

Whole Person Care- Los Angeles Policy Brief

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Los Angeles County Reentry Programs Improve Access to Primary Care for Justice-Involved Adults

SUMMARY: Participation in the Los Angeles County Reentry Programs within Whole Person Care-Los Angeles (WPC-LA) is associated with reduced utilization of costly acute care services and increased utilization of primary care. The reentry services provided to justice-involved individuals reentering the community after incarceration offer both pre-release and post-release services. These services link vulnerable individuals to health and social services to reduce recidivism and improve health outcomes. Since launching the program, participants have increased primary care use by 13%.

PROBLEM: Inefficient Health Care Utilization Among Justice-Involved Individuals

Reentry to the community after incarceration for justice-involved individuals is challenging as these individuals often have limited access to immediate housing, finances, food, employment, healthcare, and other basic needs.^{1,2} Additionally, many people leaving jail have chronic health conditions³⁻⁵ and mortality risk is heightened during reentry to the community, yet gaps in care and healthcare access is limited.⁶⁻⁷ People leaving jail often have difficulty connecting with routine medical and behavioral health care and face gaps in care, including missing critical medication, upon release.⁸ As such, justice-involved individuals show high use of emergency department (ED) and inpatient care in the community, including for conditions better managed in outpatient settings, further leading to health inequities.⁸⁻⁹

SOLUTION: Whole Person Care Reentry Programs

To promote safe reentry to the community and prevent health inequities,¹⁰⁻¹² Los Angeles County Pre-Release and Post-Release Reentry Programs provide wrap-around services to justice-involved individuals. In 2019, these programs officially merged with the Los Angeles County Office of Diversion and Reentry programs within Whole Person Care- Los Angeles (WPC-LA). The **Pre-Release Reentry Program** engages incarcerated individuals before release. A jail-based Medical Case Worker (MCW) conducts an in-person psychosocial assessment to develop a reentry care plan in partnership with the individual. Based on the assessment, participants receive referrals to ensure they are linked to essential services upon release (housing/shelter, healthcare, mental health care, public benefits enrollment such as Medi-Cal enrollment). For additional medical coverage, WPC-LA can provide a 30-day supply of prescription medication and continuity of care documents for participants' community health care provider(s). The program's release desk serves as a final resource service for participants upon release and can help to arrange transportation, shelter, or other services at the time of exit from jail.

Once released, the participant is enrolled in the **Post-Release Reentry Program** with a warm hand-off to the community-based

Community Health Worker (CHW) when possible. The Post-Release Reentry Program offers connections to health care services, appointment accompaniment, and assistance with enrolling in social services programs during the first 3-9 months of reentry. The Post-Release Program also helps participants access shelter, find employment, and meet other needs. Individuals graduate from the program when they are linked to appropriate social services and complete the program, or exited from the program if they stop engaging in services despite follow-up attempts.

Perspectives from a Reentry Community Health Worker

"Whether it's DPSS the DMV, going to the doctor's appointment, we prep them for all this stuff before we go, so they know what to expect. And when I go to, say, DMV and we wait in line and we fill out the paperwork, they have that extra, like, "Oh, well, I'm here with somebody. I'm being helped." And then at the end, whether it's a P.C.P. appointment, anywhere we go, I always tell the client, "Look, I'm walking with you. I'm not doing it for you. You did everything that we just did right now. So, you can do this stuff... I just showed you how to do it." So, along with that sense of security, they get a sense of accomplishment."

Program Goals

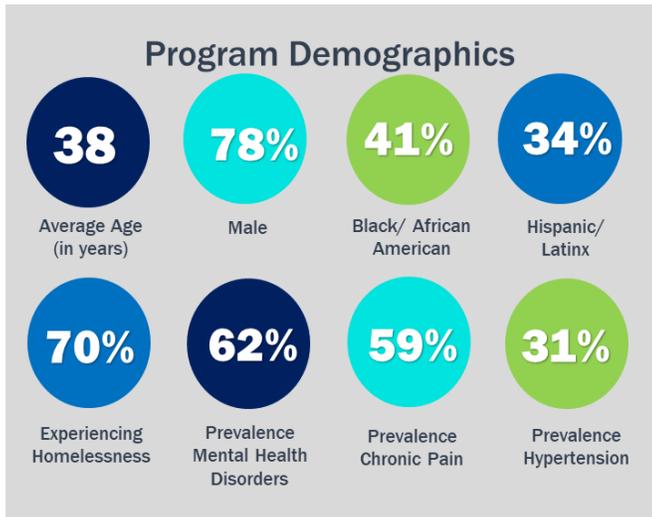
By offering transition services before and after release, WPC-LA aims to facilitate successful reentry into the community and reduce recidivism through linkage to health and social services. With linkages to the appropriate services, WPC-LA hopes to reduce the utilization of costly acute care while also increasing primary care utilization, thereby improving health outcomes.

