

Health and Prisoner Reentry: How Physical, Mental, and Substance Abuse Conditions Shape the Process of Reintegration

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research for safer communities



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Executive Summary

Each year, nearly 700,000 men and women are released from prison into communities across the United States but many do not make a successful transition: two-thirds are arrested within three years and one-half are returned to prison, either for parole violations or new crimes. The Urban Institute's study, *Returning Home: Understanding the Challenges of Prisoner Reentry*, provides an in-depth examination of the reentry process through a series of interviews with a representative sample of 1,100 returning prisoners before and after their release. This report documents the health challenges facing returning prisoners and describes how individuals with health conditions navigated the first year after release from prison. Taking a comprehensive perspective on "health," we report on the influence of physical health conditions, mental illness, and substance abuse on the reentry process. We demonstrate, empirically, how returning prisoners with these health conditions faced distinct challenges with regard to finding housing and employment, reconnecting with family members, abstaining from substance use and crime, and avoiding a return to prison.

KEY FINDINGS

- Nearly all returning prisoners—8 in 10 men and 9 in 10 women—had chronic health conditions requiring treatment or management.
 - One-half of men and two-thirds of women had been diagnosed with chronic physical health conditions such as asthma, diabetes, hepatitis, or HIV/AIDS.
 - Fifteen percent of men and over one-third of women reported having been diagnosed with depression or another mental illness; the actual prevalence of mental health conditions is likely to be double the self-reported amount.
 - About two-thirds of men and women reported active substance abuse in the six months before this incarceration.

- Returning prisoners often had more than one type of health problem. Roughly 4 in 10 men and 6 in 10 women reported a combination of physical health, mental health, and substance abuse conditions, including an estimated one-tenth of men and one-quarter of women with co-occurring substance abuse and mental health conditions.

- Many prisoners with health conditions did not receive treatment while incarcerated, and treatment rates decreased further upon release.
 - Two-thirds of men and three-quarters of women with physical health conditions received treatment during prison. Eight to ten months after release the shares receiving treatment for these conditions fell to one-half of men and 6 in 10 women.
 - About 6 in 10 men and women with mental health conditions received mental health treatment in prison. Eight to ten months after release the share receiving treatment declined to one-half of men and 4 in 10 women.

- One-half of men and 4 in 10 women with substance abuse problems participated in treatment services during prison, including Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and formal treatment programs. Eight to ten months after release, one-quarter were still receiving such services.
- Individuals who were taking prescription medicines in prison usually received a supply of medication upon release but, eight to ten months later, about two-thirds were still using the same type of medicine.
- Most returning prisoners (68 percent of men and 58 percent of women) were without health insurance 8 to 10 months after release. Nevertheless, returning prisoners with physical and mental health conditions were heavy consumers of health services, including emergency room visits and hospitalizations.
 - Over 7 in 10 individuals with physical and mental health conditions utilized some health care within 8 to 10 months of their release, including one-third who used emergency rooms and one-fifth who were hospitalized.
 - Although returning prisoners received these health services, their rates of treatment for specific health conditions deteriorated, suggesting that they received episodic care for acute problems but that continuous treatment of specific health conditions suffered. Barriers to continuous care other than cost need to be explored further.
- Reentry outcomes varied by health status. Individuals with physical health, mental health, and substance abuse conditions followed distinct reentry trajectories, reporting significantly different experiences with regard to housing, employment, family support, substance use, and criminal involvement. Respondents with physical health conditions, as a group, had the fewest distinct challenges. At the other end of the spectrum, respondents with mental health conditions reported poorer outcomes in most domains. In between were respondents with substance abuse problems, who were more likely to relapse into substance use and recidivate, but otherwise had differential experiences by gender.
- Individuals with physical health, mental health and substance abuse problems need housing assistance, as they were less likely than other returning prisoners to have made living arrangements before release. Mentally ill men and women and substance abusing women had particular difficulties with homelessness after release.
- Individuals with physical health, mental health and substance abuse problems reported poorer employment outcomes compared to other returning prisoners. Our findings suggest two different pathways:
 - Respondents with physical and mental health conditions were in poorer health and felt that health problems interfered with their ability to work.
 - Respondents with substance abuse problems did not have greater physical limitations, but reported more criminal behavior, having been more likely to earn money through illegal activities.
- Family members provided much tangible and emotional support, being the primary source of postrelease housing, as well as an important source of financial support. Mentally ill men and women received relatively lower levels of family support compared to other returning prisoners, as did substance-abusing women. Men with substance abuse problems, on the other hand, received higher levels of housing and financial support from family

members compared to other returning men. (Physical health status did not influence family support.)

- In some instances, the relationship between health status and reentry outcomes differed by gender. This was particularly evident in the provision of family support to respondents with substance abuse problems: substance abusing men received more tangible assistance than other men, yet substance abusing women received less help than other women. Since women typically experienced poorer outcomes than men regardless of health status, the interaction between gender and health status amounted to a double disadvantage and a large magnitude of difference. The shares of substance abusing men and women living with family, for example, differed on the order of 20 percentage points.
- Eight to ten months after release, about one-third of returning prisoners reported recent substance use. Men and women with preprison substance abuse problems were more likely to use again after release. Interestingly, men with physical health conditions were less likely to engage in substance use after release. (Returning prisoners with mental health conditions and women with physical health conditions did not report differential postprison substance use.)
- One in five returning prisoners were back in state prisons within a year of their release. Substance abusers were more likely to have engaged in criminal behavior and more likely to have been reincarcerated. We did not observe consistent relationships between physical and mental health, criminal behavior, and reincarceration rates. Nonetheless, having any type of health condition—physical, mental, or substance abuse—was associated with either engaging in more criminal activity or having a higher likelihood of reincarceration.

POLICY IMPLICATIONS

This research has demonstrated how the transition from prison to community differs for individuals with health problems, and knowledge of these specific differences can be used to target interventions to improve reentry outcomes. However, practitioners and policymakers must first recognize the scope of the problem. This study took a cross-disciplinary look at a representative sample of returning prisoners and found that (a) nearly all had some type of physical health, mental health, or substance abuse problem and (b) a sizeable fraction had multiple types of health conditions. Policymakers and practitioners would be well served to adopt a new paradigm that recognizes health as a universal rather than a special needs concern among returning prisoners.

Given that health problems influence reentry outcomes, and that nearly all returning prisoners have health issues, an assessment of health needs should be part of each individual's reentry planning process. Prison medical records are not sufficient to gauge health needs, as many did not utilize prison health services while incarcerated. A prerelease health assessment could be as simple as a self-administered checklist to screen for problems potentially requiring follow-up care or management.

Once health needs are identified, other steps can be taken to improve health outcomes after release. A comprehensive strategy would include assessing each returning prisoner's eligibility for Medicaid, disability, and other forms of public assistance, and beginning the application or reinstatement process before release. All returning prisoners should also be educated about health care resources appropriate to their needs in the community, particularly about the risks of stopping prescription medicines without medical supervision. Continuity of care, for those who were treated in prison, can be facilitated by linking to appropriate providers and services in the community; individuals with the severe health problems should have appointments with community-based providers scheduled in advance of their release.

With regard to other reentry outcomes, nearly all returning prisoners with health conditions had housing needs. They were less likely than others to have finalized their postrelease housing arrangements when we surveyed them in the month before release, and all experienced some degree of housing instability within the first eight to ten months after release. However, the degree to which they experienced housing difficulties varied by the type of health problem and also by gender. Similarly, returning prisoners with health conditions also reported greater employment difficulties relative to other returning prisoners, but the degree of difficulty varied, again, by health status and gender. This suggests that all returning prisoners should receive a base level of housing and employment assistance. Nevertheless, returning prisoners with physical health, mental health, and substance abuse problems faced varying degrees of difficulty in meeting specific reentry challenges. Our typologies of reentry experiences by health status suggest a number of targeted strategies for improving outcomes:

- Returning prisoners with physical health conditions, as a group, had the fewest distinct challenges. Their greatest needs after release were employment and income support, as health problems often impeded their ability to work. Two strategies are indicated.
 - Employment outcomes might be improved if health issues were addressed early in the postrelease period so that health conditions would not deteriorate.
 - Nonetheless, a share of returning prisoners with health problems will require nonwork sources of financial support. Applications for disability and other forms of public assistance should be submitted during prison to minimize the amount of time between release and receipt of services.
- Returning prisoners with mental health conditions experienced reentry difficulties across a range of domains: they had poorer housing and employment outcomes and reported higher levels of postrelease criminal involvement. This multitude of difficulties, combined with lower levels of family support, suggests that an integrated case management approach may be beneficial.
- Returning prisoners with substance abuse problems, regardless of gender, engaged in more postrelease substance use and criminal behavior than other returning prisoners and were more likely to have been reincarcerated within one year of release. Increasing the amount of treatment available to substance abusing men and women may serve to reduce aggregate rates of postrelease use.

Family members provided much help to returning prisoners, and though the level of support varied, the majority of individuals with health conditions received some assistance from family members. Discharge planning should consider the role of family members, including any risks posed by specific individuals, and realistically assess the amount of support they can provide by including them in the planning process whenever possible.

Nonetheless, policymakers and practitioners should remember that a sizeable minority—one-fifth of men and one-quarter of women—did not receive any tangible assistance from family members. Certain subgroups are more likely to need services from governmental or charitable sources. Regardless of specific health conditions, women generally experienced poorer outcomes than men, often stemming from less supportive relationships with family members. Men and women with mental health conditions and women with substance abuse problems also received lower levels of support relative to other men and women.

In conclusion, returning prisoners with physical health, mental health, and substance abuse conditions had reentry experiences that differed in many ways from the “average” returning prisoner. Our typologies of reentry experiences and service needs are intended to inform policymakers and practitioners about the types of issues that returning prisoners with health problems confront. While informative, this cannot take the place of individual, client-centered discharge planning, especially since so many returning prisoners reported multiple types of health conditions. The actual services provided to individual returning prisoners must be targeted to their particular needs.

1 Introduction

Each year, nearly 700,000 men and women are released from prison into communities across the United States (Sabol, Minton, and Harrison 2007). Many do not make a successful transition: two-thirds are arrested within three years and one-half are returned to prison, either for parole violations or new crimes (Langan and Levin 2002). This revolving door phenomenon is costly in terms of criminal justice system expenditures, not to mention the human and social costs borne by crime victims, returning prisoners, their families, and the communities in which they reside. Since 2001, the Urban Institute has been conducting research to understand the process of prisoner reentry and identify factors associated with reentry success and failure, with the goal of informing policy and practice. This study, *Returning Home: Understanding the Challenges of Prisoner Reentry*, provides a rich description of the reentry process through a longitudinal series of interviews with a representative sample of returning prisoners before and after their release (see Methodology section for details). In this report we describe the health status of returning men and women and examine the role that health problems and health treatment play in shaping reentry outcomes. This study takes a wide view of “health” and includes physical health problems, mental illness, and substance abuse in the analysis.

The results presented here corroborate other research documenting high rates of physical health conditions, mental illness, and substance abuse in correctional populations (National Commission on Correctional Health Care [NCCHC] 2002). *Returning Home* respondents typically had one or more chronic health conditions at the time of their release. The majority of men and women in the study sample had chronic physical and mental health conditions at the time of their release from prison. About 7 in 10 also reported levels of preprison substance use consistent with abuse and dependence. Including substance abuse under the rubric of health, we found almost none without health concerns: more than 4 out of 5 men and women had at least one physical health, mental health, or substance abuse problem at the time of their release. Available treatment, however, did not match the level of need in prison, and treatment rates declined once individuals were released to the community.

This report describes the ways in which returning prisoners with physical health conditions, mental health conditions, and substance abuse problems navigated the first year after release and demonstrates the distinct challenges they faced with regard to finding housing and employment, reconnecting with family members, abstaining from substance use and crime, and avoiding a return to prison. Anecdotal evidence suggests several reasons why prisoners with health problems often have a more difficult reentry process than others (Travis 2005). Returning prisoners face multiple, often simultaneous tasks as they embark on the process of reestablishing their lives outside prison—finding housing, getting a job, having enough money to live on, reconnecting with children and family—and these intermediary steps influence the ability to live a drug-free and crime-free life. Unresolved health and substance use problems often complicate

an already challenging transition. Returning prisoners with health problems may be unable to engage in work or other activities because of pain or sickness, and their families may be unwilling or unable to serve as a fallback support. They are additionally confronted with the tasks of managing their health problems, such as accessing health care and keeping up with medications or appointments. Those with severe or unmanaged health problems face an increased risk of adverse outcomes, including physical illness, relapse into drug use or, particularly in the case of mental illness, inappropriate behavior that provokes a police response. It stands to reason that successful treatment of returning prisoners' health conditions could increase their chances of reentry success by improving their ability to work, support themselves, and abstain from substance use, all of which have been shown to contribute to desistance from criminal activity.

Addressing the health problems of returning prisoners has the potential to improve individual health and reentry outcomes. The benefits may also extend beyond the individual to the communities in which returning prisoners reside. Released prisoners return in relatively high concentrations to a small number of socioeconomically disadvantaged communities in America's urban centers (Lynch and Sabol 2001). For example, Houston received one-quarter of all persons returning from Texas prisons, and 25 percent of those returned to just seven neighborhoods (Watson, Solomon, La Vigne and Travis 2004). Given the extent to which many individuals cycle in and out of correctional facilities, former prisoners comprise a respectable share of the population in certain communities. This concentration in some of the most disadvantaged urban areas has created a public health opportunity whereby attending to the health needs of prisoners and former prisoners may affect the course of a number of epidemics. Research has shown that sizeable portions of the total number of Americans with HIV, tuberculosis, and hepatitis, for example, serve time in correctional facilities each year (NCCHC 2002). If individuals are engaged in treatment, either in prison or after release, there is the potential to reduce the burden of illness and prevent further disease transmission.

In the sections that follow, we present a description of returning prisoners in the study sample and an overview of their reentry experiences regardless of health status. Following the overview, we address the experiences of those with physical health conditions, mental health conditions, and substance abuse problems individually: we describe the prevalence of each type of condition and the extent to which individuals received treatment, and then proceed to discuss the ways in which those with physical, mental, and substance abuse problems had distinctly different reentry experiences from other returning prisoners. The report concludes with a discussion of the role of health in reentry and offers empirically-based recommendations for improved policy and practice.

2 Prisoner Reentry: An Overview

PROFILE OF RETURNING PRISONERS

Returning Home study participants were representative of released prisoners in their states who had been sentenced to at least one year in prison and planned to return to their states' major metropolitan area (see Methodology section for further detail). As shown in Table 1, respondents were 36 years old, on average, at the time of release. The majority were from minority racial groups, with most men and about two-thirds of women describing themselves as being black or of another (nonwhite) race. About 1 in 10 respondents reported Hispanic ethnicity and almost all were U.S. citizens.

Men and women in the study typically served this prison term for a new crime as opposed to a parole violation (about one-third), with drug offenses being the most common conviction charge. Beyond these general characteristics, however, the men and women in our sample had different criminal justice profiles, consistent with the characteristics of the Ohio and Texas release populations. About one-third of men were serving time for a drug offense, with the remainder divided evenly among violent, property and other offense types. Over half the women were serving time for a drug offense and the remainder was divided evenly among property and other offense types; unlike men, very few women (2 percent) were serving time for violent offenses. Due to the relatively lower seriousness of their offenses, women served shorter sentences, an average (median) of 8 months compared to the 18 months men served. Since shorter sentences are less likely to include a term of parole supervision, only one-third of women expected to be under parole supervision upon release compared to two-thirds of men.

HEALTH STATUS OF RETURNING PRISONERS

Soon-to-be released prisoners typically had one or more health conditions. The majority of men (54 percent) and women (77 percent) in the study sample had chronic physical and mental health conditions at the time of their release from prison. (Many chronic health conditions in correctional populations are typically not acquired during incarceration, but are present before prison admission [NCCHC 2002; Centers for Disease Control and Prevention 2006a]). About 7 in 10 also reported levels of preprison substance use consistent with abuse and dependence. Including substance abuse under the rubric of health, we found almost none without health concerns, and many with multiple, overlapping types of health conditions. Although substance abuse is not often included in discussions of "health," the high level of substance use in correctional populations is indeed a health concern. Substance use at the level of addiction is a mental health condition in its own right, an Axis I disorder according to the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association 2000), and may be viewed as a chronic medical illness (McLellan, Lewis, O'Brien, and Kleber 2000). Moreover,

regardless of addiction, the physiological effects of drugs and alcohol are damaging to overall physical health. In addition to the risk of overdose, substance use increases the likelihood of developing other chronic conditions, including cardiovascular disease and cirrhosis of the liver (National Institute on Drug Abuse [NIDA] 2004), and contributes to the transmission of several infectious diseases, most notably HIV.

Table 1. Selected characteristics of *Returning Home* respondents

	Men (n=838)	Women (n=262)
Demographics		
Age (median)	36 years	36 years
Black or African American race**	67.2%	53.3%
White or Caucasian race**	19.5%	34.0%
Hispanic ethnicity**	12.2%	11.3%
Education and employment		
High school diploma or GED at release*	69.7%	59.8%
Employed at any time during the 6 months before prison**	72.5%	54.5%
Family relationships		
Married or living together as married before prison	24.0%	23.8%
Had children under age 18 at release**	48.3%	65.4%
Lived with minor children before prison**	29.6%	38.8%
Number of close family relationships before prison (median)	3	2
Number of close family relationships during prison (median)	3	3
Criminal history		
Age at first arrest (median)**	17 years	21 years
Served time in a juvenile facility**	36.0%	20.9%
Previously convicted of a crime	82.3%	80.2%
Served time in prison before**	66.0%	56.9%
Had parole or probation revoked before**	48.9%	49.6%
Current prison sentence		
Time served (median)**	18 months	8 months
Incarcerated in state jail ^a **	24.1%	72.5%
Violent offense conviction**	22.8%	2.3%
Property offense conviction	20.5%	21.1%
Drug dealing conviction	11.1%	16.9%
Drug possession conviction	24.7%	38.7%
Current term resulted from probation or parole violation	35.6%	34.5%
Will be released to parole supervision**	62.2%	31.4%
<p>^aSome Texas respondents served their sentences in state jails. These are unique to Texas and distinct from local or county jails in that they are part of the state correctional system. Unlike state prisons, however, state jails exclusively house low-level felony convicts with sentences of two years or less. The relatively shorter length of stay in state jails may have reduced opportunities for service provision during incarceration.</p> <p>Note: T-tests were conducted to identify statistically significant gender differences. A single asterisk (*) denotes differences with a p-value ≤ 0.10 and a double asterisk (**) denotes differences with a p-value ≤ 0.05. Significance testing of gender differences was restricted to Texas participants (414 men and 262 women) to control for state effects; these statistics are available from the authors upon request.</p> <p>Source: <i>Returning Home</i> original data collection in Ohio and Texas.</p>		

Despite the high prevalence of health conditions, most men (81 percent) and women (75 percent) described their health as *excellent* or *good* while in prison. This dissonance between the prevalence of health conditions and positive self-assessments is likely due to the nature of many chronic ailments. Respondents often reported serious yet “silent” conditions, such as diabetes, that require care but can remain asymptomatic for extended periods of time. Nonetheless, about one-fifth of men (19 percent) and one-quarter of women (25 percent) assessed their health as *fair* or *poor*, with women being more likely to give their health a negative assessment.

One-half of men (49 percent) and two-thirds of women (67 percent) had chronic physical health conditions requiring long-term management and care at the time of their release. We assessed health status during the prerelease interview using respondent self-reports. Respondents were given a list of chronic physical and mental health conditions and asked which conditions a doctor or nurse had diagnosed them with. The physical conditions most often reported included asthma, high blood pressure, and diabetes, but one-fifth of returning prisoners reported having communicable diseases like hepatitis B and C, tuberculosis, and HIV infection. Among those with chronic physical health conditions, the majority of men (64 percent) and women (73 percent) reported receiving treatment during prison, but a sizeable share (one-third and one-quarter, respectively) did not.

Fifteen percent of men and over one-third of women (35 percent) reported mental health conditions. As noted above, mental health status was also assessed through respondent self-reports at the prerelease interview and respondents indicated whether they had been diagnosed with depression or other mental illness. While the actual prevalence is probably double what was reported, as other researchers have found in this population (James and Glaze 2006), the study’s definition of mental illness is nonetheless based on respondent self-reports while in prison. (See Section 4 for the rationale for this decision and for more information on mental health measures selected for this report.) Of those reporting mental health conditions, 60 percent of men and 57 percent of women reported receiving treatment during prison, meaning about 4 in 10 did not.

Most respondents reported using drugs and alcohol regularly during the six months before this incarceration, and many had substance abuse problems that remained unresolved at the time of release. We assessed probable abuse by asking respondents how often they used drugs or drank to intoxication in the six months preceding their current prison term. The study defined substance abuse as alcohol intoxication or drug use more often than once a week. This level of use was correlated with a greater number of social and interpersonal problems related to substance use (e.g., problems at work, arguments at home) and more signs of addiction (e.g., physical tolerance, withdrawal symptoms). By this definition, 7 out of 10 men and women had a substance abuse problem. Interestingly, there were very few casual users: about 2 in 10 respondents used drugs or drank to intoxication weekly or less often and about 1 in 10 reported no use at all. (Throughout this report, we use the term *substance abuse* to refer to preprison use more than once a week. This is distinct from *substance use*, which refers to any drug use or alcohol intoxication.) During prison, 52 percent of men and 41 percent of women with substance abuse problems received some treatment services—this term is used to encompass participation in formal substance abuse treatment regimens as well as self-help groups like Alcoholics

Anonymous (AA) and Narcotics Anonymous (NA)—and 29 percent and 14 percent, respectively, participated in formal substance abuse treatment programs. Given the chronic nature of substance abuse, even with treatment, many returning prisoners are at risk of relapse and require aftercare upon release.

Most respondents (84 percent of men and 92 percent of women) reported at least one physical health, mental health, or substance abuse problem, and large shares (39 percent of men and 62 percent of women) had multiple types of health conditions. This is especially relevant to practitioners, as it is important to recognize that clients or patients presenting with one type of health problem often have other co-existing conditions. Clinical experience with co-occurring mental health and substance abuse problems has shown that incomplete attention to one type of problem decreases the likelihood of successfully treating the others (Quello, Brady, and Sonne 2005). Figures 1 and 2 display two different views of the relative share of each of these conditions and the overlap among them. Notably, women reported more co-occurring conditions than men. Among men with physical health conditions, one-fifth also reported mental health conditions; among women this figure was over one-third. The majority of respondents with physical health conditions, regardless of gender, also reported substance abuse problems. Among respondents with mental health conditions, male and female, nearly all had co-occurring physical and substance abuse problems. Of particular interest are those who are dually-diagnosed with mental health and substance abuse disorders: we estimate that one-tenth of all returning men and one-quarter of all returning women fit this description. Among respondents with substance abuse problems, one-half of men and two-thirds of women also had physical health conditions; moreover, 16 percent of men and 37 percent of women with substance abuse problems reported mental health conditions.

