



Patient and Provider Perspectives

On Challenges of Reentry and Benefits of Assistance:

Impact of the North Carolina

Formerly Incarcerated

Transition (NC FIT) Program

Prepared By:

NC FIT Research Team
School of Medicine Institute for Global Health and Infectious Diseases
Department of Family Medicine
University of North Carolina at Chapel Hill

Jessica Carda-Auten, MPH
Elena DiRosa, MPH
Evan Ashkin, MD
David Rosen, MD PhD

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Executive Summary

Upon release from prison and jail, individuals are frequently without housing, employment, health insurance, or access to healthcare services. The North Carolina Formerly Incarcerated Transition (NC FIT) Program connects formerly incarcerated individuals who have a chronic disease, mental illness and/or substance use disorder to a healthcare clinic and social services supporting reentry. These efforts are coordinated by Community Health Workers (CHWs) who have a personal history of incarceration.

This report summarizes interviews with released persons and their healthcare providers about:

- 1) **General and healthcare-related challenges experienced during reentry**, including housing, employment, finances, adjusting to life outside of incarceration, limited understanding of disease management, navigating the healthcare system, and accessing community resources.
- 2) **Ways in which FIT has helped its clients**, including removing financial barriers to healthcare; CHW's social-emotional support, assistance navigating the healthcare system, help with transportation and other non-financial barriers to accessing medical care; and the welcoming environment and high quality medical care that FIT provides.
- 3) **Suggestions for expanding and improving FIT**, including more assistance with housing and employment, more support with reintegrating into society, more financial support, increasing FIT Program awareness and pre-release enrollment among those preparing to reenter the community, and enhanced access to mental health, substance use, and specialty care.

Part 1

Overview of Purpose and Methods

North Carolina Formerly Incarcerated Transition (NC FIT) Program

The NC FIT Program, based in the University of North Carolina Chapel Hill Department of Family Medicine, partners with the North Carolina Department of Adult Correction, North Carolina Department of Health and Human Services—Division of Mental Health, Developmental Disabilities, and Substance Use Services, The North Carolina Community Health Center Association, Federally Qualified Health Centers (FQHCs), county health departments, community-based reentry organizations, and local reentry councils. The program currently operates in Durham, Orange, Wake, Mecklenburg, Guilford, and New Hanover counties, and is a member of the Transitions Clinic Network (TCN), a nationwide network of organizations facilitating continuity of health care for people released from prisons and jails.

The primary goal of the NC FIT Program ("FIT") is to assist people with chronic health problems to establish themselves in a medical home following release from prison or jail. FIT is aligned with the TCN care model, which recognizes that people transitioning from prison or jail back to the community (a period known as "reentry"), often have a host of competing social service needs that must be addressed to facilitate access to routine healthcare. The model is built on the employment of Community Health Workers (CHWs) who have a personal history of

incarceration, and are thus well-positioned to foster rapport with FIT clients, and help them navigate their health and social needs. In their role, FIT CHWs collaborate with local reentry partners, supporting clients' development of comprehensive reentry plans and connecting them to a primary care medical home at community FQHCs. Within these health centers, clients are cared for by providers with experience addressing the health needs of formerly incarcerated individuals. CHWs assist clients to obtain healthcare coverage and, when needed, FIT covers the cost of the copay for medical visits at the FQHC and pays for up to \$100 of medication costs per client each month. CHWs can assist FIT clients with other reentry needs such as housing, employment, and obtaining drivers licenses.

Purpose of Qualitative Evaluation

The purpose of this qualitative evaluation was to better understand—from the perspectives of individuals recently released from incarceration and healthcare workers that support their care—the most pressing challenges during community reentry, the ways in which FIT has most helped its clients, and suggestions for improving FIT.

The results include a summary of participant responses. The most salient issues were addressed in the text and are accompanied by illustrative quotes. Less common issues were simply listed. The Appendix includes additional quotes, organized by theme. Although quotes reflect common experiences, they may not be representative all participants' views.

Table 1. Interview Participants

Type of interview participant	# Interviewed
Released persons in FIT Program	19
Released persons not enrolled in FIT	18
Total released persons	37
FIT CHWs	8
FIT medical providers	6
Healthcare workers not working in FIT	5
Total healthcare workers	19
Total released persons and healthcare workers interviewed	56

Interview Participants

We conducted a total of 56 in-depth interviews between 2022 and 2023, before NC Medicaid expansion occurred. Interviewed participants included 37 recently released persons with chronic health conditions, about half of whom were FIT clients (Table 1). We also interviewed 19 healthcare workers, including 8 FIT CHWs and 11 medical providers (physicians and nurse

practitioners), about half of whom served FIT clients. We found that the perspectives of the CHWs and providers were similar; accordingly, we reported their perspectives in aggregate. In describing common challenges during reentry, we also reported the perspectives of FIT and non-FIT released persons collectively, unless otherwise specified.

Part Two

Key Results and Findings

Re-Entry Challenges

General Challenges

In response to being asked about what has been difficult since release, people reported that they experienced a wide range of challenges during reentry including those related to:

- Securing adequate housing
- Employment opportunities
- Social/family support
- Adjusting to life outside of prison
- Transportation
- Accessing social service benefits
- Health issues, including mental health
- Stigma and discrimination
- Transitional services in the prison/community supervision system
- Financial hardship
- Availability of community resources

Securing Adequate Housing

Even though it's called the [transitional house], most people call it "The Hostility House." They ban people for no reason. Half the time, the food ain't really that decent. There's a lotta drugs movin' in and out. I'm like, I don't want none of that. I've gotta stay away from that. (Released person not in FIT)

Released persons described challenges securing adequate housing due to prohibitive costs, restrictions due to their incarceration record, and the conditions of transitional housing, including its time-limited nature, rules that limit employment options (e.g., evening curfews prohibit nighttime jobs), and stressful communal living environments.

It's almost impossible for me to rent a house that is in a nice part of [CITY], or halfway expensive. I live in a house that's in not a very good part of [CITY] because I kept having criminal histories done on me...I couldn't get past the criminal check. I hate that. (FIT client)

[In prison], you're in that room by yourself, you know what I'm saying? There's a big steel door separates you from everything else, and you know nobody's coming through that door. Well, now I'm in a room with a roommate, and we just walked back and forth freely, and it's pretty stressful to me. (FIT client)

Employment Opportunities

I was turned down [from] about seven or eight jobs in a row because of my background. Felony. Felony. Felony. Felony. I already did my dues. (FIT client)

Released persons described challenges securing employment after release, often due to their criminal record as well as physical and mental health conditions that limited their ability to work.

I use a cane...I got a couple of things wrong besides the blood pressure. I got COPD real bad. I just got done battlin' cancer two years ago. Tryin' to find a job in my condition and...with the charges. There are certain places I can go to get work...[but I can]...stand on my legs for only about two [hours]—I'm scared of failure if I can go out there. (FIT client)

Additional barriers to employment were a lack of reliable transportation and curfews set by reentry housing facilities.

Healthcare Challenges

Healthcare Challenges

Released persons and healthcare workers reported the following challenges to obtaining healthcare following release from incarceration:

- Financial barriers
- Limited understanding about health and the healthcare system
- Adjusting to life outside of prison
- Lack of community resources
- Prison and community clinic policies that impede continuity of care

Financial Barriers

When they described the financial barriers to obtaining healthcare faced by individuals after release, they discussed:

- High cost of medications and medical care
- Difficulties accessing Medicaid, disability benefit programs, and other financial assistance
- Inadequacy of Medicaid for specialty and dental care coverage
- Cascade effects of inability to pay
- Unmet basic needs and competing financial priorities

Healthcare workers reported that recently released individuals often did not know how to navigate healthcare benefits and financial assistance programs, while released persons described tedious and time consuming application processes, long wait times for program approval, and the possibility that benefits would be denied.

