

Justice-Involved and Reentry Populations

When Criminal Records Meet Work Requirements

DeShawn's Story

DeShawn Williams sat in the county benefits office at 8 AM on a Tuesday, paperwork trembling slightly in his hands. Twenty-nine years old. Released from state prison fourteen days ago after serving five years for drug-related charges. His hepatitis C, contracted from shared needles during his using years, had gone untreated throughout incarceration. The state prison system didn't cover the \$84,000 treatment, and now he needed Medicaid immediately.

The intake worker kept circling back to the same questions. Current address? He was staying with his cousin, sleeping on a couch, didn't know how long that would last. Phone number? He'd lost his phone during release, was borrowing his cousin's sometimes. Employment? He'd been locked up from age 24 to 29, had no recent work history, and every application ended the same way once employers saw the felony box checked.

The worker explained work requirements would begin in 90 days. Eighty hours monthly. Exemptions available for documented barriers, but he'd need to provide proof. DeShawn thought about the reentry program his parole officer said was mandatory. Would those hours count? The worker didn't know, said she'd never processed verification from a reentry organization before. He thought about the probation appointments every week, the court-ordered anger management classes, the community service hours his sentence required. He thought about how badly he needed hepatitis C treatment before his liver failed. And he thought about the 76 days remaining until work requirements would determine whether he kept coverage.

The 90-day cliff. For people leaving incarceration, this window when Medicaid coverage is most critical coincides precisely with when compliance is most difficult.

Demographics and Scope

Approximately 2-4% of expansion adults have recent incarceration history, representing 370,000 to 740,000 people subject to work requirements. "Recent" typically means release within the past two years, or current probation or parole supervision. The population skews heavily male at roughly 85%, reflecting broader incarceration demographics. Racial disparities compound every other barrier: Black Americans represent 38% of the prison population despite being 13% of the general population, Latino Americans 22% versus 17%. Geographic concentration follows incarceration patterns, with Southern states carrying highest rates per capita.

The forms of criminal justice involvement create different constraint patterns. Post-release individuals navigate the acute chaos of the first months after prison or jail. Probation populations never went to prison but live under supervision terms that often mirror incarceration constraints without visible markers. Parole populations left prison before their sentences ended, trading physical confinement for community supervision with extensive requirements. Work release participants occupy a legal grey zone, technically incarcerated but living in community settings and

working outside. Halfway house residents balance structured residential programming against increasing independence expectations.

The health profile of returning citizens reveals why Medicaid access matters so urgently. Between 40-50% have untreated chronic conditions accumulated before and during incarceration: hepatitis C, HIV, diabetes, hypertension, cardiovascular disease. Prison healthcare addresses acute crises but rarely provides ongoing chronic disease management. Between 25-30% have serious mental illness with treatment disrupted during incarceration, where psychiatric medication availability varies widely and therapeutic services remain minimal. Substance use disorders affect 60-65%, with 40% experiencing co-occurring mental illness. The conditions that often contributed to criminal justice involvement remain unaddressed when people return to community.

The mortality risk during reentry underscores the healthcare urgency. Studies consistently show that the first two weeks after release carry mortality rates 12-13 times higher than the general population, with overdose deaths accounting for a substantial portion. The person who survived incarceration faces heightened death risk precisely when administrative barriers make healthcare access most difficult. Dental problems accumulated during years without adequate care affect employability in customer-facing positions. Vision problems impair ability to complete applications and navigate bureaucratic requirements. Chronic pain from injuries sustained before or during incarceration limits physical labor capacity.

Employment status creates the core paradox. Virtually no one leaving incarceration has recent employment history in any traditional sense. The period of confinement created gaps that employers view with suspicion. Criminal records trigger automatic disqualification from many job categories through background check failures, legal restrictions on certain occupations, and employer liability concerns. Professional licenses lost during incarceration rarely can be reinstated quickly. Transportation limitations compound job search difficulties when driver's licenses were suspended and vehicles repossessed. Housing instability undermines the address consistency that employment applications require.

The reentry timeline reveals why the 90-day grace period fails to provide meaningful accommodation. The first 30 days after release focus on crisis stabilization: finding somewhere to sleep, obtaining identification documents, addressing immediate health needs that incarceration suppressed. Days 31 through 90 represent the critical window for establishing basic stability, but this assumes housing has materialized, health crises have stabilized, and mandatory appointments have settled into predictable patterns. None of these can be assumed. The person appearing on track in week six may face hospitalization in week eight, lose temporary housing in week nine, and arrive at day 88 with verification incomplete through no failure of effort.

