



# Public Health Reentry Policy Initiative – FACT SHEET

## About the Organization

Regional Congregations and Neighborhood Organizations (RCNO) training center is a national intermediary that strengthens and connects congregation and community organizations throughout the United States. RCNO Training Center specifically focuses on building the capacity of clergy, laity and community leaders in small- to mid-sized African American congregations and community organizations to engage in public policy initiatives that lead to program innovations and stronger communities. By conducting training on faith-based community organizing tactics, teaching advocacy skills, helping congregations develop programs, and sharing strategies for changing public policy, RCNO creates opportunities for clergy and churchgoers alike to demonstrate leadership as advocates for their families and communities. Groups affiliated with RCNO have gained national recognition for their holistic and community-centered approaches to addressing criminal justice issues, banking reinvestment, environmental justice and economic development issues. Leadership training, community organizing, empowerment, innovative programs and faith are at the core of the RCNO approach to community building and uplift.

**Contact and More Info**  
**RCNO Training Center**  
 1061 East 54th Street  
 Los Angeles, CA. 90011  
 (323) 234-8154  
 info@rcno.org  
 www.rcno.org

**PRIMARY CONCERN:** *The healthcare needs of recently released offenders are being ignored. Their health conditions are negatively impacting the families and communities that receive them.*

## ABOUT THE ISSUE:

309,000 offenders are returning to California communities each year for the foreseeable future. Many have significant health challenges. The California Department of Corrections & Rehabilitation’s Healthcare Department was recently placed under federal receivership because *one person dies needlessly a week from medical neglect* according to a federal judge.

Category	Condition	Prevalence Compared to U.S. Population
Infectious Diseases	Active tuberculosis	4 times greater
	Hepatitis C	9–10 times greater
	AIDS	5 times greater
	HIV infection	8–9 times greater
Chronic Diseases	Asthma	Higher
	Diabetes/hypertension	Lower
Mental Illness	Schizophrenia or other psychotic disorder	3–5 times greater
	Bipolar (depression) disorder	1.5–3 times greater
	Major depression	Roughly equivalent
Substance Abuse and Dependence	Alcohol dependence	25% fit CAGE profile
	Drug use	83% prior to offense; 33% at time of offense

SOURCES: NCCHC, "Prevalence of Communicable Disease, Chronic Disease, and Mental Illness Among the Inmate Population," *The Health Status of Soon-To-Be-Released Prisoners, A Report to Congress, 2002*; *BJS Special Report: Substance Abuse and Treatment, State and Federal Prisoners, 1997*, NCJ 172871, 1999.

## RECOMMENDED STRATEGIES:

- Form Public Health Reentry Task Forces in 5 California Counties (Los Angeles, Alameda, San Diego, San Bernardino & Riverside). The Task Forces will develop policy recommendations to increase access to public health services to ex-offenders and their families. Task forces comprised of faith based groups, public health officials, criminal justice officials.
- Faith based organizations provide public support for recommendations, health care education, referrals and support to ex-offenders.
- Faith based organizations and counties approach State of California for additional funding for healthcare for ex-offenders and their families. Funding targeted to communities over-represented by recently released offenders.

**Regional Congregations & Neighborhood Organizations  
Statewide Public Health Initiative – Process Diagram**



**I. Form county public health taskforce steering committees comprised of local African American churches.**



San Diego

Los Angeles

Riverside

San Bernardino

Alameda

**II. Establish county public health policy taskforce(s) comprised of County public health officials, 7 local churches, health services providers, 1 drug and alcohol court judge and County public safety officials.**

Public Health

County Public Health Reentry Taskforce

County taskforce develops processes for cross-county communication; identifies and develop public health reentry policies; creates local and statewide strategies for delivery of health reentry policy recommendations at the State level.