I've seen a psychiatrist since I've been released and he's prescribed me some medication also, but...I don't have Medicaid coverage right now and I couldn't afford the prices [at about \$200]...I am [trying to get Medicaid], but I haven't been able to go to the social service yet and complete the form out, but I called 'em and they told me to come down and complete the form and see if I would get accepted...The agency that helped me get this apartment said they were gonna see what they could do about it, but I have to go back to the psychiatrist and sign some type of form, so a consent or release of information form...[but] I'm saying I haven't got around to it yet. (Released person not in FIT)

It all goes back to the money, I guess. They can't afford insurance...Some people just don't have that, really, just knowledge...when I say lack of knowledge, it's just the information is there, but people are not aware that the information is there if that makes sense...Somewhat, it's access issue, not knowing...what agency to go to access the information, afraid of even askin' the question, just feelin' like it's always a "No." Because you haven't even asked, you just assume that the answer is a "No," it don't apply to you, or you don't qualify for that service. There's a lot of services that are available to people, but, until you go and find it, it's like it might as well not even exist to you because you don't even know it's there...Knowledge, access and knowledge. (FIT CHW)

Healthcare Challenges

Released persons and healthcare workers described challenges in covering the cost of specialty and dental care, even with Medicaid.

I need to get on something that's gonna give me some insurance right now like today, not tomorrow, not six months from now, not when you fill out this form. I need to get on some of the good insurance because my tooth is acting up. I need to get this thing filled or get pulled out...Oh, yeah [it's painful]. You can't work like that. (Released person not in FIT)

They often reported concerns about being unable to afford healthcare or medications, which could lead to avoiding care, accruing medical debt, and potential legal repercussions if unable to pay off their debt.

Well, besides the financial part?... 'Cause that just turns everybody off as far as even seeking care. They start getting these high medical bills that are impossible for them to pay and things like that...I think finances and insurance is the biggest barrier. Most people that I talk to or most people that I see, whether they're in FIT or not in FIT, like I said before, they take on a huge cost. They'll just wait until something happens, and they end up going to the ER or something because people cannot afford their medication, and they definitely can't afford visits to the provider. (FIT CHW)

They described the ways in which other financial obligations related to meeting basic needs can make it challenging to pay for medications and medical care. They said that when individuals do not have somewhere to sleep or food to eat, and they struggle to find employment to meet these and other immediate needs, they are not able to prioritize health and healthcare.

The average person that's homeless, they're thinking about, "Where am I gonna sleep for tonight? What am I gonna eat today?" Their health just really isn't a priority, up until it places them in the ER then they have no choice...They feel it more of an urgency to find a job within those first three months [than] to take care of their health...because everything and everyone is telling them, "Hey, I need money." Probation is like, "Hey, I need money." Transitional housing is like, "Hey, I need money." Child support, is like, "Hey, I need money."...Unless it's an emergency, that's the only way they're gonna handle it. (FIT CHW)

Limited Understanding about Health and the Healthcare System

Released persons and healthcare workers indicated that individuals being released from incarceration often have limited experience with the healthcare system and how it operates, which can serve as a significant barrier to accessing care.

Healthcare Challenges

First week I was out...I was running low on medicine and stuff like that. I was trying to see a doctor...[to] tell me what was going on. It was hard until I got in touch with my probation officer and let him know what's going on...I mean, I didn't know what to do. I been gone 10 years. I didn't know how to get in touch with the doctor and get a doctor. (FIT client)

I think maybe 100 percent of my patients, they do not really know how to connect themselves, nor do they really understand, "Okay, I can walk into a doctor's office. Can I be seen today?" No. You gotta fill out paperwork. We gotta get your records and all these other things...They don't know where to go, and when they get there, they may not understand that there's a process to get connected [to a medical home]...and some of them may have never even had their own doctor. (FIT CHW)

Healthcare workers indicated that many released persons may not fully understand their health conditions and how to manage them. Such knowledge gaps could create additional barriers to health and healthcare.

Even hypertension is this chronic disease that you have to keep taking your pills, a basic level. I have had patients tell me, "Yeah, no, my blood pressure was good, so I stopped taking the meds." (FIT medical provider)

Healthcare workers also reported that many individuals have a fear or mistrust of the healthcare system and of medications, which can make them more hesitant to pursue care.

I think there's a little bit of fear of the healthcare system and medication as well. I think that comes in, and that comes from history, and it comes from society...I think that those kind of things affect it, especially in the minority community. (FIT CHW)

I think just having the trust issues. A lot of people aren't very trusting of doctors, law enforcement, anybody, coming home from incarceration. It goes back to building those relationships and trying to build a support system. (FIT CHW)

Adjusting to Life Outside of Incarceration

Healthcare workers reported that released persons experience difficulties adjusting to life outside of incarceration and are particularly unfamiliar with accessing resources related to healthcare. Released persons reported not receiving the healthcare they needed after release because they did not know which resources were available or how to access them.

Healthcare Challenges

Yeah, in prison, you don't have to remember your doctor appointment. You don't have to remember the date or time someone's gonna come get you...Someone's gonna call you at a certain time to get your medicine. You don't even have to know what the name of the medicine you're taking is, you don't have to even know that. You never have to remember it. It's just small stuff like that when you have a person who's been taking the medicine for years, and then we're doing a clinic application and I asked them [to list their medications]...They don't know, 'cause they've never had to know. (FIT CHW)

Individuals, especially those who have been incarcerated for several years, reported difficulties adjusting to a world that has changed significantly in their absence.

I've been a slave. I've been away. They paid me a nickel an hour in prison to work. Now I'm out here and they expect me to know what agencies and how to go by applying for a job. I'm telling you, I'm dumb to it. ...If somebody were to take you from America right now and sit you down in a different culture, let's say China, you wouldn't know what agencies to go to. You wouldn't know how to express yourself. The language, the expectations, the meanings are different than where you came from. Imagine that. That's what I'm going through. I feel misunderstood, not understood at all. I feel helpless and I feel overwhelmed. (FIT client)

Lack of Community Resources

Released persons and healthcare workers reported that in some communities there were few options for affordable and timely health care, particularly for mental healthcare or substance use treatment.

Well, so it depends what county you're in. It depends where you're living. In [COUNTY], which is just west of here, a community health center doesn't even exist. There's a whole bunch of folks that I meet there that are just out. There's no services to access, so they're right back where they landed. (Healthcare worker not in FIT)

It is what it is. I ain't got no choice but go there...I've been with [MENTAL HEALTH ORGANIZATION], and they're slow about everything they do. They help you. It just takes time...Setting you up with a psychiatrist. When I first got out, it took me three and a half weeks to even be seen, and I was coming up—coming out of prison with a mental health problem. I should've been seen ASAP. You see what I'm saying?...Just as soon as I seen him, he looked at my record, prior records, and all of that. He knew I needed to be on something. (Released person not in FIT)

Healthcare Challenges

Prison and Community Clinic Policies that Impede Continuity of Care

Released persons and healthcare workers described prison release procedures and practices that make continuity of care more challenging, including not releasing individuals with medical referrals or information about community clinics; only providing a limited (e.g., one month or less) supply of medications; and not providing released persons with their medical records.

Federal, those guys come home with like medical records from the whole time they were incarcerated, which is really, really good for the doctor. A state returning citizen comes home with like nothing. Really the doctor is, this is a brand new patient for them. We're gonna just start with lab work, and let's go from there. (FIT CHW)

Released persons also described the ways that the policies and procedures of community health centers can make it difficult for them to receive the care they need.

I went to them, called [CLINIC] in [CITY], North Carolina. I asked them if I could talk to a psychologist just for help...They put me in with a doctor but the doctor took six weeks or more. The doctor never got with me so I stopped going. I was taking the medicine but I stopped taking that. (FIT client).