Failure Modes: When Reentry Collides with Administrative Systems

Work requirement systems assume stable capacity for multi-step administrative navigation that incarceration destroys entirely. The collision between reentry realities and verification infrastructure produces systematic failures that undermine both health coverage and successful community reintegration.

The documentation deadlock operates recursively. DeShawn needs employment to verify work hours, but needs health coverage to address the hepatitis C making him too ill to work effectively.



He needs an address to receive correspondence, but his transitional housing could end at any time. He needs a phone for the verification portal, but replacing his lost phone costs money he doesn't have. Employers require ID and Social Security cards. Obtaining these requires birth certificates from other states, fees he can't pay, and visits to government offices during hours conflicting with mandatory probation appointments. Some states require proof of address to obtain ID, but landlords require ID to sign leases. The verification system treats these as individual failures to comply when they represent systematic barriers that incarceration created.

Mail creates particular chaos for a population lacking stable addresses. Notices sent to old addresses never arrive. Transitional housing facilities often don't allow residents to receive mail in their own names. Homeless shelters prohibit mail entirely in many jurisdictions. The verification system sends deadline notices to addresses where the person no longer lives, then penalizes non-response to correspondence never received. Proving non-receipt is impossible.

Phone access compounds these problems. Numbers changed during incarceration, changed again at release when phones were lost or confiscated, may change again when the person can afford their own device. The verification portal texts at old numbers. Two-factor authentication systems lock people out when they can't receive codes. Appointment reminders arrive too late or not at all.

Digital literacy gaps accumulated during incarceration create additional barriers. Someone incarcerated in 2018 may never have used a smartphone app, created an online account, or navigated a web portal. Six years of technological evolution passed them entirely. Verification systems assuming universal smartphone competence exclude people whose incarceration predated mobile technology ubiquity. Online portals that seem straightforward to digital natives present impenetrable barriers to people who last used the internet in public libraries before smartphones existed.

The criminal record employment trap represents the cruelest paradox. Work requirements demand employment while criminal records systematically block access to jobs. Ban the Box legislation delays but doesn't eliminate criminal history inquiries. DeShawn gets interviews, performs well, then receives rejection emails after background checks. Fair Chance hiring initiatives remain voluntary in most sectors. The jobs most accessible to people with records involve irregular hours complicating verification, pay too little to make 80 monthly hours economically viable, or involve physical demands that chronic health conditions make difficult.

Professional licensing creates permanent barriers across occupations. Teachers, nurses, childcare workers, barbers, contractors lose licenses automatically upon conviction in many states. Reinstatement takes years and requires fees, training, and documentation that recently released individuals rarely can manage within 90 days. Someone who worked as a licensed practical nurse before incarceration faces a decade-long path back to that profession, if the path exists at all.

Available employment creates verification problems even when obtained. Cash-based work in construction, landscaping, or the informal economy provides income but no documentation systems recognize. Employers don't issue paystubs, don't want to file verification, sometimes actively avoid paper trails. The person may work far more than 80 hours monthly but can't prove it through accepted channels. Gig economy platforms often exclude certain conviction categories, and hour verification rarely integrates with state systems.

The time obligation collision pits reentry requirements against work demands. Probation typically requires weekly face-to-face reporting during business hours, 30-60 minute appointments where missing one violates probation terms. Employers rarely accommodate repeated mid-day absences, especially for recently hired workers still in probationary periods. The choice becomes maintaining the job or maintaining probation compliance, with coverage loss flowing from either failure.

Court-mandated programming adds substantial burdens. Anger management programs meet two evenings weekly for 8-12 weeks. Cognitive behavioral therapy groups run 2-3 hours per session. Parenting classes, financial literacy training, and life skills programs all demand attendance during hours conflicting with traditional employment. Some jurisdictions count these hours toward work requirements, but verification systems rarely accommodate aggregating hours from multiple sources.

Community service hours ordered by courts represent particular irony. DeShawn owes 200 hours as part of his sentence, performing service on weekends at a local food bank that clearly benefits the community. Yet because it's court-ordered and unpaid, many states won't count it toward work requirements despite demanding identical volunteer activities from others. He's working 20 hours monthly in service that doesn't count while searching for employment his criminal record blocks.

Drug court and treatment court models intensify scheduling conflicts. Participants attend court hearings weekly, submit to random drug testing requiring immediate response, and participate in intensive programming consuming 15-20 hours weekly. These are conditions of remaining out of custody, not optional accommodations.

The health coverage disruption paradox operates when people leaving incarceration need coverage most urgently precisely when compliance is most difficult. The hepatitis C treatment DeShawn needs costs tens of thousands, requires months of medication, and produces side effects impairing work capacity during treatment. Chronic conditions that went untreated during incarceration require immediate attention. Mental health needs medication adjustment and therapeutic support. Substance use disorders demand treatment that is both medically necessary and often court-mandated.