Figure 1. Interplay of physical health, mental health, and substance abuse conditions among returning prisoners, by gender

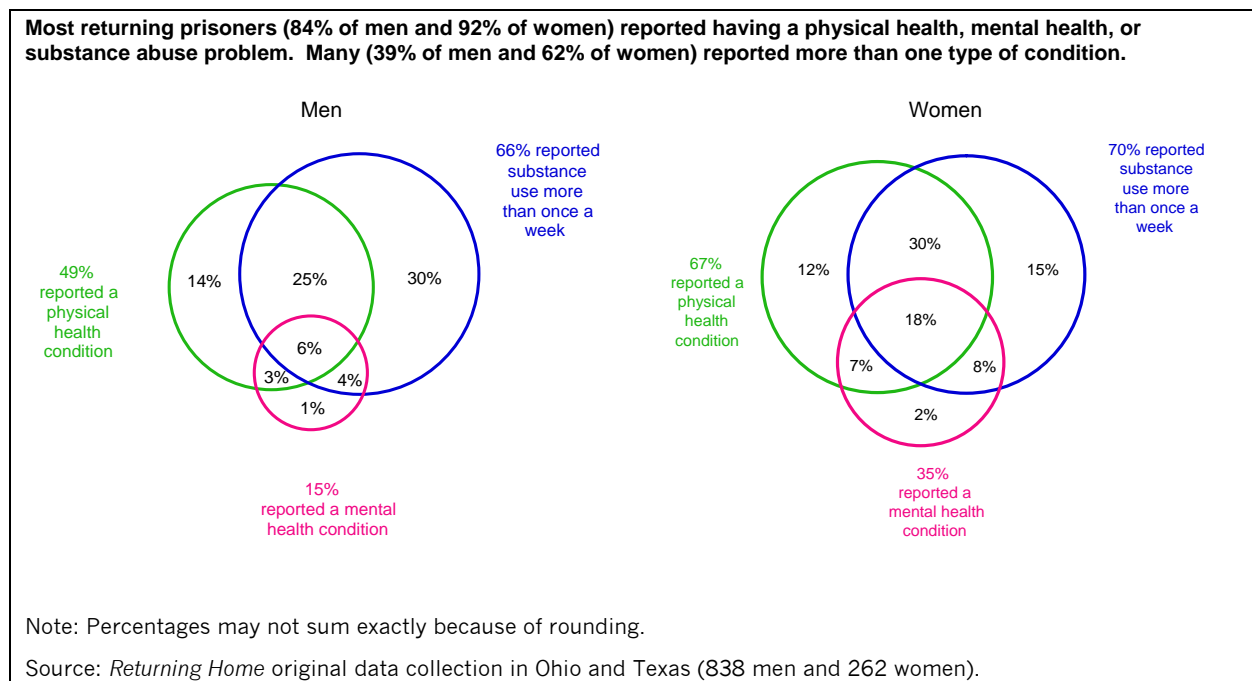
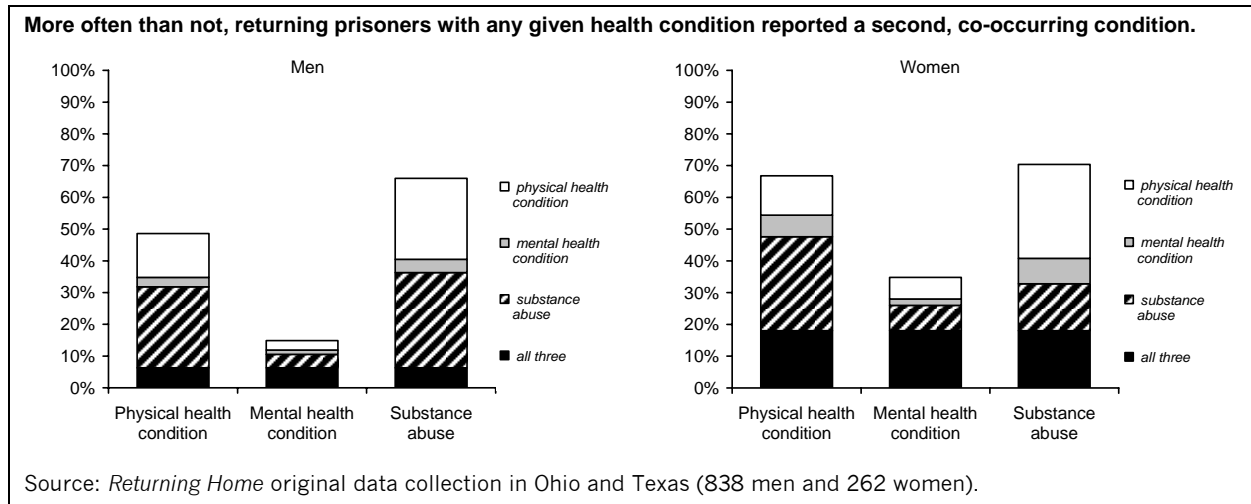
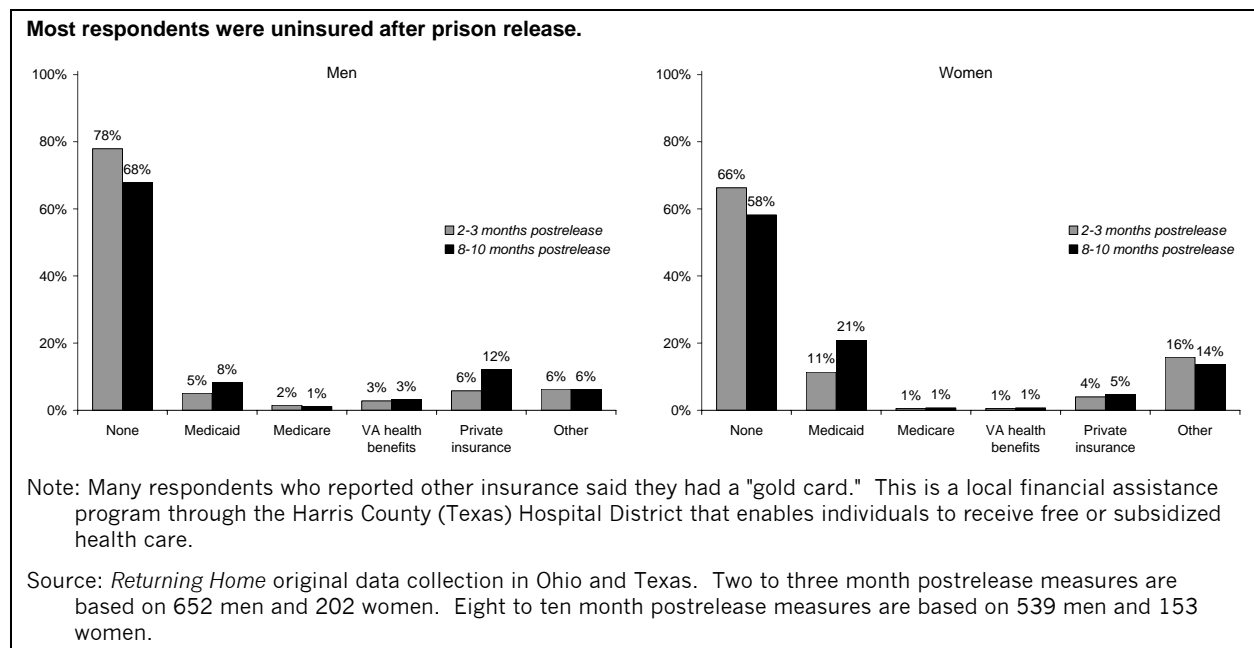


Figure 2. Prevalence of physical health, mental health, and substance abuse conditions among returning prisoners, by gender



Returning prisoners' capacity to access community-based care for their chronic health conditions was limited by a lack of health insurance. As Figure 3 shows, most respondents were without health insurance in the first two to three months after release. Though respondents may have had insurance before prison, benefits were likely suspended or terminated during their incarceration. Medicaid benefits, for example, are suspended during incarceration and the reinstatement of benefits can take several months. Rates of insurance coverage increased by the time of the eight to ten month interview, with men reporting private insurance most often and women reporting Medicaid coverage, but the majority remained uninsured. This results in a situation where health could deteriorate and hinder reentry success.

Figure 3. Health insurance coverage among returning prisoners, by gender



THE “AVERAGE” REENTRY EXPERIENCE

Returning prisoners face a challenging transition regardless of their health conditions. They must find housing and a means to support themselves, both of which often depend on their ability to reconnect with family members and social networks. Maintaining sobriety and refraining from criminal activity are also important to avoiding a return to prison. In this section, we provide an overview of respondents’ reentry experiences in the first year related to housing, employment, family, substance use, and criminal involvement, regardless of health status. (Table 2 summarizes these key reentry outcomes.) The remainder of the report will then elaborate on the experiences of those with physical health, mental health, and substance abuse problems and demonstrate, empirically, how persons with each of these health conditions followed reentry trajectories that differed from the “average” experience.

Table 2. Key reentry outcomes eight to ten months after prison release, by gender

	Men	Women
Housing		
Ever lived with family members		
...in the first 2-3 months**	62.6%	50.0%
...in the first 8-10 months**	69.7%	56.4%
Ever experienced any homelessness		
...in the first 2-3 months	5.6%	7.4%
...in the first 8-10 months**	5.9%	13.5%
Employment		
Any employment since release	76.0%	62.3%
Currently employed**		
...2-3 months after release**	37.3%	30.7%
...8-10 months after release**	53.5%	33.3%
Family support		
Received any financial support from family members*	81.6%	73.7%
Substance use		
Current drug use or alcohol intoxication	34.7%	35.9%
Current participation in substance abuse treatment services	20.9%	21.3%
Criminal involvement		
Self-reported crime, arrest, or parole violation	37.9%	46.8%
Reincarcerated within 12 months of release	17.4%	21.0%
<p>Note: T-tests were conducted to identify statistically significant gender differences. A single asterisk (*) denotes differences with a p-value ≤ 0.10 and a double asterisk (**) denotes differences with a p-value ≤ 0.05. Significance testing of gender differences was restricted to Texas participants (414 men and 262 women) to control for state effects; these statistics are available from the authors upon request.</p> <p>Source: <i>Returning Home</i> original data collection in Ohio and Texas. Two to three month postrelease measures are based on 665 men and 202 women. Eight to ten month postrelease measures are based on 545 men and 155 women. Substance use measures reflect use and treatment participation within 30 days of the eight to ten month postrelease interview. Reincarceration was measured using official records 12 months after release and is based on the full sample of 838 men and 262 women.</p>		

Housing

Finding a place to live is perhaps the first challenge that returning prisoners face upon release. When we surveyed respondents in the month before release, nearly one-third had not made arrangements for a place to live. Nevertheless, the majority expected to live with family members and this expectation was borne out over the course of the first eight to ten months after prison. Beginning with the first night out of prison, family was the primary source of housing for returning men and women, though more so for men than for women.

Over the course of the first eight to ten months after release, returning prisoners reported a variety of living arrangements, with 40 percent of men and 59 percent of women reporting at least one change in residence. At the time of the second postrelease interview, the majority of men (70 percent) and women (56 percent) had spent at least some time living with family members, with men being more likely than women to have done so. A smaller share of respondents reported having lived in their own homes or apartments, about 3 in 10 men and 4 in 10 women. Returning prisoners were more reliant on family members for housing during the first eight to ten months after release than they had been during the six months before this incarceration. Before prison, the greatest share had lived in their own homes; living with family was secondary, reported by roughly one-third of men and one-quarter of women.

Many respondents (about 2 in 10 men and 3 in 10 women) reported having trouble keeping housing since their release. However, respondents reported lower rates of homelessness after release compared to their experience before this incarceration.¹ During the six months before this prison term, 14 percent of men and 27 percent of women had been homeless, defined as having no set place to live, living on the streets, or staying in shelters or rooming houses. Reports of homelessness in the first year after prison were much lower: 5 percent of men and 7 percent of women reported being homeless on the first night out, and rates of homelessness remained at this level throughout the first two to three months postrelease. Eight to ten months after prison, homelessness among men remained at a similar level but 13 percent of women now reported having been homeless for at least some time since release. Nonetheless, this is considerably lower than the share that reported homelessness before prison.

While most respondents' housing needs were met, at least at a basic level, there is a caveat. Men and women often lived with individuals who could jeopardize their reentry success, be they family members, intimate partners, friends, or acquaintances. Two to three months after release, over one-quarter of men and over one-third of women reported living with former prisoners and current substance users. Eight to ten months after prison, the share of men living with such individuals remained about the same. Among women, however, the share living with former prisoners and current substance users increased to 4 in 10. In addition to the risk of antisocial

¹ Postrelease homelessness may be underestimated because it was measured using a calendar that asked respondents to choose one category that best described their housing situation in each postrelease month. Shorter episodes of homelessness may not be adequately captured by this method.

influences, such a housing situation constitutes a violation of release conditions that could result in a return to prison for those on parole supervision.

Employment

Finding and maintaining employment are critical dimensions of reentry. Research has shown that employment and higher wages are associated with lower rates of criminal activity (Bernstein and Houston 2000; Western and Pettit 2000). At the same time, returning prisoners face many obstacles in gaining legitimate employment, including low levels of education, limited vocational skills and work experience, and a reluctance on the part of employers to hire ex-prisoners (Harlow 2003; Holzer, Raphael, and Stoll 2004).

About one-half of men had found some employment within the first 2 to 3 months after release; this figure rose to three-quarters by the time of the 8 to 10 month postrelease interview. Employment rates were lower among women but followed a similar pattern: roughly 4 in 10 found some employment in the first 2 to 3 months and this figure rose to 6 in 10 by the time of the 8 to 10 month postrelease interview. However, not all those who found jobs were able to maintain employment. Eight to ten months after release, just over half the men and one-third of women reported they were currently employed. Men generally reported better employment outcomes than women, and had worked for more postrelease months.

Returning prisoners supported themselves through a combination of means that included family and friends, legal employment, casual or “under the table” work, public assistance, and illegal activities. Family and friends, legal employment, and “under the table” work were the most commonly reported sources of financial support. Comparing respondents’ pre- and postprison circumstances, we found that men and women were less self-sufficient 8 to 10 months after release than they had been before this incarceration and reliance on personal social networks increased. Family and friends were particularly important early in the postrelease period and served as the most common source of income two to three months after release, cited by nearly two-thirds of men and women. Eight to ten months after release, more returning prisoners supported themselves through work, but family and friends continued to be an important source of support. One-half of men supported themselves through legal employment, but family and friends were the second most common source of income, reported by 4 in 10; by contrast, two-thirds of men had supported themselves through a job before prison. Among women, family and friends remained the predominant source of income, reported by 6 in 10, with relatively fewer women (3 in 10) supporting themselves through legal employment; before prison, one-half of women had supported themselves through a job.

Government programs and illegal activities were important sources of income for smaller shares. Public assistance programs, such as food stamps and housing aid, provided support to one-fifth of men and women. Disability programs like Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) also provided income, but more so to women (18 percent) than men (6 percent). Finally, illegal activities were sometimes a source of income,

reported more often by women (15 percent) than men (6 percent). All told, returning men reported an average (median) monthly income of \$950; among women this figure was \$700.²

Family support

Respondents frequently described their family relationships as close and supportive and, as noted in the previous sections, family members often provided practical support to returning prisoners, including housing and financial support. Research has shown that strengthening the family network and maintaining contact can improve outcomes for returning prisoners (Sullivan, Mino, Nelson, and Pope 2002).

The *Returning Home* study used a broad definition of family, consistent with ethnographic accounts of inner-city neighborhoods (LeBlanc 2003). Family members included blood or legal relatives, guardians, people with whom the respondent had a child in common, and intimate partners. On average, men and women reported having 4 to 5 close family members before prison, and this number of close relationships remained consistent during their incarceration and after release. Men and women typically cited their mothers and sisters, respectively, as their closest family members upon release. Respondents reported high levels of emotional support and closeness before prison: on a scale of one to four, four being the highest, men and women rated family support above three, though women tended give lower ratings than men. Respondents perceived similar levels of emotional support and closeness during their incarceration, and ratings of support increased after release.

The majority of returning prisoners expected and received tangible support from their families upon release. Eight to ten months after release, 82 percent of men and 74 percent of women reported having received some tangible help from family members. As noted earlier, family was the number one source of housing for returning prisoners in the first year after incarceration, with 70 percent of men and 56 percent of women having lived with a family member for some time in the first 8 to 10 months after release. Family members also provided other tangible assistance, including food, clothing, money, personal items, and transportation. Returning prisoners, on average, found family members to be more helpful than they had expected.

While family members provided much needed assistance, family influences are not universally positive. Returning prisoners often reported familial problems with delinquency and substance abuse. The majority had relatives with criminal convictions and addiction problems, and sizeable shares (3 in 10 men and 4 in 10 women) had relatives who were currently in prison. Family violence is also a concern: 1 in 10 men and 3 in 10 women reported having been threatened or victimized by a family member in the year before this incarceration. Conversely, 13 percent of men and 7 percent of women reported they had threatened or victimized family members.

² Note, however, that the difference in means was not statistically significant.

Finally, it is important to remember that while the majority of returning prisoners expected and received help from their families, there was a sizeable minority that did not. Eight to ten months after prison, one-fifth of men and one-quarter of women had not received any tangible assistance from family members, with women being less likely than men to have lived with family members or received financial support.

Postrelease substance use

Substance use puts returning prisoners at risk for a number of adverse outcomes. The possession of illegal drugs alone puts individuals at risk for arrest, parole violation, and reincarceration. Moreover, substance use may propel individuals to commit other crimes in order to finance drug purchases. Substance use also affects other outcomes in that it can impede family relationships, employment, and health. When discussing substance use, we also include alcohol intoxication, since abstinence from alcohol is frequently a condition of parole release. Furthermore, alcohol abuse has many of the same adverse consequences as drug use in that it increases the risk of violent behavior, disrupts family relationships and employment, and has ill effects on health.

Many respondents reported postrelease substance use and this was more common among women than men. Eight to ten months after prison, one-third of men and nearly half the women reported drug use or alcohol intoxication since their release. The most common substances used postrelease by men were alcohol (to intoxication), marijuana, and cocaine, respectively. Cocaine was the most common substance used postrelease by women, reported by about one-quarter, followed by marijuana use and alcohol intoxication. Current use, measured as drug use or alcohol intoxication during the month of the interview, increased among men during the postrelease period from about one-quarter 2 to 3 months after prison to one-third 8 to 10 months after release. Among women, however, current use remained constant throughout the postrelease period, with about one-third reporting use at each postrelease interview. Most of the respondents who reported substance use after prison reported illegal drug use, with women being more likely than men to have used illegal drugs and cocaine in particular. Women's postrelease use was also more likely than men's to be characterized by abuse and dependence. Postprison substance use was reflective of preprison substance abuse patterns, except that reported rates of use were lower; it is likely that respondents underreported the actual level of use since we were asking about current rather than past behavior, and many were under parole supervision.

Substance abuse treatment services did not match the level of need during prison and treatment rates fell further after prison release. During prison about half of men and 4 in 10 women participated in substance abuse treatment programs or self-help groups like AA or NA. Two to three months after prison, just one-quarter of men and 3 in 10 women were participating in such services. Eight to ten months after prison only one-fifth were participating in such services. Most of the respondents in recovery after prison were in self-help groups like AA and NA; fewer than 10 percent reported participating in formal drug or alcohol treatment programs.

Criminal involvement

One-fifth of returning men and women were back in state prisons within a year of their release, according to official records from the Ohio and Texas Departments of Corrections. More often

than not, they were reincarcerated for new crimes rather than for parole violations. While there was no gender difference in the overall reincarceration rate, women were more likely than men to be back in prison for new crimes, probably because women were less likely than men to have been under parole supervision upon release.

While overall reincarceration rates did not differ by gender, returning men and women reported different levels of engagement in postrelease criminal activity. Eight to ten months after prison, nearly one-fifth of men and one-third of women reported having committed crimes since release. Similar shares reported having been arrested, with roughly one-tenth having spent at least one postrelease month in jail. Among those on parole, roughly one-third reported violating conditions of their release. All told, 38 percent of returning men and 47 percent of women recidivated, as measured by a combination of self-reported crimes, arrests, and parole violations. (This was not a statistically significant gender difference.) The most common crimes reported were drug possession, drug selling, robbery and theft. Women also reported “other” crimes, which would likely include prostitution, and were more likely than men to report that illegal activities were a source of postrelease income.

3 Physical Health and Reentry

PHYSICAL HEALTH STATUS AND TREATMENT

At the time of prison release, one-half of men and two-thirds of women reported having been diagnosed with a chronic physical health condition. Physical health status was assessed by asking respondents to note those conditions that a doctor or nurse had diagnosed them with. Table 3 shows the full range of conditions that respondents were asked about and their self-reported rates of illness; for comparison purposes, these are displayed alongside national prevalence estimates for correctional populations developed by the National Commission on Correctional Health Care. Asthma, hepatitis infection, and high blood pressure were the top three conditions reported. Men most commonly reported having high blood pressure (20 percent), hepatitis (11 percent), asthma (10 percent), high cholesterol (8 percent), and arthritis (7 percent). Women reported similar ailments, with asthma (25 percent), high blood pressure (23 percent), hepatitis (15 percent), back pain (15 percent), and arthritis (14 percent) being the most prevalent conditions. Despite the high prevalence of health conditions, most had positive feelings about their health, describing it as *excellent* or *good* while in prison. This is plausible, since many of these chronic conditions can remain asymptomatic for long periods of time, particularly if treated appropriately. Nevertheless, one-quarter of men and one-third of women with physical health conditions assessed their health as *fair* or *poor* in prison.

Chronic communicable diseases are of particular importance to the public health since, without intervention, they can be transmitted to other prisoners, correctional staff, and the families and communities to which prisoners return. One-fifth of returning prisoners reported having been diagnosed with a chronic communicable disease (i.e., hepatitis, tuberculosis, and HIV). Hepatitis B or C infection (11 percent) was the most common communicable disease reported by men, followed by tuberculosis infection (5 percent), and HIV or AIDS (2 percent). Women reported similar rates of hepatitis (15 percent) and tuberculosis (4 percent), but were more likely to report having HIV or AIDS (6 percent).