Program Eligibility

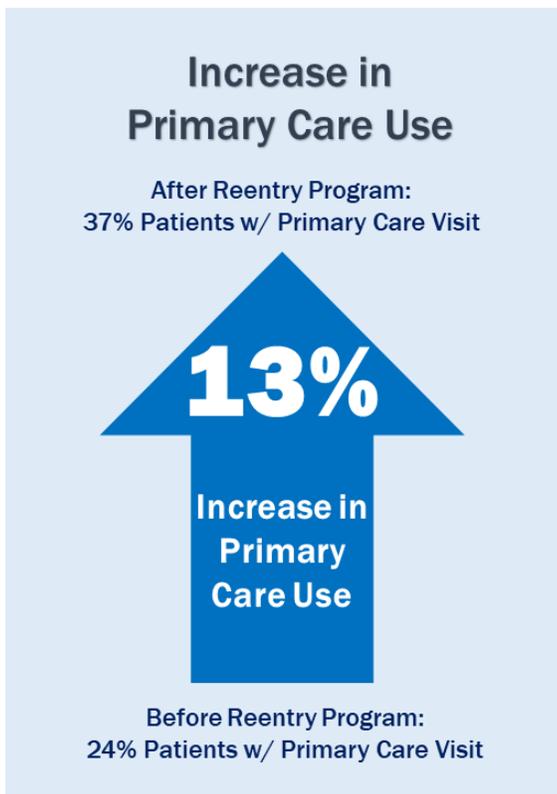
The program enrolls individuals with recent (i.e., within the last three months) justice system involvement who have a history of acute care utilization and/or a complex health condition, mental health disorder, and/or other health vulnerabilities.

OUTCOMES: Reduction in High-Cost Care and Increase in Primary Care

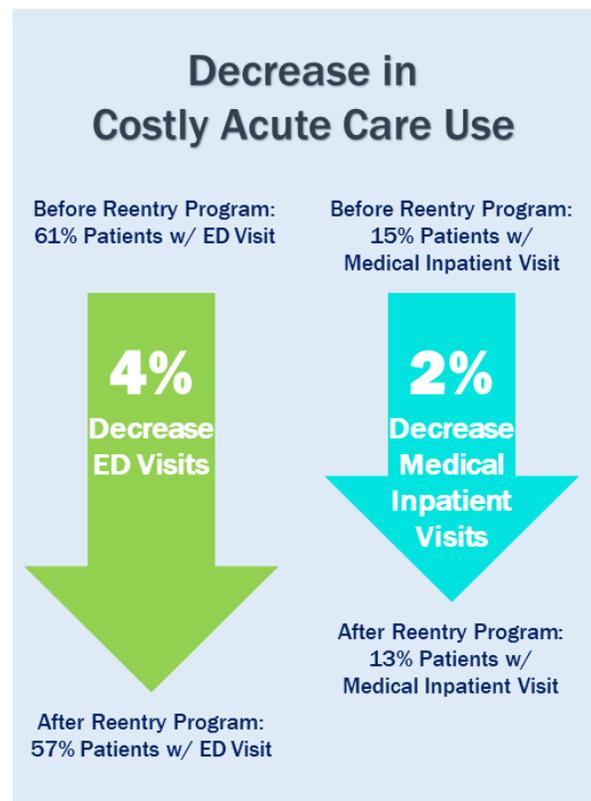
Between May 2017 and December 2018, WPC-LA enrolled 4,090 individuals in Reentry programs. The participants were an average age of 38 years old and were predominantly Black/African American (41%) or Hispanic/Latinx (34%).



The Reentry Programs achieved the goals of increasing primary care use and decreasing costly acute care use among participants.



Program Strengths



- *Comprehensive services for justice-involved participants reentering the community.* Reentry services address multiple areas (e.g., mental health, medical care, housing, vocational services, transportation, public benefits) critical in improving health and criminal justice outcomes.
- *Initiating early engagement facilitates a reentry plan.* Some County-employed CHWs are able to enter the jails to build relationships with individuals before release to enhance engagement in community-based care after release.
- *Shared Connection with CHW:* Some reentry CHWs have a lived experience with incarceration. This allows CHWs to build trust, rapport, and stronger relationships with participants. Participants feel comfortable sharing their treatment and social needs without fear of being judged or dismissed.
- *Release desk services (at point of release):* WPC-LA implemented an innovative “at-the-door” resource service for participants facing early or unexpected release. The release desk serves participants at the point of release, helping to coordinate transportation, shelter, and connections with relatives or other services for reentry.
- *Creation of community resource pathways facilitate direct service uptake.* Los Angeles County built resource pathways for participants leaving jails, including dedicated beds in shelters for vulnerable reentry participants. The pathways facilitate reentry services and streamline reentry care. Another successful example of this includes the streamlined assessment for substance abuse treatment programs upon release. Previously, assessments and referrals were done

differently at various agencies. ODR worked with the Los Angeles County Department of Public Health to simplify a universal screening process from inside the jail, which helped streamline the assessment process to obtain treatment.

- *Increased cross-agency and sector collaboration to meet the needs of the reentry population.* ODR and WPC-LA staff joined broader local and regional efforts led by community-based organizations and other stakeholders to improve services and justice processes for reentry populations.