Local Churches

Service Providers

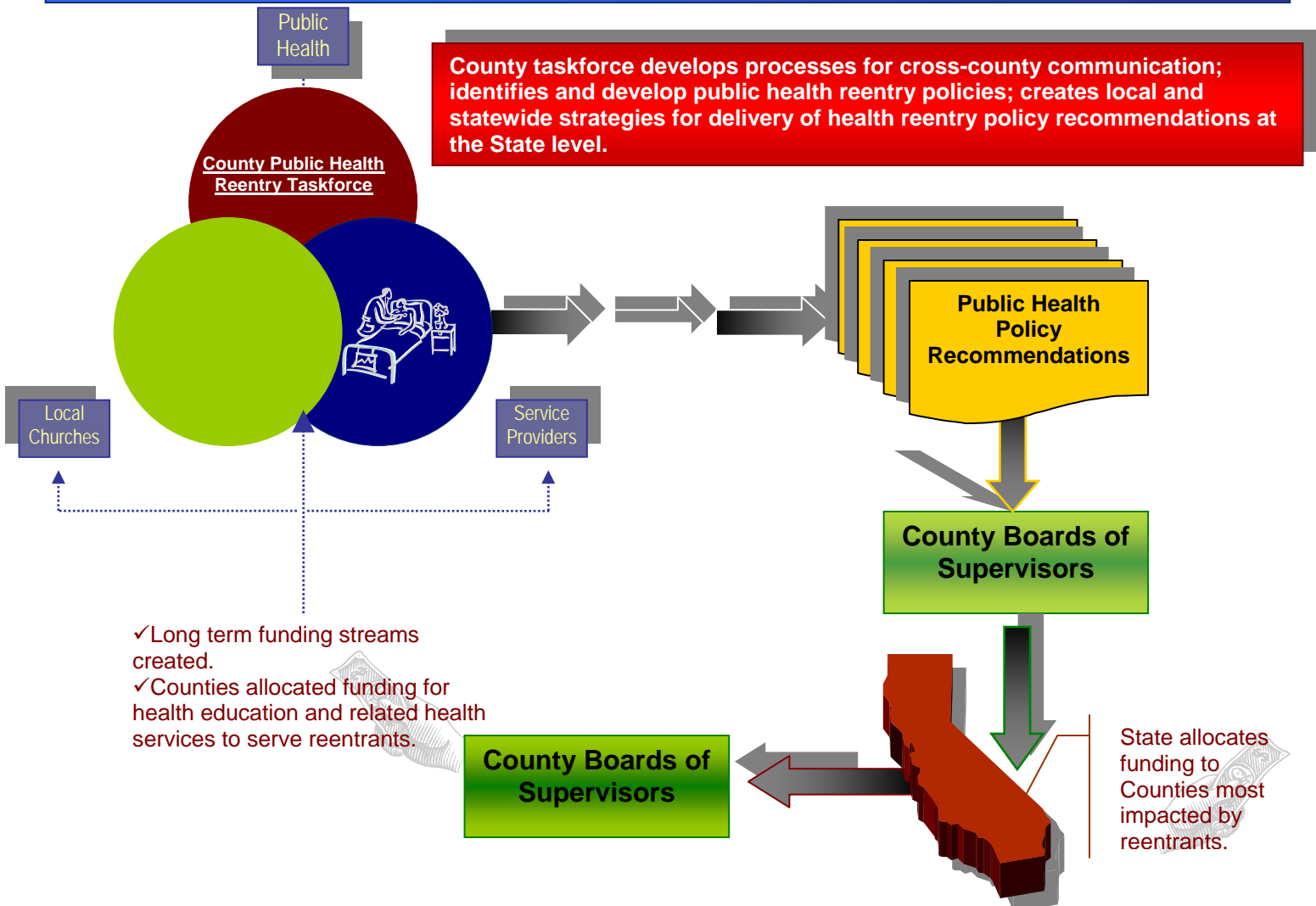
Public Health Policy Recommendations

County Boards of Supervisors

- ✓ Long term funding streams created.
- ✓ Counties allocated funding for health education and related health services to serve reentrants.

County Boards of Supervisors

State allocates funding to Counties most impacted by reentrants.