For the most part, the rates of illness reported by respondents were comparable to national estimates. Reported rates of some serious communicable diseases, notably hepatitis and tuberculosis infections, were lower than the national estimates. These differences may reflect regional variation in the prevalence of these diseases. It may also be that respondent self-reports underestimate the true prevalence of disease because many serious conditions can be asymptomatic and remain undetected without proper screening and medical care.

Table 3. Physical health conditions among returning prisoners

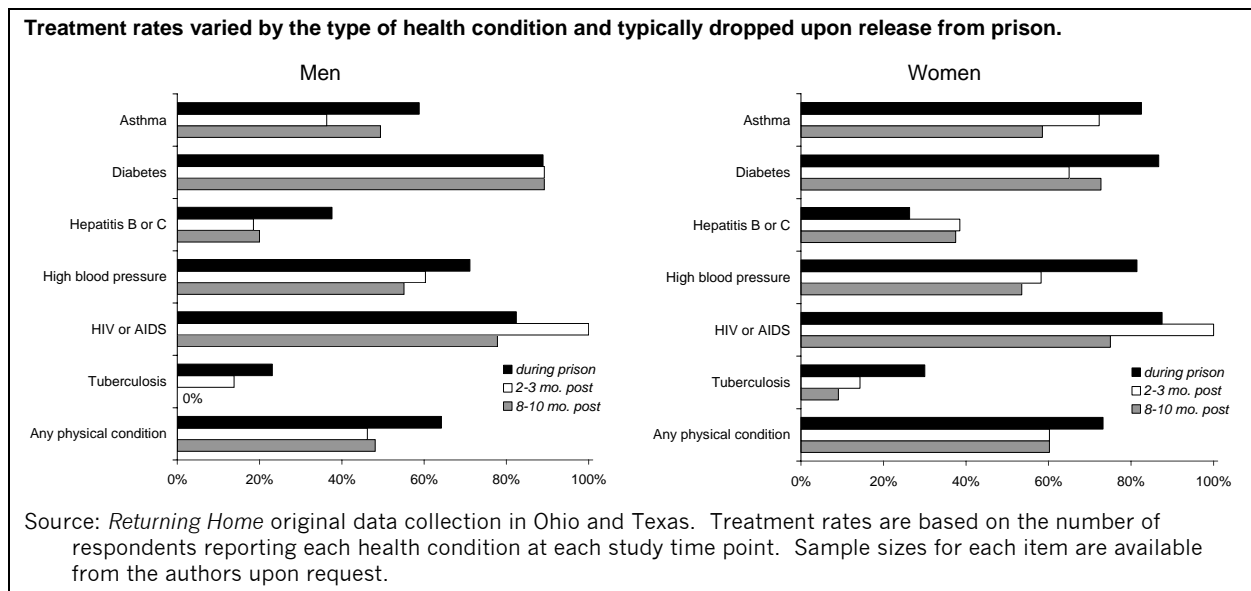
	Male <i>Returning Home</i> respondents (n=831)	Female <i>Returning Home</i> respondents (n=252)	U.S. correctional population
Any physical health condition**	48.5%	66.7%	—
Arthritis**	7.3%	13.9%	—
Asthma**	10.3%	25.0%	8.5%
Back pain**	6.3%	15.1%	—
Cancer	2.0%	3.2%	—
Chronic lung disease**	2.8%	7.5%	—
Diabetes	5.4%	6.0%	4.8%
Heart disease	5.5%	5.6%	—
Hepatitis B or C	11.2%	15.1%	Hepatitis B, 2.0% Hepatitis C, 17.0–18.6%
High blood pressure	20.1%	23.4%	18.3%
High cholesterol	8.1%	5.6%	—
HIV or AIDS	2.0%	6.3%	HIV, 2.3-2.98% AIDS, 0.5%
Stroke	1.3%	1.2%	—
Tuberculosis	4.7%	4.0%	Latent infection, 7.4% Active disease, 0.04%
<p>Note: T-tests were conducted to identify statistically significant gender differences. A single asterisk (*) denotes differences with a p-value ≤ 0.10 and a double asterisk (**) denotes differences with a p-value ≤ 0.05. Significance testing for gender differences was restricted to Texas participants (409 men and 252 women) to control for state effects; these statistics are available from the authors upon request.</p> <p>Sources: <i>Returning Home</i> original data collection in Ohio and Texas. Prevalence estimates of physical health conditions in the U.S. correctional population are from Chapter 3 of <i>The Health Status of Soon-to-be Released Prisoners, Volume 1</i> by the National Commission on Correctional Health Care, 2002. Dashes indicate that data on certain health conditions were not available.</p>			

Respondents with physical health conditions often reported co-occurring mental health or substance abuse problems (Figure 2, shown previously). Among men with physical health conditions, about one-fifth also reported having a mental health condition and two-thirds reported preprison substance abuse. Among women, one-third of respondents with physical health conditions reported also having been diagnosed with a mental health condition and over two-thirds reported preprison substance abuse. Physical health problems in correctional populations are often related to substance use. Diseases like HIV and hepatitis are transmitted through injection drug use and risky sexual behaviors, like bartering sex for drugs. Moreover, long-term substance use can have damaging physiological effects. Respondents with physical health conditions were older and reported more years of substance use over their lifetimes, though, in general, they were no more or less likely to have been active abusers in the six months before this prison term. Recent cocaine use, however, was correlated with having physical health conditions, as was heroin use among men.

The majority of returning prisoners with physical health conditions—about two-thirds of men and three-quarters of women—received some treatment during prison. It is worth noting, however, that one-third of men and one-quarter of women with identified health conditions did not report receiving treatment while incarcerated. As shown in figure 4, treatment rates in prison were variable, depending on the type of health condition. On the high end, treatment rates were

above 70 percent. Most respondents with diabetes, HIV, and high blood pressure reported being treated for those conditions. Other conditions, however, had treatment rates below 50 percent, including back pain, hepatitis, and tuberculosis. The treatment of chronic communicable diseases is of particular concern because of the potential for disease transmission in the larger community, yet we observed variable treatment rates. Although treatment rates for HIV exceeded 80 percent, treatment rates for hepatitis and tuberculosis were considerably lower, between 20 and 40 percent. These findings point to a need for focused research on in-prison health treatment, as it is difficult to determine whether these treatment rates are medically appropriate within the scope of this study. Hepatitis and tuberculosis infections both have long periods of latency and treatment decisions are subjective. For example, tuberculosis infection is treated for 9 months, if at all, depending on the patient’s age, when he or she became infected, and other clinical factors, such as evidence of liver damage (Centers for Disease Control and Prevention [CDC] 2006b). Similarly, viral hepatitis has a lengthy incubation period (20 to 40 years) and clinical guidelines recommend treatment within a specific window period (CDC 2003).

Figure 4. Percentage of respondents with selected physical health conditions who received treatment, by gender



Even when individuals receive adequate and appropriate treatment services in prison, they face several barriers to care upon release, including a lack of health insurance and insufficient linkages to community-based care (Hammett, Roberts and Kennedy 2001). Returning prisoners are typically uninsured upon release since Medicaid benefits are suspended during incarceration and the restoration of eligibility can take several months. In the *Returning Home* study, we found that many respondents utilized health services despite low rates of insurance coverage. At the same time, treatment for chronic conditions declined, suggesting that respondents often sought emergency care for acute health problems.

The majority of respondents with physical health conditions (64 percent of men and 57 percent of women) were uninsured eight to ten months after prison, though they were more likely

to be insured compared to other returning prisoners. Despite a lack of health insurance, the majority (over 7 in 10) received some health care during the first year after prison. One-third of men and women reported emergency room visits and about one-fifth had been hospitalized. Respondents with physical health conditions were more likely than others to have utilized health care, particularly in the first 2 to 3 months after release.

Although respondents utilized health services after release, it appears that they sought care for acute episodes of illness and that continuity of care eroded. *Returning Home* results show a decline in treatment rates for specific health conditions once prisoners were released (Figure 4). Eight to ten months after release, just 48 percent of men and 60 percent of women reported receiving care for their chronic physical conditions compared to 64 percent and 73 percent, respectively, who received such care during prison. Looking at prescription drug use in particular, we found that most prisoners who used prescription medicines during prison received a supply of medication upon release. However, just two-thirds continued to use that same medication two to three months after release, and this figure was closer to one-half 8 to 10 months after release. The primary reasons for discontinuing medication, interestingly, were not cost or access issues. Respondents who stopped using the medications they had taken during prison most often cited “other” reasons. Thereafter, the most common reasons were that a doctor in the community determined that the medication was no longer necessary and, alternately, that respondents themselves decided they no longer needed the medication. This points to a different set of barriers to continuous care in the community, including patient education, trust, and coordination between prison- and community-based medical providers.

REENTRY EXPERIENCES OF PRISONERS WITH PHYSICAL HEALTH CONDITIONS

While many returning prisoners had physical health conditions requiring care and management, the degree to which these affected daily living varied. Despite reporting physical health conditions, the majority of respondents rated their health as *excellent* or *good* during prison. However, health status worsened over the course of the first postrelease year, particularly for those with physical health conditions: eight to ten months after release, one-third of men and one-half of women rated their health as *fair* or *poor* (up from one-quarter and one-third, respectively, during prison). One-third of respondents with physical health conditions reported that their health problems had limited their daily activities and ability to work; moreover, 14 percent of men and 22 percent of women with physical health conditions had problems so severe that they qualified for and received disability pensions. In the sections that follow, we examine the reentry experiences of respondents with physical health conditions and contrast them with healthier returning prisoners. (See the Methodology section for details on the analytic design.) Statistically different outcomes with regard to housing, employment, family support, postrelease substance use and recidivism are detailed below.

Housing and physical health

Returning prisoners with physical health conditions were less likely than others to have had housing lined up when we surveyed them in the month before prison release. Nonetheless, in many respects, their postrelease housing experiences were similar to other returning prisoners,

even on the first night out of prison. Over the course of the first 8 to 10 months out of prison, those with physical health conditions most often stayed with family members and at rates similar to other returning prisoners (about 7 in 10 men and 6 in 10 women). They were also similar with respect to living in their own homes, and their rates of homelessness were no different from those reported by other returning prisoners.

However, those with physical health conditions were more likely to have trouble keeping housing and reported moving around more often than other returning prisoners. For men with physical health conditions, this residential mobility was greater within the first 2 to 3 months of release, but they were no different from others later, 8 to 10 months after release. The opposite was observed among women with physical health conditions: 2 to 3 months after release, they were similar to other returning women, but their residential mobility was greater later on, 8 to 10 months after release, suggesting that men and women may require housing assistance at different times in the postrelease period. Additionally, women with physical health conditions were more likely to report living with potentially negative influences (i.e., other former prisoners and current substance abusers) later in the postrelease period.

Employment and physical health

Many respondents with physical health conditions—about one-third, regardless of gender—felt their health problems were severe enough to limit their ability to work or partake in other routine activities. These perceptions were supported by the finding that, eight to ten months after release, men and women with physical health conditions had less employment success relative to other respondents (Figure 5). Though the majority (71 percent of men and 58 percent of women) had worked for at least some time since release, these rates were significantly lower than the employment rates reported by healthier respondents. Interestingly, men and women with physical health conditions had found employment at rates similar to other respondents two to three months after release, suggesting that some months elapse before physical health issues impede employment outcomes.

While both men and women with physical health conditions had less success in gaining employment, the effect of physical health on employment and income was more pronounced among men than it was among women. Returning prisoners supported themselves through multiple means, as shown in Figure 6. Unlike other men, those with physical health conditions most commonly reported family and friends as a source of income eight to ten months after release. They were significantly less likely to support themselves through employment and more likely to receive financial support through government programs, including Social Security disability and other forms of public assistance (e.g., food stamps). While women with physical health conditions had also been less likely to find employment, they were not much different from other women in terms of how they supported themselves: family and friends were the most commonly cited source of income, with just one-fifth reporting income through employment. Women with physical health conditions, however, were more likely to receive support from disability programs. All told, men with physical health conditions reported a median monthly income of about \$900 whereas women reported about \$650. These amounts were somewhat

lower than the median income reported by others without physical conditions, but the difference in means was not statistically significant.

Figure 5. Percentage of respondents who were ever employed, by physical health status and gender

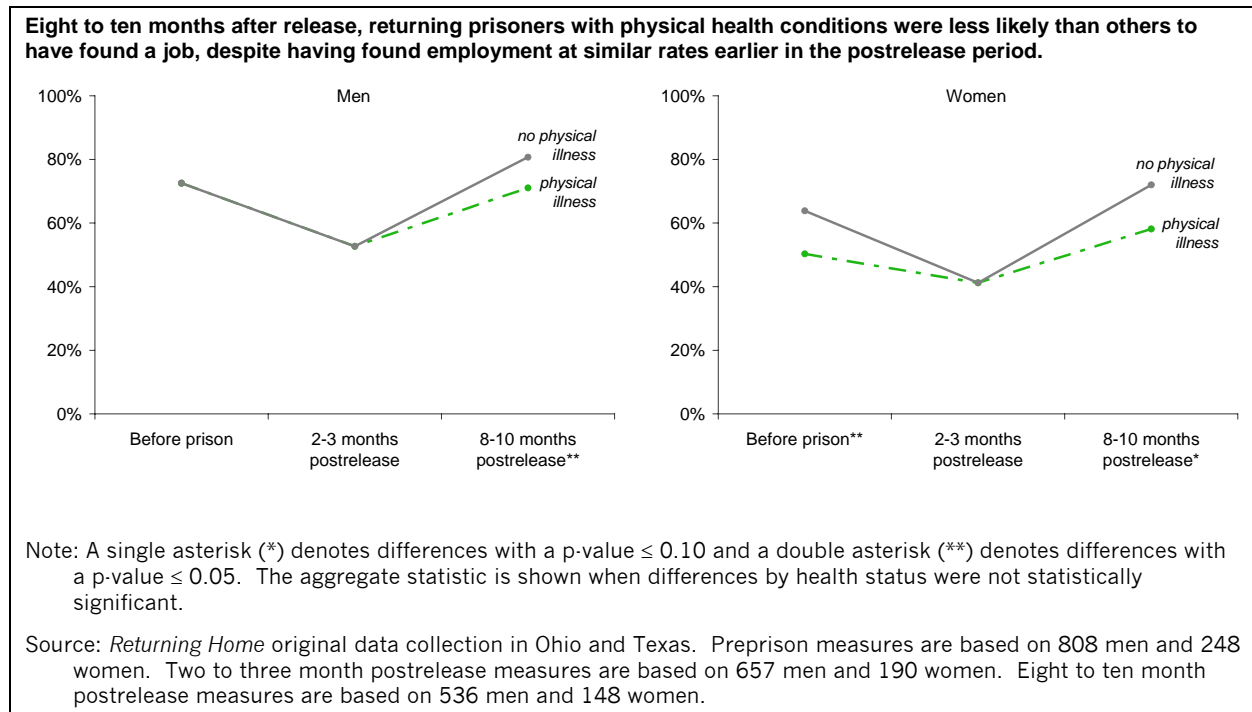
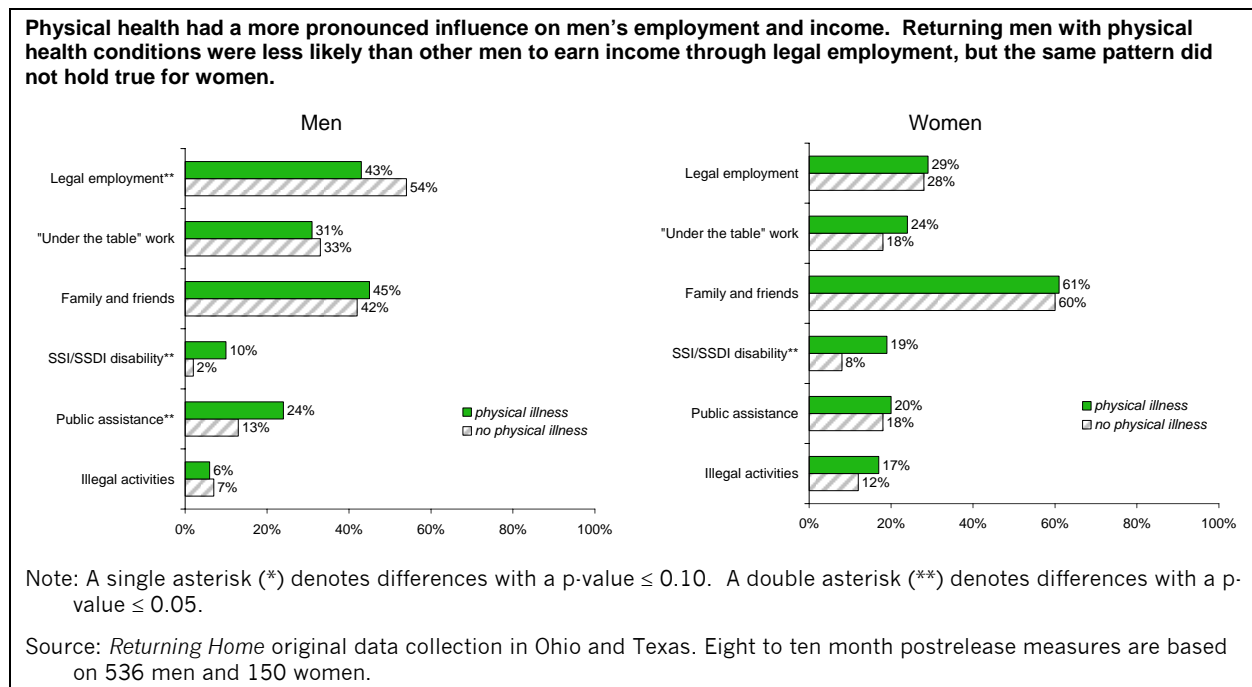


Figure 6. Sources of income eight to ten months after prison release, by physical health status and gender



Family support and physical health

Men and women with physical health conditions were no different from other returning prisoners in terms of receiving emotional and tangible support from their family members after release. They were as likely as other returning prisoners to have lived with family members in the first 8 to 10 months after release and were similarly likely to have received financial assistance from their families. However, family relationships posed greater risks to individuals with physical health conditions, who were more likely to be involved in domestic violence compared to others. Men with physical health conditions reported having being victimized by family members at higher rates than other men before prison. Conversely, women with physical health conditions were more likely than other women to report threatening or hurting family members postrelease.

Substance use and physical health

Men and women with physical health conditions had different experiences with respect to substance use after prison. Men with physical health conditions tended to have better outcomes than other men with respect to postrelease use and treatment, whereas women with physical health conditions were not much different from other women.

Men with physical health conditions reported lower levels of postprison substance use compared to other men, despite similar levels of use before prison (Figure 7). They reported fewer months of postrelease substance use and more months of treatment compared to other men. Two to three months after prison, 2 in 10 reported current substance use (i.e., use in the past 30 days); the difference between men with physical health conditions and other men at this time was primarily due to lower alcohol intoxication and marijuana use. This decreased level of postprison use occurred despite the fact that men with physical health conditions had reported similar levels of preprison abuse and more lifetime years of substance use compared to other men. Eight to ten months after prison, the portion reporting current substance use had risen to 3 in 10 but was still lower than the rate among other men; at this time point, the rate of alcohol intoxication remained lower than other men but illegal drug use (most often marijuana and cocaine use) was similar, reported by one-quarter. Men with physical health conditions were also more likely than other men to have participated in substance abuse treatment programs and self-help groups like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), both during and after prison (Figure 8). Moreover, men with physical health conditions had spent more postrelease months in some type of recovery program relative to other men.

By contrast, women with physical health conditions were no different from other women with respect to using drugs or getting intoxicated after prison, with about one-third reporting current use (i.e., in the past 30 days) at each of the postrelease interviews. Similar to other women, the most common substances used, in order, were cocaine, marijuana, and alcohol. Women with physical health conditions had been more likely to participate in formal substance abuse treatment programs in prison, though overall receipt of treatment services (including AA and NA) was similar to other women. After release, they were more likely to report seeking help for their substance abuse problems, yet their likelihood of participating in treatment services (including self-help groups like AA and NA) was no different from other women. Nevertheless,

those women with physical health conditions who received treatment services reported spending more postrelease months in treatment than other women.

