

POLICY BRIEF

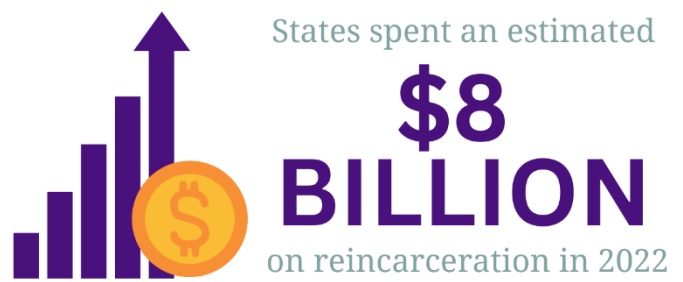
The Case for Care Coordination for Formerly Incarcerated Adults

State and federal Department of Corrections (DOC) and Department of Justice (DOJ) play pivotal roles in supporting the successful reintegration of formerly incarcerated adults into society. This transition is often marred by significant challenges, including fragmented healthcare, lack of housing, and barriers to employment, particularly for those with serious mental illness (SMI), substance use disorders (SUD), or those navigating parenthood.

Care coordination—a structured, person-centered approach that integrates healthcare, behavioral health, and social services—presents a cost-effective, evidence-based solution to improve outcomes for formerly incarcerated individuals, reduce recidivism, and enhance public safety.

Cost Savings Through Reduced Recidivism

- Studies show that access to coordinated care reduces recidivism rates by addressing root causes such as untreated mental health issues, substance use, and housing instability.
- The [Council of State Governments Justice Center](#) estimates that recidivism costs state correctional systems billions annually. Care coordination can significantly reduce these expenditures.



Healthcare Cost Reductions

- Justice-involved individuals experience high rates of [emergency room visits and hospitalizations](#) due to untreated SMI and SUD. Coordinated care provides access to preventive and ongoing healthcare, reducing costly acute care interventions.
- At the end of 2022, an estimated [5.4 million persons](#) were under the supervision of an adult correctional system in the United States. The majority of them will return to their communities, families and friends. An [estimated 37% of prisoners and 44% of jail inmates](#) have a mental health disorder. Additionally, [drug use and dependence](#) are highly prevalent among this population. In many cases, [SMI and SUD are co-occurring](#).
- [Medicaid expansion](#) and reentry care programs demonstrate that every dollar spent on care coordination yields significant savings in healthcare costs.



It is estimated that more than half (58%) of state prisoners and two-thirds (63%) of sentenced jail inmates **meet the criteria for drug dependence or abuse.**

Improved Public Safety and Community Stability

- Stable [housing](#), employment, and healthcare reduce criminal behavior. Care coordination minimizes the strain on law enforcement, judicial systems, and correctional facilities by fostering stability and independence.

Targeted Solutions for Vulnerable Populations

- **New Mothers:** Coordinated maternal healthcare improves health outcomes for mothers and infants, reducing long-term societal costs related to poor maternal health and foster care placements.
- **Individuals with SMI and SUD:** Integrated care models improve treatment adherence and reduce emergency interventions, stabilizing high-risk individuals and lowering incarceration rates tied to untreated conditions.

Policy and Legislative Support

Second Chance Act (2008): Supports state and local reentry programs, including initiatives for mental health treatment and housing assistance.

Affordable Care Act (2010): Expanded Medicaid eligibility ensures formerly incarcerated individuals can access healthcare services, including behavioral health care, upon release.

Family First Prevention Services Act (2018): Provides funding for services that keep families together, such as parenting programs and substance use treatment, critical for justice-involved parents.

Medicaid Reentry Act (Proposed): Advocates for the reinstatement of Medicaid 30 days before release, ensuring continuity of care for justice-involved individuals.

POLICY RECOMMENDATIONS for State and Federal DOJ and DOC	
Mandate Reentry Care Coordination Programs	Require correctional facilities to implement care coordination services linking individuals to healthcare, housing, and employment support prior to release.
Invest in Technology and Data Sharing	Develop integrated systems that facilitate communication between corrections, healthcare providers, and community organizations to ensure continuity of care.
Expand Partnerships and Community Organizations	Collaborate with nonprofit organizations, local governments, and healthcare systems to deliver comprehensive support services.
Targeted Support for Vulnerable Groups	Develop specialized programs for formerly incarcerated mothers, individuals with SMI, and those with SUD to address their unique needs and reduce societal costs.
Monitor and Evaluate Outcomes	Invest in data-driven approaches to measure the effectiveness of care coordination programs in reducing recidivism, improving health outcomes, and lowering costs.