The rheumatologist that I see [in prison]...she said that I would have to go and be referred to her because once I leave the penitentiary, the prison, that it'd be a whole new case...She just wouldn't pick up on my case and say, "Okay, well I've been looking after this girl for three years, she's gonna get out, I'm gonna schedule her an appointment." They don't work like that. They cut you off when you leave prison. Basically, they tell you, "Here, this is what you need to do and good luck."...They didn't have none of that set up. (Released person not in FIT)

FIT Assistance

FIT clients and healthcare workers identified the following as the most helpful aspects of the Program in accessing healthcare:

- FIT removes many financial barriers to healthcare
- FIT CHWs provide social-emotional support, help navigate the healthcare system, and remove barriers to accessing care
- FIT clinical staff are welcoming and provide high-quality medical care

Removes Many Financial Barriers to Healthcare

FIT clients and healthcare workers indicated that the following two forms of FIT financial assistance were critical for patients' access to care:

- Paying for medication and medical visits
- Helping clients enroll in healthcare coverage programs

Paying for Medication and Medical Visits

FIT clients and healthcare workers reported that paying for medication and/or medical care is the most helpful aspect of the FIT Program, citing the high costs of medications for chronic conditions.

The fact that all of my medications are covered by the FIT program. That is a tremendous help because...I take eight different medications in the morning and four at night...There's no way I would be able to take any of my medications if I had to pay for them...I know I wouldn't probably be here if I couldn't get help with it. (FIT client)

[Without FIT to pay for medications] It would have been very difficult because like I say, not being financially situated and having to not be able to get the medical care that I need as a diabetic...it would have been real difficult because I wouldn't be able to pay for it...I don't feel that I should go somewhere and make a bill with somebody and don't have the money to pay for it. (FIT client)

Helping Clients Enroll in Healthcare Coverage Programs

FIT clients described how the FIT Program has helped them to enroll in healthcare coverage programs and how this has significantly reduced the costs of their medical care and medications, which has enabled them to obtain healthcare.

Like I said, he got me insurance for 92 cent a month. All of it leads into my medical or my medicine and stuff. My most important thing that I got out of NC FIT was a real discount in affordin' my medication. (FIT client)

FIT Assistance

CHW Support

FIT clients and healthcare workers indicated that another helpful component of the FIT Program was the support of the CHWs, who were able to build strong relationships with their clients. Specifically:

- CHWs provided social-emotional support
- CHWs helped patients navigate the healthcare system
- CHWs removed barriers to accessing care

CHW Social-Emotional Support

FIT clients often reported that their relationship with their CHW played a significant role in their ability to reintegrate into society and remain healthy. Foremost, clients appreciated that CHWs had previously been incarcerated and had navigated some of the same reentry issues they were currently facing. Clients reported feeling that CHWs cared about them, encouraged them, inspired them, were nonjudgmental, and provided trustworthy advice.

...the patients see [CHWs] as someone who can identify and also non-judgmental. Because that part is huge too. People feel they get judged for having been incarcerated, and that can be a barrier to having a rapport or a good social support system. They see them as you're not gonna judge me for my past mistakes or whatever..." (FIT medical provider)

Healthcare workers described the importance of FIT employing CHWs who have personal experience with incarceration, which builds rapport and trust, and that FIT ensures that medical providers and CHWs have the training and experience needed to foster a nonjudgmental environment.

All of us with NC FIT, we all have our lived experience in some way, shape or form we all have justice involvement. When we deal with the client it's not from like the punitive standpoint. We understand what it means to navigate the healthcare system, to navigate life in general...and make the best of your situation...I think the fact that we have CHWs with lived experience is another huge piece too, because it creates a certain comfort level with our clients when we talk to them as well, because they know that we really, really understand genuinely what they're going through. (FIT CHW)

I think my thing with him is being so much, being able to relate. 'Cause coming from the same environment, and going through similar situations with him...Being able to relate to him on that, it helps, it makes it easier...I can see where he's elevated his self throughout his being released in prison, so if the advice is given...if I see you applying it, and living it...I can look at you and tell, "Okay, you've done that thing as you're suggesting that I do. (FIT client)

FIT Assistance

CHWs Help Clients Navigate the Healthcare System

FIT clients reported that CHWs help clients navigate the healthcare system by:

- Connecting clients to a medical home
- Teaching clients about health and the healthcare system
- Serving as an advocate for clients
- Being available around-the-clock to provide guidance and facilitate assistance

[CHW] told me a secret. She said, "If you miss your appointment...It's going to put you six months behind," so I took that serious. She said, "When you get out the appointment, you either make the appointment, or you call ahead. You tell them that I need to change this...They're trusting you to call in and ask you to make the appointment. (FIT client)

FIT healthcare workers reported the same and described the ways that CHWs provide the additional support that patients need to navigate their health and the healthcare system.

I just think that the patients do better with the extra support. Compared to some of my other [patients], who I would consider high-risk patients that don't have the same support, it just really drastically reduces the chance of the patient just disappearing and you never hearing from them again. (FIT medical provider)

CHWs Remove Barriers to Accessing Care

FIT clients and healthcare workers also reported that CHWs remove barriers to accessing care, such as a lack of transportation, by providing clients with a ride to and from medical appointments. They also described how CHWs' direct assistance and linkage to resources—including employment support, clothing, food, and housing—indirectly support clients' health.

The part about getting me to doctors, transporting me. That's where I got my main help from...I would not have known how to get there. He helped me. (FIT client)

When I got out, I had nowhere to go, no help. Medically, I had medical issues...Nowhere to go to stay...I was introduced to FIT program. Got in that, and I received a place to stay and food to eat, which I thought was very good. Then I got medical care, some medicine that I need that I was gettin' in prison, without being charged, without having a job, without having any money, which I thought was very helpful and good...I do appreciate the help. (FIT client)

FIT Assistance

FIT Provides a Welcoming Environment and High-Quality Medical Care

FIT clients indicated that the welcoming environment and high quality of medical care are also helpful components of the FIT Program. They reported that FIT staff and clinic staff are responsive, communicative, nonjudgmental, and care about supporting them, which was different from how they were treated during incarceration and in other medical environments. As such, they noted that the FIT program was unique for them.

...the people that's involved, they're very encouraging and very polite. It means a lot to me because being in prison you really don't get that because they look down on a lot of prisoners, you know, we're not human to them. When they come out here in public and you get people to treat you like people it makes a big difference, it makes you feel wanted...this program is really helpful. Especially when you don't have anything right off, you don't have anything, but you got people that's willing to be there for you, make sure that you get the best healthcare you can get. That's what I like about it. (FIT client)

FIT clients also described the ways that their medical provider and CHW worked together to provide high quality medical care. This included getting them on the appropriate medications, making adjustments to medications when needed, providing support for medication adherence, and providing referrals to specialists.

When I got with the FIT program, they gave me all kinds of suggestions that I could do when they helped me—they put me on the path that I'm on now, really, 'cause [CHW]-she's something special. She really helped me out with my medication...and the doctor's looking out for my health and everything. My blood sugar and stuff like that is—it was 11 when I first got out. Since I been with the FIT program and got my blood tests and everything and doing what I'm supposed to do, it's back at a 6.9...Yeah, [FIT] helped me a whole lot. A great deal. Yes, ma'am...they help me with my medicine. They keep me on top of that and make sure I get my medicine and stuff like that. They know I need it and they make sure I can get that. (FIT client)

FIT Suggestions

FIT clients and healthcare workers identified several ways that the FIT Program could be expanded to better meet the reentry needs of clients and potentially improve the Program's ability to help clients successfully manage their healthcare:

- Additional assistance for navigating systems, particularly housing and employment
- More support for reintegrating into society and fostering independence
- Additional financial support for clients to meet basic needs and/or incentivize adherence to medications and attendance at appointments
- Job training and vocational rehabilitation, ideally beginning in prison