Figure 7. Percentage of respondents reporting substance use, by physical health status and gender

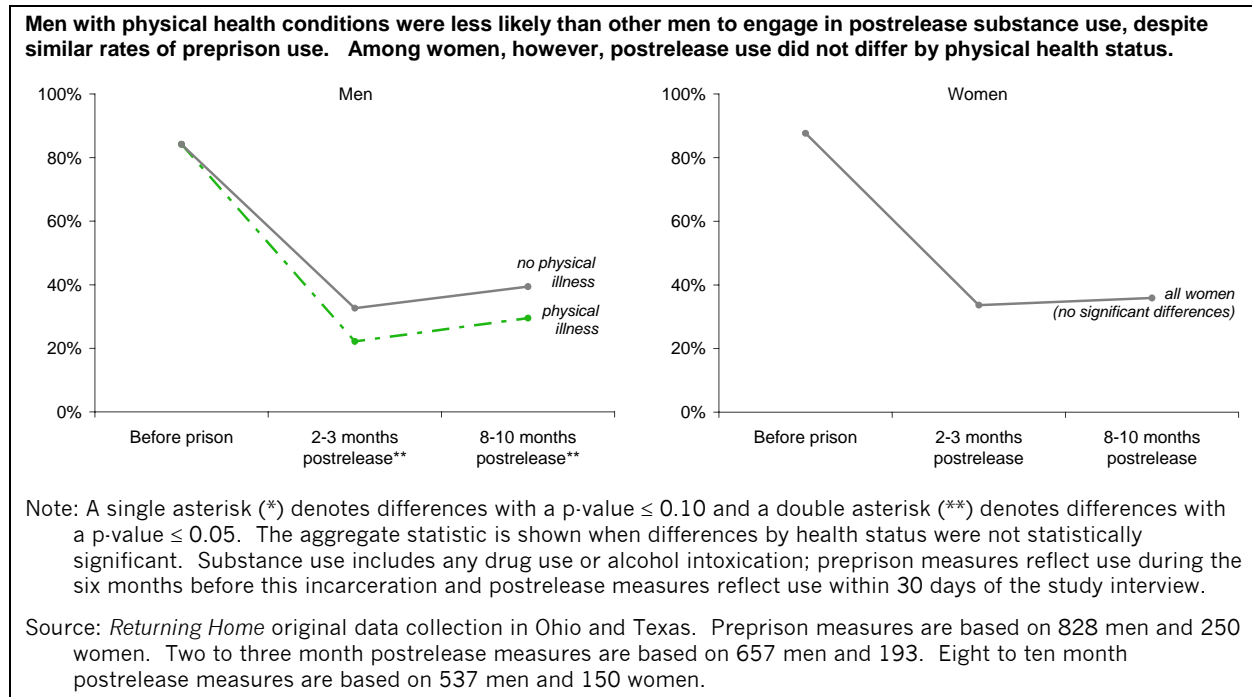
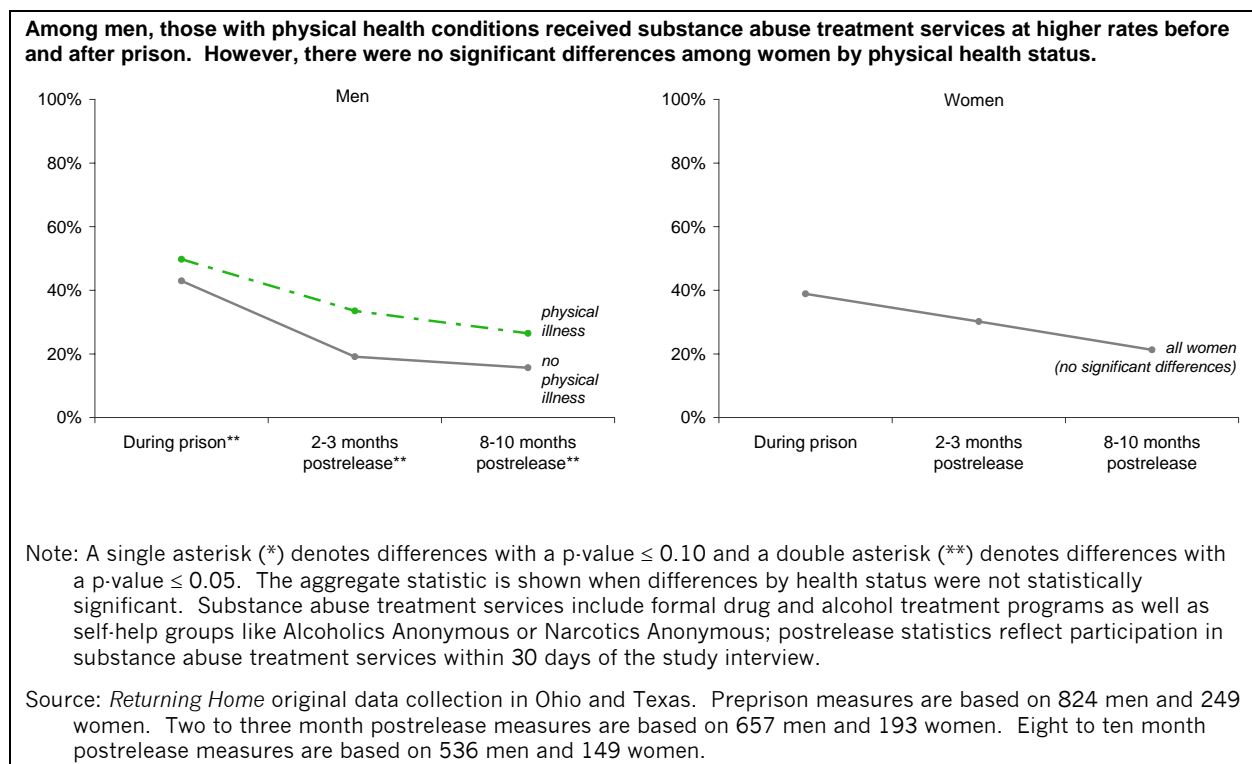


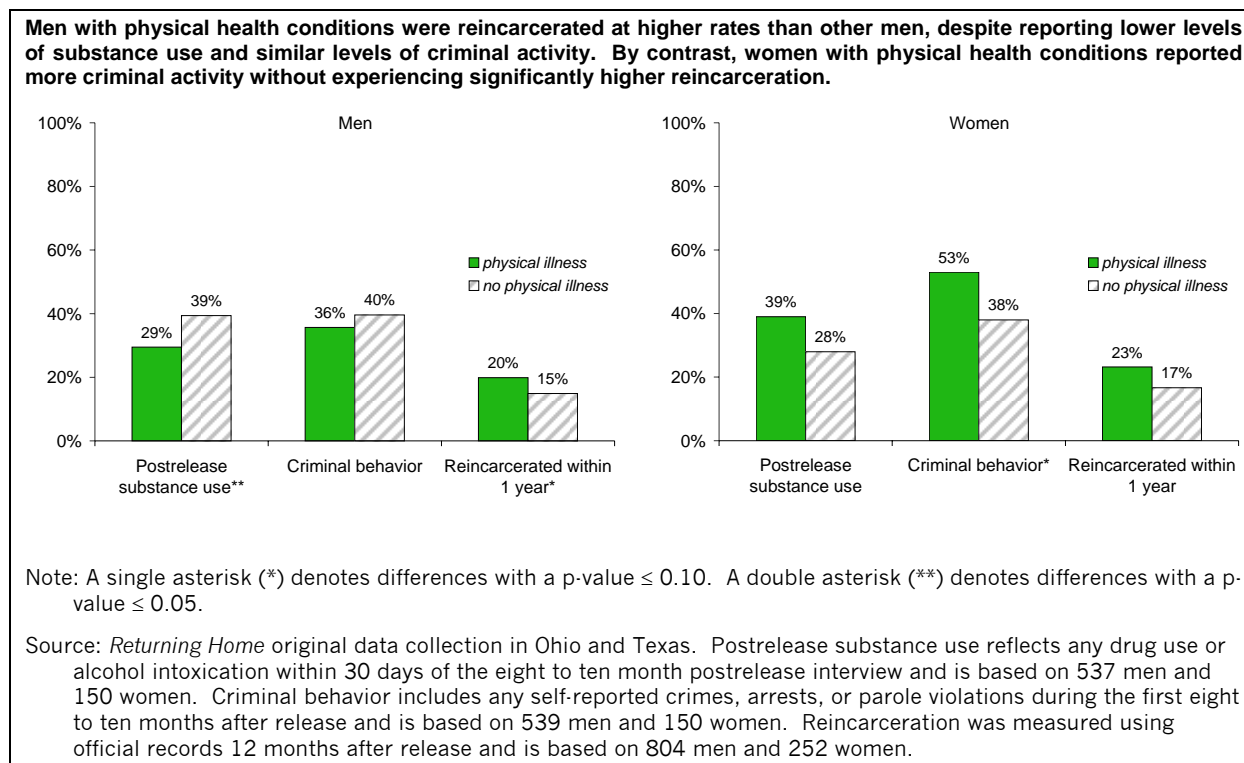
Figure 8. Percentage who participated in substance abuse treatment services, including Alcoholics or Narcotics Anonymous, by physical health status and gender



Criminal involvement and physical health

Returning prisoners with physical health conditions had higher rates of criminal involvement after prison, but the interplay between physical health, criminal activity, and criminal justice system response differed by gender (Figure 9). Men with physical health conditions were no different from other men in terms of reporting criminal behavior after release, yet they were reincarcerated at higher rates. One year after release, one-fifth of men with physical health conditions were back in state prisons, a rate higher than other returning men (15 percent). While the majority of reincarcerations were for new crimes, men with physical health conditions were more likely to be back in prison for parole violations (9 percent compared to 4 percent of other men). However, this higher reincarceration rate was not reflective of greater engagement in criminal activity. Close to 4 in 10 reported some criminal activity, arrests, or violations of supervision conditions in the first eight to ten months after release, but this was no different from other men. Additionally, the crime types reported by men with physical health conditions were similar, and they were no more or less likely than other men to have engaged in illegal activities for income.

Figure 9. Postrelease criminal involvement and criminal justice system response, by physical health status and gender



Women with physical health conditions had the opposite experience: they were more likely than other women to report criminal behavior, placing them at risk for reincarceration, but they were not returned to prison at significantly higher rates. We also examined self-reported time in jail after release and found no significant differences by physical health status. Over one-half had “recidivated” in the first eight to ten months after prison, as measured by a combination of self-

reported crimes, arrests, and supervision violations; among other women, this figure was 38 percent. However, the reincarceration rate for women with physical health conditions, at 23 percent, was not significantly higher than the rate observed among other women. While the majority of these reincarcerations were for new crimes, women with physical health conditions were more likely than other women to have been reincarcerated for a parole violation. Men and women were similar in this respect: those with physical health conditions were more likely than others to have been reincarcerated for parole violations even though similar shares had been under parole supervision.

CONCLUSIONS ABOUT PHYSICAL HEALTH AND REENTRY

To sum up, one-half of men and two-thirds of women reported having chronic physical health conditions requiring long term management, but available treatment did not match the level of need. The majority received some treatment for these conditions during prison, but about one-third of men and one-quarter of women with physical conditions did not. Eight to ten months after release, the majority of respondents with physical health conditions had utilized some health care services in the community, but treatment rates for specific health conditions declined, suggesting that they received acute, episodic care and that the management of chronic health conditions deteriorated. Eight to ten months after release, respondents were more apt to describe their health as *fair* or *poor*.

Examining the reentry experiences of respondents with physical health conditions against this backdrop of declining health, we found several ways in which employment, substance use, and recidivism outcomes differed from healthier respondents. At the same time, there were gender differences in how physical health mediated reentry experiences, as physical health appeared to have a greater influence on reentry outcomes among men than women.

Returning prisoners with physical health conditions had poorer employment outcomes. Both men and women were less likely to have found any employment in the eight to ten months after prison release. Although they had found employment in the first two to three months at rates similar to other returning prisoners, employment rates were comparatively lower as time elapsed. Compared to other returning prisoners, men and women with physical health conditions were more likely to report that health problems interfered with their ability to work and they were more dependent on disability assistance. Employment and income difficulties were more pronounced among men. Eight to ten months after release, men with physical health conditions were less likely than other men to support themselves through employment and more likely to depend on public assistance and disability programs. Women with physical health conditions, however, were not much different from other women: they were more likely to receive disability payments but their sources of financial support were otherwise similar to other returning women, with family and friends being their predominant source of income.

Correlations between physical health and substance use after release were gender specific. Men with physical health conditions were less likely than other men to engage in substance use after prison. This was driven by a difference in postrelease alcohol intoxication that was

observed only among men. Men with physical health conditions were also more likely to have participated in substance abuse treatment services (including AA or NA) both during and after prison. By contrast, women with physical health conditions were not much different from other women with regard to postrelease substance use or treatment.

Physical health was also related to recidivism, but in different ways for men and for women. Men with physical health conditions were no different from other men in terms of engaging in criminal behavior after release, yet they were returned to prison at higher rates. By contrast, women with physical health conditions were more likely to engage in criminal activity but no different in terms of reincarceration to either state prisons or local jails. At the same time, regardless of gender, respondents with physical health conditions were more likely to be reincarcerated for parole violations. This dynamic between physical health status, criminality, and the criminal justice system response—particularly parole violations—calls for further examination.

Interestingly, physical health status did not have much bearing on housing or family outcomes. While respondents with physical health conditions could benefit from housing assistance, their housing outcomes were not much different from others. Eight to ten months after release, they did not experience homelessness at greater rates, even though they had been less likely to have made housing arrangements before release and were more likely to shift residences postrelease. This positive outcome is intrinsically linked to supportive family relationships, since family members served as the predominant source of postrelease housing for returning prisoners. Men and women with physical health conditions reported supportive family relationships, and were as likely as others to have lived with family members in the first eight to ten months after release.

4 Mental Health and Reentry

MENTAL HEALTH STATUS AND TREATMENT

When we surveyed prisoners in the month before release, 15 percent of men and 35 percent of women reported having been diagnosed with a mental health condition. This is a conservative estimate of mental illness in correctional populations. First, it is a self-reported measure; given that prisoners are not universally screened for such conditions, many respondents may be unaware of having a mental health condition. Moreover, these data were collected in prison and, while respondents were assured of the confidentiality of their responses, some may have been reluctant to divulge their mental health status: when we asked this question again after release, the portion reporting mental health conditions increased by about one-third.

Table 4. Prevalence estimates of mental illness among returning prisoners

	Male <i>Returning Home</i> participants	Female <i>Returning Home</i> participants	U.S. correctional population
Self-reported (during prison)**	14.9%	34.9%	24.3%
Self-reported (postrelease)**	18.5%	45.1%	–
Depression**	29.7%	56.4%	7.9–15.2%
Posttraumatic stress disorder**	16.1%	31.2%	4.0–8.3%
Any self-reported or estimated mental illness**	40.6%	70.8%	56.2%
Potentially undiagnosed mental illness	22.1%	25.7%	31.9%

Note: T-tests were conducted to identify statistically significant gender differences. A single asterisk (*) denotes differences with a p-value ≤ 0.10 and a double asterisk (**) denotes differences with a p-value ≤ 0.05 . Significance testing of gender differences was restricted to Texas participants to control for state effects; these statistics are available from the authors upon request.

Sources: *Returning Home* estimates are based on original data collection in Ohio and Texas. In-prison measures are based on 831 men and 252 women and postrelease measures are based on 665 men and 202 women who were interviewed two to three months after release. Respondents self-reported whether a doctor or nurse had diagnosed them with depression or other mental illness. Depression and PTSD were estimated using symptom scales that were incorporated into the study interview (Radloff 1991; Foa et. al. 1993). “Any self-reported or estimated mental illness” is comprised of those who reported a mental health diagnosis or reported symptomatology consistent with the diagnostic criteria for depression or PTSD. The estimate of “potentially undiagnosed mental illness” is based on those who reported symptomatology meeting the criteria for depression or PTSD but did not report a mental health diagnosis. Estimates of mental illness in the U.S. correctional population are from James and Glaze, 2006. Estimates of major depression and PTSD in the U.S. correctional population are from NCHC, 2002. Dashes indicate that comparable national estimates were not available.

Given these issues, we developed a range of estimates of mental illness based on multiple measures before and after release from prison (Table 4). Two to three months after release, 19 percent of men and 45 percent of women reported having been diagnosed with a mental health condition. During the postrelease interviews, we also administered screening tools for depression

and posttraumatic stress disorder (PTSD).³ We estimate that 30 percent of men and 56 percent of women had symptoms consistent with depression and that 16 percent of men and 31 percent of women had symptoms consistent with PTSD. Looking across self-reports and the results of the screening tools, we estimate that 41 percent of men and 71 percent of women were likely to have a mental illness. Comparing self-reports to the screening results, we estimate that one-quarter of returning prisoners are likely to have an undiagnosed mental health condition. This is consistent with other research examining mental illness in correctional populations (James and Glaze 2006).

Additionally, some returning prisoners reported mental health symptoms that indicate an immediate need for help and have implications for public safety. Six percent of men and 14 percent of women reported having had hallucinations within 30 days of the 8 to 10 month study interview. Roughly 1 in 10 men and women said they experienced trouble controlling violent behavior. Three percent of men and significantly more women (12 percent) reported having suicidal thoughts, with 2 percent of men and 1 percent of women having attempted suicide since their release.

Analyses for this report focus on the most conservative measure, the 15 percent of men and 35 percent of women who reported having a mental health condition during prison. Using this definition of mental illness allows us to estimate mental health treatment coverage and gauge continuity of care from prison to the community. It also allows us to look longitudinally at the experiences of those with mental illness as they leave prison and transition back to the community.

Men and women who reported having a mental health condition during prison typically reported having other physical and substance abuse problems as well (Figure 2, shown previously). Four out of ten respondents with mental health conditions reported being in *fair* or *poor* health and they were more likely than others to give a negative assessment of their health. Among those with mental health conditions, roughly two-thirds also had physical health conditions and 7 out of 10 had substance abuse problems. Over 4 in 10 individuals with mental health conditions reported having physical, mental, and substance abuse problems simultaneously. Interestingly, respondents with mental health conditions were more likely than others to report a history of alcohol intoxication and women, in particular, reported recent preprison alcohol abuse. Men with mental health conditions were also more likely to have abused cocaine before this prison term.

About 6 in 10 men and women with mental health conditions received mental health treatment during prison, meaning that about 4 in 10 did not. Mental health treatment rates declined to roughly 50 percent immediately after prison and stayed relatively constant eight to ten months after release (Table 5). Continuity of prescription medication also suffered, especially

³ Depression was estimated using the Center for Epidemiologic Studies depression scale, with scores of 16 and above indicating a high likelihood of clinical depression (Radloff 1991). Posttraumatic stress disorder was estimated using an adaptation of the 17-item PTSD Symptom Scale; scale items and scoring correspond to the DSM-III-R diagnostic criteria for PTSD (Foa 1993).

among women. Most respondents who used prescription medication regularly during prison (for either physical or mental health reasons) received a supply of medicine at release, yet medication use dropped substantially afterwards. Two to three months after release, 74 percent of men and 60 percent of women who used medications in prison reported they were still using the same type of medication. Eight to ten months after release, just 59 percent of men and 40 percent of women were using the same type of medication. When asked about the reasons for this decline, the men and women who stopped using prescription medications after release most often cited “other” reasons and, secondarily, that they themselves decided they no longer needed the medication. Women with mental health conditions, but not men, were similarly likely to report cost as a reason for stopping medication. Additionally, both men and women with mental health conditions reported that a doctor in the community determined that the medication was no longer necessary.

Table 5. Percentage of respondents with mental illness who received mental health treatment, by gender

	Men	Women
During prison	60.5%	56.8%
2-3 months after release	46.3%	55.0%
8-10 months after release	52.8%	42.4%

Note: T-tests were conducted to identify statistically significant gender differences; this analysis was restricted to Texas participants to control for state effects. Mental health treatment rates were not significantly different by gender.

Source: *Returning Home* original data collection in Ohio and Texas. Mental health treatment rates are based on the number of respondents who reported having a mental health condition at each study time point: 124 men and 88 women during prison, 123 men and 91 women two to three months postrelease, and 108 men and 66 women eight to ten months postrelease.

A lack of health insurance was likely a barrier to continuous care for returning prisoners with mental health conditions. Although respondents with mental health conditions were more likely than others to have insurance shortly after release, the majority did not. About 3 in 10 men and 4 in 10 women had some type of health insurance two to three months after prison. Eight to ten months after prison, coverage rates for men and women with mental health conditions were around 40 percent. The primary sources of health insurance for people with mental health conditions were Medicaid (about 20 percent), private insurance (6 percent) and, among men, veterans’ health benefits (6 percent). Respondents also reported other sources of coverage, including local health care subsidy programs.

Despite a general lack of health insurance, most returning prisoners with mental health conditions accessed health services after prison; in fact, they were more likely than others to have done so, particularly in the early postrelease period. One-half of mentally ill men and two-thirds of mentally ill women had received some health care in the first two to three months after prison. Among mentally ill respondents, one-fifth of men and one-third of women had used emergency room services in the first two to three months; additionally, one-tenth of men and one-fifth of women had been hospitalized. Eight to ten months after prison, nearly 8 in 10 returning prisoners with mental health conditions had received some health care. By this time, more than one-third had used emergency room services. Additionally one-fifth of men and two-fifths of women had been hospitalized.

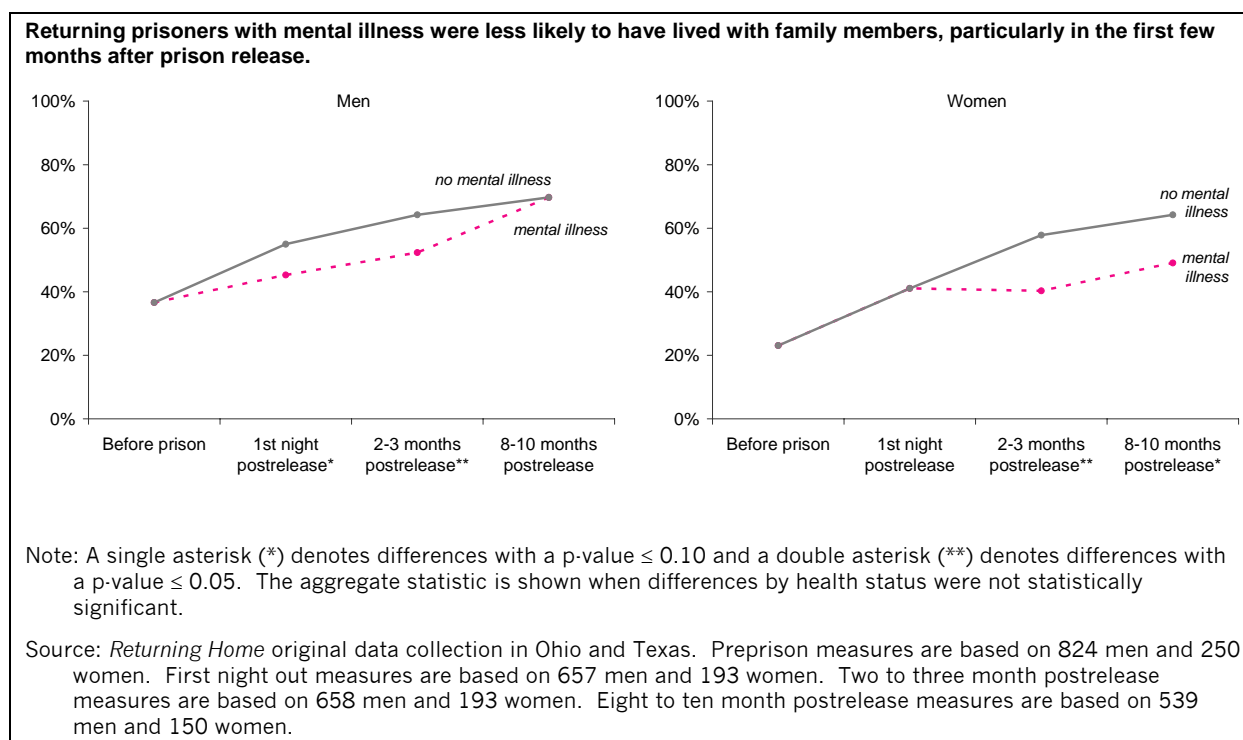
REENTRY EXPERIENCES OF PRISONERS WITH MENTAL HEALTH CONDITIONS

There are many reasons to expect mentally ill persons to have a more difficult reentry experience than others. Respondents with mental health conditions reported multiple health conditions and were more likely than others to feel that they were in *fair* or *poor* health. Despite high rates of health care utilization in the first eight to ten months after release, just one-half reported receiving treatment for their mental health conditions. This suggests that respondents with mental health conditions managed to receive episodic, acute care for physical or mental problems but were not able to maintain continuous treatment for their mental health conditions. After release, about 4 in 10 respondents with mental health conditions felt that health problems affected their ability to work or perform other activities. In the following sections we examine how people with mental health conditions navigated the reentry process and in what ways they had distinctly different outcomes.

