

Comparison of Approaches to Linkage to Post-Release Care between Community Medical, Behavioral Health, and General Reentry Service Providers



In 2022, we conducted interviews with 16 community-reentry providers in Alameda, San Francisco, and LA counties on topics including:

- Needs and services provided for people in reentry;
- How services differ for people living with HIV or HCV;
- Gaps in services;
- Best practices for linkage to care post-release.

HEALTH AND CALIFORNIA PRISONS

Among people incarcerated in California prisons:



CHALLENGES



There is a lack of coordination between reentry providers and CA Department of Corrections & Rehabilitation (CDCR), but a desire to connect



Varying competencies in assessing HIV/HCV-related needs exist among reentry providers



People experience fragmented processes linking to insurance, health care, medications, or behavioral health care post-release



Siloed community-based services places burden on individuals to navigate multiple systems upon reentry

RECOMMENDATIONS

- 1 Improve access to timely information between reentry providers and CDCR to increase coordinated care planning pre-release
- 2 Strengthen reentry providers' capacity to systematically assess physical and behavioral health needs
- 3 Cross-train general reentry providers on advancements in HIV prevention and treatment

REFERENCES

1. California Health Care Foundation (2022). *From Corrections to Community: Reentry Health Care*. Retrieved April 28, 2023, from <https://www.chcf.org/project/corrections-community-reentry-health-care/#our-goal>.
2. California Department of Public Health. (2018). *Chronic Hepatitis C in California 2018 Executive Summary*. <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/2018-Chronic-HCV-Surveillance-Report-Exec-Summary.pdf>
3. Maruschak, L. M. (2020). *HIV in Prisons, 2020 – Statistical Tables*. U.S. Department of Justice. <https://bjs.ojp.gov/content/pub/pdf/hivp20st.pdf>