CADTH Health Technology Review

Models of Care for People Re-Entering the Community After Incarceration
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Key Messages

- Twenty relevant references were identified regarding the models of care have been used to support integrated health care service delivery for incarcerated adults transitioning back into the community setting.
- The majority of the studies identified were conducted in the US with additional studies conducted in Canada, Ireland, the UK, and New Zealand.

Introduction

People who are reintegrating into the community after incarceration often have unmet physical and psychological health needs. Common conditions that these individuals live with may include mental illness, substance use disorders, HIV, hepatitis C, and diabetes, among others. These health needs are not unique to people who have been incarcerated; however, they can face a difficult transition in accessing health care from incarceration to the community. In addition to heightened health needs, this population is also faced with challenges surrounding employment, education, and housing. Addressing these health and human service needs can be challenging because there is often a lack of support and connection within the community, which could otherwise help them access resources. Despite these difficulties, timely access to health services for people re-entering the community after incarceration is critical. Previous research has shown that this population is at a greater risk of death following their release from prison compared with the general population, and that the first 2 weeks following release are a particularly vulnerable period.

It is difficult to provide continuity of care from prison to the community, but it is an important factor in ensuring that people can successfully re-enter the community and avoid adverse outcomes. Models of care, or re-entry programs, for people who are transitioning out of incarceration can play a key role in meeting this need. Re-entry models may take various forms but will often begin treatment in the prison setting and then continue to provide support for a period after an individual's release. The type of services provided can include treatment for substance use, mental illness, cognitive behavioural issues, as well as the provision of support for education, accessing primary health care, housing, employment, and general life skills. Some care models are targeted toward specific subgroups of people, such as women, people with specific health needs, and sexual or violent offenders. Care models can also range in their format, whether they be voluntary or mandatory, individual- or group-focused, and unimodal or multimodal. Finally, the setting and location of the programs can vary (e.g., based in a correctional facility before community release, in the community, in a halfway house, and so on). Regardless of the specifics of each care model, the overall goal of these programs is to help participants successfully transition back into the community, meet their health care needs, and reduce recidivism.

Interventions for successful re-entry and reintegration into the community may be of particular importance for populations who are disproportionately represented in the carceral system in Canada, such as those who identify as First Nations, Inuit, and Métis. Both the Calls to Action from the Truth and Reconciliation Commission and the Calls for Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls call for both the health and justice systems to recognize and the health and wellness, rehabilitation, and safety needs of Indigenous people in Canada. This includes removing barriers to Indigenous healing.
practices and increasing access to transitional services. These should be done in culturally appropriate, trauma-informed ways and be designed and led by Indigenous people.7,8

Research Question

What are the models of care that have been used to support integrated health care service delivery for incarcerated adults transitioning back into the community setting?

Purpose

The purpose of this report is to provide an annotated list of integrated models that have been implemented to increase the continuity of care for previously incarcerated people who are re-entering the community. Appendix 1 contains additional references of interest that did not meet the inclusion criteria for the main report. Appendix 2 is an additional reference list including information regarding models of care for people with mental health or substance use disorders.

Literature Search Methods

Two limited literature searches were conducted by information specialists on key resources including MEDLINE, PsycInfo, the Cochrane Database of Systematic Reviews, the International HTA Database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategies comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts for the first search were models of care and transition from prison. The main search concepts for the second search were mental health or substance use care and transition from prison. No filters were applied to limit the retrieval by study type. The searches were completed on June 9, 2022, and were limited to English-language documents. The first search was limited to documents published since January 1, 2012, and the second search was limited to documents published since January 1, 2017.

Selection Criteria

Citations were included if they described an integrated model of care, including health care and other supporting resources, for people who were re-entering the community following incarceration. Studies of models of care that did not include a health care component or only included 1 supporting intervention were excluded. Studies were also excluded if they took place only before a person's release from jail or prison.
Results

Twenty relevant references were identified for this report. Systematic reviews, randomized controlled trials, non-randomized studies, program evaluations, and qualitative studies were identified. The majority of the studies identified were conducted in the US, and most focused on re-entry of male prisoners. Integrated models of care identified included:

- Access to Recovery initiative
- Breaking Free Online
- Collaborative chronic care model
- Comprehensive Anti-Gang Initiative
- Critical Time Intervention model
- Delaware County Transition Program
- Fresh Start Prisoner Reentry Program community re-entry initiative
- Forensic assertive community treatment
- Hayley House
- High-Risk Revocation Reduction program
- Jail Inreach Project
- Minnesota Comprehensive Offender Reentry Plan
- Multimodal Community-Based Reentry Program
- Pathway Total Reintegration Programme
- Pre-release Planning Program
- Redemption Reintegration Services program
- Saint Leonard's Ministries' Grace House Program
- Serious Offender Accountability Restoration project
- Sober Network Interpersonal Psychotherapy
- Solid Start program
- State parole board programs
- Transitions Clinical Network
- Women's Initiative Supporting Health-Transitions Clinic

Additional references of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

Annotated Bibliography


This is a non-comparative observational study of the Transition Clinic Network. The services provided include assistance with health care visits and addressing other social determinants of health, most commonly housing, insurance, transportation, government
benefits, food access, and legal issues. The program is run through community clinics across the US for anyone re-entering the community after incarceration.


This is an evaluation of 2 programs: Forensic Assertive Community Treatment (FACT) and Critical Time Intervention (CTI). The FACT program involves a multi-disciplinary team that provides tailored support for people with mental illness with a focus on preventing reincarceration. CTI involves 9 months of case management services focused on creating connections with treatment programs (e.g., psychiatrists, therapists, housing programs, day treatments) and community (e.g., family relationships, landlords, and social networks). These evaluations included participant interviews. Participants in the programs were identified as people in the US who were re-entering the community following incarceration and had special mental health needs.


This is a randomized controlled trial of the clinical and cost-effectiveness of the Redemption Reintegration Services program, which is a culturally specific, multi-level intervention for young people in Canada of African descent. The program uses traditional African practices to provide culturally relevant services. Services provided are individualized and gender-specific and may include education, employment, ethnic racial and cultural identity, mentorship, housing, mental health, legal, recreation and familial relationships. The study included young African Canadians in Southern Ontario who were previously incarcerated.


This is a qualitative study including interviews of users of the Comprehensive Anti-Gang Initiative and their experience with, and perceptions of, the program. The initiative includes provision of transitional housing, job readiness, and placement assistance, and substance use and mental health treatment. The study included high-risk offenders in multiple US states who were re-entering the community following incarceration.


This is a systematic review of randomized controlled trials of 9 interventions (5 unimodal and 4 multimodal) reporting outcomes of recidivism and reintegration. The multimodal interventions included were the High-Risk Revocation Reduction Program, Minnesota Comprehensive Offender Reentry Plan, Multimodal Community-Based Reentry Program, and Serious Offender Accountability Restoration project. The programs included multiple phases focused on continuity of care, including housing, subsidized employment, mentoring, drug treatment, and so on. The included studies were conducted in a mix of
correctional, community, and combined settings in the US, and included predominantly non-White males.


This study is a randomized controlled trial of the High-Risk Revocation Reduction program for high-risk adult male offenders leaving Minnesota state prisons. The types of care services provided include supplemental case planning, housing, employment, mentoring, cognitive behavioural programming, and transportation assistance.


This is an exploratory interview-based case study of experiences at Hayley House, a Correctional Services Canada–contracted community residential facility that provides specialized support for previously incarcerated older men who are facing serious chronic mental or physical health issues or are nearing the end of their life. The facility, located in Ontario, provides health and medical support to older men using a dignity-centred model.


This is a program evaluation of the Saint Leonard's Ministries’ Grace House Program, which is a residential program for women in Illinois. The types of services provided include housing support, substance use treatment, psychological services, life skills mentoring, and educational and vocational services.


This is a randomized controlled trial of a multimodal, community-based prisoner re-entry program with an emphasis on substance use treatment. The program included 2 phases of release from incarceration. The first focused on housing, employment, life skills training, initiating contact with family members, and outpatient substance use treatment. The second phase included more frequent substance use treatment interventions and random drug testing. The study population was at-risk males with substance use issues in the US who are returning to the community under 24-month supervision.


This is an evaluation of the Jail Inreach Project for adults leaving jails in Houston, Texas. As part of this program, case managers can accompany participants from their jail release to the facility and connect them immediately with primary care. Additional services provided vary based on the participant but can include counselling, psychiatry (including
telepsychiatry), treatment for substance use, dental care, housing, employment, and help navigating applications for government benefits and identification.


This study is a program overview and qualitative study of participant experience with the **Fresh Start Prisoner Reentry Program**. The program facilitates increased access to substance use treatment, behavioural health services, employment, housing, community connections, and health care. The study included men re-entering the community from correctional facilities in Connecticut.


