



Linking Re-Entry Planning to Community-Based Correctional Care

Issue Brief

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The Role of Health in Re-Entry

More than 9 million people are released each year from the nation’s 3,300 jails, and their successful re-entry into society is critical—not only for themselves but for their families and their communities.

People in jail are among society’s most disadvantaged members, as reflected in nearly every aspect of their lives: health, education, poverty and lack of social support. These disadvantages are shared by their families and, frequently, the communities to which they return after release. Thus, a person’s re-entry into society after incarceration has ripple effects that extend far beyond his own life and well-being.

It is important to remember that jail detainees are not separate from their communities—they are temporarily displaced from their communities while they are in jail, usually for only a very short period. This displacement can be mitigated by creating connections for detainees to their communities—and especially to providers of community services that people will need after they are released. For that reason, the re-entry process should start while detainees are still in jail.

Preparation is critical to re-entry success. And while re-entry planning may tend to focus on conditions of probation, health care, including treatment for addictions, mental illness and chronic disease, as well as social support, including housing, employment and family reunification must be part of the picture as well.

Serious health issues can destabilize a person’s life. Imagine the challenges of maintaining employment—and, as a result, housing—when important and ongoing health care needs are not being met. Those needs may be both physical and mental. For example, a detainee with mental illness who is discharged without medication and a transition plan is quite likely to revert to the behavior that got him arrested in the first place.

By law, jails are required to provide the community standard of medical care to detainees. They expend tremendous resources stabilizing detainees’ health. But that massive societal investment in health care for people while they’re in jail is essentially lost the moment they leave—because too often care does not continue upon release. Any unmanaged health conditions frequently worsen and the risk to spread infectious diseases increases.

For these reasons, health care must be part of comprehensive transitional re-entry planning. It is not enough for detainees to receive health care while in jail, only to have it end when they leave jail. The solution is a community-based approach to care that pairs detainees with local doctors, who diagnose and treat them while they are in jail and continue treating them after they are released. Incorporating this approach into re-entry planning will benefit the health of former detainees and their communities, and, in doing so, support successful re-entry.

The COCHS Approach

COCHS—Community Oriented Correctional Health Services—is a nonprofit organization funded by the Robert Wood Johnson Foundation to foster partnerships between local jails and community health providers. COCHS takes a public health approach to correctional health, addressing both the health needs of people who are in jail and those of their communities, where, ultimately these individuals will return. In COCHS’ view, the jail is one of

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many places in the community where people receive medical care. As part of the community, jails can improve public health while supporting detainees’ re-entry into society and possibly reducing recidivism.

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The More Comprehensive, the More Effective

In addition to their health care needs, people in jail have multiple other problems and needs, regardless of their offense. The criminal justice system is not the only government agency with which they may come into contact; others include the public health system, the mental health system, homeless shelters and agencies that provide substance abuse services, family counseling and public assistance. Partners and stakeholders in re-entry planning should be leaders from all of those organizations.

Laws not only govern the right to health care for people who are incarcerated, but also the guarantee of housing, food and sometimes substance abuse treatment if mandated by the courts. All of these “rights” are lost as soon as a person walks out of jail. Thus, comprehensive re-entry programs must include planning for and making linkages to many systems of care, including: community health centers, benefits counselors, substance treatment centers, job readiness programs, mental health providers, housing programs and family support services. By bringing it all together, re-entry planning provides a vital support system while minimizing the chaos that often occurs after release. The best re-entry programs include the following elements:

- Re-entry planning starts on the inside and continues upon release.
- The re-entry plan is comprehensive yet realistic and feasible.
- The same re-entry planner or case manager works with the detainee on the inside and on the outside and serves as an advocate for his successful re-entry.
- The program includes concrete linkages to community resources that are comprehensive and include health care, behavioral health and social services.
- The program includes connections to long-term health care and social support programs as needed.
- If a person is re-incarcerated, re-entry planning continues in an effort to better prepare the detainee for successful re-entry upon his next release.