Housing and mental health

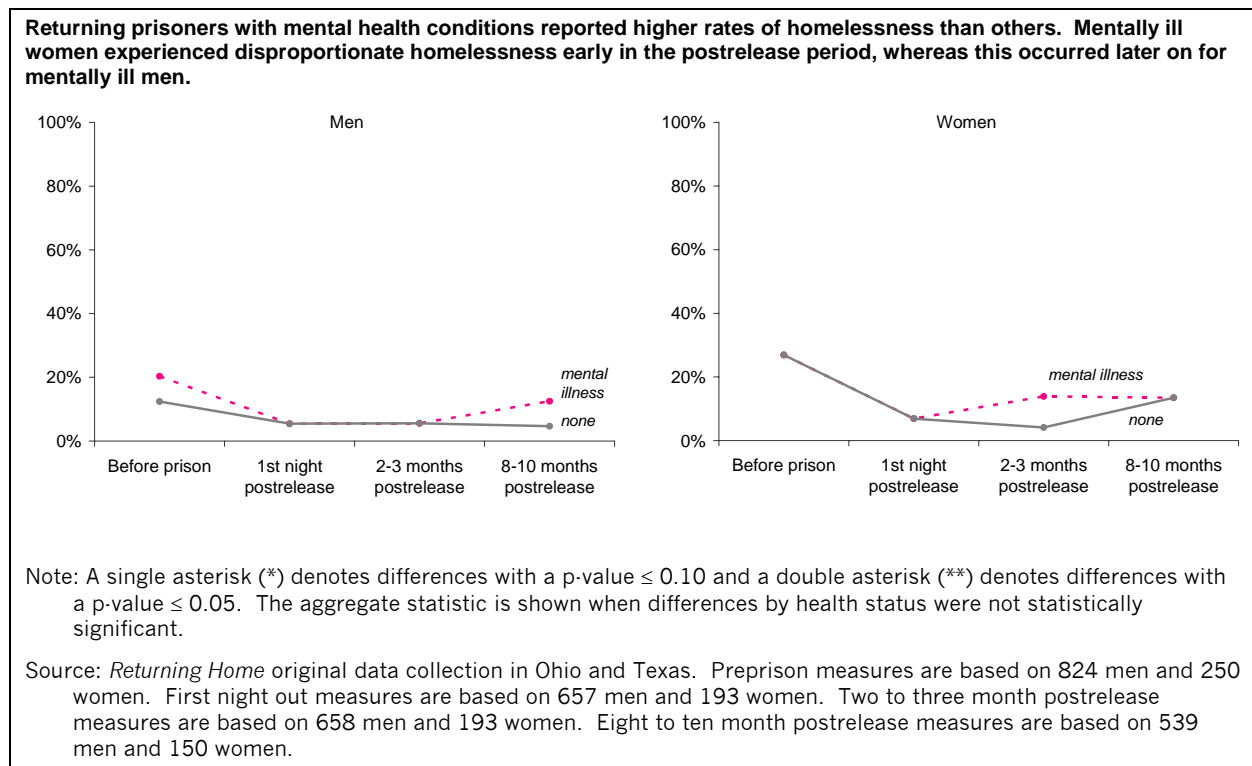
Returning men and women with mental health conditions had more housing difficulties compared to other returning prisoners. Though large shares relied on family members for housing, at times they were less likely than other returning prisoners to have lived with family members and more likely to have experienced homelessness after prison (Figures 10 and 11). These difficulties are, perhaps, predictable since men and women with mental health conditions reported high rates of preprison homelessness. When we surveyed them in the month before

Figure 10. Percentage of returning prisoners who ever lived with family members, by mental health status and gender



release, they had been less likely than others to have made arrangements for postrelease housing and they were less likely to expect to live with family members. Although rates of homelessness were lower postrelease than they had been before prison, those with mental health conditions were more likely than others to report that they had trouble keeping housing. They were also more likely than others to report living with other former prisoners and current substance abusers, individuals that could potentially jeopardize their reentry success.

Figure 11. Rates of homelessness, by mental health status and gender

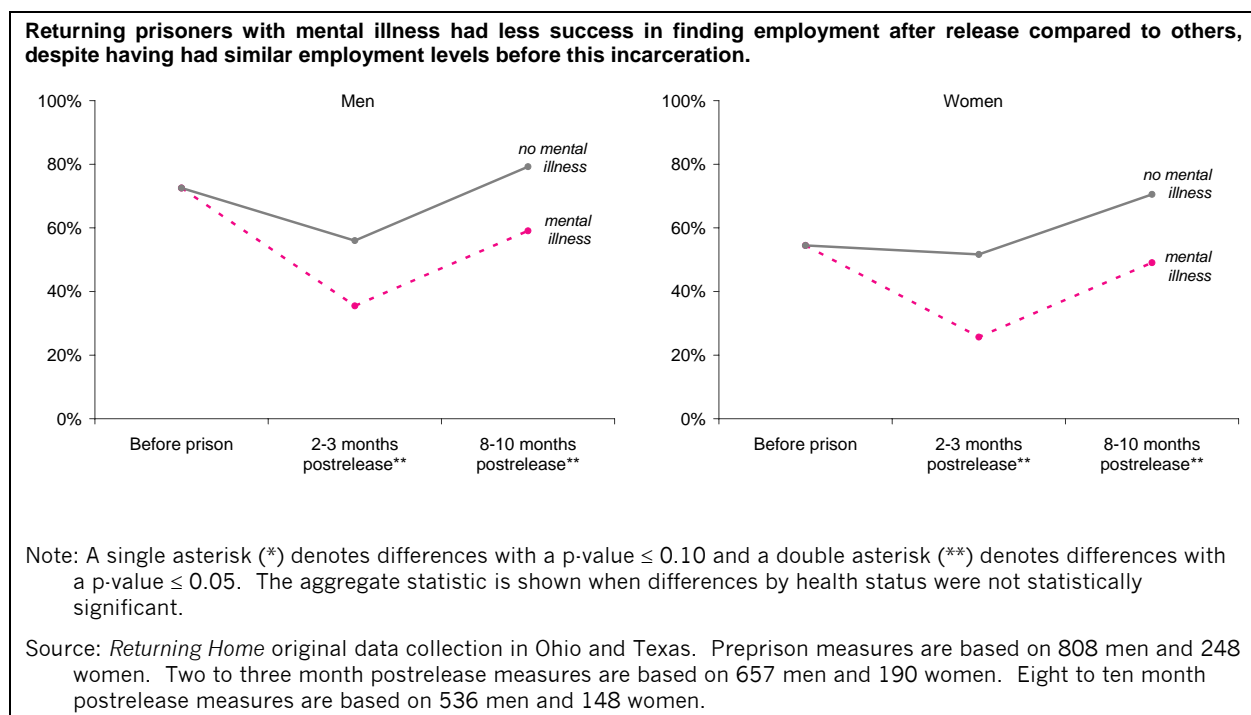


Although mentally ill men and women both experienced housing difficulties, the timing of their problems differed. Mentally ill men’s housing problems were more pronounced in the later part of the postrelease period. Although they had been less likely to live with family in the first two to three months of release, their rates of homelessness at that time were similar to other men. Eight to ten months after release, however, men with mental health conditions reported greater residential mobility than other men and were more likely to have been homeless. At this point in the postrelease period, they had been as likely as other men to have lived with family for some time, but they had spent fewer postrelease months living with family members. By contrast, women with mental health conditions had more acute housing problems in the first two to three months after release, reporting more residential mobility and homelessness (14 percent) relative to other women. Eight to ten months after release, their rates of homelessness were not any different from other women’s since homelessness among women generally increased over time. Though they often lived with family members, women with mental health conditions had been less likely than other women to have lived with family members beyond the first night after release.

Employment and mental health

Men and women with mental health conditions had poorer employment outcomes after release compared to other returning prisoners, despite having had similar employment histories before this prison term. We found that men and women with mental health conditions had been less likely to find any employment, worked for fewer postrelease months, and were less likely to have current employment at each of the postrelease interviews. These poor outcomes were observed early in the postrelease period and persisted through the 8 to 10 month follow-up interview (Figure 12). Just 36 percent of men and 26 percent of women with mental health conditions had found any employment within the first 2 to 3 months out of prison. Eight to ten months after release the shares reporting any postrelease employment were 59 percent among mentally ill men and 49 percent among mentally ill women. These rates of employment were significantly lower than the rates reported by other returning prisoners. Moreover, 8 to 10 months postrelease, returning prisoners generally reported employment rates in line with or exceeding their preprison employment levels; those with mental health conditions, however, had not caught up to their levels of preprison employment.

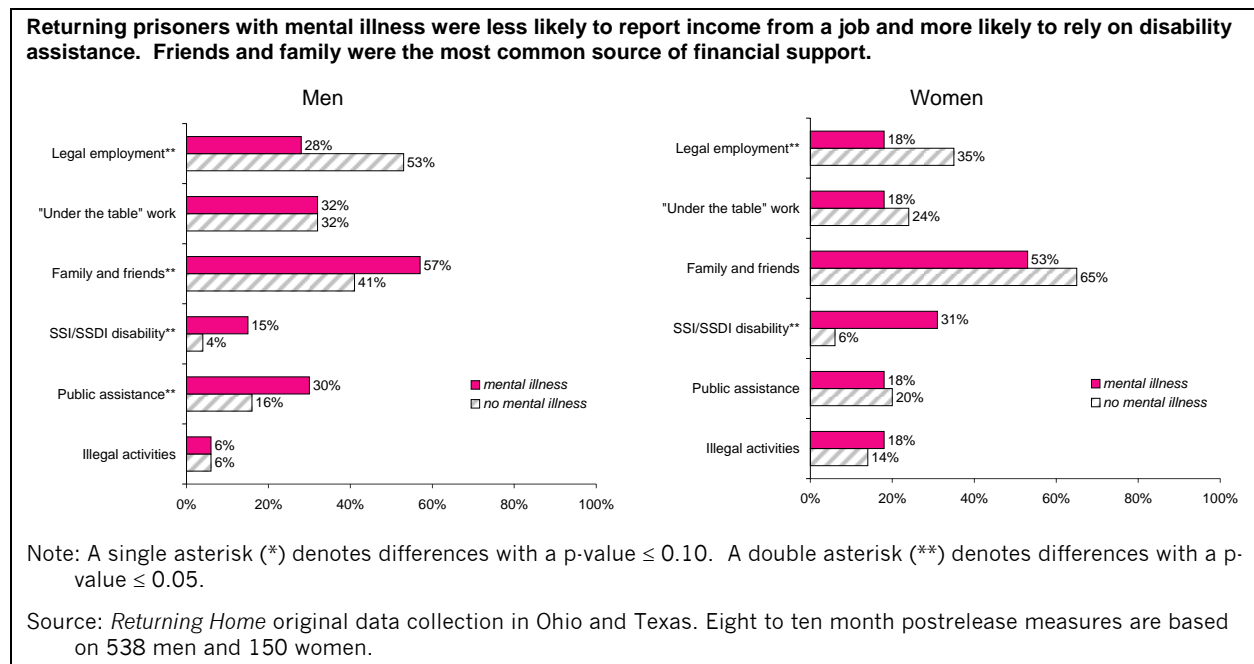
Figure 12. Percentage of respondents who were ever employed, by mental health status and gender



In keeping with their lowered employment, men and women with mental health conditions were less likely than others to support themselves financially through work and more likely to rely on other sources for income (Figure 13). The majority of men and women with mental health conditions reported receiving some income from family members and friends. Eight to ten months after release, just 3 in 10 men and 2 in 10 women with mental health conditions were supporting themselves through legal employment, rates that were significantly lower than other

returning prisoners. This was offset, somewhat, by the fact that men and women with mental health conditions were more likely than others to receive Social Security disability payments. There were, however, gender differences beyond these broad similarities. Although family members and friends were the most common source of financial support reported by mentally ill men and women eight to ten months after prison, the likelihood of receiving family support differed by gender. Men with mental health conditions had a similar or greater likelihood of receiving financial support from family members eight to ten months after release (depending on the specific measure used) but women with mental health conditions were less likely than other returning women to receive financial support from family members ($p=.13$ and this finding is consistent with other measures of family financial support not shown in Figure 13). A similar pattern was observed with regard to public assistance programs other than disability. Men with mental health conditions were more likely than other men to receive benefits such as food stamps. Women with mental health conditions, however, were no different from other women in terms of receiving assistance. In sum, men with mental health conditions had a similar or greater likelihood of receiving various forms of financial assistance relative to other men, while women with mental health conditions typically had a similar or lower likelihood of receiving these supports compared to other women.

Figure 13. Sources of income eight to ten months after prison release, by mental health status and gender



Family support and mental health

The majority of men and women with mental health conditions received some tangible assistance from family members, yet respondents with mental health conditions reported receiving less tangible and emotional support from their families when compared to other returning prisoners. As discussed above, they were often less likely to have lived with family members since release

(Figure 10, shown previously) and less likely to have received financial support from family members or friends (Figure 13, shown previously).

There were gender differences in the timing of family assistance. Men with mental health conditions were less likely than other men to receive tangible family support early in the postrelease period, but levels of support increased over time and became similar to other men by the 8 to 10 month follow-up interview. Men with mental health conditions were less likely than other men to have lived with family members during the first 2 to 3 months after prison, even on the first night out. Similarly, they were less likely to have received financial support from family members in the first two to three months. However, family support increased later in the postrelease period so that eight to ten months after prison they were as likely as other men to have lived with family members or received financial support. Nonetheless, men with mental health conditions perceived lower levels of emotional support throughout the postrelease period and were less likely than other men to feel that they could count on family members for tangible support.

Women with mental health conditions were less likely than other women to have lived with family members throughout the postrelease period; while mentally ill men became more likely to live with family after the first few months, this did not happen for women. With regard to financial support, mentally ill women had more support early in the postrelease period, but this declined by the time of the 8 to 10 month interview. Two to three months after prison, women with mental health conditions were as likely as other women to have received financial assistance from family members, but, eight to ten months after release, they were less likely to have received such assistance.

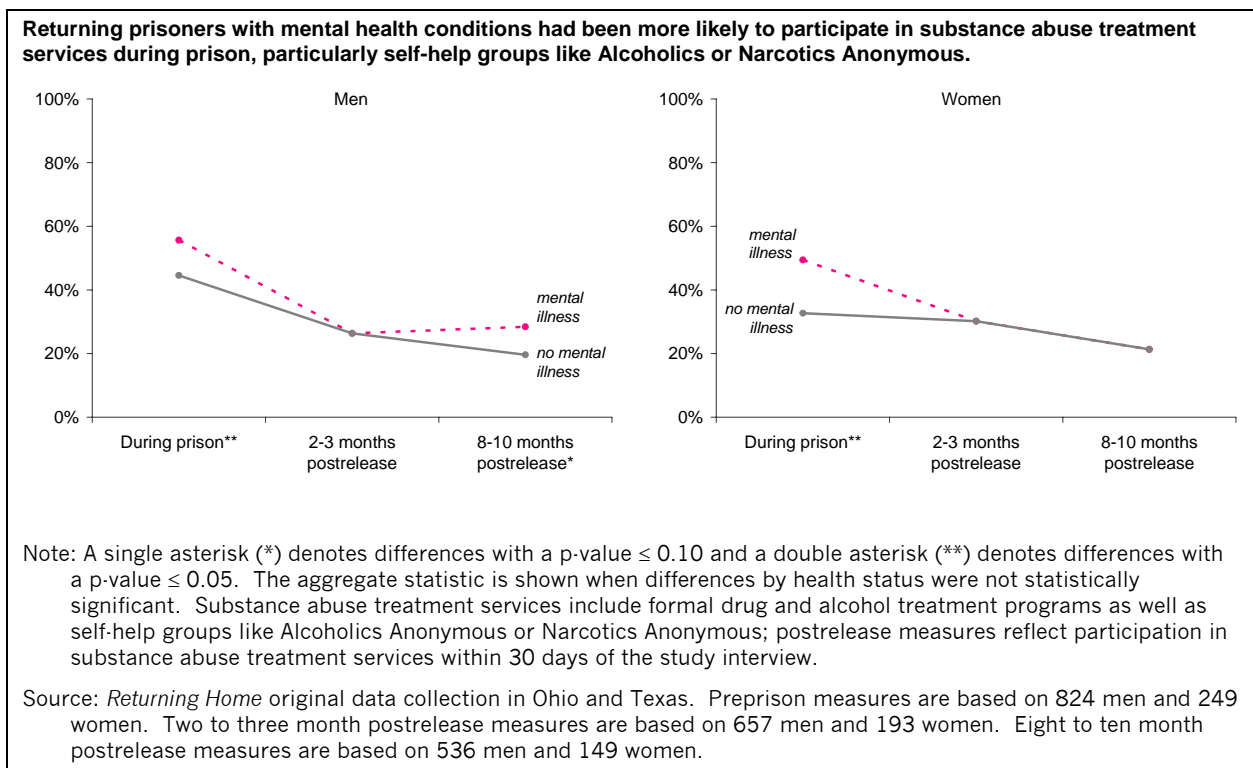
Differential levels of family support may be related to a number of factors. In some cases, the family's capacity to provide assistance is diminished: respondents with mental health conditions were more likely than other returning prisoners to report familial problems with substance abuse. Domestic violence may be another reason: 15 percent of men and 40 percent of women with mental health conditions reported having been victimized by a family member before this incarceration. Women with mental health conditions were also more likely to have perpetrated violence against a family member before this incarceration.

Substance use and mental health

Men and women with mental health conditions reported patterns of postrelease drug and alcohol use that were generally similar to other returning prisoners, despite a greater history of preprison alcohol abuse. Slightly over one-third reported current drug use or alcohol intoxication (i.e., in the past 30 days) at the time of the eight to ten month postrelease interview. Among men, levels of substance use increased over the postrelease period, with about one-quarter reporting drug use or alcohol intoxication at the time of the two to three month postrelease interview. Among women, levels of substance use remained constant over the postrelease period, with about one-third reporting use or alcohol intoxication at the time of the two to three month postrelease interview. Like other returning prisoners, women with mental health conditions were more likely than men to have used illegal drugs after release.

These similar outcomes, despite greater preprison alcohol abuse (and, among men, greater preprison cocaine use as well) may be related to increased participation in substance abuse treatment services during prison. Men and women with mental health conditions were more likely than other prisoners to have participated in self-help programs like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) during prison. Figure 14 illustrates that roughly one-half of men and women with mental health conditions had participated in some substance abuse treatment services (including substance abuse treatment programs, AA or NA) while incarcerated. After release, as with other returning prisoners, there was a substantial drop in the share receiving substance abuse treatment services. Two to three months after prison, those with mental health conditions were statistically no different from other returning prisoners, with roughly 3 in 10 receiving such services at the time of the interview. Eight to ten months after release, however, there is some evidence to suggest that men and women with mental health conditions were more likely to receive substance abuse treatment services than other returning prisoners. Men with mental health conditions were more likely than other men to report current participation (i.e., within the past 30 days) in either substance abuse treatment or self-help groups at the time of the second study interview. Women with mental health conditions reported spending more postrelease months in substance abuse treatment services over the course of the postrelease period, though there was no difference from other women in current receipt of substance abuse treatment services at the time of the 8 to 10 month postrelease interview.

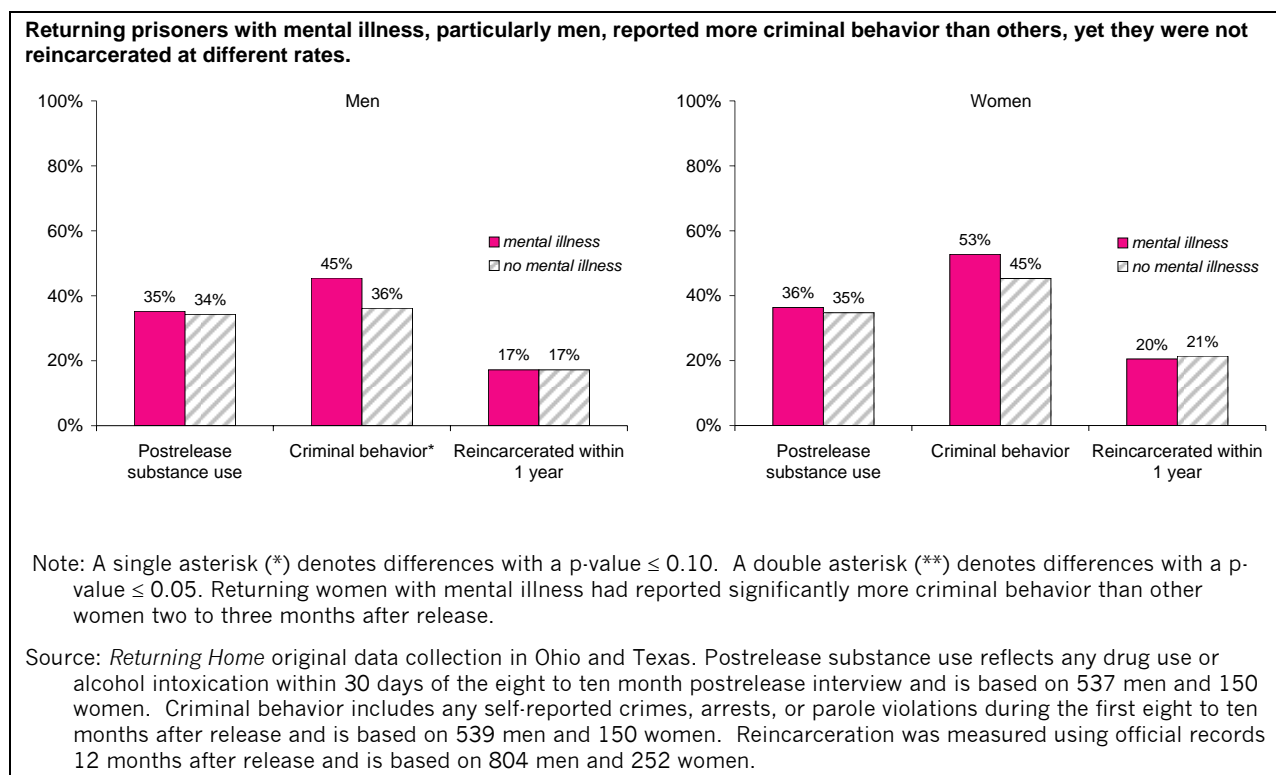
Figure 14. Percentage who participated in substance abuse treatment services, including Alcoholics or Narcotics Anonymous, by mental health status and gender



Criminal involvement and mental health

Men and women with mental health conditions reported more postrelease criminal behavior than other returning prisoners (Figure 15), but the criminal justice system response differed somewhat by gender. Men with mental health conditions were not arrested, jailed, or reincarcerated in state prison at significantly different rates than other men. Women with mental health conditions, however, were more likely to be arrested than other women in the first two to three months after release, yet they were no more or less likely to be returned to incarceration in a state prison. Interestingly, men and women with mental health conditions were less likely than others to be reincarcerated for parole violations, despite similar odds of being under parole supervision and similar reports of violating their supervision conditions.

