

**Community Case Study Assessment (Scenario 20)**

***Medical Reprieve for Georgia Inmates***

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**HPRB3700**

**Fall 2025**

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**Case study narrative:**

Examine the medical system of care for prisoners in Georgia. In states where health care has been improved, costs increase as care increases-particularly costs for aging and ill inmates. Public health workers must balance competing public health priorities: save taxpayer dollars while providing adequate medical care for inmates. If sickest prisoners were allowed to move to community care, would this be a good solution? And if that works, which inmates should qualify for “medical parole?” What would be needed after returning to the community? What is available in the community to help once they return to the community? What kind of services would they be eligible for?

The prison system in Georgia has a role in ensuring the health of prisoners. There are several elements to consider in a complex system, including the general operation of the system, the health implications of living in a prison, the health services offered in prisons, and how prisons are funded. Public health professionals continue to navigate the priorities of the prisoners while taking into account the balance between finances and adequate care.

It is crucial to understand the external factors that impact the ways in which the medical system in prisons is reviewed and amended. Social, cultural, economic, ethical, and legal determinants must be considered when discussing the medical system of care for prisoners. Specific demographics are impacted differently than others, and this assessment will identify the health-related challenges in the aging prison population. Beyond the many factors impacting the prison system, there are specific needs and solutions for the elderly incarcerated population that must be addressed. This needs assessment will highlight several of the many needs and potential solutions for this population, along with resources to which individuals can look for support and healthcare needs.

### **The Health Issue**

The distinction between jails and prisons are important in understanding the criminal system as a whole. The criminal system exists on a multilevel scale; correctional facilities operate on a federal, state, and county level with varying levels of security. There are also several private jails and prisons. Jails are typically facilities within a local district, county, or city designed for the short-term holding for those who have been recently arrested and are awaiting trial. They are also used to house those sentenced to serve a relatively small amount of time, usually less than a year. The jail system in Georgia operates on a county level with ten regions

and a sheriffs' department. There are 143 county jails in Georgia (Georgia Sheriffs' Association, 2025).

Prisons are facilities under the jurisdiction of the state or federal government, where offenders convicted of federal crimes serve sentences longer than a year. State prisons are operated by the state government, and federal prisons are operated by the federal government (Prison Fellowship, n.d.). Prisons are designed to be long-term, requiring a more complex infrastructure of resources for inmates, including healthcare. Including prisons, jails, immigration detention, and juvenile facilities, Georgia has an incarceration rate of 881 per 100,000 people, confining a larger share of its population than any other independent state or nation on Earth (PPI, 2025). There are 34 state prisons in GA and 47,000 felony offenders residing in Georgia prisons (Georgia Department of Corrections, 2012). Additionally, the security of prisons alters the ways in which prisoners live. Georgia has 7 close security prisons, which is the highest level of security (Georgia Department of Corrections, 2024). There are 14 medium security prisons in Georgia and over 32,000 inmates. Prisoners in medium security prisons typically have responsibilities, work included. Any able-bodied prisoner is required to work, and in a medium security prison individuals must be under constant supervision (Georgia Department of Corrections, n.d.).

In Georgia, the incarceration process begins after a sentencing. The average length of a prison sentence in Georgia's close and medium security prisons was 26 years in 2024, and 10,000 were incarcerated for life (Georgia Department of Corrections, 2024). Thus, for many individuals, prison becomes a permanent lifestyle. The criminal justice system has programs in place for work, education, and healthcare within systems. However, prisoners are not always provided with quality services or humane conditions.

Individuals in prison often have poor health outcomes and are at risk for acute and chronic disease. An incarcerated 59-year-old has the same morbidity as a nonincarcerated 75-year old (Equal Justice Initiative, n.d.). People who are incarcerated face higher rates of chronic health problems, such as high blood pressure and diabetes. They are typically at greater risk for sexually transmitted diseases (STDs) including HIV and hepatitis, as well as tuberculosis, traumatic brain injuries (TBIs) and concussions (CDC). Incarcerated individuals are also disproportionately likely to have mental health problems and issues with substance abuse (Prison Policy Initiative, n.d.). Most of these issues stem from overcrowding and poor living conditions within these facilities (McCann, 2022). Every year spent in prison shortens an individual's life expectancy by two years. If not for nationwide high rates of incarceration, the United States life expectancy would be five years higher.

Potential explanations for why incarcerated individuals have worse health outcomes than the general public include an inadequate prison health system and poor prison conditions. Correctional facilities are required by law to provide essential psychiatric, dental, and medical services (Kaufman et al., 2025). Otherwise, the refusal to provide healthcare services is a violation of the 8th amendment which prohibits cruel and unusual punishment (Kaufman et al., 2025). The Federal Bureau of Prisons aims to promote environmental and physical health among incarcerated individuals (Federal Bureau of Prisons, n.d.). However, healthcare in correctional facilities can be difficult to access and is not always delivered in an ethical manner. There have been cases of discriminatory or biased care leading to inadequate services or death of the patient for decades, but some ethically-questionable practices still occur. In North Carolina, security in a healthcare environment varies by the prison but often involves shackling the patient to the bed even while under anesthesia (Kaufman et al., 2025).

Furthermore, most jails and prisons are unequipped to screen for and treat most chronic diseases and cancers, despite court rulings dictating that prison systems cannot deliberately ignore previously existing or newly diagnosed medical conditions (Zlotorzynska et. al., 2015). This can make healthcare in prisons difficult, and there is often a high demand for services. Many people in prisons have conditions that went untreated prior to incarceration (Centurion, 2024). There is a need for more resources and assistance with the prisoner population as they navigate health issues. Centers for Disease Control and Prevention (CDC) health professionals are often present in prisons to help administer health programs and clinical services. The CDC conducts intake screenings, develops programs for health education in the facilities and communities, does surveillance for outbreaks, and assists with reentry in the community (CDC, 2024). Roughly 95% of incarcerated people return to their communities, often without education or resources for their health (Centurion, 2024).

In certain cases, an incarcerated individual may become eligible for medical parole, also referred to as medical reprieve or compassionate release. To be eligible, the individual must either be suffering from an incurable illness, be incapacitated to the point of needing assistance with daily tasks such as walking, eating, dressing and breathing, or have a life expectancy of less than 12 months (Georgia Department of Community Supervision, 2015). To be granted medical parole, an incarcerated individual will submit an application to the Board of Pardons and Paroles, or the Medical Reprieve Coordinator will initiate a request on their behalf. A medical reprieve request requires extensive documentation, and the request assessment and approval process is not publicly available. However, the approval requires a majority vote from the board, and the process can take at least 90 days. If parole is granted, the individual remains under the supervision of the board and will be rearrested and returned to a correctional facility if the terms

of the parole are violated (FAMM, 2021). The number of incarcerated people older than 55 grew by 500% during the last three decades (NCSL, 2024). As the incarcerated population ages, more individuals will become eligible for medical parole due to age and disability. The Georgia Constitution grants the Board of Pardons and Paroles the authority to parole any person over the age of 62. From 2001 to 2020, the Board granted reprieve for 1,224 individuals (FAMM, 2021).