This systematic review of reentry program evaluations included information regarding 8 programs: **Critical Time Intervention and Forensic Assertive Community Treatment**, **Breaking Free Online**, **Pathway Total Reintegration Programme**, **Fresh Start Prisoner Reentry Program Community Reentry Initiative**, **Sober Network Interpersonal Psychotherapy**, **Delaware County Transition Program**, **Solid Start Program**, and a state parole board program. The programs included housing and employment supports, support with reconnecting with family, links to services and resources, peer support, and psychological and substance use health services. The studies included adults re-entering the community in the US, UK, and New Zealand.


This is a qualitative study using the **collaborative chronic care model**. The services provided include patient self-management support, health care provider decision support, and linkages to community supports. This model provides services to veterans in Massachusetts, US, with mental health disorders and substance use disorders.


This is a randomized controlled trial of the **Minnesota High-Risk Revocation Reduction** re-entry program. The program provides services to assist with housing, transportation, employment, and family relationships, and is targeted to offenders incarcerated for violating the conditions of their supervised release.


This is a quasi-experimental study of the **Delaware County Transition Program**. It provides coordinated mental health, medical, and drug treatment; delivers cognitive behavioural therapy; and links participants to community resources before their release. The program
was examined in dually diagnosed offenders in Ohio, US, and was set in correctional facilities during the pre-release phase and in the community in the post-release phase.


This is an observational study of the Access to Recovery initiative for adults with substance use issues who were released from prison in Indiana. As part of this initiative, clients are empowered to choose which elements of service they think they need to be successful. The available interventions include a range of social resources and benefits, economic and tangible resources, and knowledge and connection with other available resources.


This is a randomized controlled trial using the Critical Time Intervention model. The care needs addressed by this model include mental health, social care, and resettlement. This study takes places across 8 prisons in the UK and incudes adult male prisoners with a diagnosis of severe mental illness.


This is a non-randomized study (prospective observational cohort study) of the Pre-Release Planning program. The program aims to improve continuity of mental health care and improve the level of mental health support and the security and quality of housing following release from prison. This program is delivered in prisons in Ireland; only adult males with mental health disorders were included in this study.


This is a qualitative study of the Women's Initiative Supporting Health-Transitions Clinic, a primary care model. It facilitates access to substance use disorder, medical, and mental health treatment for women. This study is set in a medical clinic in New York, US.


This is a qualitative study of a re-entry program designed by Pennsylvania's Board of Probation and Parole. No specific name or title is given. The types of care services provided include those for substance use, mental health, employment assistance, educational services, and family reunification. This program is targeted toward any paroled or paraprobated state-sentenced offender.
References


Appendix 1: Additional Model Descriptions and Toolkits

This appendix provides additional references identified for this report that may be of interest but did not provide sufficient information to be included in the main results. References include program descriptions, toolkits, and review articles.

Programs Specific to Indigenous Communities


Program Descriptions


Review Articles


Appendix 2: Interventions for Mental Health and Substance Use Disorders

This appendix includes a reference list of articles related to the transition of people with mental health or substance use disorders from correctional services to community care and is a supplement to the main report.

Key Message

One systematic review, 5 non-randomized studies, and 5 qualitative studies regarding interventions at the transition from prison to the community for people with mental illness or substance use disorders were identified.

Research Questions

What is the evidence regarding interventions at the transition from prison to the community for people with mental illness or substance use disorders?

Table 1: Selection Criteria

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<tr>
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<th>Description</th>
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<tr>
<td>Population</td>
<td>People in transition from correctional services care to community care who have mental illness, substance use disorders or require mental health services</td>
</tr>
<tr>
<td>Intervention</td>
<td>Mental Health Services; Mental Health Transitional Care; (could be described as person-centred or recovery-oriented mental health care); Services aimed at providing transitional support those with mental health or substance use service needs</td>
</tr>
<tr>
<td>Comparator</td>
<td>Standard of care, no support</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Recidivism, employment, substance use, and so on</td>
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<tr>
<td>Study designs</td>
<td>Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, evidence-based guidelines</td>
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Results

Eleven relevant references were identified for this appendix. One systematic review, 5 non-randomized studies, and 5 qualitative studies were identified regarding interventions at the transition from prison to the community for people with mental illness or substance use disorders.

Reference List

Systematic Reviews

Non-Randomized Studies


**Qualitative Studies**


**Additional References**


**Review Articles**