I wish we could offer housing...it's hard to tell someone to care about their health, make this your priority when they're sleeping on the street. When they have to be in, you're telling this person, they need to find a job, because they have paid probation, and they have child support, and they have all these other expenses. They also have to be back to the shelter by 4:00 PM, so they can have a bed for the night. (FIT CHW)

...it would be great if in addition to this medical care, you created a pipeline that could get people into trade school, to teach them...What I think is that if they don't get people started on these types of positive rehabilitation and education while they're in prison, that you're not gonna get those people to engage in those processes once they get out unless it's mandatory...What I would suggest is if the FIT program really wants to increase people's success rate in society, where it really starts is in the prison. Once people get out and they're hangin' out back on the block with Boo Boo and Pookie and all that shit, the information that you're givin' 'em just isn't important to 'em. (FIT client)

FIT clients and healthcare workers also provided suggestions for improving the services provided by the FIT Program, including:

- Pre-release enrollment into the FIT Program and more outreach to raise awareness about the program
- Improved access to mental health and substance use treatment, including support groups for clients and ensuring that every FIT Program clinic has an on-site psychiatrist

FIT Suggestions

- Assistance and improved access to specialty care, dental care, and medical equipment
- Clinic schedules that better meet the needs of patients, including medical appointments at more times
- Enhanced staffing, including more female CHWs and dieticians
- Wheelchair-accessible transportation to medical appointments

Some kind of registration pre-release...a process where almost everyone that is released automatically is registered and given the resources they're gonna need to access in the area that they're in...Right, so people step out of there knowing what to do. (FIT client)

FIT only has enough money to do certain stuff. They don't have enough money to take care all the stuff I need, such as I have lung disease, sleep apnea—need a machine—I have an eye problem. They can only do so much...but FIT has tried to do what they could to get me seen through a dental facility that they work with. They only can pay \$100, but the work that I need is more. I'm not working, and I'm waiting on disability. I have other bills and stuff, so it's kinda hard. (FIT client)

For sites that don't have one, a psychiatrist onsite. That is always helpful just because the rates of behavior health and mental health issues are so high. You really need somebody to be able to talk to about their treatment plan and goal. (FIT medical provider)

Part Three

Summary of Findings and Future of FIT

Summary and Future of FIT

Findings in Context

Through in-depth interviews with FIT clients and healthcare workers, this qualitative evaluation identified the primary ways that the FIT Program mitigates many of the challenges that individuals face to obtaining healthcare following release from incarceration. The Program reduces the financial barriers to care by covering the costs of medication and medical visits, and by helping clients enroll in healthcare coverage programs. After incarceration, individuals are often unaccustomed to participating in their healthcare because they had little opportunity to assume responsibility for their healthcare during incarceration. Carceral healthcare systems are unlikely to teach disease self-management skills or practice shared decision-making and patient preference when pursuing diagnostic testing and/or therapeutic interventions. When clients lack understanding about health and the healthcare system, struggle to adjust to life outside of prison, and face challenges meeting their basic needs, FIT CHWs provide social-emotional support, help them navigate the healthcare system, and connect clients to resources. For individuals that do not have a medical home and those that may have experienced discrimination in the healthcare system, the FIT Program provides a welcoming environment where they can receive high quality primary care.

FIT is currently funded through a combination of sources including contracts with the North Carolina Department of Adult Correction, a grant from the North Carolina Department of Health and Human Services Office of Rural Health, and through private donations. Although not addressed in this report, the NC state government also provides funds supporting FIT programs that specialize in providing continuity of care for released persons with severe mental illness (FIT Wellness) and for those with Opioid Use Disorder (FIT Recovery). FIT's multiple funding sources have enabled the Program to provide the wide swath of services described in this report. Yet this funding structure is, by nature, subject to state funding priorities and to the generosity of private donations. For continued sustainability and expansion, the Program is exploring additional mechanisms for financial support such as the possible emergence of Medicaid reimbursement for FIT CHW positions at federally qualified health centers.

Summary and Future of FIT

As of December 1, 2023, the state of North Carolina expanded Medicaid to provide coverage to individuals ages 19 through 64 who did not previously qualify for the program because they were not eligible for state disability programs or their incomes exceeded the past Medicaid eligibility threshold. Now, those that did not previously qualify can receive low or no cost primary care, prescription drug benefits, behavioral health, dental care, and more. Since expansion, the FIT Program has been working to enroll clients in NC Medicaid, which is expected to lead to a reduced need for FIT to cover the costs of medication and medical visits through program funding.

Next Steps for the FIT Program

During our interviews, FIT clients and healthcare workers identified a number of ways that the program could be expanded or improved to provide more comprehensive support during the reentry period. The FIT Program is addressing these suggestions by bringing these findings for discussion to the program improvement team, which includes CHWs and administrative team members. For example, FIT has started to assist clients with emergency housing and is looking to create partnerships for transitional and supportive housing. FIT also hopes to see funds saved from reimbursement for medications and clinic visits due to Medicaid expansion. FIT is making plans to utilize these

funds for other program components, including substance use disorder treatment, behavioral health services and dental care. Additionally, FIT is actively pursuing avenues to expand by leveraging the pending 1115 waiver that will allow Medicaid to be reinstated 90 days prior to release from prison or jail. Implementation of the 1115 waiver could support FIT CHWs at additional sites. FIT is also continuing to work on expanding program services for people with serious mental illnesses, and to increase its network of clinical partners for referral of individuals coming from prison that have been started on medications for opioid use disorder.

Appendix

Additional Quotes

General Reentry Challenges	
Theme	Illustrative Quotes
<u>Housing</u>	<p><i>Even though it's called the [transitional house], most people call it "The Hostility House." They ban people for no reason. Half the time, the food ain't really that decent. There's a lotta drugs movin' in and out. I'm like, I don't want none of that. I've gotta stay away from that. (Released person not in FIT)</i></p> <p><i>It's almost impossible for me to rent a house that is in a nice part of [CITY], or halfway expensive. I live in a house that's in not a very good part of [CITY] because I kept having criminal histories done on me...I couldn't get past the criminal check. I hate that. (FIT client)</i></p> <p><i>[In prison], you're in that room by yourself, you know what I'm saying? There's a big steel door separates you from everything else, and you know nobody's coming through that door. Well, now I'm in a room with a roommate, and we just walked back and forth freely, and it's pretty stressful to me. (FIT client)</i></p> <p><i>Hands-down, housing is always the number one barrier that they face. It can vary from a range of reasons...a lot of people come home without that family support, whether there be burnt bridges or whether it be that you're incarcerated so long that most of the family has died out or moved out of state, so on and so forth. That's one barrier. Another barrier, depending on the type of charges they have, you won't qualify for public housing, and you can't stay with nobody with public housing. That's challenging. (FIT CHW)</i></p> <p><i>It's a lack of housing, lack of work, lack of work, lack of support, lack of—just being dumped back out on the street. That's the cycle that we're all familiar with...If we don't get that figured out, they're gonna end right back in the cycle. (Released person not in FIT)</i></p> <p><i>I would definitely say housing. Housing is huge. Employment. Support. I think education as well. I will say, when I say education, I break that down in two groups. I would say the formal education, the GEDs, the trains, things like that. Also, just being educated to know how do I get or catch the bus? I been locked up for 30 years. This whole set of buildings was not even here when I was released. Just education, housing. Definitely support. Family support or community support, I'll say that, is a big need for individuals. Food is also a big need, as well as clothing, things like that. Those are some big items that individuals need. (FIT CHW)</i></p> <p><i>Bar-none the biggest challenges are housing and jobs. (FIT CHW)</i></p>