Approximately 600,000 people are released from state and federal prisons each year (U.S. Department of Justice, 2021). There are systems and programs in place at the state and federal level meant to assist with reentry. Those with physical and mental health conditions may struggle with reentry due to high poverty rates and risk of poor health outcomes. For many individuals, incarceration is their first time having access to regular medical care, as inconsistent and minimal as that care may be. Additionally, most prisons only provide a few days' supply of an individual's medications upon release. This leads to weeks or even months at a time post-release when formerly incarcerated individuals must go without important medications, putting themselves and those around them at risk (Prison Fellowship, n.d.). Without access to these resources post-release, many do not seek medical care, including necessary treatment for mental health conditions and substance use disorder. Formerly incarcerated individuals are at greater risk for emergency room use, hospitalization, and overdose death (Medicaid, n.d.).

In addition to healthcare access, incarcerated people face barriers to paying for care. While in prison, individuals are required by law to receive free medical and dental care. However, incarcerated individuals have an account with limited funds provided by the prison, and money is often removed from the account when the individual requests care outside of routine, emergency, and for medication unrelated to pregnancy or chronic illness (Georgia Secretary of State, 2025). Additionally, most prisons charge patients a copay for doctor visits that

can vary from \$2 to \$5, yet most prisoners are paid between 14 and 63 cents an hour (McCann, 2022). However, there are systems set in place designed to support incarcerated people. While in prison, people can apply for Medicaid if they meet the requirements which may help pay for medical bills not covered by the prison (Health Insurance Marketplace, 2025). Once released from prison, individuals are given the opportunity to apply for a health insurance plan in the healthcare marketplace. There is a 60-day window for enrollees that has lower costs, which can be helpful when people are readjusting into their communities (Health Insurance Marketplace, 2025).

### **Cultural Factors**

Throughout life, there are many things that determine a person's health such as geographic location, generational wealth, social ties, perception of experiences, obstacles and access to resources. Older incarcerated individuals are burdened by intersecting social, cultural and economic forces, both in and outside the prison system; poverty, racial disparities, inadequate access to health care, employment barriers, stigma and unstable housing compound their vulnerability and undermine recovery and successful reintegration (KFF, 2025).

### *Social Determinants*

Individual social factors including age, gender, race/ethnic identity, income, education and standard of living influence health outcomes through resources like social support as well as access to healthcare, housing and employment (KFF, 2025).

In 2024, the average age of inmates in Georgia was 34 years, with a median age of 32 and the most common age at admission being 22, signifying a majority young adult population entering the GA correctional system (GDC, 2024). However, Georgia's aging inmate population

has grown substantially over the past decade. Between 2012 and 2024, the number of inmates aged 50–59 increased by 126.5%, from 1,572 to 3,546 (GDC, 2012) (GDC, 2024). Age compounds other health risks and sharply shapes health outcomes among incarcerated individuals: in 2011–2012, 27.5% of prisoners aged 18–24 reported having a chronic condition, compared to 72.6% of those 50 or older. There are also patterns found in gender, where of the 50,695 active inmates recorded in 2024, the majority were male (92.7%), with females accounting for only 7.3%, however their population is growing more rapidly than the men (GDC, 2024).

The number of incarcerated adults over age 55 increased from 102,700 in 2008 to 171,700 in 2022 in the United States (Culli, 2025). Older adults in prison are more likely to experience disabilities, cognitive impairments being the most prevalent (Culli, 2025). Oftentimes, these conditions are underdiagnosed and left untreated (Williams et al., 2013). The older incarcerated population is also more likely to experience comorbidities such as hypertension, diabetes, and pulmonary disease at higher rates than the younger incarcerated and non-incarcerated populations (Williams et al., 2013). Elderly incarcerated individuals have the highest rates of chronic conditions and have been identified as the most unhealthy age group in prisons (Nowotny et al., 2016).

Georgia is home to 10.8 million people who are 50% (5.4 million) white, 31% (3.4 million) Black, 4% (468,000) Asian, and 4% (379,000) multiracial, according to the 2019-2023 American Community Survey (ACS). Native American, Native Hawaiian or Pacific Islander, or other races make up less than 1% (75,000) of the population combined. In total, 11% (1.1 million) identify as Latinx and 89% (9.7 million) are not Latinx (SPLC, 2025). When observing Georgia's incarcerated population as a whole in 2024, significant racial disparities can be noted:

as among 50,695 inmates, 29,775 (58.7%) were Black, 18,615 (36.7%) White, and the remaining population included smaller percentages of Hispanic, Asian, Native American, Native Hawaiian, and other groups. Black individuals had the highest incarceration rate within prisons, which reflects more broad systemic inequities which intersect with other social determinants such as poverty, limited access to healthcare, and employment barriers (GDC, 2024).

Employment, poverty, and education are highly predictive social determinants of health that shape pathways into incarceration and significantly influence the health and reentry outcomes of Georgia's incarcerated population. In 2024, the GDC reported the employment status of 24,247 inmates at intake. They found fewer than half (44.5%) had held full-time jobs, and 24.5% reported being unemployed for more than six months before going to prison (GDC, 2024). Poverty rates vary by county and more specifically racial and ethnic groups. Black residents have the highest poverty rate at 19%, 2 percentage points lower than the national average. In contrast, only 9% of white Georgia residents live below the poverty line, about the same as the national poverty rate for white residents (GBPI, 2022). The average educational attainment among GA inmates in 2024 was at a strikingly low approximately 11th grade, where 38.7% had completed Grade 12 or earned a GED. Only 1% held bachelor's degrees or higher, and a minuscule fraction with advanced professional degrees like law or medical degrees (GDC, 2024).

Community-level factors such as access to resources, healthcare providers, and insurance coverage directly influence health stability, employment, and housing that shape reentry outcomes. Ex-offenders frequently return to their communities with urgent health conditions, yet they face significant barriers to accessing and maintaining care. Without adequate healthcare, many struggle to manage chronic illnesses or continue prescriptions, undermining their ability to

maintain steady work or secure stable housing. The lack of health insurance and medical treatment are among the most commonly reported reentry health needs, contributing to persistent health disparities (Ejike-King, 2014). In response, Georgia is actively pursuing to expand upon their Georgia Pathways waiver with the Section 1115 Demonstration Waiver Extension that would include pre-release Medicaid coverage for incarcerated people. This is especially meaningful for aging inmates who often have higher medical needs and require multiple prescriptions upon release (DCH, 2025).

