or employment or a struggle to comply with court-ordered programs. The stress as a result of these factors may lead to mental or physical illness that requires medical or psychiatric attention. However, without Medicaid or CHIP, many JIY, predominantly Black JIY, cannot afford the care they need. The historical structural barriers in accessing to health care upon reentry are

[129] "Data | Dyrs."
[130] Wen et al., "Racial Disparities in Youth Pretrial Detention.", Barnert et al., "Physical Health, Medical Care Access, and Medical Insurance Coverage of Youth Returning Home After Incarceration.", Alvidrez et al., "Intersectionality in Public Health Research."

evidence of the compounding social and physical barriers that place justice-involved Black girls into a "limbo" status as a reentering individual, an already critical phase for JIY.[131] Without structural facilitation, reentering JIY turn to informal manners of acquiring health care such as emergency rooms, home care, substance abuse, or even criminal activity (Jones et al., 2023, Contance-Huggins et al., 2022, *Black Women's Health Insurance*, 2024).

Formerly incarcerated Black youth have a disproportionately high rate of morbidity and mortality compared to their nonincarcerated peers and formerly incarcerated White peers.[132] Considering gender differences, female JIY are found to have higher rates of mental and physical health issues while also having higher rates of misdiagnosis, a lack of diagnosis or inability to access care.[133] Therefore, the intersection of race, sex, and criminal justice involvement in the context of the healthcare system deeply impacts the ability to access adequate health care services for Black justice-involved girls.[134]

The longer the length of a health coverage gap and the higher the risk of the JIY's health status, the higher the negative impacts.[135] These challenges and barriers to care can be exacerbated due to parental involvement, socioeconomic status, race, gender and the cultural context of the family. Without a continuum of care, there are significant

[131] Barnert et al., "Physical Health, Medical Care Access, and Medical Insurance Coverage of Youth Returning Home After Incarceration.", Lopez-Williams et al., "Predictors of Mental Health Service Enrollment Among Juvenile Offenders.", Mcfalls, "Juvenile Justice-Involved Youth and the Mental Health Care System."
[132] Wen et al., "Racial Disparities in Youth Pretrial Detention.", Barnert et al., "Physical Health, Medical Care Access, and Medical Insurance Coverage of Youth Returning Home After Incarceration.", "The Mortality Gap Has Existed since the 1970s, but It Widened during the Pandemic."
[133] Fields and Abrams, "Gender Differences in the Perceived Needs and Barriers of Youth Offenders Preparing for Community Reentry.", Jones, Pierce, and Hoffmann, "Gender Differences in Adverse Childhood Experiences, Self-Control, and Delinquency."
[134] Hancock, "Wellness and Delinquency at the Intersection of Gender and Race."
[135] Jones, Pierce, and Hoffmann, "Gender Differences in Adverse Childhood Experiences, Self-Control, and Delinquency."

increases in the high-risk of morbidity and mortality, the high-risk of relapse, and the lack of services in the communities they are released to.[136]

IV. Methods

Data Collection

The population of the study will focus on Justice-Involved Youth in Washington D.C. eligible for Medicaid and CHIP services between the ages of 14 and 19 who are being released on, or currently on, a 12 month probation from one of the two DYRS residential facilities. This population was chosen due to their high prevalence in the DYRS system and their increased agency in ability to access healthcare from the recent policies. Separating the population into groups based on race and gender, the justice-involved Black girls' scores will be compared to the responses of the JIY reentering in the following groups: white male youth, black male youth, and white female youth. The population of the study will be of JIY 10 of which are white males, 10 of which are black males, 10 of which are white females, 10 of which are black females.

The study will aim to complete a total of 40 series of longitudinal interviews to further understand the impact of the SUPPORT Act and CAA guidelines on the experience of justice-involved Black girls ease of access to healthcare in comparison to their peers.

The JIY will be interviewed four times during their probation. The interviews will be conducted at 3 months, 6 months, 9 months and 12 months after release and will be done blindly, over phone with a different researcher each time. A phone will be provided to the JIY for the interview. The interview will be conducted in a closed door room with

[136] Gupta et al., "Delinquent Youth in Corrections.", Parrish et al., "A National Survey of Probation Staff of the Needs, Services and Barriers of Female Youth in Juvenile Justice Settings."

only the supervision of a research assistant outside of the room while the JIY is on the phone with the researcher.

The risk of recidivism will be evaluated in collaboration with the probation officer of the youth, who will be given a longitudinal survey that measures the likelihood that the JIY will recidivate at 3, 6, 9, and 12 months. The longitudinal study scores will then be coded and graphed with the risk recidivism of the youth as they go through their programming.

The goal of the research is to understand the impact of intersectionality with the healthcare and correctional system through a multilevel modeling approach that demonstrates the impact of macro level forms of oppression and disadvantage as well as individual-level experiences. The macro-level experiences of oppression are characterized by the recidivism, access to health care, interactions with the criminal justice system. The individual-level experiences include health-status, coping mechanisms, mental and physical symptoms experienced within the reentry process.

Survey Design

The longitudinal surveys will have a total of twenty questions. The JIY's names will not be recorded. Five of the questions will be demographic questions to collect the age, race, sex, health insurance status, medical history, and history of involvement in the criminal justice system. The next ten will be scaled questions that aim to understand the impact of having or not having health insurance, ease of transportation to healthcare, frequency of attendance to providers, perceived attitude towards providers, perceived ease of access to medication, and perceived affordability of medication and appointments.