**San Diego County Public Health Reentry Task Force**

**Process Implementation Timeline - Year 1**

<b>MONTH 1</b>	<b>START-UP</b>
	<ul style="list-style-type: none"> <li>Establish a Monthly Meeting Schedule</li> <li>Identify Assets and Opportunities</li> <li>Identify Facilitator/Staff Support</li> <li>Establish Communications Methods</li> </ul>
<b>MONTH 2</b>	<b>KEY LESSONS</b>
	<ul style="list-style-type: none"> <li>Clarify Expectations</li> <li>Identify Negotiables</li> <li>Identify Up-line Decisionmakers</li> </ul>
<b>MONTH 3</b>	<b>INFORMATION GATHERING</b>
	<ul style="list-style-type: none"> <li>Overview of State Reentry Numbers</li> <li>Overview of County Numbers</li> <li>Health Services Mapping</li> </ul>
<b>MONTH 4</b>	<b>INCREASING AWARENESS</b>
	<ul style="list-style-type: none"> <li>Scenario Response: Existing public health response to major outbreaks of HIV &amp; Hep C</li> </ul>
<b>MONTH 5</b>	<b>DISASTER PREPAREDNESS: DEVELOPING A QUALITY RESPONSE</b>
	<ul style="list-style-type: none"> <li>Health Department</li> <li>Department of Corrections &amp; Rehabilitation</li> <li>County Jail</li> <li>Hospitals</li> <li>Community Clinics</li> <li>Faith Community</li> </ul>
<b>MONTHS 6 - 10</b>	<b>DEVELOPING POLICY RECOMMENDATIONS</b>
	<ul style="list-style-type: none"> <li>Public Health Department</li> <li>Public Safety Department</li> <li>Community</li> <li>Faith-based Community</li> </ul>
<b>MONTHS 11-2</b>	<b>PREPARING BOARD OF SUPERVISORS PRESENTATION</b>
	<ul style="list-style-type: none"> <li>Overview of Task Force Work</li> <li>Task Force Recommendations</li> <li>Collaboration with other Counties</li> </ul>

# Policy Formation Considerations

## *Recommendations to increase state funding to county*



**Key Questions  
for Consideration**



Person arrested & charged.  
Held over in county until disposition  
of case.



- I.** What policy recommendations can we make to insure that the county is aware of all communicable diseases a person may have? Examples: HIV/AIDS, TB, HEP C. If testing is presently optional, what policy changes can create mandated testing?
- II.** How much will it cost the county per unit to screen, treat, and take necessary precautions to prevent exposure to other inmates, staff and visitors while the person is in its custody?
- III.** What policy changes would mandate or encourage the infected individual to provide information about family members and friends that may have been exposed to the disease?  
Examples: TB, Hep C, HIV/AIDS
- IV.** How much will it cost the county per unit to follow up with those who have been exposed?
- V.** What role can faith-based organizations and community-based organizations play in supporting the county in reaching out to potentially infected persons and referring such persons to adequate treatment?
  - What type of capacity building is needed? Examples: Certifications for outreach, Information/Technology infrastructure
  - How much will it cost?

# Policy Formation Considerations

*Recommendations to increase state funding to county*

**Key Question  
for Consideration**



Person sent to state prison.

- I. What policy recommendations can we make to insure that the inmate's medical conditions are transferred to state prison in an appropriate and timeline manner? Examples: Electronically, in accordance with HIPPA

**Key Question  
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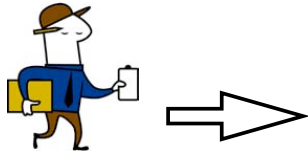
Person serves term in county prison.

- I. What policy recommendations can we make to increase funding to county for treatment while person is in custody?

# Policy Formation Considerations

## *Recommendations to increase state funding to county*

Key Questions  
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Person released from state and/or county prison.

- I. What policy recommendations can we make to insure that the inmate is referred to community based health care provider for adequate treatment? How much will it cost for:
  - Electronic transference of medical records? If system not in place what would it cost to design and capitalize?
  - Developing a list of preferred community-based providers to insure a inmate's continuation of care?

- II. What role can faith-based and community-based organizations play in supporting a former inmate's continuation of care?  
Examples Might Include:
  - Calls to encourage the person to keep medical appointments
  - Referring person to additional low/no cost medical services
  - Providing transportation information (bus schedules, other modes of transportation)

How much will it cost per unit?

What capacity building needs accompany this intervention?

- III. Can faith-based and community-based organizations provide additional prevention and education information to ex-offenders? How much will it cost per unit based on the county's experience?

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*Recommendations to increase state funding to county*

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Person released from state and/or county prison and new system. Person's information not transferred in a timely manner. Community residents and/or family and friends of inmate potentially exposed to disease.

- I. What policy recommendations can we make to insure that family, friends and community residents are made aware of potential exposure?
  - How much will it cost?
  - How do we protect the ex-offenders legal rights (confidentiality)?

- II. What role can faith-based and community-based organizations play in notifying and educating the community, family & friends?

Examples Might Include:

- Passing out informational flyers in target area
- Conducting education classes for interested family, friends and residents
- Providing counseling anyone potentially exposed to diseases

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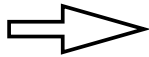


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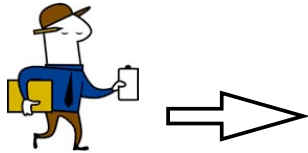
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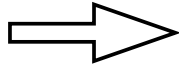
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