### *Cultural Determinants*

Understanding the demographics of Georgia's prison system is not enough; we must also recognize how societal pressures, cultural attitudes, and historical mistrust of medical systems shape the experiences of incarcerated people. For African Americans, those who make up the largest share of Georgia's prison population, experiences with healthcare are influenced by both systemic inequities and perceptions of discrimination. According to Funk (2022), nearly half (47%) of Black Americans believe health outcomes for Black people have improved over the last 20 years, but 20% feel they have worsened, where limited access to quality care was cited as the leading cause of disparities. Many associations are also made pointing to environmental hazards in Black communities and the perception that hospitals don't prioritize the well-being of Black patients.

Inside the context of prison, attitudes like these matter. If an incarcerated individual feels they will not be heard or respected, they may avoid reporting symptoms altogether, allowing conditions to worsen. In 2022, a study found that more than half of Black Americans (55%) reported having experienced at least one negative interaction in healthcare—such as needing to speak up to receive proper care or being treated with less respect than other patients (Funk,

2022). These cultural determinants can worsen the barriers incarcerated already individuals face when navigating prison healthcare or attempting reintegration into community medical systems.

Cultural norms, values and attitudes create and allow stigma, which further shapes health outcomes by reinforcing inequality and limiting trust. Stigma may be enacted by individuals, embedded in institutions, or internalized by the incarcerated individuals themselves. It functions as both a barrier to care and a justification for unequal treatment (PMC, 2026). For older inmates with chronic conditions, the weight of stigma can discourage disclosure, reduce compliance with care, and ultimately worsen morbidity and mortality.

### *Ethical Determinants*

There are two key ethical issues that make medical care for incarcerated individuals so challenging. The first is bias from the healthcare workers themselves. Those who are incarcerated come with the challenge of having a “dangerous” label slapped across them. For example, when a patient is incarcerated, a representative of the carceral system, such as a corrections officer, is present during patient-physician encounters or posted outside of the patient’s door. Such patients, when treated in community health centers, will also often be shackled for reasons beyond what is medically indicated, further contributing to potential for bias is, in some cases, inquiry about reasons a patient is incarcerated (Comer, 2025).

The second issue revolves around an inmate's autonomy. There are certain privileges to autonomy that must be removed when an individual enters the prison system to guarantee that governmental workers have the information they need about an incarcerated individual. Healthcare is no different, however if someone feels as if they are stripped from their humanity by checking themselves into a community care facility, they are less likely to seek treatment. Comer describes incarceration as a limiter of personal autonomy, which creates confusion about

who holds the authority to make medical decisions, whether an incarcerated patient may receive visitors during hospitalization, and if it is appropriate for correctional staff to be present during medical exams or procedures (Comer, 2025).

**What is needed:**

The individuals needing support in this scenario are older and medically vulnerable incarcerated adults in Georgia. Incarcerated individuals face barriers to healthcare at every stage of the justice system, even after being released. Upon release, individuals are often unable to find employment, insurance coverage and housing due to their criminal record, and struggle with mental health conditions and substance abuse. Chronic conditions not adequately treated while incarcerated will only become more severe if left unaddressed upon release.

*Assessment Through Data and Research*

Research and data is the basis for planning and implementing strategies to help the elderly incarcerated population. The elderly incarcerated population is an increasingly vulnerable population that requires additional support and resources. This systemic support can be established by evidence-based research. There is not much research that reports the relationship between physical and mental comorbidities among the older population. Inability to observe and study elders while incarcerated is a barrier that would further support research on the prevalence of mental and physical illness. Research, especially studies for functional impairment, is often conducted in natural environments where daily tasks can be performed and observed. This method is difficult to accomplish in a prison setting (Williams et al., 2013). However, solutions can be developed to meet this need and great more discussion around the issue, specifically for the disparities in this population. The lack of information demonstrates the absence of support

for elderly adults experiencing mental and physical illnesses while incarcerated, and incarcerated populations as a whole.

### *Access to Healthcare and Community Services*

Beyond research, the elderly incarcerated population also needs more assistance with attaining healthcare as they transition out of prison. When people transition back into their communities after release, they are often not enrolled in any public benefit programs. This includes Medicaid, Medicare, SNAP, and SSI. There is a significant gap between when and how those who are incarcerated can go about obtaining health insurance. The lack of medicare and base insurance coverage in prison not only affects all incarcerated individuals, but affects the elderly more severely. With the Medicaid expansion, eligibility is covered for all adults with an income up to 138% of the federal poverty level. In Georgia, this number is only 100% and includes additional requirements for eligibility. On top of this lower level of coverage, Medicare does not cover the incarcerated population. Those with pre-existing conditions will find it hard to receive care that is covered by insurance without the coverage from medicare. In a survey of formerly incarcerated people of all ages, over a third of people with physical and mental health symptoms used emergency room services in the year after release (Williams et al., 2013). Since older adults are more vulnerable to both physical and mental conditions, the need for affordable and accessible medical services is a necessity.

Older adults also need linkages to substance abuse treatment and care. Many incarcerated older adults are subject to substance abuse and lack treatment resources while in prison. When returning to their communities, resources for substance abuse treatment are imperative for this population. Evidence suggests interventions such as peer recovery programs can have a positive impact on the impacts of substance use and reduce the number of hospital visits for incarcerated

individuals (Cos et al., 2020). People in peer recovery programs also were more satisfied with their overall health after the program (Cos et al., 2020). Resources that address substance use and abuse among the prison population could be an impactful form of assistance in accessing health services and reentering communities after incarceration. They could not only help with recovery, but also with linkage to additional resources.

### *The Post-Prison Transition: Medical Parole and Reprieve*

For individuals in need of medical care outside of prison services and who are not transitioning into the community for release, medical parole is an option. The Georgia Board of Pardons and Paroles provides compassionate release to eligible incarcerated individuals through its Medical Reprieve program as well as having the authority to grant Parole Due to Disability or Advanced Age. To be considered, an inmate's medical condition must be, "suffering from an illness for which necessary treatment is available only outside the State prison system," and meet a statewide criteria. The inmate must suffer from an incurable illness, be entirely incapacitated requiring assistance with the activities of daily living such as eating, bathing, dressing, breathing, walking, etc., or have a life expectancy of fewer than 12 months. "Entirely incapacitated" can also be defined as having such limited physical or mental ability, strength, or capacity that there is an extremely low risk of physical threat to others or to the community.