Project START

There is evidence that comprehensive re-entry planning works. For example, a seven-year study of a model called Project START found that helping detainees prepare for re-entry by addressing issues such as health care, housing and employment reduced the likelihood that they would engage in unprotected sex after their release.¹ The Project START program model involves six sessions with each individual and works with them one-on-one to form a bridge from incarceration to re-entry into the community. Core components of the model include:

- Work with individuals both before and after release.
- Use an individual-based harm reduction approach.
- Ensure that the same staff person works with the individual both on the inside and on the outside after release.

- Provide concrete and facilitated linkages to community health care and other community-based service providers.
- Actively maintain contact with individuals after they are released.

By strengthening re-entry planning to address health care, housing and other needs, the Project START model helped to increase the likelihood of an individual's success after release from jail.

Begin Work Before Release

Newly released individuals may face many obstacles to obtaining health care and social services, including access to services, lapses in treatment and medication and delays in enrollment in benefits programs. But work can be done prior to release to help reduce these obstacles. Important steps include the following:

Identify and make contacts with all possible community resources.

- Begin the enrollment process and make appointments with community health and social service providers.
- Initiate or reinstate health care benefits programs.
- Request medical record transfers and/or copies from correctional health providers.
- Create lists of necessary documents such as Social Security card, driver's license, state identification, birth certificate and letter of diagnosis.
- Sign release of information forms to help with smooth and confidential information exchange.

Immediate Release Planning

The first 24 to 48 hours after release are critical to re-entry success, as this is when the detainee's environment changes most drastically. Changes include going from jail to freedom; from a structured environment to an unstructured environment; from pill lines to a pharmacy; from no or limited access to risk such as sex and drugs to potentially unlimited access. If people have a history of injection drug use, there is also an increased risk of overdose after abstinence during incarceration.

Because of these immediate risks, an effective re-entry planning program must target those first 48 hours after release. There should be a "Plan A" and a "Plan B" in the event that problems arise. An effective immediate release plan addresses issues ranging from transportation upon leaving jail to housing for the first few nights out to covering basic needs to confirming required appointments to providing prevention materials, such as condoms, medications and smoking cessation patches.

Building a Network of Community Service Providers

Re-entry programs must create a network of connections to service providers that meet the needs of former detainees and are located in the communities where they will live after their release from jail. Sometimes finding a shelter bed or getting an earlier appointment at the clinic comes down to a staff member's relationship with the program manager or the clinic nurse.

Given the wide-ranging needs of people leaving jail, it is important to build relationships with community health care providers, as well as with a variety of community service providers. At minimum, these should include emergency housing and shelters, community health clinics, social service agencies, mental health centers, substance abuse treatment providers, government benefit offices, departments of motor vehicles to obtain government-issued photo identification, veterans groups, domestic violence shelters, and finally, a strong link to long-term case management or support.

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It is necessary, too, for former detainees to establish concrete linkages—personal relationships of their own—with providers in their communities. Re-entry planning can foster these kinds of relationships by:

- Identifying specific providers that accept clients who have been incarcerated.
- Actively working with their clients to make contact, set up and prepare for appointments.
- Possibly attending the appointments with clients.
- Following up with clients to review and update their transitional plan.
- Following up with providers to assess access and barriers to services.

Community Health Care as Part of Community Re-entry

Re-entering the community after incarceration can be extremely challenging in any circumstance, and especially for people with ongoing health problems. A comprehensive re-entry plan that includes health care along with other social services can ease the process for people leaving jail so that they are less likely to return. Partnerships between jails and their communities can help break the cycle of recidivism by providing much-needed care to a particularly vulnerable sector of society. Ultimately, former detainees whose health needs, social needs and practical needs are being met have a much better chance of successfully reintegrating into the community, staying out of jail, and leading productive and healthy lives.

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1 Wolitski R and the Project START Writing Group, for the Project START Study Group. "Research and Practice: Relative Efficacy of the Multisession Sexual Risk-Reduction Intervention for Young Men Released from Prisons in 4 States." *American Journal of Public Health*, 1854–61, October 2006.