	<p><i>No. I was released... Well, I was there in the homeless shelter in [COUNTY], but I got into a situation there, and they put me out. Now I'm living on the street... Yeah. I've been sleeping on a bench outside of this office building. (Released person not in FIT)</i></p> <p><i>Housing was stressful, 'cause I'm restricted to certain areas of the town, I can't be near a school or a park or anything because of the registry, so that was stressful. I don't have a car, so I have to rely on the bus. It is what it is. (FIT client)</i></p> <p><i>Because you can only stay at the halfway house 90 days. The re-entry program that's 90 days. That's 90 days, and you're on your own. I didn't get that, I'm like "Wow, you on your own three months." I ain't got no income. Gotta try a little better. (FIT client)</i></p> <p><i>I think the biggest, biggest challenge and disparity in terms of reentry will be housing. Housing is a huge, huge, huge, huge barrier, because it's like a double edge sword. Someone comes home for prison, they get connected to a program like ours. We help them get a job. The job is paying \$12 an hour. In [CITY], it costs, I think the last reporting minimum rent here now is around 13, 1400 for a one bedroom. Realistically, the job we just help them get here is helping them to have an income. We call it a paycheck job. It's not a dream job, it's a paycheck job, but that paycheck job, if they were to get in a situation where they could find someone to rent to them, despite their background would they be able to afford that rent and would their monthly pay be three times that actual rent is being charged, so that's a big, big disparity. (FIT CHW)</i></p>
<u>Employment</u>	<p><i>I was turned down [from] about seven or eight jobs in a row because of my background. Felony. Felony. Felony. Felony. I already did my dues. (FIT client)</i></p> <p><i>I use a cane to get around. I got a couple of things wrong besides the blood pressure. I got COPD real bad. I just got done battlin' cancer two years ago. Tryin' to find a job in my condition and then tryin' to find a job with the charges. There are certain places I can go to get work...[but I can]...stand on my legs for only about two [hours]—I'm scared of failure if I can go out there. (FIT client)</i></p> <p><i>...It limits what I can do...Finding a job is not hard. Finding a job where I can pay a mortgage and car out and insurance and gas and food and take care of my son and actually have a little bit of extra money to have a vacation, it's almost impossible. It's almost impossible... (FIT client)</i></p> <p><i>I'm a fairly intelligent guy, and I've been academically gifted my entire life, and the most difficult thing about this entire situation is the stigma that I now have because I'm a felon. There is a lot—I mean, there is a lot that I can't do now. There is a lot that I can't do, and I</i></p>

	<p><i>have a lot of potential that I can't see come to fruition because of that felony. It's like my charges are all drug charges. I don't have any violent crimes...There's a lot of things that I would've liked to have done with school and with my education that are just no longer available to me because of that felony, which I hate. (FIT client)</i></p> <p><i>I wish somebody would understand that guys coming out of prison, many of us have been abused in the sense that we have been trained to be dependent in our thinking, in our actions, overly dependent, and that we are set up to fail out here because of that. Out here we are expected to be independent and to show initiative. When we are ignorant of the system and the processes, we are handicapped. If you enlighten us and tell us, for example, where to start looking for a job, what is that process? I don't know. The only thing I've been—I've been a slave. I've been away. They paid me a nickel an hour in prison to work. Now I'm out here and they expect me to know what agencies and how to go by applying for a job. I'm telling you, I'm dumb to it. Nobody has been helpful to me in that area. Help us with employment, help us with knowledge of the medical system, how to navigate it. (FIT client)</i></p> <p><i>Yes, that was difficult. I did have a job, but my medical condition and my prison post-trauma did not let me continue. (FIT client)</i></p>
<u>Access to Benefits</u>	<p><i>Food insecurities is one, because when you don't have enough money for food you tend to eat food that's not the best for you because, as you and I both know, healthy food is more expensive than not healthy food. What else? I really think outside of medical stuff, really food insecurity is...Food insecurity, I think, is probably one of the biggest challenges. Because, like I said, if you can't afford to eat, then you're in a real problem. In North Carolina—well, I guess it's federal—anyone with drugs charges, Level F and above—I don't remember for sure, but anyway—a certain level and above, you don't even qualify for food stamps...Like, since when is food not a basic right?...Higher level drug charges are banned from food stamps forever. (FIT CHW)</i></p> <p><i>My deal about the food stamps...I can't get them, I've had one drug charge my whole life, and they're not gonna let me have food stamps, but they'll let all these other people have them. (FIT client)</i></p>
<u>Transportation</u>	<p><i>They're trying to learn the bus system on their own. I didn't realize it until I handed a client an address like, "Hey, this is where you go." He needed to cash a check, because the correction system sent him some of the money he had left on his books, so I just gave him an address, but that meant nothing to him. This is just an address. Of course, a person that's driving and they're gonna use the GPS, those type of things, but he's on the bus. I had to go and find walking directions...I had to get some walking directions for him to know how to get to Wells Fargo. It's just like small stuff. Everything is just so much</i></p>

	<p><i>harder for someone just coming home trying to figure out, how to get around...what busses to catch? How much time it's gonna take them to handle certain things. Those things can just discourage somebody in terms of really caring about their health. (FIT CHW)</i></p> <p><i>Right now, I gotta take the busses everywhere. A couple weeks ago, the bus system here was thinking about going on strike. That would really hurt me because I got no way to go to work if I had a job. Or go to the doctor appointment, or to go to my PO or whatever. Go shopping and whatever. (FIT client)</i></p>
<u>Social Support</u>	<p><i>I would say just relationships, just rekindling relationships. A lot of people have burned bridges and things of that nature. They lost loved ones; people die. It's just not the same for a lot of people. They come home, and they don't have that support system. I would say the biggest barrier would be establishing relationships, period. Social relationships, across the board relationships, just trying to either rekindle—you have trust issues. There are all types of things going on there. When you don't have a support system, it's really difficult to get reestablished...(FIT CHW)</i></p>

Healthcare-Related Challenges	
Theme	Illustrative Quotes
<u>Financial Barriers</u>	<p><i>I've seen a psychiatrist since I've been released and he's prescribed me some medication also, but...I don't have Medicaid coverage right now and I couldn't afford the prices [at about \$200]...I am [trying to get Medicaid], but I haven't been able to go to the social service yet and complete the form out, but I called 'em and they told me to come down and complete the form and see if I would get accepted...The agency that helped me get this apartment said they were gonna see what they could do about it, but I have to go back to the psychiatrist and sign some type of form, so a consent or release of information form...[but] I'm saying I haven't got around to it yet. (Released person not in FIT)</i></p> <p><i>It all goes back to the money, I guess. They can't afford insurance...Some people just don't have that, really, just knowledge...when I say lack of knowledge, it's just the information is there, but people are not aware that the information is there if that makes sense...Somewhat, it's access issue, not knowing...what agency to go to access the information, afraid of even askin' the question, just feelin' like it's always a no. Because you haven't even asked, you just assume that the answer is a "No," it don't apply to you, or you don't qualify for that service. There's a lot of services that are available to people, but, until you go and find it, it's like it might as well not even exist to you because you don't even know it's there...Knowledge, access and knowledge. (FIT CHW)</i></p>