If they are given a reprieve, offenders must comply with all standard conditions of release and any special conditions imposed by the Parole Board and in many cases, are placed in 24/7 home confinement with exceptions made only for medical appointments.

The medical reprieve process can start with either the department's medical reprieve coordinator's initiation of a request or an inmate "seeks leave" from the Board of Pardons and Paroles through a written request containing supporting evidence to be submitted directly to the

Board. “Emergency” requests can be made by calling a Board representative or Board member, even on weekends and official holidays.

Medical reprieve decisions are described by the board as balancing the “sufficiency of the punishment imposed on individuals with the cost of treating them in a state prison and the humanity of allowing them to die outside the confines of a prison.” Before granting parole or a conditional release, the Board is required to notify the District Attorney at least 90 days in advance if the inmate in question was convicted of a serious violent felony. This requirement also applies to cases involving medical reprieve. In addition, the Board must provide victims with at least 20 days’ notice before making a final decision to release an inmate for a period longer than 60 days.

## **Resources/Asset map**

### **Georgia Department of Corrections Health Division**

#### *Services*

At inmates’ most basic convenience and right, the GA Department of Corrections is required to provide inmates with medical services within custody. The health division was established for this reason, specifically with the responsibility to provide medical, dental, and mental health services while inmates are in custody. Services for individuals include screenings, physicals, chronic care management, mental health assessments, and specialist/hospital referrals. Services are operated under a managed care model. The health division partners inmate services to assist with reentry services such as education, substance use treatment, chaplaincy services, and reentry and cognitive programming.

#### *Eligibility*

All people in custody who are designated “offenders” are eligible for medical services. The government is responsible for providing these services and required to do so with adequate care. Services cannot be reasonably delayed due to the possibility of further complications. The Department of Corrections must also follow traditional privacy rights applied outside of prisons. These rights include but are not limited to the right to confidentiality, explanation of risks, fair treatment, decision-making.

## **Georgia Justice Project**

### *Services*

The Georgia Justice Project (GJP) aims to provide individuals with free legal and social services at all stages of the criminal justice system. Their work has resulted in 22 law changes to make the system fairer for incarcerated individuals. This organization focuses specifically on those with a criminal record and need assistance finding employment and housing. They provide legal representation, work towards policy changes, and raise community awareness and foster engagement. GJP offers routes to apply for pardons as well as “Second Chance Desks”, which are help desks where individuals can have their criminal history reviewed by an attorney, get a free consultation, and receive assistance filling out forms for eligible offenses.

### *Eligibility*

To be eligible to participate in this program, individuals must have a Georgia criminal record-an arrest or conviction-and want to clear, seal or restrict your record (or apply for a pardon). Many of the “Second Chance Desks” are limited to specific regions and only have locations in Cobb, Athens-Clarke, and Richmond County. For direct legal representation, individuals will need to attend one of GLP’s free webinars or “First Fridays”. To have your record cleared, you must fill out an application that the GLP will review and then approve or

deny. While their services are free of charge, record-clearing may include fees that GJP may or may not cover or assist with.

## **Re-entry Quality Support (REQS) Program**

### *Services*

The Re-entry Quality Support (REQS) Program assists incarcerated individuals in Athens-Clarke County with finding jobs, mental health, domestic violence, and substance abuse resources, support for veterans, housing, clothing, transportation, education, and parenting/reconnection with children. This program is part of the Clarke County Sheriff's Office, and their stated goal is to provide what they call "jail residents" with "the resources, education and training to successfully transition back into our community", and "to curb recidivism...by helping them successfully transition back into our community upon their release" (Athens-Clarke County Unified Government).

### *Eligibility*

The REQS Program is offered to jail residents at the Clarke County Jail under the Clarke County Sheriff's Office. To be eligible to access the program, individuals must be currently incarcerated (or within the jail system) under the jurisdiction of Clarke County. Because the program handles re-entry, the focus is on individuals approaching or preparing for release rather than long-term stays without imminent release. To access the program, a jail resident submits a request to the REQS team via one of two ways: either using the tablet in their jail housing unit, or using a kiosk in the housing unit. Once the request is received, the REQS team reviews and determines what resources will be needed upon release. If the resident's request is approved, the REQS team begins working with various community resources (outside agencies, service providers) to align and secure services tailored to the inmate's needs. As the individual

approaches release, the plan is finalized and support is put in place (job contacts, housing referrals, transportation, etc). Upon release, the individual is linked or transitioned to the community-based services that were arranged via REQS. The REQS Program provides these services free of cost, but connected resources (housing, transportation, etc.) may include fees.

## **Inmate Services at Clarke County Jail**

### *Services*

While incarcerated, there are inmate services available to individuals residing in the Clarke County Jail. Services include General Educational Development (GED) study courses via inmate tablets, pre-tests, and tutoring in cooperation with Athens Technical College, substance use support groups, religious services, library services, and a wide variety of specialized programs. The Future Foundations Jail Resident Construction Program offers job-skill training for women in collaboration with Athens Area Habitat for Humanity. Women Empowering Women is also available for female residents, and features an 8-week re-entry curriculum supporting women transitioning from incarceration. Principals Over Passion is a faith & character-based program that provides 8-week peer recovery support. The #1 DADS-Fatherhood Program is available to educate incarcerated men on responsible fatherhood, healthy relationships, and economic stability via workshops, case management, and job-skills training courtesy of Action, Inc. The Creative Tracks Art Program offers structured art classes facilitated by professional artists, culminating in a gallery exhibition at Lyndon House Arts Center. The Clarke County Jail also partners with Project Safe for a domestic violence class. MATRIX, an evidence-based program, focuses on abstinence from alcohol and other drugs using cognitive behavioral therapy (CBT), motivational interviewing, family therapy, relapse prevention, and social support. The Victim Impact course helps residents understand the impact of crime on

victims, and the Georgia Conflict Center offers an 8-week course for restorative practices, conflict transformation, and non-violent communication for residents. Chess and Community is another 8-week program for youth-oriented community engagement, civic empowerment, entrepreneurial skills, and cultural education.

### *Eligibility*

All the services and programs listed above are available to all residents at the Athens-Clarke County Jail for free. However, specific programs may be meant for certain populations of residents. For example, the Future Foundations Jail Resident Construction Program and Women Empowering Women are both specific to female jail residents. Additional information about the availability, eligibility, application process, and schedules of these services can be obtained via the Inmate Services and Programs office. For each of these programs, the individual must complete an internal sign-up or request form via the jail's program office or tablet system. Once enrolled, the resident may attend program sessions. Some programs are designed to support transition upon release, meaning that instead of a limited 8-week course, the inmate remains engaged until release or until a certain point in their sentence.