The last five questions will be open ended questions to further understand the various impacts of healthcare access and insurance access. The answers will be coded using an evaluative rating system for the first fifteen questions and an independent coding system for the last five qualitative questions in order to score the impact and prevalence of the gap in health care. These questions aim to understand the individual-level experiences will be informed by questions asked the JIY that explore the emotional and physical toll of navigating the healthcare system and Medicaid enrollment, experiences with past providers meetings, experience with support from the correctional system of enrolling and accessing health care, experience with stigma surrounding accessing health care, experience post-detention with diagnoses, continuum of medication and therapy, experience surrounding recidivism and re-arrest

V. Feasibility

The study would be conducted in collaboration with the DYRS, which would require extensive work for clearance of classified information of the youth in accordance with the institution, as well as an outside IRB approval which can be obtained from American University due to the involvement of a vulnerable population. In total, the timeline of the project would be two and a half years, half a year dedicated to going through the IRB process, beginning the collaboration with DYRS and proposing the study to the various funding opportunities. The next year would consist of data collection, and the last year would be dedicated to coding, interpreting and publishing the results along with publishing a prefacing explanatory paper detailing the actual gap of healthcare insurance in Washington D.C.. Lastly, the project would require

substantial funding in order to hire research assistants, use data collection and analysis programs and fund travel for conferences to present the findings.

The opportunities for funding the study can come from a variety of public and private institutions. The Public Welfare Foundation provides funding every fall that comes from individuals and organizations with proposals for projects that focus on structural and systemic changes to the justice system. The proposals must be creating youth or adult criminal justice reform in Washington D.C., which is where I plan to conduct my research. The grant's amount would depend on the approximate budget and the requested amount submitted and then accepted by the foundation. The alignment of the goals as well as the focus on storytelling and qualitative research fits with my proposal. The Exploratory/Developmental Grants (R21) by the National Institute of Health assists new research projects that aim at exploring topics that do not have a lot of data connected with them or are in categorical program areas of various institutions. The amount of support is restricted in level of support and time which is ranked upon acceptance. At least one of the participating funding organization's missions align with the funding opportunity in order for it to comply with the opportunity-specific requirements. The National Institute on Minority Health and Health Disparities' goals and mission to understand and counter the disparities that BIPOC and minority communities experience aligns closely with my research proposal. The funding would allow for collection of data, research assistants and publication opportunities. The Health Equity Data Access Program (HEDAP) provides a research opportunity by the Department of Health and Human Services and the Centers for Medicare and Medicaid Services for projects conducted by individuals in higher education or nonprofit organizations. This program allows for participants to access CMS restricted data for

minority health research that can be used to conduct research on health care topics such as social determinants of health focused on racial and ethnic minority groups and different genders. The seat of the researchers will be available for 36 months, allowing for access to that data. There is a rolling application process that closes at the end of the year. While there is no direct funding for the research project, this is an opportunity to be able to engage with data that is extremely difficult to access and would reduce the costs substantially of finding and collecting data for this project. The American University Undergraduate Research Support is a resource to help cover the cost of equipment needed for research activity including travel to conferences and research related activities. In addition other types of funding requests are reviewed on a case-by-case basis. In order to apply, it is required to have a current transcript, proof of presentation acceptance to a conference, if that is applicable, and a letter of support form a faculty sponsor. This application and acceptance is a rolling process, meaning that there are no set deadlines. The funding provided by American University is logical due to the fact that I attend the university and that it is specifically for undergraduate researchers.

VI. Significance

Within the academic sphere, this study is an important addition to the conversation surrounding public health and safety as well as criminology pertaining to Black girls, a population that has long been ignored or overlooked within this sphere. The impact of this study will not only have policy effects but help researchers to understand how recidivism, juvenile rehabilitation and reentry into communities specifically affects Black girls in comparison to their peers. This study will also lend

itself to the expansion of critical theories such as intersectionality in the field of criminology and of legal studies. The continued examination of the interaction of the systems of power in the juvenile criminal justice system and the healthcare system as both a public health crisis and criminological issue will further be informed by the results of this study.

In addition to expanding the knowledge surrounding justice-involved Black girls, this study is relevant to the current implementation of the SUPPORT Act and the CAA guidelines put forth by the CMS. Examining whether the SUPPORT Act and CAA 2023 guidelines serve the communities in reducing recidivism and facilitating the continuum of care for JIY will influence policy changes and improvement that can be made by the Mayor's Office of Washington D.C., the Medicaid agencies of D.C. and other state program's surrounding Medicaid and CHIP services.

Currently in Washington D.C. the topic of Medicaid is extremely relevant as the Mayor's Office recently cut services under the guise of saving Medicaid due to the current threats by the federal government to make Washington D.C. pay more to provide Medicaid to its citizens. Both D.C. Healthcare Alliance Programs and Immigrant Children's Healthcare Program which provide healthcare for non-eligible Medicaid and CHIP eligible youth and families were cut from funding. Due to this shift in tone from the Mayor's Office after years of support for vulnerable populations that leaned on Medicaid adjacent services, the implementation of the SUPPORT Act and the enforcement of the CAA must be closely monitored in order to ensure positive results for JIY.

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