The medical consequences create a negative spiral. Untreated conditions worsen, creating functional impairments making work impossible, which triggers coverage loss, which prevents treatment, which worsens conditions further. Someone who might have stabilized with six months of uninterrupted healthcare access instead cycles through coverage loss, health deterioration, emergency care, and potential reincarceration when probation violations follow from inability to meet multiple simultaneous obligations.

State Policy Choices: Accommodation or Exclusion

State decisions about work requirement structure determine whether justice-involved populations can comply or face inevitable coverage loss.

The 90-day post-release exemption provides the baseline accommodation all states should adopt. Automation matters more than duration. Requiring application for post-release exemption recreates the documentation barriers that work requirements create generally. People leaving incarceration rarely know exemption categories exist, may lack internet access to apply through

2002 N. Lois Avenue, Suite 200, Tampa, FL 33607 | GroundGame.Health

Syam Adusumilli, Chief Evangelist, syam.a@groundgame.health

portals, and lack sustained focus for exemption applications. Data sharing between corrections departments and Medicaid enrollment systems can flag individuals automatically without any action required beyond enrollment itself.

Extension beyond 90 days reveals competing philosophies. States extending exemptions to 180 days for individuals enrolled in structured reentry programs recognize that effective reentry takes longer than three months. The research on reentry timelines supports longer accommodation. Studies consistently show stable employment for returning citizens typically takes 12-18 months, not 90 days. Housing stability often requires 6-12 months to establish. Treatment for substance use disorders follows recovery trajectories measured in years. Mental health stabilization requires medication adjustment and therapeutic relationship building that can't happen quickly. The 90-day window reflects administrative convenience more than clinical or economic reality.

Recognition of reentry programming as qualifying activities determines whether court-mandated obligations compete with or complement work requirements. Every hour in structured reentry programming should count. Job readiness training teaches resume building, interview skills, and workplace norms that incarceration disrupted. Cognitive behavioral therapy programs addressing criminal thinking patterns are often court-mandated, consume substantial time, and directly support behavioral changes reducing recidivism. Treatment programming creates particularly strong cases for inclusion since it is both medically necessary and often legally mandated.

Court-ordered community service deserves recognition as the community contribution it represents. When judges sentence individuals to community service, they determine that service benefits the community sufficiently to serve as partial payment of debt to society. Work requirement systems excluding court-ordered service reject these judicial determinations. Court-ordered service is unpaid work benefiting the community, precisely what volunteer work counted toward work requirements represents.

Documentation barrier accommodations must recognize that criminal records create employment barriers warranting good cause exemptions when documented job search yields no results. The person applying to 50 positions monthly, receiving interviews, then facing rejection after background checks has demonstrated effort and willingness to work but faces structural barriers that work requirements can't eliminate.

Georgia counts community service hours fully toward work requirements. Arkansas applies reduced hour requirements in high-unemployment counties, which could extend to recognize that criminal records create individual-level unemployment situations. Ohio counts treatment programs as qualifying activities. Gradual phase-in structures following 90-day full exemption with reduced requirements of 40 hours monthly for months four through six recognize that reintegration proceeds unevenly.

The Accountability Question

Accommodations for justice-involved populations generate legitimate concerns deserving engagement rather than dismissal.

Victims' rights advocates argue that extensive exemptions diminish accountability for criminal behavior. Work requirements can be understood as part of accountability structure, establishing expectations that people who have harmed communities demonstrate commitment

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Syam Adusumilli, Chief Evangelist, syam.a@groundgame.health

to becoming productive members. This perspective carries particular weight in communities disproportionately affected by crime. The grandmother working two jobs while her neighbor who served time receives extensive support may reasonably question whether the system values the right behaviors.

Fiscal conservatives raise different concerns. Administrative infrastructure for justice-involved populations involves substantial costs: data system integration, specialized navigation, enhanced MCO care management, appeals processes. If work requirements aim to promote employment, extensive accommodations allowing coverage without traditional employment may undermine these goals while adding costs.

Employers face genuine liability concerns. A construction company hiring someone with assault convictions faces potential liability if that person harms a coworker. A childcare center employing someone with certain criminal histories violates licensing requirements. A business handling valuable merchandise faces theft risks that insurance companies consider. These aren't merely prejudiced assumptions but actuarial realities businesses must manage.

The response isn't dismissing these concerns but demonstrating that accommodations better serve public safety, fiscal responsibility, and social order goals.