## **Association County Commissioners of Georgia Insurance**

### *Services*

Association County Commissioners of Georgia (ACCG) Insurance is an Inmate Medical Service Program that financially supports inmates in Georgia counties. Member counties buy insurance to reduce medical bills for inmates in need of healthcare through a managed care plan. Costs of services are reduced through discounts to Medicaid-rate prices. Georgia counties save money while assisting inmates with medical care using ACCG insurance, and there are 140 member counties. In addition to the basic medical services plan, ACCG Insurance offers a

Catastrophic Inmate Protection plan. This is insurance that protects inmates when taking large medical claims. Member counties receive a 5% reduction in premiums, an expanded per inmate coverage maximum of \$300,000 and a policy maximum of \$1.2 million at no additional cost.

The policy period is annual and rates are negotiated through Blue Cross/Blue Shield.

Additionally, ACCG Insurance has no pre-existing condition exclusions and a minimum inmate count of 2 inmates. Eligible expenses for coverage include inpatient and outpatient hospital

services, physician services, emergency room, ambulance services, medical services and

supplies. Since 2008, ACCG has been saving on average 59% of medical bills for inmates for

non-emergency care. In terms of emergency care, since 2011, hospitals can be limited to

Medicaid allowed rates. This program re-prices medical bills and reduces prices by an average of 68%.

### *Eligibility*

All Georgia counties are eligible. The program is offered to Georgia county governments, and 140 counties are members. To join, the county must submit medical invoices and sign an adoption agreement. Non-emergency and emergency care have specific processes for members when applying. Non-emergency care uses the BCBS network, submitting BCBSGa so the county is billed at the discounted rate. Emergency care submits the bill to the ACCG to re-price the Medicaid allowed rate. All inmates housed in a county jail that has adopted the ACCG are eligible for services.

### **Greater Gwinnett Reentry Alliance**

#### *Services*

The GGRA hosts quarterly resource fairs for inmates reentering communities and offers resources that connect former inmates with housing, employment, and healthcare providers. The

GGRA identifies as a resource portal for returning inmates. Healthcare providers help link individuals to medical care, screenings, and referrals. Services for elderly individuals are also present. GGRA has over 60 partner programs.

### *Eligibility*

Anyone who is returning to the community after incarceration and who is able to attend the fairs in Gwinnett can attend. Resource linking is available for anyone interested. The GGRA is an inclusive program that pairs healthcare services with other forms of resources for inmates.

## **Department of Community Supervision- Reentry Services**

### *Services*

Statewide Reentry and Supervision Resource Network (Health, Housing, Employment, and Social Reintegration) Mission: to improve public safety by reducing crime through the implementation of a seamless plan of services developed for each individual.

Counselors and reentry case managers prepare individuals for successful reentry with plans for housing, employment, and healthcare needs before release. Community Coordinators stationed in each judicial circuit build relationships with local resource providers and work directly with DCS field sites to manage complex cases and make individualized referrals for high-needs clients. For high-risk or high-need individuals, the division also operates Day Reporting Centers (DRCs), which are structured, non-residential programs offering treatment, counseling, and supervision, acting as alternatives to reincarceration.

The Transitional Housing Opportunities for Reentry (THOR) and Reentry Partnership Housing (RPH) programs are run by the Housing Unit, which connect eligible individuals to community-based housing and recovery placements. In Georgia, to be eligible for medical reprieve, an inmate must suffer from an incurable illness, be entirely incapacitated requiring

assistance with the activities of daily living such as eating, bathing, dressing, breathing, walking, etc., or have a life expectancy of fewer than 12 months (GDC, 2012). This leaves some resources, such as trade or skill training and job positions less valuable for aging and disabled individuals who may not be able to use them. And although the Georgia Parole Board has the authority to grant parole “to any person who is 62 years of age or older,” even when state law otherwise prohibits release, they have yet to exercise this exception. However, the Georgia Department of Corrections’ has a transitional services unit which runs a statewide network of partnerships, including Reentry Partnership Housing (RPH), SSI/SSDI Outreach and Recovery (SOAR), and collaborates with the Departments of Community Health and Behavioral Health and Developmental Disabilities (SBPP, 2025). The Georgia Department of Community Affairs operation of the HUD 811 Project Rental Assistance (PRA), a “permanent supportive housing (PSH) program” that provides rental assistance and supportive services for individuals aged 18-61 with long-term disabilities, who “may have difficulty living successfully in the community and may become homeless or institutionalized without support” (GDCA, 2025). Supports include designated subsidized rental units, reminders to pay the rent, help to arrange medical appointments, and other services.

Georgia’s Reentry Partnership Housing (RPH) program, administered by the Department of Community Supervision and the Department of Community Affairs, provides transitional housing for individuals released from prison who have no valid residence plan, including those with physical or mental disabilities. While RPH is not specifically designed for medical parolees with severe needs, it could serve as a model for housing support following medical parole. The RPH program connects participants to community services, thus facilitating access to medical care and disability benefits. Expanding such housing programs to include individual medical

cases and needs management would strengthen Georgia's capacity to support elderly and medically incapacitated or fragile individuals transitioning from correctional to community care. Providing safe transitional environments promotes sobriety, employment, and community reintegration. They also have a Recidivism Reduction Unit that trains DCS counselors and monitors program quality to ensure consistency across the state.

### *Eligibility*

Those currently incarcerated or recently released from Georgia correctional facilities who are preparing for reentry, on parole, or on probation are eligible. Participants must meet program-specific requirements like demonstrating a housing need or commitment to recovery. Community members who haven't been to prison can also access THOR housing if they require structured support and meet similar requirements. If a sex offender, an individual must be classified as SORBB (Sexual Offender Registration Review Board) LEVEL 1 or 2 to be eligible, and those classified as Sexually Dangerous Predators are not eligible for RPH.

## **Black Healthcare Medical Association**

### *Services*

Since there is a vast majority of incarcerated individuals who are Black, we need to look at the cultural aspects of improving health education for Black incarcerated individuals. One resource found was the BHMA (Black Healthcare and Medical Association). The BHMA aims "to promote deeper and broader professional contact, communication, and resource exchange among Blacks and African Americans in the healthcare ecosystem, including executives, entrepreneurs, investors, payers, academics, physicians, researchers, scientists, policymakers, and service professionals."

### *Eligibility*

Membership is open to Black and African-American professionals and their supporters in the healthcare, life science, and medical sectors.