Figure 15. Postrelease criminal activity and justice system response, by mental health status and gender



Men with mental health conditions were more likely than other men to report committing crime during the first eight to ten months out of prison. However, they were no more likely than other men to have been arrested. One year after release, the rate of reincarceration for men with mental health conditions, at 17 percent, was the same as that for other men. Interestingly, among those on parole, men with mental health conditions did not report violating supervision conditions any more or less than other men. However, their rate of reincarceration for parole violations was less than other men.

Women with mental health conditions reported more criminal behavior than other women in the first two to three months after release. Eight to ten months after release, self-reported crimes

were higher than other women, but the difference was not statistically significant ($p=.17$). Unlike men, however, women with mental health conditions were arrested at higher rates than other women. The data also suggest that women with mental health conditions were somewhat more likely to spend at least one postrelease month in jail ($p=.20$). However, higher arrest rates did not translate into higher rates of return to prison. One year after release, 20 percent of women with mental health conditions were reincarcerated in state prisons, a rate similar to other women. Interestingly, women with mental health conditions were less likely than other women to be reincarcerated for parole violations even though they were no different from other women in reporting supervision violations.

CONCLUSIONS ABOUT MENTAL HEALTH AND REENTRY

Returning prisoners with mental health conditions faced many health and reentry challenges upon release. Respondents with mental health conditions were heavy users of health services after release, but the data suggest that they received fragmented, episodic care for acute problems. Eight to ten months after release, 8 in 10 respondents with mental health conditions had received some health care in the community, but only one-half reported receiving treatment for their mental health conditions. Respondents with mental health conditions were more likely than others to have utilized emergency room services and to have been hospitalized.

Respondents with mental health conditions reported poorer housing and employment outcomes relative to other returning prisoners. Men and women with mental health conditions were more likely to have been homeless after prison, though homelessness rates 8 to 10 months after prison were lower than the preprison rates reported by respondents. Additionally, respondents with mental health conditions had been less likely to find employment after release, often citing health problems as an impediment to work or other daily activities. Eight to ten months after prison, they were less likely than others to receive income from legal employment and more likely to receive disability support.

These poor housing and income outcomes reflect, to some extent, comparatively lower levels of family support compared to other returning prisoners. Family members were key sources of housing and income support for most returning prisoners. While the majority of those with mental health conditions reported family support in these areas, they were less likely to have lived with family members or received financial support from them. Moreover, those with mental health conditions reported lower levels of emotional support from their families. We hypothesize many reasons why, beyond the stigmatizing effect of mental illness, these respondents experienced lower levels of family support. It may be that the family's capacity to provide assistance is diminished because of familial problems with substance use. Domestic violence rates, both perpetration and victimization, were also higher relative to other returning prisoners.

Family support for returning prisoners with mental health conditions varied over time and by gender. In a sense, the family response to mental illness differed by the gender of the returning prisoner. While both men and women with mental health conditions were less likely to have

received family support in the early postrelease months, support for men increased over time so that, eight to ten months after release, it was no different from the support reported by other men. However, family support for women with mental health conditions remained lower than the support given to other returning women. Considering that women generally had poorer outcomes than men, regardless of their health conditions, the decreased level of support to women with mental health conditions amounts to a double disadvantage due gender and health status.

Mentally ill respondents also reported higher levels of criminal involvement after prison, but we did not observe consistent relationships between criminal behavior and criminal justice system sanctions. Men and women with mental health conditions were more likely to report committing crimes. Interestingly, this did not translate to higher reincarceration rates for either new crimes or parole violations. However, there were some differences in the criminal justice system response by gender. Among women, those with mental health conditions were more likely to report arrests than others, though this increased arrest rate did not appear to influence reincarceration rates. Among men, however, there were no significant differences in arrest or reincarceration rates. It is not possible, with these data, to determine the appropriateness of the justice system response to those with mental health conditions. More research is needed to further our understanding about mental illness and recidivism.

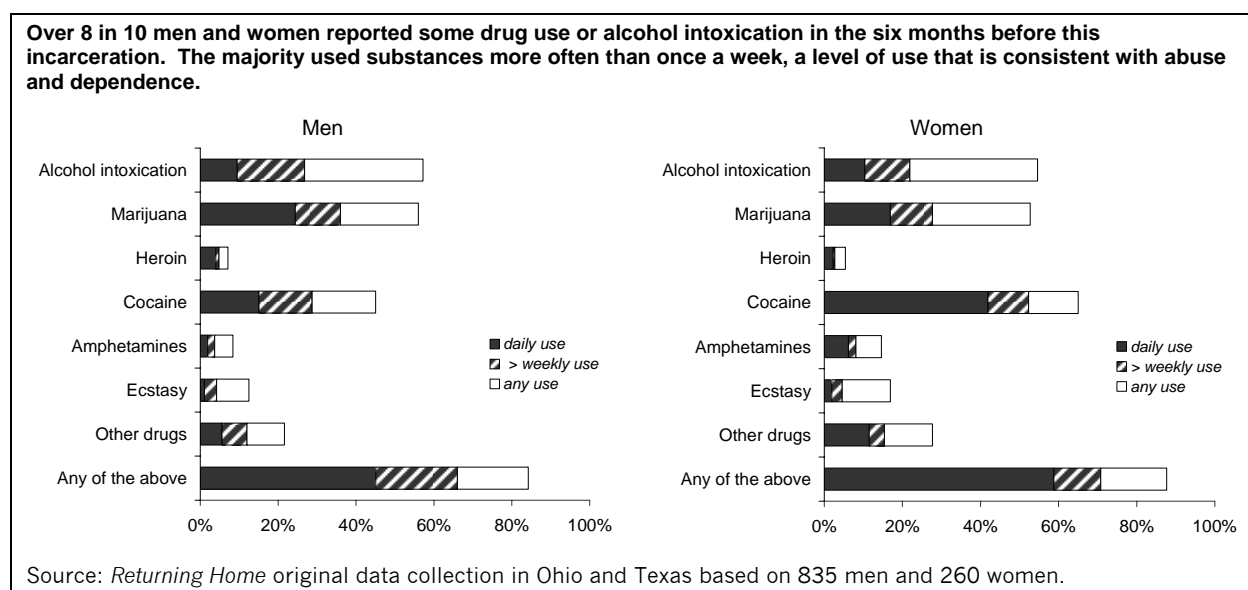
Interestingly, mental health status did not have significant impacts on postrelease substance use. Respondents with mental health conditions reported similar levels of postprison use, despite a greater history of alcohol intoxication and, among men, cocaine use. Men and women with mental health conditions had been more likely to participate in substance abuse treatment services in prison, particularly groups like AA or NA. There is some evidence to suggest that their participation in treatment postrelease was also greater. Nonetheless, respondents with mental health conditions reported aggregate levels of postrelease substance use that were statistically no different from other returning prisoners.

5 Substance Abuse and Reentry

SUBSTANCE ABUSE STATUS AND TREATMENT

Most returning prisoners had a history of substance use. Over 8 in 10 respondents had used drugs or gotten intoxicated at least once in the six months leading up to their prison term. Illegal drug use had been similarly common, reported by 75 percent of men and 83 percent of women. Figure 16 shows the types of substances used in the six months before prison and respondents' frequency of use. Men most commonly reported alcohol intoxication (57 percent), followed closely by marijuana (56 percent) and cocaine use (45 percent). Women reported cocaine use most often (65 percent), followed by alcohol intoxication (55 percent) and marijuana use (53 percent).

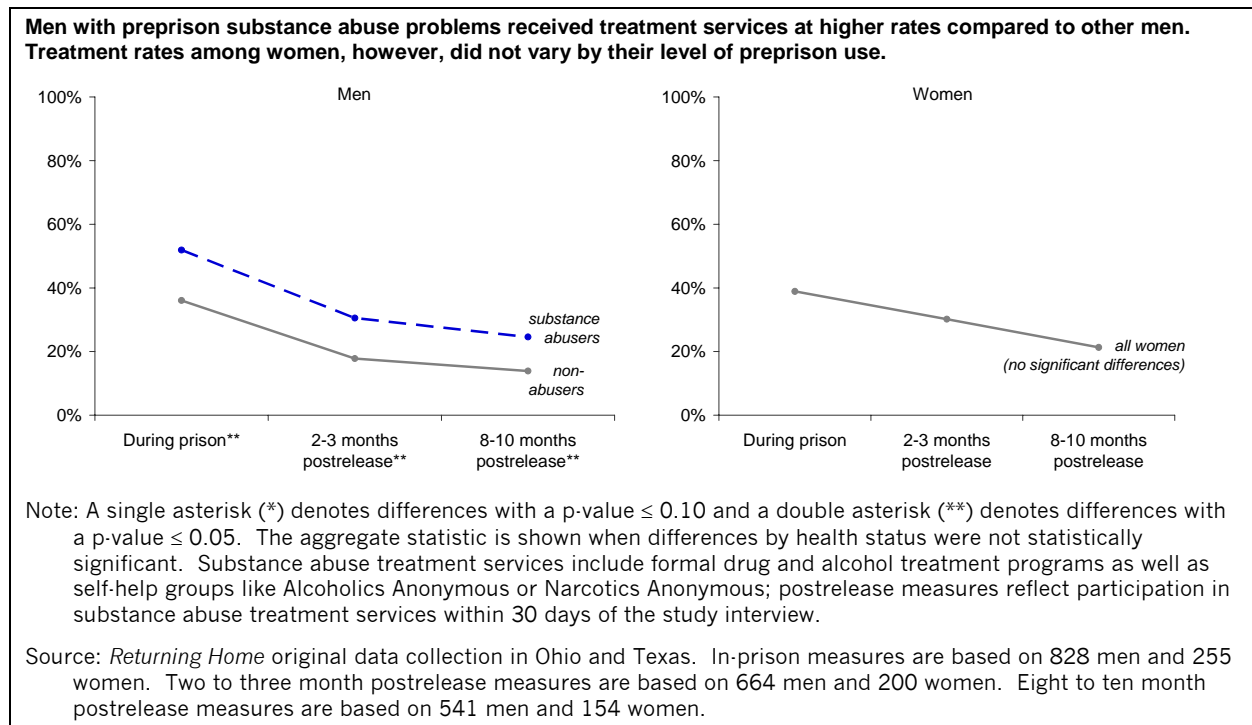
Figure 16. Substance use in the six months prior to incarceration, by gender



The majority of returning prisoners can be characterized as substance abusers, since relatively few reported casual use in the six months before prison. About two-thirds of all men and women reported using drugs or getting intoxicated more often than once a week in the six months preceding this prison term, including many (45 percent of men and 59 percent of women) who reported daily use. This study defined *substance abuse* as drug use or alcohol intoxication more often than once a week in the six months before this prison term; this is distinct from *substance use*, which refers to use at any frequency. Substance use more than once a week was significantly correlated with signs of abuse and dependence. Those who reported drug use or alcohol intoxication more than once a week reported more adverse consequences resulting from their use, including problems at work or school, arguments with friends and family, and driving

while impaired. Substance use more than once a week was also correlated with signs of addiction such as increased tolerance, greater than intended use, and an inability to stop using despite negative consequences.

Figure 17. Percentage who participated in substance abuse treatment services, including Alcoholics or Narcotics Anonymous, by substance abuse status and gender

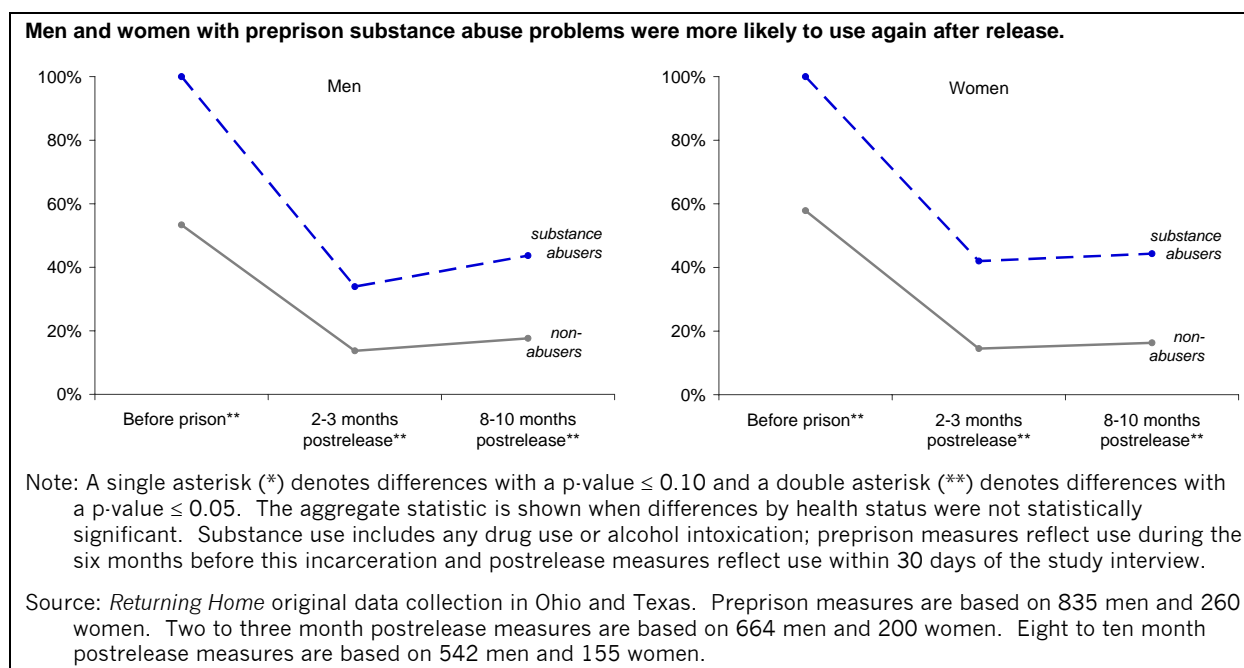


Despite the high prevalence of substance use and abuse before prison, relatively few returning prisoners reported receiving substance abuse treatment services while incarcerated. In this report, we use the term *treatment services* to describe formal substance abuse treatment modalities, like therapeutic communities and pharmaceutical treatment regimens, as well as self-help groups like Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). Roughly 4 in 10 of all returning prisoners participated in some treatment services during prison, though just one-quarter of men and 14 percent of women reported participating in a formal drug or alcohol treatment program while incarcerated. Men who reported substance abuse before prison were more likely to have received treatment services, but much need remained unmet: 29 percent had participated in a formal substance abuse treatment program in prison. When AA or NA participation is also taken into account, about one-half of men with a recent substance abuse history had received some type of treatment services during prison (Figure 17). However, the substance abuse treatment services provided to incarcerated women did not seem well matched to the level of need. Women who had reported substance abuse before prison were not any more or less likely to have participated in substance abuse treatment services than other women; about 4 in 10 received some services during prison, including 14 percent who participated in formal treatment programs. Interestingly, women with physical health conditions had been more likely to participate in formal drug and alcohol treatment programs during prison (16 percent) and

women with mental health conditions had been more likely to participate in AA and NA-type groups during prison (47 percent).

Participation in substance abuse treatment services dropped considerably after release from prison. Just 3 in 10 of all returning men and women participated in either substance abuse treatment programs or self-help groups immediately after release and participation rates declined to 2 in 10 over the course of the first postrelease year, with fewer than 10 percent participating in formal treatment programs. Men who had reported preprison substance abuse experienced a similar drop in treatment services after prison release but continued to receive such services in the community at higher levels than other returning prisoners: two to three months after prison, nearly one-third received treatment services (down from one-half in prison) and eight to ten months after prison this figure was one-quarter. However, as it had been during prison, women with substance abuse problems were no different from other women in terms of receiving treatment services in the community.

Figure 18. Percentage reporting any drug use or alcohol intoxication, by substance abuse status and gender



Not surprisingly, respondents who had substance abuse problems before prison were more likely than others to use again after release (Figure 18). Eight to ten months after release, roughly 4 in 10 respondents with substance abuse problems reported current use, defined as drug use or alcohol intoxication within 30 days of the study interview. Nonetheless, roughly 2 in 10 nonabusers also reported drug use or alcohol intoxication after prison. Postrelease use among men was initially lower: 2 to 3 months after release, about one-third of men with substance abuse problems reported current use. However, postrelease use among women began soon after release and remained constant. Current use levels among substance abusing women were nearly the same 2 to 3 months after release as they were 8 to 10 months postrelease.

Comparing Figures 17 and 18, shown previously, it may seem that substance abusing men resumed substance use at greater rates postrelease relative to other men, despite having received treatment services at higher levels, but it is important to remember that these figures present aggregate statistics. Those substance abusing men who received treatment services in prison were significantly less likely than their untreated counterparts to use again after release. Interestingly, substance abusing women who received treatment services in prison reported rates of postrelease use that were similar to other, untreated women; receipt of treatment services in prison did, however, increase their rates of treatment participation after release.

REENTRY EXPERIENCES OF PRISONERS WITH SUBSTANCE ABUSE PROBLEMS

Individuals who reported substance abuse in the six months before prison had long histories of lifetime use yet often returned to the community with unresolved substance abuse problems. About one-half of men and 4 in 10 women reported receiving treatment services while incarcerated and even fewer participated in community-based treatment services upon release. Many returned to families and communities that also had problems with substance use, placing them at increased risk of relapse and other negative outcomes. Both illegal drug use and alcohol intoxication (because it is a violation of parole conditions) place individuals at risk of rearrest and reincarceration. Additionally substance abuse may interfere with the ability to secure housing, maintain employment, and reestablish family relationships. In the sections that follow, we examine the process by which individuals who reported preprison substance abuse (i.e., use more than once a week) faced these reentry challenges and we identify the ways in which their experiences were significantly different from those reported by other returning prisoners.

Housing and substance abuse

Returning prisoners who reported preprison substance abuse—about two-thirds of both men and women—experienced distinctly different housing challenges by gender. While respondents who reported preprison substance abuse had different housing outcomes relative to other returning prisoners, substance abuse did not affect outcomes in the same way for men and women (Figures 19 and 20). Compared to other men, those with substance abuse problems experienced greater challenges early in the postrelease period but were also more likely to be able to rely on family members for housing. However, women with substance abuse problems were less likely to rely on family members for housing early on and had greater problems with homelessness compared to other women. Despite these differences, both men and women with substance abuse problems were more likely to live with others who would pose a risk to their reentry success: eight to ten months after release, one-third of men and one-half of women with substance abuse problems were living with other former prisoners and substance abusers.