The evidence on successful reentry points strongly toward healthcare access as crime reduction strategy. People leaving incarceration with untreated mental illness, active substance use disorders, and chronic physical conditions face dramatically higher recidivism rates than those receiving treatment. Coverage loss during the critical first year correlates with return to incarceration.

The fiscal calculation changes when emergency care costs enter. Someone who loses coverage doesn't stop having health needs. They present to emergency departments in crisis, generating uncompensated care hospitals pass to other payers. Emergency treatment for diabetic crisis costs more than months of primary care. Psychiatric hospitalization costs more than outpatient therapy. The person cycling between coverage loss and emergency care generates higher public costs than the person maintaining coverage through accommodated requirements.

Recidivism carries enormous costs. One year of incarceration costs states \$30,000 to \$60,000. If accommodations costing \$1,000-2,000 annually prevent even a small percentage from cycling back, the return on investment is substantial.

Structure through work requirements makes sense only when work is possible. Demanding employment from someone whose criminal record makes employment impossible doesn't create beneficial structure but sets them up for failure triggering coverage loss. Structure during early reentry should come from reentry programming, probation compliance, and treatment participation.

Stakeholder Roles in Supporting Justice-Involved Populations

Multiple institutions must coordinate to make work requirements navigable for people leaving incarceration.

Managed care organizations have financial incentives to support successful reentry since incarceration correlates with poor health outcomes and high costs. Care managers identifying

members with recent release dates should trigger immediate outreach before the 90-day exemption ends. This outreach explains requirements, connects members to reentry services, and screens for health conditions qualifying for medical exemptions. MCOs need data integration with corrections systems identifying members approaching release, visibility into probation schedules affecting availability, and understanding of court-ordered treatment requirements.

Providers serving returning citizens need awareness that patients face work requirement deadlines. Primary care providers can document health conditions supporting exemption claims. Behavioral health providers can attest to treatment intensity counting toward qualifying activities. Simplified attestation forms requiring only diagnosis, functional limitation statement, and estimated duration reduce provider burden while maintaining validity.

Employers willing to hire people with criminal records can provide verification through simple attestation processes. Companies considering fair chance hiring face real decisions about risk, liability, and business necessity. The response isn't pretending risks don't exist but supporting employers in managing them appropriately. Individualized assessment of criminal history rather than blanket exclusion allows distinction between relevant and irrelevant offenses.

Community-based organizations provide the trust and cultural competence formal systems lack. Reentry organizations should become primary partners in work requirement navigation. Faith communities with prison ministry programs may have established relationships extending into reentry support. Legal aid organizations can integrate work requirement navigation into existing services.

The peer navigator model deserves emphasis. Someone who has navigated work requirements while managing their own reentry understands challenges viscerally. They know which local employers actually hire people with records. They understand the informal economy and can help people navigate income sources that don't fit standard models. Their credibility comes from shared experience. These navigators should operate through reentry organizations rather than state agencies, meeting people where they are, using texts and calls rather than portal logins.

Probation and parole officers already meeting regularly with returning citizens represent natural partners. They track addresses, phone numbers, and programming participation. Verification from probation officers should carry particular weight. When an officer attests that someone is participating in programming and complying with supervision conditions, that confirms structured engagement.

Correctional healthcare systems should provide information about work requirements before release, explain exemption categories, and facilitate connections with community organizations. A person leaving prison understanding they have 90 days before requirements activate, knowing that reentry programming hours will count, and holding peer navigator contact information has far better chances than someone discovering work requirements only after receiving termination notice.

DeShawn's Situation as Structural Pattern

DeShawn's experience reveals patterns repeating across hundreds of thousands of similar situations. The 90-day post-release window creates a cliff effect that automatic exemptions and recognition of reentry programming can address. His criminal record creates employment barriers

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Syam Adusumilli, Chief Evangelist, syam.a@groundgame.health

that good cause exemptions can accommodate. His hepatitis C treatment needs align with both his interests and the state's interest in preventing expensive acute care.

His situation illustrates why categorical thinking fails for this population. He isn't refusing to work. He's actively searching. He isn't avoiding treatment. He desperately wants it. He isn't ignoring criminal justice obligations. He's attending every mandated appointment. The problem isn't motivation or character. The problem is that multiple systems make simultaneous demands that can't all be satisfied within the same hours.

DeShawn will return to the benefits office in 76 days for his first verification. Whether he maintains coverage depends on choices the state makes about exemption automation, qualifying activity definitions, and good cause standards. His hepatitis C treatment depends on those choices. His employment prospects depend on that treatment. His freedom from reincarceration depends on his stability.

The accommodations aren't alternatives to accountability. They're prerequisites for the accountability that work requirements ultimately demand.

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