## **Health and Reentry Project and Medical Justice Association**

### *Services*

There is stigma around how incarcerated individuals are treated and looked at while they are receiving healthcare outside of the detention facility. The first resource aims to help relieve that stigma and help people accumulate to life after incarceration. “The Health and Reentry Project (HARP) builds safer, healthier communities by improving access to health care for people who are leaving incarceration. HARP advances this mission by providing policy analysis, helping governments implement policies, and convening diverse stakeholders and decision makers, including people who are directly impacted by the justice system, to drive collective progress.” MJA (Medical Justice Association) combats the stigma more directly. “The MJA educates physicians, attorneys, and the public about the medical system in carceral facilities and advocates for life-saving healthcare policies. Through MJA’s community of medical volunteers, attorneys and advocates no longer face a cost barrier to expert testimony for the country’s most vulnerable people.”

### *MJA Eligibility*

Eligibility varies and depends on whether you are a patient, advocate, or a physician. To volunteer or join a fellowship, you must be a physician with a demonstrated interest in health equity and advocacy. Attorneys can partner with the Medical Justice Alliance to take on legal cases concerning the health of people in carceral facilities. A patient who needs healthcare that is or previously was incarcerated.

### *HARP Eligibility*

Most programs require you to have a release date up to 270 days out and be 18 years or older.

## **Athens Neighborhood Health Center**

### *Services*

The ANSC is a Federally Qualified Health Center in Athens, GA that serves individuals in the surrounding areas of Athens. A variety of services are available including primary care, acute care, chronic disease management, on-site labs and screenings, immunizations, pharmaceutical services, behavioral health services, and linkages to external public programs including CHIP and SNAP. The ANSC operates on a sliding scale fee structure, so recently released incarcerated individuals can access services for a low cost. Anyone can schedule an appointment with the health services offered, and formerly incarcerated individuals are included. In order to receive care from the ANSC, prospective patients can call to schedule an appointment. As new patients, paperwork will be required. Patients are encouraged to attend follow-up appointments to monitor health. This is especially important for the elderly incarcerated population, as individuals are likely to experience multiple health issues or may have chronic issues that need monitoring. The ANSC has certified health plan navigators that assist with creating payment plans. Patients can enroll and apply for financial assistance and public benefits. There are no specific programs for incarcerated individuals or the elderly population, but services extend to these groups.

### *Eligibility*

All are eligible to apply and enroll in medical services. Since the ANSC is a FQHC, patients will be seen regardless of insurance status. Additionally, services are provided on a sliding scale. Therefore, if an individual's poverty level is 100% federal poverty level, they may be able to attain a 100% discounted fee.

## **Sustainable Solutions**

As the prison population ages and has a continued need for medical resources and healthcare options, there are several solutions that can be implemented. It is important for the aging prison population to have sustainable options while in prison and upon release.

Preventative strategies have been recommended within prisons, and community support programs are necessary outside of prisons to support elderly and disabled incarcerated individuals.

### *Preventative Solutions for Elderly Incarcerated Individuals*

For aging incarcerated individuals in need of assistance while in prison, a staff that is trained in aging could have a significant impact on the quality of care in prisons. It is crucial for health care providers to have an understanding of their patients, and correctional staff have requested proper geriatric training in the past (Williams et al., 2012). Specifically, staff should be fluent in age-associated physical and cognitive conditions, challenges that could arise in a custodial setting, and managing functional impairments (Williams et al., 2012). One initiative that prioritizes staff training is the Humane Prison Hospice Project. This project has trained 118 incarcerated individuals to be caregivers for their elderly peers in prison. This approach not only assists elderly peers, but cultivates a trusting and nurturing environment. Humane has gained momentum and support from philanthropic organizations, and in 2023 the project received a \$100,000 grant (Humane Prison Hospice Project, 2025).

Prisons also need to prepare for the aging population in an architectural manner, particularly with options for 24-hour care and redesigning living conditions. There needs to be more accommodations for physical practicality and daily life activities. Most prisons have bunk

beds which is not practical for aging inmates. Low beds and toilets and wheelchair accessibility is crucial for incarcerated individuals to live without creating extra burdens for themselves and for staff (Williams et al., 2012). Daily activities such as standing in line for medication is also not practical for aging inmates and can be harmful to well-being, especially if they have physical impairments (Kaiksow et al., 2023). Some states are working towards initiatives to improve conditions and assist the aging population. These programs have been developing since the early 2000s. In 2006, New York opened the first health center for inmates with dementia in the nation (Kaiksow et al., 2023). However, the needs of this population still outweigh the level of programs in place. The solution for improving the conditions of prisons for aging inmates includes redesigning facilities and opening more medical resources for inmates. Prisons will need rigorous planning and funding, but these improvements could have a positive impact on inmates, correctional staff, and non-elderly inmates.

Additionally, medical release in general helps correctional facilities save money and space that would be required to provide adequate care for inmates. The benefits of medical release go beyond prisoners. As more people are aging and developing health conditions in prison, there is an increased workforce and resource need. Typically, eligibility for compassionate release is narrow and varies by state. Some states, like Arkansas, are more liberal in their criteria, requiring only that an incarcerated individual have two years or less to live to qualify for medical parole, compared to Georgia's twelve months or less. Some states require a minimum number of years served instead of requiring individuals to be entirely incapacitated like in Georgia (FAMM, 2022).

### *Balancing Public Health and Fiscal Responsibility*

When considering solutions for elderly incarcerated individuals, it is realistically very crucial to balance fiscal responsibility with the duty to provide adequate medical care. Within most correctional institutions, the cost of healthcare is significant due to aging populations, chronic illnesses, and limited access to preventive care. For instance, in Georgia, inmates aged 65 and older cost the state approximately \$8,565 per year in medical care, compared with about \$961 for younger inmates (Digital Library of Georgia, 2012). Taxpayers fund these services, yet the quality of care must still meet constitutional and ethical standards (Georgia Rules and Regulations). Therefore, any sustainable solution must involve managing limited resources while respecting the dignity and human rights of those in custody. Policies that reduce unnecessary medical costs while ensuring humane treatment are essential to maintaining both fiscal efficiency and public trust. One potential solution is to explore alternatives to institutional healthcare for inmates with severe or terminal illnesses. When medical needs exceed the capacity of correctional health systems, transferring the sickest inmates to community care under supervision-through mechanisms such as medical parole-could relieve financial strain while improving quality of life. In Georgia, the Georgia State Board of Pardons and Paroles may grant a medical reprieve if the inmate is “entirely incapacitated” with a terminal illness and life expectancy under 12 months (Department of Community Supervision, 2015). However, such measures must be implemented with clear guidelines to prevent misuse and ensure public safety.

