CRIMINAL JUSTICE:

Community Corrections

Nearly 700,000 people in federal and state prisons and more than 7 million people in local jails are released to their communities each year. 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 abuse. More than half experience mental illness. Up to 25 percent have serious health conditions such as AIDS, Hepatitis C, and tuberculosis. They frequently end up without work or in low-wage, sporadic jobs. Two-thirds of released prisoners are arrested again within three years, and about half return to prison (Greenberg et al. 2007). Maintaining the health of prison and jail inmates and helping reintegrate them into their communities can help provide much-needed economic opportunities for ex-offenders, reduce the levels of crime in poor communities, and protect the public's health. Accomplishing this will require major changes in criminal justice policy, however, and will necessitate the involvement of health, mental health, and substance abuse systems. Are there ways for philanthropy to broker relationships between these different sectors and support related policy change efforts?

CORRECTIONAL HEALTH CARE AND PRISONER REENTRY

Jails and prisons are required to provide medical and mental health care for millions of people, most of whom are poor and many of whom enter correctional facilities with serious, unaddressed health needs. Some correctional facilities do a good job of meeting their constitutional 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).

The major barrier to prison and jail inmates receiving heath care is lack of access to health insurance coverage. No U.S. correctional facility receives federal Medicaid or Medicare reimbursement for health services, even though most people in prison and jail would meet the programs' eligibility requirements and many were enrolled in the programs before they were incarcerated. States have the option of suspending or terminating Medicaid benefits while a person is in prison or jail.

Allowing correctional facilities to receive federal Medicaid and Medicare reimbursements would improve the quality of correctional health care, and convincing states to suspend rather than terminate benefits during incarceration would improve continuity of care since many ex-offenders have no way to pay for their doctor's appointments or medicine until they are reenrolled in Medicaid or Medicare weeks or months after release (Commission on Safety and Abuse in America's Prisons 2006; View Associates 2006).

Another barrier to quality, accessible correctional health care is finding skilled, committed, and compassionate medical and mental health providers. One promising solution is for prisons

JAIL V. PRISON

Jails primarily house people who are not yet convicted of a crime and those with sentences of one year or less. Incarcerations typically average two months and can be as short as 24-48 hours. Once a person is convicted, he or she is sent to a state or federal prison where the median length of incarceration is 2.5 years. The approach to health care changes depending on where within the system an inmate is. The lack of set release dates for those who are jailed makes it much harder to do discharge planning or provide continuity of care. Though jails have more of a community setting, prisons allow for better continuity of care because inmates are there for longer periods and release dates are known, which allows for better prerelease planning.

Supporting jail-focused initiatives may be a more logical place for health funders to intervene, however. Barriers to working within prisons include: geographic challenges, the bureaucratic complexity and politics associated with prison contracts, the difference in health care needs of those in jails (who tend to be younger) and those in prisons (who tend to be older), and issues associated with public perceptions of prisoners as hardened criminals

Source: View Associates 2006

Allowing correctional facilities to receive federal Medicaid and Medicare reimbursements would improve the quality of correctional health care.

and jails to partner with public health agencies and community health professionals, which increases the number qualified providers and improves the chances that people will continue to receive disease treatment and preventive care when they return home (Commission on Safety and Abuse in America's Prisons 2006). Counties across the country are beginning to build this link between corrections and communities, developing a new model of correctional health care that includes several key elements:

- recognition of incarcerated and ex-offenders as displaced members of a community,
- strong partnerships among a wide range of stakeholders,
- discharge planning begun well in advance of release and continued planning during the post-release phase,
- personal contact between inmates and community organizations that build rapport before release and have ongoing involvement,
- strong case management and outreach,
- colocation of health practitioners and case managers, and
- operational support for cross-discipline work (View Associates 2006).

This emphasis on discharge planning and ongoing relationships between released inmates and community organizations is an attempt to address the growing concern that people leaving prison find themselves permanently marginalized. The number of people released from prison has increased by 350 percent over the last 20 years. These people are released with limited job prospects, complex health needs, pressing family responsibilities, and little community supervision (View Associates 2006).