	<p><i>I need to get on something that's gonna give me some insurance right now like today, not tomorrow, not six months from now, not when you fill out this form. I need to get on some of the good insurance because my tooth is acting up. I need to get this thing filled or get pulled out...Oh, yeah [it's painful]. You can't work like that. (Released person not in FIT)</i></p> <p><i>Well, besides the financial part?... 'Cause that just turns everybody off as far as even seeking care. They start getting these high medical bills that are impossible for them to pay and things like that...I think finances and insurance is the biggest barrier. Most people that I talk to or most people that I see, whether they're in FIT or not in FIT, like I said before, they take on a huge cost. They'll just wait until something happens, and they end up going to the ER or something because people cannot afford their medication, and they definitely can't afford visits to the provider. (FIT CHW)</i></p> <p><i>The average person that's homeless, they're thinking about, "Where am I gonna sleep for tonight? What am I gonna eat today?" Their health just really isn't a priority, up until it places them in the ER then they have no choice...They feel it more of an urgency to find a job within those first three months [than] to take care of their health...because everything and everyone is telling them, "Hey, I need money." Probation is like, "Hey, I need money." Transitional housing is like, "Hey, I need money." Child support, is like, "Hey, I need money."...Unless it's an emergency, that's the only way they're gonna handle it. (FIT CHW)</i></p> <p><i>I think it's that they have to, one, take care of these other immediate social needs, the housing, employment, food so that they don't prioritize their health and lack of resources to prioritize their health...(FIT medical provider)</i></p> <p><i>Yeah, that is one thing [having to pay out of pocket for specialty care]. At the cardiologist I have to, and I wasn't able to actually to be seen last time because of that...I gotta get on that Medicaid thing. (FIT client)</i></p>
<u>Limited Understanding about Health and Healthcare System</u>	<p><i>First week I was out...I was running low on medicine and stuff like that. I was trying to see a doctor...[to] tell me what was going on. It was hard until I got in touch with my probation officer and let him know what's going on...I mean, I didn't know what to do. I been gone 10 years. I didn't know how to get in touch with the doctor and get a doctor. (FIT client)</i></p> <p><i>I think maybe 100 percent of my patients, they do not really know how to connect themselves, nor do they really understand, "Okay, I can walk into a doctor's office. Can I be seen today?" No. You gotta fill out paperwork. We gotta get your records and all these other things...They don't know where to go, and when they get there, they may not understand that there's a process to get connected [to a medical home]...and some of them may have never even had their own doctor. (FIT CHW)</i></p>

	<p><i>Even hypertension is this chronic disease that you have to keep taking your pills, a basic level. I have had patients tell me, "Yeah, no, my blood pressure was good, so I stopped taking the meds." (FIT medical provider)</i></p> <p><i>I think there's a little bit of fear of the healthcare system and medication as well. I think that comes in, and that comes from history, and it comes from society...I think that those kind of things affect it, especially in the minority community. (FIT CHW)</i></p> <p><i>I think just having the trust issues. A lot of people aren't very trusting of doctors, law enforcement, anybody, coming home from incarceration. It goes back to building those relationships and trying to build a support system. (FIT CHW)</i></p> <p><i>Honestly, I think, I would say—first and foremost, they don't—people don't prioritize health very highly, especially this vulnerable population 'cause you got so many other things to worry about. It comes down to where I'm gonna sleep at night, what I'm gonna eat tonight, or where I'm going to get my meds, I'm gonna always choose where I'm sleeping or how I'm gonna feed myself before I worry about money for meds. Everybody thinks, "Oh, I'll be okay for a few days without the meds, but I gotta get somethin' to eat. I'll be okay for a few months without meds, but I gotta find somewhere to stay." It's all about prioritizing. (FIT CHW)</i></p> <p><i>They don't even know that you can get a—get your meds refilled out without a doctor's appointment. They can just go to our pharmacy and get their meds refilled. It's like patients, "Well, I couldn't get in for an appointment, so I didn't get my meds refilled." Don't even know that they could have just got that, so really basic stuff, too, that people don't know. (Healthcare worker not in FIT)</i></p> <p><i>I think probably the coordination piece is really difficult. It's just so hard to coordinate appointments. If you're uninsured, it's really difficult. There's incredibly high barriers to get appointments, so I think that's really hard... (Released person not in FIT)</i></p> <p><u>Adjusting to Life Outside of Incarceration</u></p> <p><i>Yeah, in prison, you don't have to remember your doctor appointment. You don't have to remember the date or time someone's gonna come get you... Someone's gonna call you at a certain time to get your medicine. You don't even have to know what the name of the medicine you're taking is, you don't have to even know that. You never have to remember it. It's just small stuff like that when you have a person who's been taking the medicine for years, and then we're doing a clinic application and I asked them [to list their medications]... They don't know, 'cause they've never had to know. (FIT CHW)</i></p>
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	<p><i>The one time I did go to my appointment, I was late. I was trying to get there anyway, but because I was late, I didn't get any treatment...that prevented me from getting a medical treatment. The doctors wouldn't treat me because I was not on time. I was there but not there on time. That's different from not being there at all...Yes [I had some trouble remembering appointments and getting there on time]. Then when I did, I got there, but was late. I wasn't seen. (FIT client)</i></p> <p><i>Understanding how to get their medications. A lot of people have never like been to a pharmacy, or they've never administered their own drugs to themselves. This is all been done for them, so to have to handle all of this stuff on your own and just be given an address to the pharmacy or—our pharmacy will deliver, but they have to call them and coordinate to get delivered...Have an address for it to be delivered to as well. Those things can be a little bit tough for them...(FIT CHW)</i></p> <p><i>Just not knowin' what to do. You know? You've been in a place where you didn't have to make a single decision. Everything was you were told to do or was done for you, even down to your medical. Like in prison, if you're on medicine, at whatever, two times a day, or three times a day, they will call "medications" and everybody goes and stands in a line, and they're dispensed their medication. They now have to even like remember to take their medicine. Like how to set alarm so that happens. Just all these little things, right? (FIT CHW)</i></p> <p><i>Well, the difficulty comes because for 50 years I was dependent on somebody else to remind me of medication calls, to remind me of doctor appointments, and not only that, to make sure that—to enforce those things. Now that I'm out here, I'm expected to remember those things, initiate these going to the appointments, and all of that. It's difficult because I've been trained in dependence, not independent thinking. (FIT client)</i></p> <p><i>Well, those that have chronic health conditions, a lot of them are coming home with maybe 30 days worth of medication, and a lot of times depending on how long it took them to get connected to the program, they might have a week. Some have no medication, they might have a couple days' worth of medication left. I think that's a real challenge. Sometimes when we get people, what space they're in, in terms of how much medication they have, and how quickly we need to get them a clinic appointment...I think that's a huge, huge barrier as well. (FIT CHW)</i></p>
<u>Lack of Community Resources</u>	<p><i>Well, so it depends what county you're in. It depends where you're living. In [COUNTY], which is just west of here, a community health center doesn't even exist. There's a whole bunch of folks that I meet there that are just out. There's no services to access, so they're right back where they landed. (Healthcare worker not in FIT)</i></p>

	<p><i>It is what it is. I ain't got no choice but go there...I've been with [MENTAL HEALTH ORGANIZATION], and they're slow about everything they do. They help you. It just takes time...Setting you up with a psychiatrist. When I first got out, it took me three and a half weeks to even be seen, and I was coming up—coming out of prison with a mental health problem. I should've been seen ASAP. You see what I'm saying?...Just as soon as I seen him, he looked at my record, prior records, and all of that. He knew I needed to be on something. (Released person not in FIT)</i></p> <p><i>I got a cavity coming that gotta get out...I went [to CLINIC]. The line is real long there. It's a very long line. It's hard to get dental care. It's hard to get medical care, anything, when you're getting out of prison. It's hard. It's really a struggle. (Released person not in FIT)</i></p>
<p><u>Prison and Community Policies that Impede Care</u></p>	<p><i>Federal, those guys come home with like medical records from the whole time they were incarcerated, which is really, really good for the doctor. A state returning citizen comes home with like nothing. Really the doctor is, this is a brand new patient for them. We're gonna just start with lab work, and let's go from there. (FIT CHW)</i></p> <p><i>Well, I went in and complained to them that I got a problem with cursing, something that I picked up in prison because everybody cursed and it wasn't seen as a problem in prison. When I got out here, it's a problem. It was causing me problems and I wanted to do something about it. I went to them, called [CLINIC] in [CITY], North Carolina. I asked them if I could talk to a psychologist just for help with that. They put me in with a doctor but the doctor took six weeks or more. The doctor never got with me so I stopped going. I was taking the medicine but I stopped taking that. (FIT client)</i></p> <p><i>The rheumatologist that I see [in prison]...she said that I would have to go and be referred to her because once I leave the penitentiary, the prison, that it'd be a whole new case...She just wouldn't pick up on my case and say, "Okay, well I've been looking after this girl for three years, she's gonna get out, I'm gonna schedule her an appointment." They don't work like that. They cut you off when you leave prison. Basically, they tell you, "Here, this is what you need to do and good luck."...They didn't have none of that set up. (Released person not in FIT)</i></p> <p><i>No, [PRISON] just puts you out here, but I applied for Medicaid. I had to apply for Medicaid. Then that was a trip in its own because my Medicaid was in a different county. I had to switch it to this county, and so it took a good minute for it to get here and get approved. I was approved in [COUNTY], and so I applied here. I didn't know I still had Medicaid in [OTHER COUNTY]. I thought when I went to prison, I figured since it hadn't been used, it cut off... (Released person not in FIT)</i></p>