### *Modifications to Medical Parole*

Medical parole offers a compassionate and cost-effective alternative to continued incarceration for inmates who are seriously ill, elderly, or physically incapacitated. These individuals often require extensive medical treatment that correctional facilities are ill-equipped

to provide. By transferring qualifying inmates to community-based care, the correctional system can reduce healthcare costs and focus resources on inmates who will benefit from institutional rehabilitation programs. Eligibility for medical parole should be based on objective medical assessments rather than subjective judgment. Independent medical professionals and correctional review boards could co-evaluate each case to determine whether an inmate poses a continued risk to public safety. Criteria might include terminal illness diagnoses, profound physical impairments, or cognitive decline that eliminates the potential for recidivism. Additionally, clear procedures for reassessment and monitoring should be established to ensure accountability and transparency. The process should not be influenced by social status or offense type, but by a fair evaluation of medical need and public safety considerations.

#### *Reentry and Post-Release Support*

Once an inmate is granted medical parole, reentry into the community requires careful coordination to prevent lapses in care and social instability. A community transition program could help combat the high levels of health conditions and emergency service use after release. Many formerly incarcerated individuals face barriers such as lack of identification, housing insecurity, and limited access to healthcare coverage. To ensure a successful transition, correctional health teams, social workers, and public health agencies should collaborate to develop individualized discharge plans. These plans should include scheduling follow-up medical appointments, enrolling the individual in Medicaid or Medicare, and connecting them to community health clinics. Mandating storing and or providing a valid identification card upon release can prevent additional barriers caused by lack of ID, such as obtaining housing and employment (NCLS, 2024). In Georgia, Medicaid eligibility for older adults and persons with disabilities exists, although incarcerated individuals are excluded from some programs until

release (Georgia Access). Stable housing is a crucial component of post-release care. Without a safe place to live, managing a chronic or terminal illness becomes nearly impossible.

Partnerships between correctional institutions and community housing organizations can help place medically released individuals in supportive housing or assisted living facilities. Case managers and reentry specialists can help coordinate services, ensuring that former inmates remain consistent with their assigned treatment regimens and avoid unnecessary hospitalizations or recidivism.

### *Community Resources and Eligibility*

Communities play a vital role in supporting individuals released on medical parole. Many community-based programs already exist to assist individuals with serious health conditions, including federal health centers, hospice programs, and social service agencies. Upon release, most medically paroled inmates become eligible for Medicaid, which can cover hospital care, primary care visits, prescription medications, and long-term care services. In Georgia Medicaid coverage is available for individuals who are age 65 and older or disabled. However, being incarcerated or in a correctional facility can affect eligibility for certain periods (Georgia Medicaid, 2018). Nonprofit organizations may fill these gaps and provide mental health counseling, addiction treatment, or transportation to medical appointments. Community engagement services can provide structure and reduce feelings of isolation, such as low-impact service positions for medically stable released individuals. Activities such as mentoring or volunteering can bring back a sense of purpose and support reintegration and mental health. These services can be life-saving for those with limited mobility or financial means, and for older and disabled individuals who are more prone to life-threatening or chronic health conditions. Additionally, public health departments can help maintain communication and data

sharing, within legal boundaries, to ensure continuity and quality of treatment. Community partnerships that include social workers, nurses, and peer navigators are especially valuable in helping individuals adapt to life outside a correctional facility.

Currently, only 4% of US prisons have hospice programs (Humane Prison Hospice Project, 2025). Widespan collaboration between Private and Public sectors to organize, fund and operate community hospice programs could ensure the provision of humane end of life services outside of the prison system, potentially also decrease healthcare spending on elderly or incapacitated individuals. Local or regional non-profits and Georgia Board of Parole cooperation could be sustainable if the medical acceptance is programmed and utilized. Additionally, if medicaid and medicare coverage are extended for medical reprieve, hospice care would be covered.

Another huge part of building a better relationship between incarcerated individuals and the healthcare system is trust between the inmate and the healthcare facility/worker. As stated in the previous section, there is a lack of trust that incarcerated individuals will not receive the highest quality of care due to stigmas in the healthcare community. Individuals who are incarcerated have had greater healthcare needs than those who are there and not involved in the justice system. Often the incarcerated individuals report less than substantial care. Many of these individuals are of indigenous descent or are black and other people of color in prison (BIPOC). Regardless of ethnic background and race, individuals that are involved with the criminal justice system report stigma from the non-carceral healthcare system (Vandergrift, 2021). It should be our mission as future public health workers to help delete the stigma and insure that all individuals, regardless of record, race, or ethnic background. In the study cited above, find that select groups of prisoners may be less likely to trust the healthcare system, highlighting an

impediment to receiving adequate care while incarcerated. Some solutions to this problem could be a type of mandatory stigma training for those individuals who work in the healthcare field dealing with incarcerated patients. By maintaining an ongoing training, this forces healthcare workers to be cognizant of the stigmas that they might have hidden in the back of their mind about incarcerated individuals. Peer to peer shadowings could also be a fix. By having healthcare workers shadow experienced correctional clinicians, they will gauge how to interact and treat those individuals who are seeking out treatment in the criminal justice system.

Apart from the stigma from healthcare workers, self stigma in the prison systems is a very real thing. Many cases of incarcerated individuals find themselves refusing care to not be a burden or to be seen as a hassle to deal with by correctional officers.

## **Resource Handout**

### **GEORGIA DEPARTMENT OF CORRECTIONS HEALTH DIVISION**

300 Patrol Rd, Forsyth, GA 31029

(404) 656-4661, Email via message link on: <https://gdc.georgia.gov/contact-us>

The GA Department of Corrections Health Division is responsible for providing medical resources by law for incarcerated individuals. They must provide medical, dental, and mental health services while inmates are in custody. Services include screenings, physicals, chronic care management, mental health assessments, and specialist/hospital referrals. Services are operated under a managed care model. The health division partners inmate services to assist with reentry services such as education, substance use treatment, chaplaincy services, and reentry and cognitive programming.

### **GEORGIA JUSTICE PROJECT**

438 Edgewood Ave SE, Atlanta, GA 30312

intake@GJP.org / (404) 827-0027

The Georgia Justice Project (GJP) aims to provide individuals with free legal and social services at all stages of the criminal justice system. While their services are free of charge, record-clearing may include fees that GJP may or may not cover or assist with.

This organization focuses specifically on those with a criminal record and need assistance finding employment and housing. They provide legal representation, work towards policy changes, and raise community awareness and foster engagement.

GJP offers routes to apply for pardons as well as “Second Chance Desks”, which are help desks where individuals can have their criminal history reviewed by an attorney, get a free consultation, and receive assistance filling out forms for eligible offenses.

### **RE-ENTRY QUALITY SUPPORT (REQS) PROGRAM**

3035 Lexington Road, Athens, GA 30605

706-613-3250 / [reqs@accgov.com](mailto:reqs@accgov.com)

The REQS Program is offered to jail residents at the Clarke County Jail under the Clarke County Sheriff's Office. The REQS Program provides these services free of cost, but connected resources (housing, transportation, etc.) may include fees.