Ordinarily, people in need of basic resources, opportunities, and services turn to the public sector for aid. In this case, however, government policies can be more of a hindrance than a help. Public policies restrict ex-offenders' ability to vote, apply for jobs, secure housing, and apply for public assistance. In effect, these policies continue retribution after a person's release from prison or jail and produce a group of people who are forever categorized as ineligible for public support (Moritsugu 2007; Pogorzelski et al. 2005).

So what can help people successfully integrate into the community? Studies have shown that having a job and health insurance after release reduces recidivism, drug use, and crime (Freundenberg et al. 2005). Programs across the country are developing and testing interventions that make coming home from jail an occurrence that rebuilds rather than disturbs individuals, families, and communities. So far, the characteristics of innovative reentry models seem to be:

- a strong mission to prepare inmates for successful reentry,
- demonstrated leadership by both the correctional and health care agencies of consistent support for reentry preparation programs,
- a holistic perspective to successful reentry,
- a long-term commitment spanning at least five to ten years,
- deep institutional memory among program staff,
- commitment to reentry and transitional health as manifested in program operating budgets,
- intensive reentry planning and focus in the last three to six months before release,
- individual accountability by each inmate for his or her success upon returning home, and
- geographic proximity of facilities to the communities where former inmates will return (View Associates 2006).

At the federal level, the Second Chance Act of 2007 is reentry legislation designed to ensure the safe and successful return of prisoners to the community. The bill has been introduced in both the U.S. House and Senate and has broad bipartisan support, including sponsorship by committee leaders in both

PREDICTORS OF EMPLOYMENT ONE YEAR AFTER RELEASE

Those who have...

- earned their GED while in prison
- very close partner relationships after release
- families that were more helpful than expected
- jobs while in prison
- more time employed since release
- supervision conditions requiring employment

...are more likely to be employed.

Those who have...

- a physical health condition after release
- depression after release

...are less likely to be employed.

Source: Visher 2007

chambers. The Second Chance Act is the first piece of comprehensive legislation designed to reduce recidivism. The bill authorizes up to $65 million in grants to state and local governments to develop prisoner reentry initiatives and a $15 million reentry program for community and faith-based organizations to deliver mentoring and transitional services for people returning from prison or jail. On August 2, 2007, members of the Senate Judiciary Committee completed the mark-up of S. 1060, the Second Chance Act of 2007. The bill will now be sent to the Senate floor for consideration (Reentry Policy Council 2007).

OPPORTUNITIES FOR GRANTMAKERS

A focus on correctional health care and prisoner reentry increases the likelihood of connecting with populations – men, women with a history of sexual and physical abuse, at-risk youth, people of color, low-income people, people struggling with mental illness and substance abuse, and people with high rates of chronic and communicable disease – that are marginalized and hard to pull into traditional health interventions. Grantmakers across the country are supporting innovative programs and policy change efforts that are ripe for adoption by their colleagues.

- ***Mental Health Diversion*** – There is an urgent need to divert mentally ill people from the criminal justice system to mental health facilities. It has been estimated that there are at least 350,000 mentally ill people in jail and prison each day; in some places, there are more mentally ill people in correctional facilities than in psychiatric hospitals (View Associates 2006; Commission on Safety and Abuse in America's Prisons 2006). The Omaha, Nebraska-based Alegent Health Community Benefit Trust made a recent $200,000 grant to a pilot program that will divert mentally ill people who are arrested from the traditional criminal justice system into intensive case management services designed to help them establish independent living skills, manage their mental illness, and reduce their contacts with the criminal justice system. The Health Foundation of Greater Cincinnati made a recent $250,000 grant to implement a police-based crisis intervention team to divert those with severe mental illness from incarceration and into treatment in three local counties, which will enable specially trained police officers to act as primary responders to calls in which mental illness is a factor.

- ***Linking Correctional and Community Health*** – The Hampden County (Massachusetts) Correctional Center's Public Health Model of Community Corrections has been heralded as one of the most innovative ways to link correctional health care with broader community health objectives. The jail's inmates are assigned to community health centers that correspond with their home zip codes. Health providers practice at the jail and in the health center and attend training sessions with the jail's staff. The health center continues to provide health services to inmates upon their release and partners with other community-based organizations who provide housing and employment services. The Robert Wood Johnson Foundation recently made a $7 million grant to establish Community-Oriented Correctional Health Services (COCHS), a nonprofit organization that works to adapt and diffuse the Hampden model across the country. COCHS offers technical assistance to help jails develop partnerships with community health centers, builds the capacity of health providers and other community partners, and helps address information technology challenges. Because correctional systems can administer one contract with COCHS instead of several contracts with an array of providers (COCHS manages the subcontracting process), it provides an appealing option (View Associates 2006).