	<p><i>When you get out, you have no help. It took me about two months, close to three months, to get my Medicaid...Because they kept tellin' me, "Oh, you gotta bring this up," [NAME], where we live at, "Bring this." I just gotta go up there and get the paperwork in. One day I'm waiting, so I go back up there. I tell them, "Hey, listen, I need to talk to somebody. I need Medicaid. I'm sick." I finally talked to somebody, and they sent me my Medicaid card. (FIT client)</i></p> <p><i>[PRISON] didn't give me anything, man. I'm gonna have to go to the part of the hospital or somewhere. They didn't give me any information about where I go to, who to see, or whatever. I'd probably have to go to the hospital and just tell 'em—go get a physical and tell 'em to check my blood and everything to see, you know what I'm saying, to check things out and everything. 'Cause as far as cholesterol—they didn't give me nothing...for healthcare or anything like that. (Released person not in FIT)</i></p>
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Most Helpful Aspects of FIT	
Theme	Illustrative Quote
<u>FIT Removes Financial Barriers to Healthcare</u>	<p><i>The fact that all of my medications are covered by the FIT program. That is a tremendous help because...I take eight different medications in the morning and four at night...There's no way I would be able to take any of my medications if I had to pay for them...I know I wouldn't probably be here if I couldn't get help with it. (FIT client)</i></p> <p><i>[Without FIT to pay for medications] It would have been very difficult because like I say, not being financially situated and having to not be able to get the medical care that I need as a diabetic...it would have been real difficult because I wouldn't be able to pay for it...I don't feel that I should go somewhere and make a bill with somebody and don't have the money to pay for it. (FIT client)</i></p> <p><i>Like I said, he got me insurance for 92 cent a month. All of it leads into my medical or my medicine and stuff. My most important thing that I got out of NC FIT was a real discount in affordin' my medication. (FIT client)</i></p> <p><i>I'm able to get medicine now. I ain't got no money. Through the FIT program, they help give me the voucher to pay for the medicine, make myself so I can get better. That's the best thing about it... (FIT client)</i></p> <p><i>The affordability, 'cause without that, I wouldn't be able to get [healthcare] at all...Uh-huh [they pay for visits with the doctor and the therapist]. (FIT client)</i></p>

	<p><i>The mental health part...Even though I'm not on any medications or whatever, just having that, I think everybody needs a therapist...Even if it's just once in a blue moon, just having that non-biased person that you can talk to as often as you see fit or whatever, I just think that's great. If I was on my own, I wouldn't be able to do that 'cause I definitely wouldn't be able to afford probably one meeting a month, much less two, and it just really helps... (FIT client)</i></p> <p><i>That's a big thing is having—because I could find places to get insulin, but insulin is so expensive. I cannot ask you anything bigger than you can pay from all my medical fees, because once that I can find a way with. I can find a way my way around with everything else, but that's not the same with insulin. Because here I am, I go too many, if I go a day without it, I'm feeling it...Them paying for my medication is a very big, it's a bonus. I can't ask. I really, I can't ask them nothing more. (FIT client)</i></p> <p><i>I think the aspect that's the most helpful would be the prescription assistance, the monthly amount is paid towards prescriptions...they might even be able to get into a clinic, because they have no income or they're homeless, the same clinic, they have sliding fee scale...The same client would qualify for free services from the clinic without FIT, but when we come in at is that we're able to cover the prescriptions. They're not gonna have that prescription coverage without us. Yeah, they might have a free clinic appointment, but they're gonna have to pay cash for their prescriptions. The prescription coverage piece is pretty vital. (FIT CHW)</i></p> <p><i>The most helpful part is that FIT allows patients to have no interruptions in their medical care, especially if they are coming out of prison with chronic conditions like diabetes and hypertension. Staying continuous on meds is important to avoid uncontrolled disease and hospitalizations. The pieces of FIT helping with this are the linkages to specialty care. (Medical provider not in FIT)</i></p>
<u>CHWs Provide Emotional and Social Support</u>	<p><i>...the patients see [CHWs] as someone who can identify and also non-judgmental. Because that part is huge too. People feel they get judged for having been incarcerated, and that can be a barrier to having a rapport or a good social support system. They see them as you're not gonna judge me for my past mistakes or whatever. It is what it is." (FIT medical provider)</i></p> <p><i>All of us with NC FIT, we all have our lived experience in some way, shape or form we all have justice involvement. When we deal with the client it's not from like the punitive standpoint. We understand what it means to navigate the healthcare system, to navigate life in general...and make the best of your situation...I think the fact that we have CHWs with lived experience is another huge piece too, because it creates a certain comfort level with</i></p>

	<p><i>our clients when we talk to them as well, because they know that we really, really understand genuinely what they're going through. (FIT CHW)</i></p> <p><i>I think my thing with him is being so much, being able to relate. 'Cause coming from the same environment, and going through similar situations with him...Being able to relate to him on that, it helps, it makes it easier...I can see where he's elevated his self throughout his being released in prison, so if the advice is given I can halfway take key to your advice if I see you applying it, and living it...I can look at you and tell, "Okay, you've done that thing as you're suggesting that I do. (FIT client)</i></p> <p><i>The most helpful, I would say, when I'm just down and on my last—when I'm just down and like I said, depressed and—just saying if I feel like giving up, I can call them, and they'll talk to me. They keep me on the right path and help me to stay positive and stuff like that. (FIT client)</i></p> <p><i>If it wasn't for her [CHW], I wouldn't have a phone right now. She's tryin' to get a knee brace for my leg, so I can see if I can go to work. (FIT client)</i></p> <p><i>He [CHW] makes sure that these things are lined up for you. He makes sure if you need anything give him a call no matter, if he don't answer leave a message and he'll get back to you. He does that, he really does. He makes sure that—I can call him right now and if he don't answer and I leave a message and by this afternoon I got a call back from him. He'd directly call me. (FIT client)</i></p> <p><i>...the people that's involved, they're very encouraging and very polite. It means a lot to me because being in prison you really don't get that because they look down on a lot of prisoners, you know, we're not human to them. When they come out here in public and you get people to treat you like people it makes a big difference, it makes you feel wanted...this program is really helpful. Especially when you don't have anything right off, you don't have anything, but you got people that's willing to be there for you, make sure that you get the best healthcare you can get. That's what I like about it. (FIT client)</i></p>
<u>CHWs Help</u> <u>Navigate the</u> <u>Healthcare System</u>	<p><i>When I got with the FIT program, they gave me all kinds of suggestions that I could do when they helped me—they put me on the path that I'm on now, really, 'cause [CHW]—she's something special. She really helped me out with my medication...and the doctors looking out for my health and everything...Yeah, [FIT] helped me a whole lot. A great deal. Yes, ma'am...they help me with my medicine. They keep me on top of that and make sure I get my medicine and stuff like that. They know I need it and they make sure I can get that. (FIT client)</i></p>

