

Overview

Public Health Reentry is defined as the way in which external public health delivery systems interact with state prisons and county jails to ensure institutional and community public health preparedness, particularly given the disproportionate impact of communicable disease on incarcerated and formerly incarcerated individuals, their families and communities.

Objective

Organize task forces in California counties receiving disproportionate numbers of residents returning from prison and jails. Task force composition includes public health and safety decision-makers, faith-based organizations, community organizations & community clinics.

GOALS

Each Task Force will...

- Conduct literature reviews and create communicable disease outbreak and response scenarios to identify health services response gaps
- Identify stakeholder capacity building needs to strengthen the delivery of public health services, referrals, health education, internal and external communications & patient advocacy/coaching to encourage health and wellness

OUTCOMES

The Public Health Reentry process will...

- Identify county public health reentry funding needs
- Illustrate statewide significance of county funding gaps on community public health and safety
- Demonstrate need for state legislature to allocate funding to counties to increase public health services

PHR Task force Significance



Demonstrates Statewide Impact of PHR

Establishes Public Private- Partnership

Breaks Silo- Perspectives & Responses

Expands Stakeholder Awareness

Maximizes Stakeholder Investments

Protects Public Health and Safety

Prevents Demonizing of Ex- Offenders

1st Quarter

- Form Task force
- Formalize process
- Gather information

- Establish meeting schedule, identify assets & facilitator, develop communications methods (electronic, etc.)
- Clarify stakeholder expectations, identify non-negotiables & identify up-line decision-makers
- Overview of reentry patterns and numbers

2nd Quarter

- Educate
- Identify gaps

- Present communicable disease outbreak scenario
- Present responses from health department, county jails, CDCR, hospitals and community clinics
- Present community notification process

3rd Quarter

- Develop recommendations

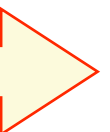
- Develop public policy recommendations to close gaps
- Develop administrative recommendations to increase public health services, community support & referrals
- Identify stakeholder capacity building needs

4th Quarter

- Win endorsement

- Conduct collaborative presentations for department heads, community stakeholders & Board of Supervisors deputies
- Conduct presentations to members of the Board of Supervisors in an effort to secure their endorsement

See additional PHR information



California County Task Forces

- Alameda
- Los Angeles
- Riverside
- San Bernardino
- San Diego
- Solano\*

\* under construction

INMATE HEALTH STATUS: WHAT WE KNOW

- ✔ 4 times greater rate of active TB
- ✔ 9-10 times greater rate for hepatitis C
- ✔ 5 times higher rate of AIDS (8-9 times higher)
- ✔ 1.5-5 times higher rate of mental illness
- ✔ Higher rates of substance abuse
- ✔ Higher rates of chronic diseases

Prisoner Reentry: What Are the Public Health Challenges (RAND, 2003)

Partial Policy Recommendations

1. Mandate testing for all communicable diseases 120 days prior to release.
2. Establish confidential electronic medical record transference system to notify county public health department of returning residents that test positive for communicable diseases.
3. Identify culturally competent faith-based and community-based health care and treatment providers to offer services for returning residents.
4. Returning residents should be provided with a “Re-entry Tool Kit” that will include, among other things, a resource guide to direct the person to services based on their medical needs.
5. Suspend, rather than terminate, Medi-Cal eligibility and/or their eligibility for other categorical funding services during incarceration.