Men with substance abuse problems reported higher rates of preprison homelessness and were less likely than other men to have made housing arrangements when we surveyed them in the month before release. Though the majority, like other men, stayed with family members on their first night out, they reported changing residences more often than other men during the first two to three months after release. Nevertheless, men with substance abuse problems were more

Figure 19. Percentage of returning prisoners who ever lived with family members, by substance abuse status and gender

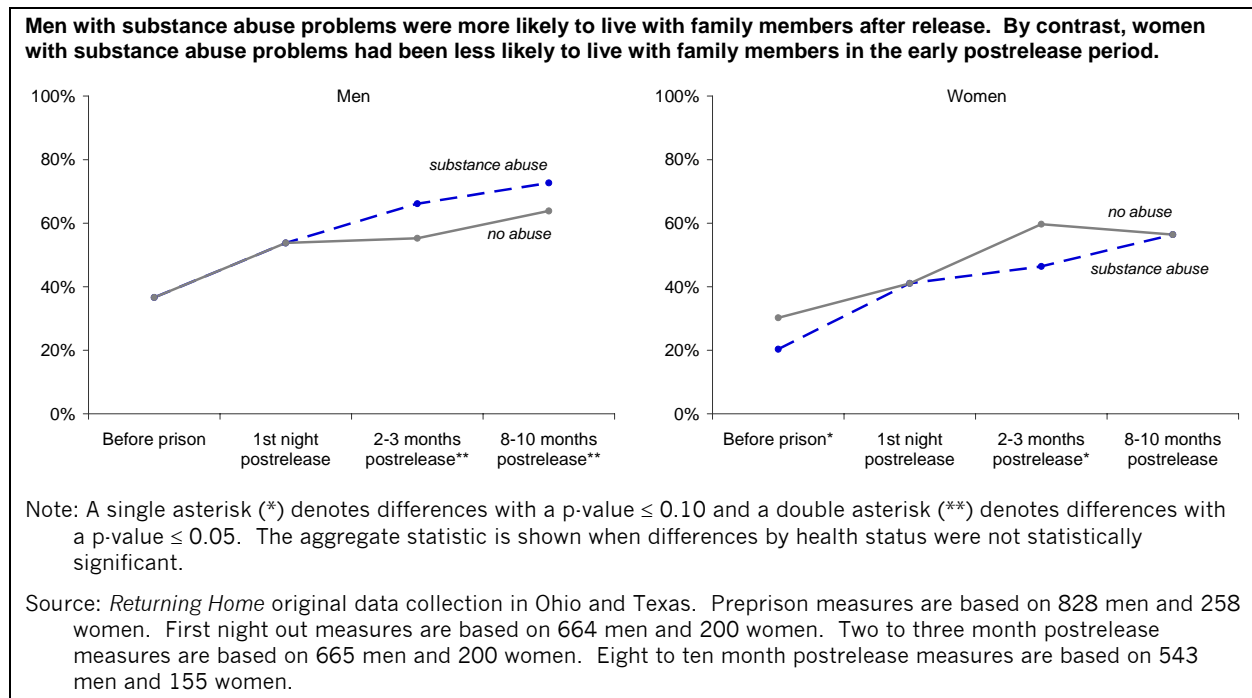
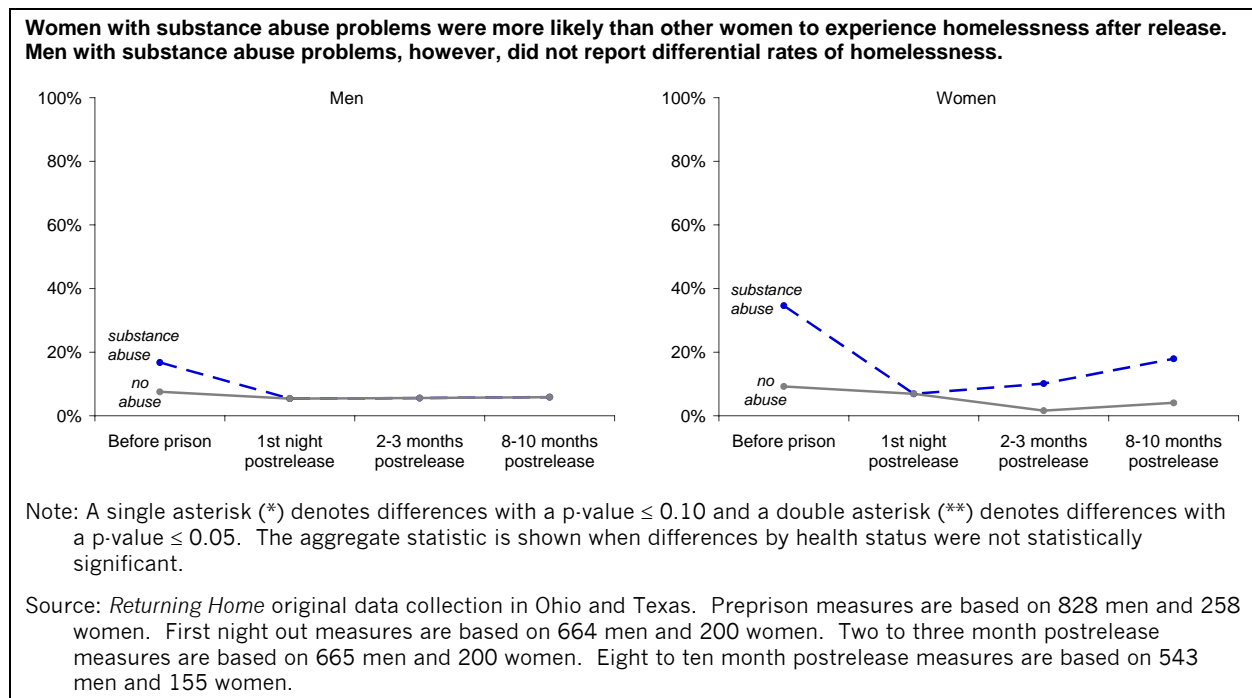


Figure 20. Rates of homelessness, by substance abuse status and gender



likely than other men to have lived with family members both early (two to three months) and later on (8 to 10 months) in the postrelease period. Correspondingly, they were less likely than other men to have lived in their own homes or apartments. Rates of homelessness throughout the

first 8 to 10 months after release were around 5 percent and were no different than other men. Although men with substance abuse problems did not report greater residential mobility eight to ten months after release, they were more likely than other men to report trouble keeping housing. It is also noteworthy that men with substance abuse problems were more likely than other men to report having “lived” in jail for at least one postrelease month (12 percent compared to 7 percent, $p=.11$).⁴

By contrast, women with substance abuse problems were less likely than other women to live with family members during the first few months after release. This is consistent with their preprison experience, and women with substance abuse problems had been less likely to expect that they would live with family after release. However, eight to ten months after release, over half had lived with family members at some point, a rate similar to other women. Still, women with substance abuse problems reported moving around more often than other women as well as having trouble keeping housing. Homelessness was a particular problem for women with substance abuse histories, with 2 in 10 having experienced homelessness in the first 8 to 10 months after release. A similar share of women with substance abuse problems, 2 in 10, reported “living” in jail for at least one postrelease month, compared to 6 percent of other returning women.

Employment and substance abuse

Substance abuse before prison was related to poorer employment outcomes after release, with more pronounced impacts among women than men. Men with substance abuse problems were similar to other men in terms of having found employment in the first eight to ten months after release, but their success in maintaining employment was lower. Women with substance abuse problems had more difficulty than other women in both finding and keeping employment.

Figure 21 shows the percentage of respondents reporting any employment before and after this incarceration. Both men and women with substance abuse problems experienced greater unemployment before prison, but men with substance abuse problems managed to find postrelease employment at rates similar to other returning prisoners. Women with substance abuse problems initially found postrelease employment at rates similar to other women, but impediments to gaining employment emerged after the first two to three months. Eight to ten months after release, women with substance abuse problems had been less likely to work for any length of time than other returning women. Comparing the numbers in Figure 21 to the rates of current employment shown in Figure 22 sheds light on the influence of substance abuse in maintaining employment. Both men and women with substance abuse problems reported fewer months of postrelease employment compared to others. Two to three months after release, the share of respondents with substance abuse problems who were currently employed at the time of the interview was similar to other returning prisoners. Eight to ten months after release, however, their rates of current employment were significantly lower than others. Among women, the share reporting current employment eight to ten months postrelease declined from what it had

⁴ Postrelease housing was measured using a calendar that asked respondents to choose one category that best described their housing situation in each postrelease month. Jail was listed among the response options.

been two to three months after release. This is a particularly troubling finding, as other subgroups of returning prisoners reported either constant or increasing rates of employment as time elapsed.

Figure 21. Percentage of respondents who were ever employed, by substance abuse status and gender

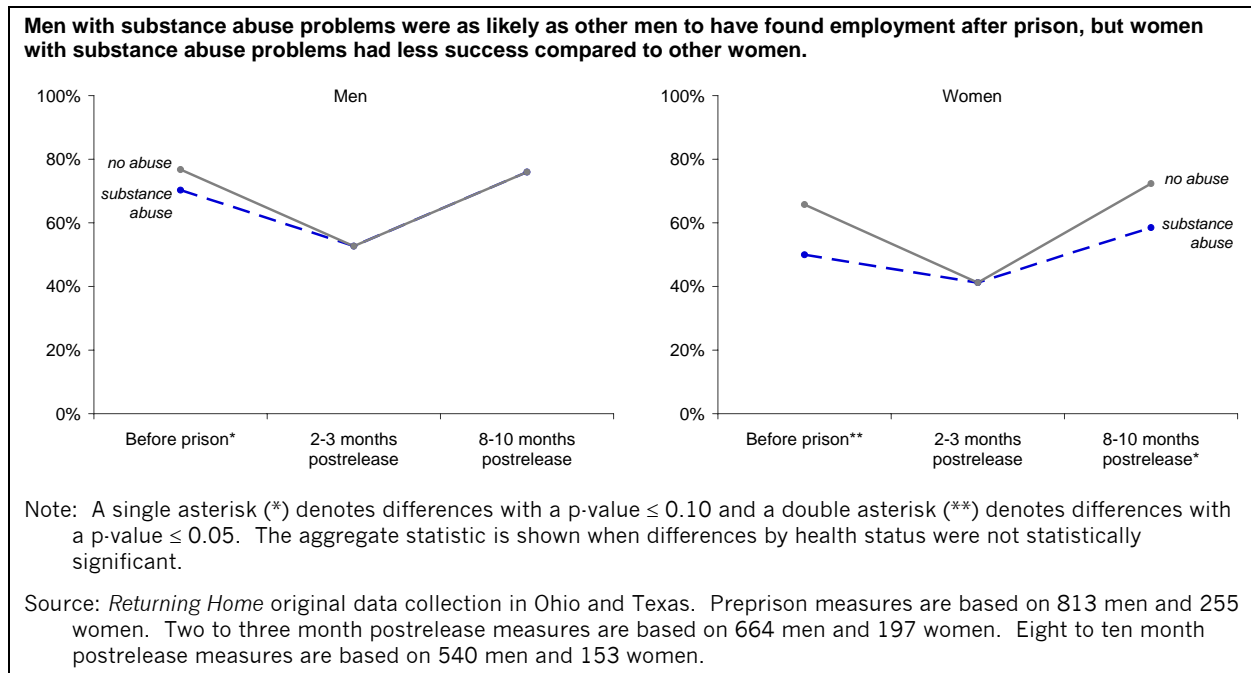
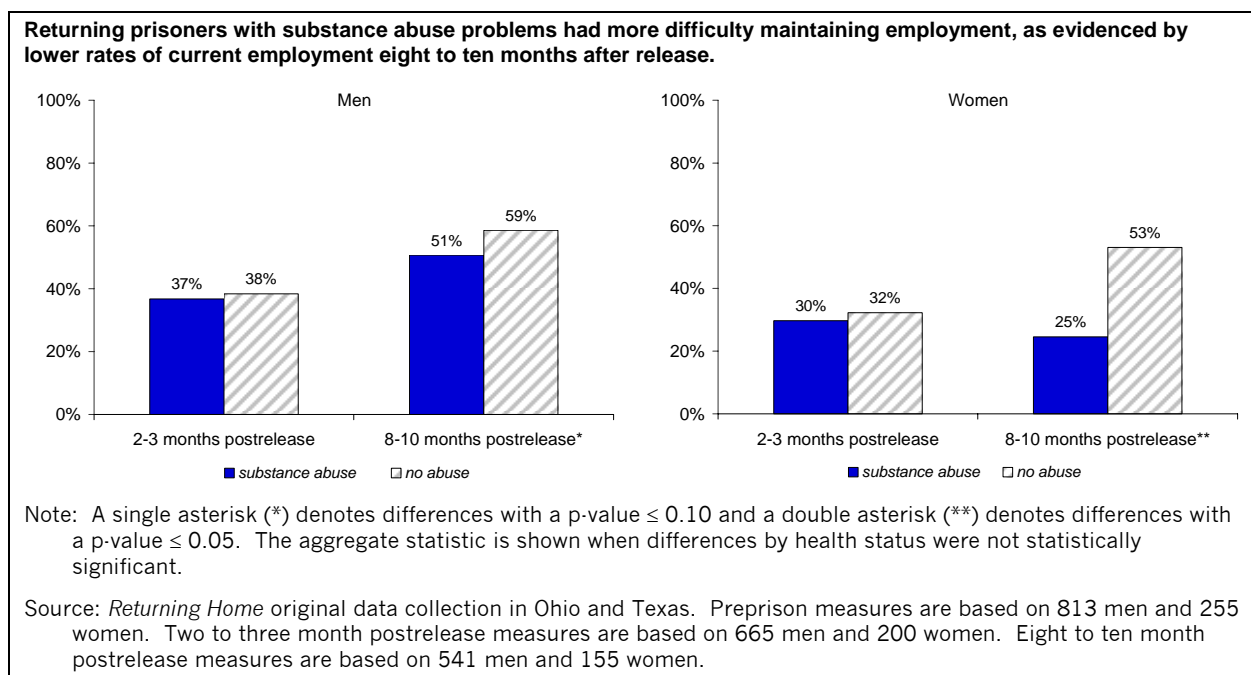


Figure 22. Percentage of respondents reporting current employment at the time of the interview, by substance abuse status and gender

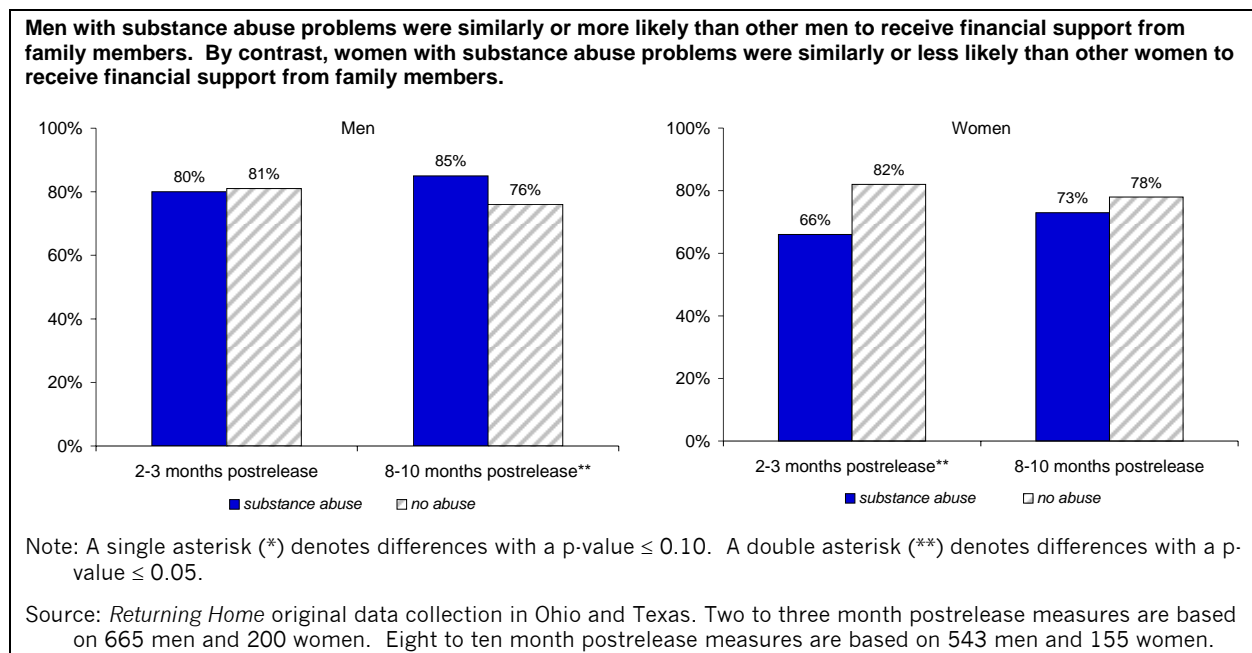


These differential employment outcomes are reflected in the way that men and women with substance abuse problems supported themselves financially. Eight to ten months after release, men with substance abuse problems were more likely to report income from illegal activities, but they were otherwise not different from other men. Legal employment was the most common source of income, followed by family and friends, and “under the table” work; smaller shares reported receiving public assistance, disability payments, and illegal income. Women with substance abuse problems, however, supported themselves quite differently from other women. Like other women, they cited family and friends as the most common source of income, but women with substance abuse problems were three times as likely to have received income from illegal activities (19 percent and 6 percent, respectively). Moreover, they were significantly less likely to have earned money through legal employment and less likely to have received benefits like food stamps from public assistance programs. The one commonality is that both women and men with substance abuse problems had been more likely to support themselves, at least partially, through illegal activities, placing them at increased risk for arrest and reincarceration.

Family support and substance abuse

Respondents with preprison substance abuse problems typically received some tangible support from family members during the first 8 to 10 months after release, but the interaction between substance abuse and family support was different for men and for women. Among men, those with a substance abuse problem often received more family support compared to others without such a problem. Men with substance abuse problems were more likely to have lived with family members throughout the postrelease period (Figure 19) and, eight to ten months after release, they were also more likely to report having received financial support from family members (Figure 23). Women with substance abuse problems, however, received less consistent support.

Figure 23. Financial support from family members, by substance abuse status and gender



Eight to ten months after release, they were as likely as other women to have lived with family members or received financial support, but they had received comparatively less support in earlier months. Two to three months after release, they had been less likely than other women to live with family members or receive financial assistance. Throughout the postrelease period, women with substance abuse problems perceived lower levels of emotional support and were less likely than other women to feel that they could rely on family members for tangible support.

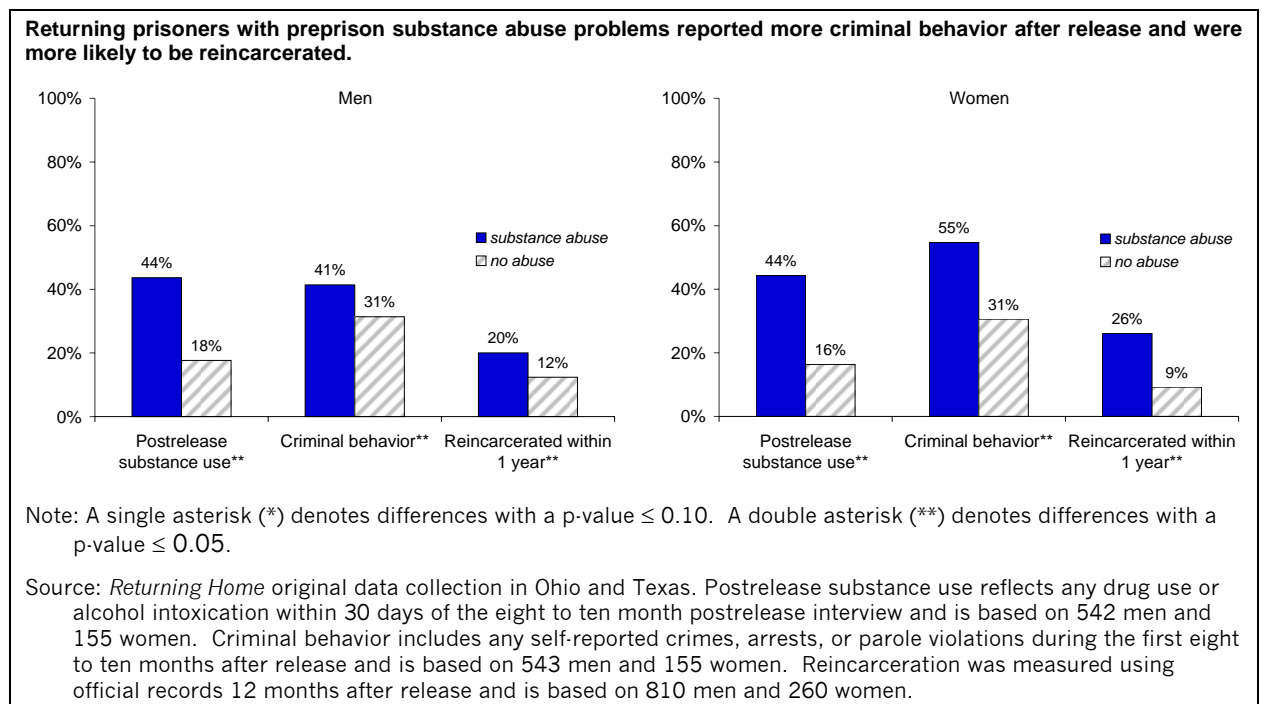
Family support notwithstanding, the family members of respondents with substance abuse histories posed particular risks to their reentry success. Perhaps not surprisingly, the family members of respondents with substance abuse problems were more likely to have their own problems with drugs and alcohol. Respondents with substance abuse problems also reported higher levels of familial criminality compared to other respondents. Family violence is another consideration. Men and women with substance abuse problems were more likely than others to have perpetrated violence against their family members before this incarceration; after release, however, men with substance abuse problems were more likely to report victimization by family members. Negative family dynamics such as these may factor into returning prisoners' decisions to seek or accept family support.

Criminal involvement and substance abuse

Men and women with substance abuse problems before this prison term were more likely than other returning prisoners to report criminal behavior after release and to be reincarcerated. This held true across a variety of recidivism measures (Figure 24). One year after release, one-fifth of men and one-quarter of women with substance abuse problems were back in state prisons compared to 12 percent and 9 percent, respectively, of those without substance abuse problems. Those with substance abuse problems also reported higher criminal activity in the first eight to ten months postrelease, more arrests, and were more likely to have spent at least one month in jail. Among those on parole, men with substance abuse problems were more likely to report violating their release conditions; women with substance abuse problems had a similar likelihood of violating any conditions compared to other women, but they violated more conditions. All told, 4 in 10 men and over one-half of the women with substance abuse problems reported committing crime, being arrested, or violating their parole conditions.

The specific crimes reported by respondents with substance abuse problems were most often drug possession, drug selling, robbery, theft, and, among women, "other" offenses, which are likely to include prostitution. Not surprisingly, respondents with preprison substance abuse problems were more likely than others to have reported drug possession after release. They were also more likely than other respondents to report that illegal activities were a source of postrelease income. More often than other men, those with substance abuse problems engaged in drug selling and burglary after release. Women with substance abuse problems, on the other hand, were more likely than other women to engage in theft and "other" offenses after release.

Figure 24. Postrelease criminal activity and justice system response, by substance abuse status and gender



CONCLUSIONS ABOUT SUBSTANCE ABUSE AND REENTRY

The majority of returning men and women had considerable problems related to drug use and alcohol intoxication. Over 8 in 10 respondents reported drug use or alcohol intoxication in the six months preceding this prison term, but very little of this was casual use. About two-thirds of all men and women reported using drugs or getting intoxicated more often than once a week in the six months before prison, including many (45 percent of men and 59 percent of women) who reported daily use. Drug use or alcohol intoxication more than once a week was associated with an increased number of social and interpersonal problems as well as signs of abuse and dependence.

About 4 in 10 of all returning prisoners utilized some form of treatment services during prison, including formal drug or alcohol treatment programs and self-help groups like Alcoholics or Narcotics Anonymous, and participation in such services dropped considerably upon release. Many individuals who used and abused drugs and alcohol before prison remained untreated and the study's findings raise questions about whether scarce treatment resources are allocated appropriately. In-prison treatment services and linkages to community-based services seemed better matched to needs in men's facilities: men with substance abuse problems had been more likely than other men to participate in treatment services both during and after prison, while women with substance abuse problems reported participation rates that were no different from other women. Interestingly, women with physical health conditions had been more likely to

participate in formal treatment programs during prison and women with mental health conditions had been more likely participate in AA or NA-type groups during prison. It is troubling that substance abusing women were not more likely to have participated in substance abuse treatment services, but it may be that women with co-occurring physical and mental health conditions were given higher priority. Further research on the allocation of treatment resources to needs would shed light on these findings.

Eight to ten months after release, over one-third of men and women had used drugs or gotten intoxicated postrelease, and men and women with preprison substance abuse problems were more likely to have used again after release. The finding that women with substance abuse problems were more likely to use again after release is consistent with the fact that they did not receive treatment services at higher rates relative to other women. Substance abusing men, however, did receive treatment services at higher rates, both during and after prison, yet aggregate rates of postrelease substance use were higher compared to other men. This is not because substance abuse treatment services were ineffective at an individual level: those men who participated in treatment services during prison were less likely to use again after release. Rather, this finding suggests that current (low) levels of treatment capacity, and perhaps also the treatment modalities available, were not sufficient to make a difference in population-level outcomes.