	<p><i>It was learning about the program and getting informed. Because like I told you, they [PRISON] didn't give me no information on how to get insurance and medical insurance. I was really left in the blind. When I met those people [FIT], it helped me, relieved me about that issue... Yeah [they helped me get health insurance]. (FIT client)</i></p> <p><i>I just think that the patients do better with the extra support. Compared to some of my other [patients], who I would consider high-risk patients that don't have the same support, it just really drastically reduces the chance of the patient just disappearing and you never hearing from them again. (FIT medical provider)</i></p> <p><i>[CHW] told me a secret. She said, "If you miss your appointment...It's going to put you six months behind," so I took that serious. She said, "When you get out the appointment, you either make the appointment, or you call ahead. You tell them that I need to change this... They're trusting you to call in and ask you to make the appointment. (FIT client)</i></p>
<p><u>CHWs Remove Barriers to Accessing Care</u></p>	<p><i>The part about getting me to doctors, transporting me. That's where I got my main help from. The donation of the coat in the winter, that helped me tremendously because I was cold. [CHW] saw that and he donated. (FIT client)</i></p> <p><i>Not only did he help me get there, but he went from department to department and he was doing something. I don't know what he was coordinating. He coordinated between different agents within the clinic and made my visit there, my appointment there go smoothly. For example, there was an issue with financing and he got that straightened out...He made sure that they understood that my Medicare, Medicaid was covering things. They thought that I would've been coming out of pocket with payments. Somehow I thought he made sure that they understood that. (FIT client)</i></p> <p><i>It's been very helpful for me. I didn't have no way of seeing a doctor before...If it weren't for [CHW], I wouldn't have been able to go to the doctor...Not being able to work, not having your own transportation, I wouldn't have been able to look after myself like I can now. You know what I mean? Thank God for [CHW] and thank God for [CLINIC] both, 'cause if it wasn't for [CHW], I wouldn't be able to get to [CLINIC], and if it wasn't for [CLINIC], I wouldn't know everything that I do know about myself, as far as my back being broken, and my disc being messed up, all that. I wouldn't know anything about that. (FIT client)</i></p> <p><i>The part about getting me to doctors, transporting me. That's where I got my main help from...I would not have known how to get there. He helped me. (FIT client)</i></p>

	<i>When I got out, I had nowhere to go, no help. Medically, I had medical issues...Nowhere to go to stay...I was introduced to FIT program. Got in that, and I received a place to stay and food to eat, which I thought was very good. Then I got medical care, some medicine that I need that I was gettin' in prison, without being charged, without having a job, without having any money, which I thought was very helpful and good...I do appreciate the help. (FIT client)</i>
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Suggestions for the FIT Program	
Theme	Illustrative Quote
<u>Provide Access to Housing</u>	<p><i>I wish we could offer housing...it's hard to tell someone to care about their health, make this your priority when they're sleeping on the street. When they have to be in, you're telling this person, they need to find a job, because they have paid probation, and they have child support, and they have all these other expenses. They also have to be back to the shelter by 4:00 PM, so they can have a bed for the night. (FIT CHW)</i></p> <p><i>The housing thing is really difficult. If there was some way that we have a secret couple million dollars where we can put some housing, and we can maybe limit the housing to help folks get on their meds and get in a process—in an ideal world, that would be great, 'cause here's what's happened: we got a lot of folks—a lot of things start with housing, and I know it may not be there. If they're more concerned about their housing, that's all they're thinking about...When people don't have to worry about where they're gonna lay their heads, it helps them stay more focused. (FIT CHW)</i></p>
<u>Provide More Transportation Support</u>	<p><i>You may have clients who don't have transportation, and they may have certain schedule appointments and whatnot...I'm good enough to get on transit and whatnot, but they can't do that. They will get involved with the transit system, and they will have like, wheelchair accessible vans and stuff, the city transit system. They drop people off where—you see FIT may even have their own to be able to reach out. It may cost 'em a little gas, and have a professional driver who know how to restrain wheelchairs and whatnot. You know what I mean?...That way, it will come directly to the clinic. They pick up a few—and they setting people's schedules by this, so that they won't have to bring just one person. You go out 15 miles and bring just one person back, and then take that one person back. You would go ahead and make a little round and pick up more. The bus say it holds 12 clients. (FIT client)</i></p> <p><i>As far as being more helpful, I think transportation would be something. In [COUNTY], they provide a county car for [CHW], and he's able to pick those FIT participants up and bring them in to [CLINIC]...Well, I envy that because I have people who miss appointments, who are late for appointments, who just don't show up at all because of</i></p>

	<i>that transportation barrier. They're having to take public transportation. We're not allowed to transport them right now. That would be the main thing I would change is being able to transport. (FIT CHW)</i>
<u>Improved Access to Specialty Care</u>	<p><i>Well, yeah, if they could help with the mental health appointments faster, that would improve it, but other than that, no. (FIT client)</i></p> <p><i>FIT only has enough money to do certain stuff. They don't have enough money to take care all the stuff I need, such as I have lung disease, sleep apnea—need a machine—I have an eye problem. They can only do so much...but FIT has tried to do what they could to get me seen through a dental facility that they work with. They only can pay \$100, but the work that I need is more. I'm not working, and I'm waiting on disability. I have other bills and stuff, so it's kinda hard. (FIT client)</i></p> <p><i>To me a dental situation. I don't have any teeth. My teeth were stolen from me in a book bag...Yeah [getting assistance with dental payments and dental assistance would be helpful] (FIT client)</i></p>
<u>Enhanced Clinic Hours, Availability, and Staffing</u>	<p><i>For sites that don't have one, a psychiatrist onsite. That is always helpful just because the rates of behavior health and mental health issues are so high. You really need somebody to be able to talk to about their treatment plan and goal. (FIT medical provider)</i></p> <p><i>For improving...I feel like there should be a female [NAME]. Yeah. [NAME]'s awesome, but some women aren't okay with talking to men. I'm okay with it, but some of them aren't...I feel like somebody hand in hand with [NAME], on his level, with the FIT program? ...There's a lot of women that's not okay, or not as comfortable with a man versus a woman. (FIT client)</i></p> <p><i>It would be for me to see the doctor more than just appointment. Any time that I'm sick or whatnot, I should be able to see him instead of seeing him every two months or every three months or every month. I would like to be able to see my doctor on a regular basis just to see what's going on with my health and stuff like that...just see the doctor more than only schedule appointments. (FIT client)</i></p> <p><i>I don't see anything else that you can add to it to make it any better except like I said [adding] evening medical [hours]. (FIT client)</i></p>
<u>Provide More Support to Aid with Reintegration</u>	<i>...it would be great if in addition to this medical care, you created a pipeline that could get people into trade school, to teach them...What I think is that if they don't get people started on these types of positive rehabilitation and education while they're in prison, that you're not gonna get those people to engage in those processes once they get out unless it's mandatory...What I would suggest is if the FIT program really wants to increase people's</i>

success rate in society, where it really starts is in the prison. Once people get out and they're hangin' out back on the block with Boo Boo and Pookie and all that shit, the information that you're givin' 'em just isn't important to 'em. (FIT client)

Some kind of registration pre-release...a process where almost everyone that is released automatically is registered and given the resources they're gonna need to access in the area that they're in...Right, so people step out of there knowing what to do. (FIT client)

If I could do anything more, it would be to have more presentations in prisons. We really, really need to get into the prisons and have these conversations with guys while they're incarcerated. For one, it gives them some hope, and for two, it gives them some real resources to connect to when they come home. I think it will make anybody's last year or two years a little bit easier to get through if they know like, okay, I have these resources in place that I'm gonna connect to. (FIT CHW)

More awareness about the technology out there. Maybe...more deeper in housing, home, or apartment care, or something...gotta start inside 'cause some of these guys gettin' out don't know what they comin' out to. The older men like me that's been down a while. I came down, there wasn't no such thing as no cell phone. They were still playin' Pacman for God's sake. We would have beepers. Everybody had their own, but I don't know if everybody had a phone. Everybody had a beeper. I get out, I go to a bus station, the first thing I'm looking for is a pay phone. There is no pay phone around no more. (FIT client)