

HEALTH & JUSTICE:

Health Care for People Involved in the Justice System

The issue of health and justice is especially pressing because people involved in the justice system are one of the most medically vulnerable groups in this country. They are often at-risk youth, children and adults with a history of physical and sexual abuse, low-income men of color, and people with high rates of chronic and communicable disease who may also be struggling with mental illness and substance abuse.

Health funders have found that focusing on people entering, in, or emerging from the criminal and juvenile justice systems increases the likelihood of connecting with vulnerable populations that are hard to pull into traditional health interventions. Successful initiatives targeting these groups improve health, reduce recidivism, and transform systems by building cross-sectoral partnerships among health, justice, mental health, and substance abuse systems, which may require policy change at the local, state, and federal levels.

WHY HEALTH AND JUSTICE?

Each year, nearly 700,000 adults in federal and state prisons and more than seven million adults in local jails are released to their communities. Most are low-income men of color who are returning to cities and towns with high concentrations of poverty. They reenter their communities with major barriers to success. About half struggle with substance dependence or substance abuse. More than half experience mental illness. About 25 percent have serious health conditions such as AIDS, Hepatitis C, and tuberculosis (Greenberg et al. 2007).

Statistics for young people in the juvenile justice system are just as compelling. Most offending youths are released after arrest, often returning to troubled families, stressed neighbor-

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hoods, and overwhelmed schools (Nissen et al. 2006). At least a decade of evidence has shown that these young people have numerous health problems, including substance abuse problems; mental disorders; post-traumatic stress disorder; and physical health problems, such as tuberculosis, dental caries, and sexually transmitted diseases (American Academy of Pediatrics Committee on Adolescence 2001).

From a public health perspective, the justice system would seem to be a perfect place for intervention because of the high number of high-risk people served. But “the justice system” is made up of innumerable separate systems, with major differences in configuration, concerns, function, and influence (Gallagher and Dobrin 2007). Each of these systems also has its own funding stream and constraints about how those resources are used. It may seem logical that expanding access to health services for juveniles and adult offenders can help improve their health, well-being, and prospects, while at the same time transforming communities and protecting the nation’s health, but accomplishing this goal will require major changes in policy and practice.

HEALTH AND CRIMINAL JUSTICE

Jails and prisons are constitutionally required to provide medical and mental health care for millions of adults, most of whom are poor and many of whom enter correctional

INTERVENTION OPPORTUNITIES

There are three main opportunities to intervene in the spectrum of justice system involvement: before people are placed in detention, jail, or prison; while they are detained or incarcerated; and upon their release back into the community.

Diversion programs, whether for juveniles or adults, identify people in contact with the justice system and redirect them by providing linkages to community-based treatment and support services (CMHS National GAINS Center 2007).

Correctional health care refers to the health care delivered in jails, prisons, and juvenile confinement facilities (NCCHC 2009).

Reentry programs manage individuals’ transition from correctional settings into the community (CMHS National GAINS Center 2007).

facilities with serious, unaddressed health needs. Some correctional facilities do a good job of meeting their obligation to provide health care. Others do not, and there are no federal regulations for the quality of health care provided by jails and prisons. The National Commission on Correctional Health Care sets standards for care, but prisons and jails can choose whether or not to follow these guidelines. The situation is worsened by the fact that correctional health care costs are high (since inmates have higher rates of infectious diseases and mental illness than the general population), and correctional health care is chronically underfunded (Commission on Safety and Abuse in America's Prisons 2006; View Associates 2006).

Grantmakers across the country are supporting a range of innovative programs and policy change efforts that address the health of adults in the criminal justice system by addressing substance use disorders and severe mental illnesses, linking correctional and community health, reintegrating returning prisoners, lending support to families of the incarcerated, and advocating for policy change.

HEALTH AND JUVENILE JUSTICE

In many ways, young people involved in the justice system are similar to other youth who foundation-funded programs hope to reach (Youth Transition Funders Group 2006). They often have a family background that includes abuse or neglect, unmet mental health and substance abuse needs, low family income, a limited or uneven history with the health care system, and probable eligibility for public insurance programs (National Academy for State Health Policy 2008). In fact, many young people in contact with the justice system are also in contact with several other public systems, such as Medicaid, special education programs, foster care, or child protective services (Clark and Gehshan 2006).

Grantmakers across the country are supporting a range of innovative programs and policy change efforts that address the health of young people in the juvenile justice system by increasing diversion and developing the workforce; helping teens overcome drugs, alcohol, and crime; identifying and addressing the health needs of girls entering the justice system; and intervening during detention and probation.

OPPORTUNITIES AND LESSONS LEARNED

The goal of funders working at the intersection of health and justice is for their investments to pay off, not only in helping people become healthy, productive, stable citizens, but also in reducing recidivism and its accompanying costs to society. There are several opportunities and lessons learned for health funders considering this area of work.

- Help communities understand the problem.

- Help convene necessary – often reluctant – stakeholders and allies.
- Work to strengthen the public behavioral health system.
- Bring innovative programs to scale.
- Help manage public perceptions.
- Invest in “in-reach” activities.
- Use foundation funding to build a bridge between fragmented programs or funding streams.
- Support training.
- Be intentional about collaborating with government.
- Help document actual or potential savings from different kinds of interventions.
- Recognize opportunities for noncriminal justice funders to invest in these issues.
- Recognize the overlapping issues plaguing people involved in the justice system.
- Insist on careful planning and evaluation.
- Think differently about sustainability.
- Recruit partners with different strengths to play different roles.
- Think about health and justice work as a social movement, as well as an initiative.
- Engage in conversations about what it means to design culturally relevant programs and policies.
- Be mindful of the common themes across all justice-involved populations, while paying attention to the distinctions.
- Focus on multiple levels of intervention.

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