To be eligible to access the program, individuals must be currently incarcerated (or within the jail system) under the jurisdiction of Clarke County. The Re-entry Quality Support (REQS) Program assists incarcerated individuals in Athens-Clarke County with finding jobs, mental health, domestic violence, and substance abuse resources, support for veterans, housing, clothing, transportation, education, and parenting/reconnection with children.

### **INMATE SERVICES AT CLARKE COUNTY JAIL**

3015 Lexington Road, Athens, GA 30605

(706) 613-3270 / Email available through [jailatm.com](mailto:jailatm.com)

While incarcerated, there are inmate services available to individuals residing in the Clarke County Jail. All of the services and programs offered are available to all residents at the Athens-Clarke County Jail for free.

Services include General Educational Development (GED) study courses via inmate tablets, pre-tests, and tutoring in cooperation with Athens Technical College, substance use support groups, religious services, library services, and a wide variety of specialized programs.

### **ACCG INSURANCE**

191 Peachtree St #700, Atlanta, GA 30303  
(404) 522-5022, [accginsurance@accg.org](mailto:accginsurance@accg.org)

ACCG Insurance provides medical insurance for inmates through the prison system. Georgia counties are eligible to apply for ACCG Insurance to help incarcerated individuals access medical services at a reduced or free cost. This insurance program reduces medical bill rates by an average of 69%, and offers up to \$300k maximum coverage per inmate.

### **GREATER GWINNETT REENTRY ALLIANCE**

2900 University Parkway, Lawrenceville, GA 30046  
(678) 251-4118, [info@gwinnettreenry.org](mailto:info@gwinnettreenry.org)

The GGRA assists incarcerated individuals with linkages to community and medical resources, identifying as a resource portal for returning inmates. The GGRA hosts quarterly resource fairs and offers resources that connect former inmates with housing, employment, and healthcare providers. Healthcare providers help link individuals to medical care, screenings, and referrals. Services for elderly individuals are also present. GGRA has over 60 partner programs.

### **DEPARTMENT OF COMMUNITY SUPERVISION(DCS)- REENTRY SERVICES**

171 Old Epps Bridge Road Athens, GA 30606  
(706) 369-6000, [webmaster@dcs.ga.gov](mailto:webmaster@dcs.ga.gov)

The Department of Community Supervision's Reentry Services Division is a statewide, tax-supported public agency that coordinates supervision and reentry support for people exiting Georgia correctional facilities, with a focus on housing, health care, employment, and community reintegration. Reentry Services collaborates with the Georgia Department of Corrections' Transitional Services Unit, SSI/SSDI Outreach, Access and Recovery (SOAR), the Georgia Department of Community Affairs, and the HUD 811 Project Rental Assistance program to link people with long-term disabilities to permanent supportive housing, disability benefits, and medical and behavioral health care in the community. Reentry counselors and case managers work with incarcerated individuals and people on probation or parole to create individualized reentry plans that address housing, medical care, and other basic needs before release. Community Coordinators in each judicial circuit build relationships with local providers

and use programs run by the DCS such as Transitional Housing for Offender Reentry (THOR) and Reentry Partnership Housing (RPH) to connect eligible individuals to community-based housing and recovery placements when they don't have a safe place to stay. The division also operates Day Reporting Centers (DRCs), which are structured, non-residential programs that provide treatment, counseling, classes, and intensive supervision as an alternative to reincarceration. Because these services are funded through state and federal programs, participants generally do not pay fees for supervision, case management, or placement in THOR/RPH, although some housing providers may require individuals to contribute a portion of their income toward rent and living expenses. For aging and medically reprieved individuals who are fully or largely incapacitated, the agency's housing, benefits, and care-coordination services are most useful and important for a safe transition from prison to community care.

### **Black Healthcare Medical Association**

625 West Adams Street Chicago, IL 60661 Floor 19  
(312) 469-0022, [info@chiste.org](mailto:info@chiste.org)

The BHMA is a professional organization centered around a community that is dedicated to improving health outcomes for Black individuals and that supports current and future Black healthcare professionals. They provide services like health education programs which include workshops and seminars on chronic disease prevention. They also provide professional development and policy engagement by supporting continued education and the promotion of equitable healthcare. With membership you will gain access to conferences, newsletters, and different career resources. Annual fees vary by a student, professional, or an organizational worker. Conferences and seminars also have their own rates. Student annual memberships start at \$25 a year and Professional memberships start at \$95 a year.

### **The Health and Reentry Project (HARP)**

601 13th Street NW Washington, DC 20005 Floor 12  
(NA), [info@healthandreentryproject.org](mailto:info@healthandreentryproject.org)

The health and reentry project is a community based organization that helps support individuals that are transitioning from being incarcerated back to living in the community. This organization is focused on improving health outcomes and helps to reduce stigmas and provides reentry services. This organization provides reentry case management in providing assistance with medical appointments and mental health support. This organization also provides support with housing and navigating that route as well as helping people obtain legal documents. Most of the services provided by this organization are free or very cheap. Participants might have to pay for government ID's or birth certificates but other than paying for the documents, the fees are next to none.

### **Medical Justice Association (MJA)**

30 West 90th Street New York, NY 10024  
(NA), info@medicaljusticealliance.org

The MJA is a nonprofit organization that is founded on the dedication to protecting individuals rights and well being, who have been in the criminal justice system. The agency works to advance equitable healthcare access for incarcerated and formerly incarcerated people through education, legal advocacy, policy reform, and community-based support services. If members want to participate in different coalitions or organizations, fees may vary from \$150-\$300. Other than the optional fee, this is a free to use agency.

### **ATHENS NEIGHBORHOOD HEALTH CENTER**

McKinley location: 402 McKinley Dr, Athens, GA 30601

(706) 543-1145, anhc.mckinley@aneighbor.org

College location: 675 College Ave, Athens GA 30601

(706) 546-5526, anhc.college@aneighbor.org

Hilsman Health Center location: 870 Gaines School Rd, Athens, GA 30605

(706) 546-7463, anhc.hilsman@aneighbor.org

Admin Building location: 135 Athens West Pkwy, Athens GA 30606

(706) 850-9041, anhc.admin@aneighbor.org

The ANSC is a Federally Qualified Health Center in Athens, GA that serves individuals in the surrounding areas of Athens. A variety of services are available including primary care, acute care, chronic disease management, on-site labs and screenings, immunizations, pharmaceutical services, behavioral health services, and linkages to external public programs including CHIP and SNAP.

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