Studies have shown that having a job and health insurance after release reduces recidivism, drug use, and crime.

- ***Juvenile Justice*** – Being in detention, jail, or prison disconnects young people from their communities, damages their family relationships, and makes it enormously challenging for them to go back to school or find a quality job (New York City Commission for Economic Opportunity 2006). The John D. and Catherine T. MacArthur Foundation's $100 million Models for Change initiative is attempting to create model juvenile justice systems in Illinois, Louisiana, Pennsylvania, and Washington. Each state has a work plan that includes specific steps it will take to bring about reform in physical and mental health. The premise of the foundation's juvenile justice work is that young people need a system that offers redemptive options and supportive services and that such a system will improve youth outcomes, lower crime rates, and be cost effective. The Jacob & Valeria Langeloth Foundation recently made a $400,000 grant to implement the Massachusetts Health Passport Project, which provides continuous and comprehensive health care access to youth committed to the Massachusetts Department of Youth Services for delinquency or youthful offenses and will develop models that can be used nationally. The foundation has also made a $200,000 grant to support the National Girls Health Screen Project, which is the first national effort to design, validate, and widely disseminate a gender-specific health screening instrument for use with girls being held in juvenile justice facilities.

- ***Prisoner Reentry*** – In 2003 the U.S. Department of Labor, U.S. Department of Justice, The Annie E. Casey Foundation, and Ford Foundation jointly funded the Ready4Work program, a three-year national demonstration

that provided reentry services to almost 5,000 returning prisoners in 17 sites around the country. Early evaluation results suggest that Ready4Work shows promise as a vehicle for helping people returning from prison forge connections in their communities. Sites enrolled ex-prisoners with numerous challenges and a high risk of recidivism and managed to keep participants engaged in the program. A majority of participants found jobs and remained employed for at least three consecutive months. Ready4Work sites provided about half the participants with mentors, and those participants have done particularly well in finding and keeping jobs. The program also appears to play a role in helping participants stay out of prison. Later analyses will examine whether mentoring and employment are indeed linked to enrollees' ability to remain out of prison. If analyses reveal such connections, the initiative could prove to be an important model for states and cities hoping to ease the transition of ex-prisoners back to their communities.

- ***Support Services for Families*** –The families of people in jail and prison often face complex challenges and are even more at risk once a family member is incarcerated. Assisting these families and including them in the planning for an inmate's return often require the involvement and coordination of a number of community organizations. In 1999 an estimated 1.5 million children had a parent in prison (Moritsugu 2007; View Associates 2006). The Northwest Health Foundation in Portland, Oregon, recently made a $25,000 grant to develop therapeutic support for children of incarcerated parents and to train professionals to work with them. Alegent Health Community Benefit Trust recently made a $100,000 grant to support public health nurses in children's shelters where the children's parents are incarcerated or homeless. The Health Foundation of Central Massachusetts has provided a $35,000 grant to support parenting education to incarcerated and recently released fathers and to support their efforts to establish positive relationships with their children.

A focus on correctional health care and prisoner reentry increases the likelihood of connecting with populations that are marginalized and hard to pull into traditional health interventions.

- ***Research and Evaluation*** – Correctional health care as a field recognizes the importance of promoting evidence-based programs and policies, but it suffers from poor data collection systems. Few systems have electronic medical records and reporting methods are frequently inconsistent and incompatible. Increasing support for research and evaluation within the correctional health care field is critical if grantmakers and policymakers hope to measure the impact of new correctional health and prisoner reentry policies and programs (View Associates 2006).
- ***Policy Advocacy and System Reform*** – Foundations can play a valuable role in supporting advocacy networks to improve Medicaid enrollment and re-enrollment for ex-offenders and in documenting best practice in this area. There is also a role for advocates to ensure that correctional health care is funded at adequate levels.

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