Program Challenges

- *The program faces high rates of lost to follow up.* Reentry is challenging, and it can be difficult to reach people after release due to insecurity of resources for participants (such as not having a phone upon release), and inconsistent contact information. Handoffs from MCWs to community-based CHWs create communication challenges, as the majority of CHWs are not allowed in the jail due to their lived experience of justice involvement. Additional factors such as those related to mistrust or mental health conditions may create additional barriers.
- *Available resources for reentry populations are not sufficient.* The demand for wrap-around services for reentry populations is higher than the end supply of resources including a lack of housing/shelter, substance abuse treatment, social services, mental healthcare, and other community resources. Additionally, the temporarily loss of Medi-Cal that occurs when participants transition from jails back to their communities creates a significant disruption in care. Compounding these challenges, existing resources may not accept reentry participants due to justice involvement, and services may not be tailored to the unique needs of reentry participants.
- *Difficulty obtaining staff who represent participants served.* CHWs have been proven to engage, educate, motivate, and connect complex patients to various services and are valued for their ability use their lived experience to relate to participants. However, stringent screening rules make it difficult for CHWs with lived experience to enter the jails, challenging in-jail engagement prior to release.
- *Public safety or security concerns take precedent over health inside the jails.* The goals of reentry services do not necessarily align with the justice system, which has created additional obstacles for buy-in, engagement, logistical support, and optimal workflows. The justice system is often focused on security concerns, whereas reentry services focus on the health and well-being of the individual. Infrastructure development to establish reentry services has taken time and problem-solving.
- *Data sharing and comprehensive data for tracking participants or program outcomes is unavailable:* Optimal data systems for participant tracking do not exist due to the

nature of working across systems (justice system, health services, correctional health services, community organizations, sheriff's data, etc.). The lack of data sharing inhibits continuity of care and leads to redundant documenting in various systems. Outcomes are difficult to track for multiple reasons: (1) the IT data systems mentioned above are not integrated for both historical and privacy regulation-related reasons, (2) alerts or notifications do not exist if participants re-enter the justice system after release, and (3) positive outcomes for linkages such as connections to housing (interim) or substance use treatment, have only recently been tracked systematically.

Policy Recommendations

- *WPC-LA-LA fills an importance niche, but additional reentry services and pathways require funding and further build-out:* End services, such as housing, mental health, substance use treatment, are insufficiently available to meet the needs of reentry participants. Future developments should include increasing the availability of community services to promote the success of reentry planning and individual needs for the health and wellbeing of this vulnerable population.
- *Participants in WPC-LA-LA Reentry Program Utilized Lower Cost Health Care in the Community:* Supporting transitions to community-based care pre- and post-release during reentry is an important priority of health and justice systems.
- Expediting Medi-Cal activation upon release is key to continuity of care. WPC-LA-LA in partnership with the Los Angeles County Department of Public Social Services took tremendous steps to fast-track activation of Medi-Cal for participants upon their release. Moving forward under CalAIM, fast-tracking Medi-Cal activation upon release should be prioritized to prevent disruption of care.
- *Community Health Workers Provide Multiple Benefits to Reentry Programs:* CHWs are evidence-based health team members who engage participants to offer support during reentry that can help reduce acute care use and increase use of primary care. Trained, supervised CHWs, ideally with a shared lived experience of incarceration, should be involved in reentry planning and care.
- *Pre-Release Engagement Facilitates Connections to Appropriate Services:* Connecting to individuals prior to release is critical for establishing relationships and assisting with Medi-Cal, medications, appointments, housing, rides, and handoffs to CHWs and clinics.

Special Population: Justice-Involved Youth

A UCLA study team partnered with WPC-LA to study 18- to 24-year-old participants in the reentry programs. Notable findings from the **19 young adult participants** who completed a pre-release survey include:

- **High rates of exposure to adverse childhood experiences.** For example, during childhood: 74% had divorced parent; 68% witnessed violence in their neighbourhood; 63% lived with someone with a drug or alcohol problem; 47% were in foster care; and 47% went without food, clothing, or a place to stay.
- **High unmet substance use treatment needs, coupled with a desire for help.** 68% considered themselves to have a drug or alcohol addiction. Of those who reported an addiction, 77% planned to seek treatment once released.

Post-release qualitative interviews across the reentry period reveal **the challenges and opportunities of reentry** that young people face during reentry. The WPC-LA CHWs can provide critical support during the pivotal reentry period. As one participant, a 22-year-old African-American male enrolled in WPC-LA, said about his challenges and priorities:

“Before I went in jail, I was doing good. So, when I went down, then my mind—you know, I’m thinking in my head like damn, I gotta start over. I gotta start from scratch... My goal is to find a job to provide for my daughter.”

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Data and Methodology

Participants were enrolled in the WPC-LA program starting in 2017; enrollment is ongoing. Participants who enrolled in WPC-LA provided informed consent and signed HIPAA agreement for analysis of medical records. Medical records from the Los Angeles County Department of Health Services Orchid data system were extracted for WPC-LA Reentry participants enrolled between May 2017 and December 2018. Data were analyzed in statistical software to provide pre/post comparisons of healthcare utilization rates.

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