CHCF Fact Sheet

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Listening to Californians with Complex Needs

Focus On: Transitioning from Incarceration

As the CalAIM (California Advancing and Innovating Medi-Cal) program's Enhanced Care Management and Community Supports reach their fourth year since statewide launch in 2022, implementation partners have reported that these services are making a difference for their organizations and the Californians they serve. But how are these programs experienced by the people they are intended to support?

About the Study

In 2023 and 2024, Los Angeles research firm EVITARUS conducted the Listening to Californians with Complex Needs study in partnership with CHCF. The research included in-depth interviews with 99 people with complex needs and eight focus groups with caregivers across Alameda, Fresno, Humboldt, and Los Angeles. In the full report, participants described their attitudes toward their health and experiences with the health care system. This fact sheet focuses on participants who recently transitioned from incarceration.

About the Participants

More than two in five research participants (44%) transitioned from incarceration. Among these, one in four transitioned from incarceration less than one year ago (25%). Four in five reentry participants reported having five or more simultaneous complex needs (80%). Moreover, nearly all reentry participants (95%) reported having experienced homelessness, with 36% experiencing homelessness at the time of the interview. Most reentry participants also reported complex health challenges, with at least three in four experiencing a physical health condition (77%), a mental health condition (75%), or substance use disorder (75%).

This fact sheet centers the perspectives of people returning to the community after incarceration, one of the groups CalAIM was designed to serve. Throughout this fact sheet, these returning citizens are referred to as 'reentry participants.' Importantly, at the time of the research, many of CalAIM's reforms focused on this population were still in the planning process. For managed care plans and provider implementers, involving people with lived experience as equal partners in program design and implementation increases the likelihood that these services will truly meet people's needs.

In interviews, reentry participants reported experiencing many needs all at once including significant barriers to securing housing and treatment for physical and behavioral health conditions, with a few bright spots. They made it clear that when it comes to reentry, both the timing and breadth of support are critical.

Key Findings

Providers with Lived Experience and Empathy Facilitate Trust

Participants who connected with empathetic care management and caring probation or parole officers believed those providers were integral to their transition from incarceration. A 38-year-old White man from Humboldt County who experienced incarceration because of drug use credited his probation officer's kindness and resourcefulness as the reason he could engage in active recovery for his substance use. In addition, reentry participants noted that they

could form relationships built on trust and relatability with care providers who have lived experience. This makes them excellent mentors to help navigate health and support systems.

"[Mentor name] is somebody to look up to like a father figure because he been through what I've been through. He been to prison. . . . He sober. So, I need somebody who is going to relate, I can relate to. I don't want to just talk to anybody. . . . You went through what I went through. I'm going to listen to your advice, and I am going to take every advice you give me and I am going to run with it."

–35-year-old Black man, Fresno County

People with Behavioral Health Conditions Report Challenges Getting Treatment

Three in four reentry participants reported experiencing substance use challenges. Of those, three in four also experienced psychological conditions as a result of incarceration. Those who had pre-existing serious mental illness found that incarceration exacerbated their symptoms, while others reported that they developed post-traumatic stress disorder (PTSD) and other conditions due to the trauma they experienced during incarceration.

Many of these participants noted that substance use, possession, or distribution led to their incarceration. Upon release, they neither knew where to seek treatment nor had the financial security to enroll in a rehabilitation program independently. Without sufficient support to address their substance use challenges, participants found themselves returning to jail for the same reasons they were initially incarcerated.

"Almost all of my arrests and time spent in jail were drug related. At no point was I ever given an option or even saying, 'If you need help, maybe you can go see Waterfront or HRC, Humboldt Recovery Center. If you need help or you want to get help with your addiction or quit repeating the cycle, rinse and repeat of ending up here, then maybe you can try this other option,' or point me in the direction of NA [Narcotics Anonymous] meetings. Having a list of where to go to for a meeting or something like that."

–48-year-old Native American man, Humboldt County

Participants expressed mixed experiences with court-ordered substance use treatment. Some resorted to committing crimes in order to receive substance use treatment through a court order, while others felt that court-ordered treatment was dehumanizing because they would return to jail if they made any error or relapsed.

Many reentry participants reported negative experiences when attempting to access care, including confronting rude and hostile attitudes from staff and providers after disclosing their history of incarceration. Some participants feared that they would re-enter jail if they fully disclosed the nature of their substance use challenges, while others believed they received unfair treatment, including increased drug testing and progress reports that go back to the criminal legal system, compared with those who had not been incarcerated. These challenges created a dilemma in which participants had to choose whether to subject themselves to care that was stigmatizing or not seek treatment at all.

In rural areas, participants reported that their incarceration histories were already well-known by providers and care staff. Having no options for care facilities where they were unknown, these participants sought care knowing they might experience stigma and discrimination.

People Leaving Incarceration Need More Help in Finding Housing, Jobs

Nearly half of reentry participants considered the housing support they received upon release to be inadequate. Participants shared stories of being released in the middle of the night with uncharged phones, soiled clothing, and no guidance on where to seek support. For participants who entered incarceration while experiencing homelessness or unstable housing, their release without any form of social support meant returning to living on the street or in an unsafe setting. For example, a 65-year-old Black man from Alameda County became homeless when he was released without any resources or support other than a small amount of cash.

> *"When you leave the penitentiary, they take you to the bus station and they stand right there until you get on the bus. . . . You've got to pay for your ticket, and you've got to eat, so by the time you get to where you're going, you might have $120. And even if you've got $120, if you are going to try to get a room, how are you going to pay rent with $120?"*
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> –65-year-old Black man, Alameda County

For reentry participants in rural areas, the challenge of finding housing upon release was compounded by their geographic isolation and lack of transportation. Participants did not know where to find temporary housing or support services nearby, and those who did have connections to transitional housing had to spend most of their money travelling far distances.

Without sufficient resources to either find permanent housing or immediately transition into a shelter, many participants returned to jail soon after their release. Among reentry participants who had a behavioral health condition, more than half reported that their lack of housing exacerbated or triggered the substance use or mental illness that might have contributed to their initial incarceration. To break the cycle of recidivism, participants suggested that probation officers or custody staff with training in reentry services offer a list of local housing transition resources.

In addition, almost one in three reentry participants reported that they struggled to find employment and achieve financial security. Without steady incomes, participants were unable to afford permanent housing or treatment programs, so many returned to the situations that brought about their initial incarceration. A 30-year-old Black woman from Fresno who was unemployed engaged in theft, despite having been incarcerated for the same crime, because it was the only way to support her five children.

Resources for Implementers

Here are three resources that may help readers better understand both the needs of people who are leaving incarceration and approaches implementers are taking to meet those needs:

- Much like the health care system, the criminal legal system is complex. *CalAIM Explained: Caring for Californians Leaving Incarceration* outlines the reentry process and opportunities to best serve this population, both before and after release from incarceration.

- Eleven California counties shared their approaches and lessons learned from early implementation of CalAIM's Justice-Involved Reentry Initiative.
- The Transitions Clinic model is an evidence-based program designed to serve the needs of people recently released from incarceration. It includes a community health worker with a history of incarceration as part of the health care team. There are 21 programs operating in California. CHCF chronicled one woman's story of trying to get connected to the health care she needed upon leaving prison.

THE TAKEAWAY

Individuals transitioning from incarceration have many urgent social and health care needs, including housing, financial support, employment, and mental and substance use treatment. The period prior to release from custody represents an optimal intervention point to provide integrated and concentrated multipronged support to residents who will be returning into the community.

About the Authors

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About the Foundation

The California Health Care Foundation (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.