Examining the role of substance abuse in the reentry process, we found that returning prisoners who had preprison substance abuse problems had poorer housing, employment and recidivism outcomes, with women often experiencing worse outcomes than men. Looking at housing, for example, men with substance abuse problems experienced more housing uncertainty and mobility, but their rates of homelessness were not different from other men. Women with substance abuse problems, however, experienced more homelessness relative to other women. This difference in housing outcomes by gender can be traced to differential levels of family support. Men with substance abuse problems were more likely to have lived with family members after prison, and this likely shielded them from homelessness. Women with substance abuse problems, on the other hand, were often less likely to have lived with family members.

Similarly, returning prisoners with substance abuse problems reported working for fewer postrelease months compared to others, but more negative impacts were observed among women than men. Men with substance abuse problems were as likely as other men to have had some employment postrelease, but they were less likely to have maintained employment. Compared to other women, those with substance abuse problems had greater difficulties with both finding and keeping employment, and were less likely to have earned income through legal employment.

Returning prisoners' housing and financial outcomes were often shaped by the extent to which family members helped them. Our findings suggest that the family response to those with substance abuse problems differed by the gender of the returning prisoner. Substance abusing men were more likely to receive support from family members compared to other men. Substance abusing women, however, received similar or lower levels of support compared to

other women. This amounts to a double disadvantage with respect to family assistance: women generally had less supportive family relationships than men, regardless of their substance abuse status, and women with substance abuse problems reported poorer outcomes relative to other women. This resulted in large magnitudes of difference between women and men with substance abuse problems; the shares living with family, for example, differed on the order of 20 percentage points. Reasons for differential family support may include the capacity and willingness of family members to provide support, family members' own problems with crime and substance use, and domestic violence.

Substance abuse before prison was clearly linked to recidivism. We examined two dimensions of criminal involvement—criminal behavior and sanctions by the justice system—and found that men and women with substance abuse problems were significantly more likely to be involved in postrelease criminal activity and more likely to be reincarcerated. Regardless of gender, they were more likely to report committing new crimes, violating parole conditions, and earning money through illegal activities. The criminal justice system response reflected this increased criminal activity. Respondents with substance abuse problems were arrested and reincarcerated at higher rates compared to other returning prisoners.

6 Discussion and policy implications

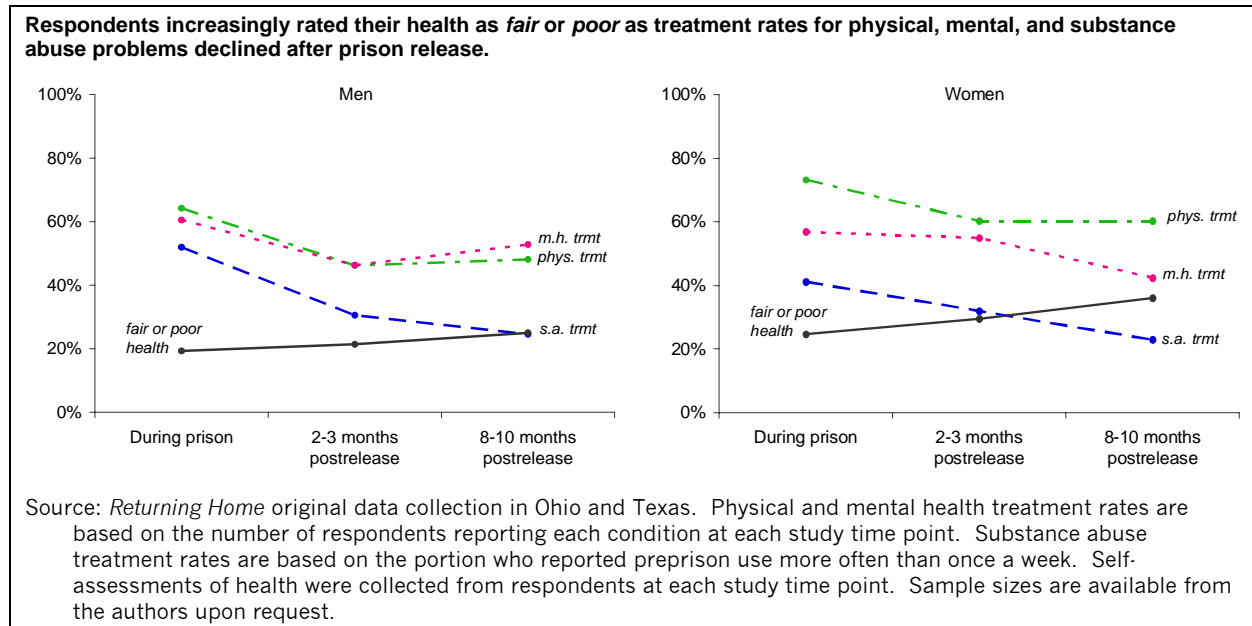
The findings presented in this report demonstrate that most returning prisoners have chronic health conditions requiring treatment or management. Eight out of ten men and 9 out of 10 women reported having at least one physical health, mental health, and substance abuse problem. One-half of men and two-thirds of women reported physical health conditions. Fifteen percent of men and over one-third of women reported mental health conditions, and the actual prevalence is likely to be double these self-reported amounts. Furthermore, about two-thirds reported active substance abuse, not simply substance use, in the six months before this incarceration. Given the high prevalence of these conditions, it is not sufficient to think of returning prisoners with health conditions as a special-needs population but, rather, as the norm.

While many returning prisoners had received treatment during prison for their health conditions, sizeable shares had not. Respondents with physical health conditions reported the highest rates of treatment, with about two-thirds of men and three-quarters of women receiving treatment in prison. Roughly 6 in 10 respondents with mental health conditions received mental health treatment in prison. The lowest treatment rates were reported by substance abusers; about one-half of men and 4 in 10 women with substance abuse problems participated in Alcoholics Anonymous (AA), Narcotics Anonymous (NA), or formal substance abuse treatment programs during prison. To some extent these treatment rates reflect a scarcity of available treatment but other barriers, including insufficient screening and stigmatization, may need to be addressed. Nonetheless, treatment rates in prison, however incomplete, were better than the rates reported postrelease. As Figure 25 illustrates, treatment rates for all types of health conditions declined upon release and respondents increasingly rated their health as *fair* or *poor*. Interestingly, returning prisoners with physical and mental health conditions were heavy consumers of postrelease health services, which included significantly more emergency room visits and hospitalizations; this suggests that many respondents received episodic care for acute problems but that continuous treatment of specific health conditions suffered.

Returning prisoners adjusted to life in the community within this context of declining health. This report establishes, empirically, that returning prisoners followed distinct reentry trajectories in the first postrelease year according to their health status. Returning prisoners with health problems typically had poorer outcomes across a range of reentry domains, including housing, employment, family relationships, substance use, and recidivism. The degree to which health conditions affected reentry outcomes varied by the type of health condition. Respondents with physical health conditions, including those with co-occurring mental health or substance abuse problems, were the least different from other, healthier respondents, reporting differential difficulties in some but not all domains. At the other end of the spectrum, respondents with mental health conditions reported poorer outcomes across most domains. In between were respondents with substance abuse problems, who were more likely to relapse into substance use

and recidivate, but otherwise had differential experiences by gender. Table 6 summarizes the key reentry outcomes we examined and shows how these outcomes differ according to health status.

Figure 25. Treatment rates for physical, mental, and substance abuse conditions over time compared to respondent assessments of their overall health, by gender



This research has demonstrated how the transition from prison to community differs for individuals with health conditions, and the knowledge of these specific differences can be used to target interventions to improve reentry outcomes. However, practitioners and policymakers must first recognize the scope of the problem. This study took a cross-disciplinary look at a representative sample of returning prisoners and found that nearly all had some type of physical health, mental health, or substance abuse problem. Policymakers and practitioners would be well served to adopt a new paradigm that recognizes health as a universal rather than a special needs concern among returning prisoners.

Furthermore, it is important to recognize that returning prisoners frequently reported multiple types of health issues. Roughly 4 in 10 men and 6 in 10 women reported a combination of physical health, mental health, and substance abuse concerns. The majority of returning prisoners with physical health conditions and substance abuse problems reported at least one other type of condition and nearly all who reported mental health conditions had other, co-occurring conditions. Complete attention to a given returning prisoner’s health needs may often require a cross-disciplinary approach.

Given that health conditions influence reentry outcomes, and that nearly all returning prisoners have health issues, an assessment of health needs should be part of each individual’s reentry planning process. Prison medical records are not sufficient to gauge health needs, as we found that sizeable shares of returning prisoners who had health conditions did not utilize prison health services while incarcerated (40 to 50 percent of men with physical or mental health

conditions, for example, and the share of untreated substance abusers was higher still). A prerelease health assessment could be as simple as a self-administered checklist to screen for problems potentially requiring follow-up care or management. The *Returning Home* study questionnaire, for example, asked respondents to check the physical and mental health conditions they had been diagnosed with; potential substance abuse problems were assessed by asking about the frequency of use before prison to minimize underreporting.

Table 6. Key reentry outcomes, by gender, with significant differences by health condition highlighted

		Aggregate	Among respondents with—		
			Physical illness	Mental illness	Substance abuse
Housing					
Lived with family members, in the first 2-3 months	Men	63%	ns	52%	66%
	Women	50%	ns	40%	46%
Lived with family members, in the first 8-10 months	Men	70%	ns	<i>ns</i>	73%
	Women	56%	ns	50%	<i>ns</i>
Any homelessness, in the first 2-3 months	Men	6%	<i>ns</i>	9%	<i>ns</i>
	Women	7%	11%	14%	10%
Any homelessness, in the first 8-10 months	Men	6%	ns	13%	<i>ns</i>
	Women	13%	ns	<i>ns</i>	18%
Employment and income					
Any employment since release	Men	76%	71%	59%	<i>ns</i>
	Women	62%	58%	44%	58%
Current employment, 2-3 months postrelease	Men	37%	34%	26%	<i>ns</i>
	Women	31%	<i>ns</i>	19%	<i>ns</i>
Current employment, 8-10 months postrelease	Men	54%	49%	32%	50%
	Women	33%	<i>ns</i>	22%	25%
Any financial support from family members	Men	82%	ns	<i>ns</i>	85%
	Women	74%	ns	64%	<i>ns</i>
Substance use					
Past 30 day substance use, 8-10 months postrelease	Men	35%	29%	ns	44%
	Women	36%	<i>ns</i>	ns	44%
Past 30 day substance abuse treatment services, 8-10 months postrelease	Men	21%	26%	28%	25%
	Women	21%	<i>ns</i>	<i>ns</i>	<i>ns</i>
Criminal involvement					
Any self-reported crime, arrest, or parole violation, 8-10 months postrelease	Men	38%	<i>ns</i>	45%	41%
	Women	47%	53%	<i>ns</i>	55%
Reincarcerated within 12 months of release	Men	17%	20%	ns	20%
	Women	21%	<i>ns</i>	ns	26%
<p>Note: Data are shown when the relationship between a given health condition and outcome was statistically significant ($p \leq 0.10$). Nonsignificant relationships between health conditions and outcomes are indicated as “ns.” Italics indicate that health status influenced a given outcome differently by gender. Boldface is used to indicate subgroup outcomes that were better than the overall sample. Note that measures of tangible family support are included within the housing and employment domains.</p>					
<p>Source: <i>Returning Home</i> original data collection in Ohio and Texas.</p>					

Once health needs are identified, other steps can be taken to improve health outcomes after release. A comprehensive strategy would include assessing each returning prisoner's eligibility for Medicaid, disability, and other forms of public assistance and beginning the application or reinstatement process before release. All returning prisoners, including those who did not receive health services in prison, should be educated about health care resources appropriate to their needs in the community. Continuity of care, for those who were treated in prison, can be facilitated by linking to appropriate providers and services in the community; individuals with severe health conditions should have appointments with community-based providers scheduled in advance of their release. Returning prisoners who received medications in prison should receive a prescription or supply of medication at release, and this typically does happen; our findings show an additional need for coordination with community-based medical providers as well as patient education about why specific medicines were prescribed and the risks of stopping those medicines without medical supervision.

With regard to reentry outcomes, nearly all returning prisoners with health conditions had housing needs. They were less likely than others to have finalized their postrelease housing arrangements when we surveyed them in the month before release, and all experienced some degree of housing instability during the first eight to ten months after release. Similarly, returning prisoners with health conditions also reported greater employment difficulties relative to other returning prisoners. While the degree to which respondents experienced housing and employment difficulties varied by the type of health condition and also by gender, these findings suggest that all returning prisoners should receive a base level of housing and employment assistance.

Without minimizing these challenges that all returning prisoners face, it is important to recognize the varying degrees of difficulty faced by returning prisoners with physical health, mental health, and substance abuse problems in order to develop targeted strategies for improving outcomes.

Returning prisoners with physical health conditions, as a group, had the fewest distinct challenges, yet men with physical health conditions were more likely to have been reincarcerated within one year. Their greatest service needs after release were employment and income support. While returning prisoners with physical health conditions initially found employment at rates similar to others, they were less likely to have retained those jobs, and their rates of finding employment became worse relative to healthier respondents as time elapsed. Employment outcomes might be improved if health issues were addressed early in the postrelease period so that health conditions would not deteriorate. Nevertheless, a subset of returning prisoners with health problems would still need nonwork sources of financial support, and applications for Medicaid, disability support, and other forms of public assistance should be submitted during prison to minimize the amount of time between release and receipt of services.

Men with physical health conditions were also more likely to have been reincarcerated, particularly for parole violations, but the reasons for this are unclear, since they were less likely

to engage in substance use after prison and did not report elevated levels of criminal activity. Women with physical health conditions, on the other hand, reported higher levels of criminal behavior, yet they were not reincarcerated at higher rates. However, among women who were reincarcerated, those with physical health conditions were more likely to have had their parole revoked. More investigation is needed to understand the dynamics between physical health, criminal behavior, and elevated parole revocation and reincarceration rates.

Returning prisoners with mental health conditions experienced reentry difficulties across a range of domains and received the lowest amounts of family support, suggesting that an intensive case management approach would be beneficial. Returning prisoners with mental health conditions typically had co-occurring physical and substance abuse problems and reported higher rates of homelessness, unemployment, and criminal activity relative to others. They were also least likely to receive housing or financial support from family members, meaning that they would require governmental or charitable assistance. Given this multitude of needs, an integrated case management approach seems most appropriate. Interestingly, despite experiencing greater challenges and reporting more criminal behavior, returning prisoners with mental health conditions had not been reincarcerated at higher rates during the first postrelease year. More research is needed to understand the criminal justice system response to persons with mental illness.

To some extent the outcomes of returning prisoners with substance abuse problems depended on gender. Women with substance abuse problems experienced more reentry difficulties than men, and given their relative lack of family support systems, would require more formal assistance than men. Housing outcomes among substance abusers, for example, differed by gender. Men with substance abuse problems received more family support relative to other men and were more likely to have lived with family members. By contrast, women with substance abuse problems were less likely to receive such support and were more likely to have been homeless. Employment difficulties were also more pronounced among women. Though substance abusing men experienced problems keeping employment, they had at least been able to find employment at rates similar to other men. Substance abusing women, by contrast, were less likely to find employment and reported decreasing rates of current employment over time. Practitioners and policymakers should recognize that men and women with substance abuse problems require different levels of housing and employment assistance, and that substance abusing women may be better served by a more intensive approach.

Substance abuse was clearly linked to recidivism. Both substance abusing men and women engaged in more postrelease substance use and criminal behavior than other returning prisoners, and they were more likely to have been reincarcerated within the first postrelease year. Men who received substance abuse treatment services reported lower rates of postrelease use, but large shares of returning prisoners with substance abuse problems did not receive any treatment services while incarcerated. Increasing the amount of treatment available to substance abusing men and women may serve to reduce aggregate rates of postrelease use. Results from this study suggest further examination into the allocation of treatment resources, particularly in women's

facilities, to understand the determinants of receiving treatment services. Additional *Returning Home* research is underway to gain more in-depth understanding of the roles of substance abuse and treatment in the reentry process.

The majority of returning prisoners with health conditions received some assistance from family members, though the level of support varied by health status and gender. Discharge planning should consider the role of family members, including any risks posed by specific individuals, and realistically assess the amount of support they can provide by including them in the planning process whenever possible. Nonetheless, policymakers and practitioners should remember that a sizeable minority—one-fifth of men and one-quarter of women—did not receive any tangible assistance from family members. Formal assistance should be targeted to these persons.

Regardless of the specific health condition, practitioners and policymakers should be mindful that returning men typically experienced better outcomes than women. Furthermore, in some instances, the relationship between health status and outcomes was different depending on the gender of the returning prisoner, resulting in large magnitudes of difference between men and women with similar problems. This may reflect differential treatment of men and women with similar health conditions, but it may also be that men and women with similar health conditions respond differently to reentry challenges. Gender differences were particularly apparent in the area of family support, and this is important because the extent to which returning prisoners could rely on family members often influenced their housing and financial outcomes. As a result, returning women are more likely to need services from governmental or charitable sources.

In conclusion, we must state one important caveat. We have established the ways in which returning prisoners with physical health, mental health, and substance abuse conditions had reentry experiences that differed from the “average” returning prisoner. These typologies of reentry experiences and service needs are intended to inform policymakers and practitioners about the types of issues that returning prisoners with health conditions confront. While informative, this cannot take the place of individual, client-centered discharge planning, especially since so many returning prisoners reported multiple types of health conditions. Individual returning prisoners with one type of health conditions may have needs related to other health issues. The actual services provided to individual returning prisoners must be targeted to their particular needs.

Methodology

Returning Home: Understanding the Challenges of Prisoner Reentry is the Urban Institute's multistate, longitudinal study of the process by which people leave state prisons and resume life in the community. Launched in 2001, this study documents the transition from prison to home in order to identify factors that contribute to successful or unsuccessful reintegration. This research aims to inform policy and practice by improving understanding about various reentry pathways.

The *Returning Home* study design focuses on the reentry process in an urban context since prison populations are largely comprised of individuals from urban areas. In each of the four states studied (Maryland, Illinois, Ohio, and Texas), the study selected a representative sample of state prisoners who would soon be returning to the largest metropolitan area in that state. This sample was surveyed at several points in time to get a longitudinal view of the reentry process. Respondents completed a self-administered survey shortly before release and participated in one-on-one personal interviews up to three times after release. (The specific number and timing of these interviews varied across states because of logistical and budgetary reasons.) Through these interviews, returning prisoners shared their thoughts and experiences related to a number of important reentry challenges, such as finding housing, gaining employment, abstaining from substance use, and remaining crime-free. The interviews addressed factors that are hypothesized to influence reentry success, including attitudes and expectations, physical and mental health, substance use and treatment, family and peer relationships, and programmatic interventions. The information collected through these interviews was supplemented with incarceration records from each participating state's department of corrections to measure recidivism after release. Additionally, the study conducted focus groups in the neighborhoods to which many prisoners return, interviewed reentry policymakers and practitioners, and reviewed relevant state laws and policies.

This report is based on the reentry experiences of 838 men and 262 women returning from Ohio and Texas state prisons during 2004 and 2005. In addition to direct applicability to these areas, the findings from this study are informative about the reentry process in other major metropolitan areas. In Ohio the study surveyed a representative sample of 424 men returning from state prisons to Cuyahoga County (metropolitan Cleveland), and in Texas the study surveyed a representative sample of 414 men and 262 women returning to Harris County (metropolitan Houston). Participants first completed a self-administered survey in the month before their release from prison. Of those surveyed in prison, 79 percent of men and 77 percent of women completed the first postrelease interview, which occurred two to three months after release (a mean of 68 days postrelease for men and 89 days for women). Of the original sample members, 65 percent of men and 60 percent of women completed a second postrelease interview; this interview occurred between eight and ten months after release (a mean of 237 days or 7.9 months postrelease for men and 291 days or 9.7 months for women). Notably, 12 percent of men

and 19 percent of women were in prison when they participated in the second postrelease interview; the study protocol for such interviews asked respondents to recount their experiences in the community until the time of reincarceration. The study also obtained prison admission records from the respective state departments of corrections on 1,073 of the 1,100 respondents in the original sample to analyze recidivism in the first 12 months after release.

Health status was assessed through respondent self-reports at the time of the prerelease survey and respondents were categorized as having physical health, mental health, or substance abuse problems. Physical health status and mental health status were assessed using a checklist of chronic physical and mental health conditions that are prevalent in correctional populations; respondents were asked to indicate which conditions a doctor or nurse had diagnosed them with. The study definition of substance abuse was based on the self-reported frequency of drug use or alcohol intoxication during the six months before the current prison term; respondents who reported preprison substance use more than once a week were categorized as substance abusers because this frequency of use was correlated with a greater incidence of problems related to use and more signs of addiction. Respondents with multiple types of problems (e.g., physical health conditions and substance abuse) were included in each applicable group.

Bivariate analyses were conducted to identify gender differences in sample characteristics and reentry outcomes. The analysis of gender differences was restricted to Texas respondents to control for state effects because women were not sampled in the other *Returning Home* states. The sample sizes for these comparisons were 414 men and 262 women (prerelease), 307 men and 202 women (first postrelease interview), and 222 men and 156 women (second postrelease interview). Differences presented in this report are statistically significant at $p \leq 0.10$, unless otherwise stated.

The analysis of relationships between health conditions and reentry outcomes were conducted separately for men and for women to control for gender effects. Gender-specific bivariate analyses were conducted to develop a profile of the reentry experiences of individuals with each type of health condition—physical, mental, and substance abuse—and to determine whether reentry outcomes of respondents with a given type of health condition were significantly different from others without that condition. For example, men with physical health conditions were compared to men without physical health conditions and women who reported preprison substance abuse (i.e., more often than once a week) were compared to other women who did not meet that definition of abuse. The high prevalence of respondents with any health condition—physical, mental, or substance abuse—precluded any analysis that would compare those with any health condition to others with none. Differences presented in this report are statistically significant at $p \leq 0.10$, unless otherwise stated.

Analyses of reentry outcomes were based on the sample size at each wave: analysis of prerelease factors utilized the full sample of respondents and analyses of postrelease outcomes utilized the sample size available at each postrelease time point. We examined whether the attrition rate for respondents with physical health, mental health, and substance abuse problems

was significantly different from others without those conditions. We found no significant differences in eight to ten month follow-up rates. There were also no differences in two to three month follow-up rates among women; men with physical and mental health conditions were more likely to have participated in the two to three month postrelease interview, but the magnitude of the difference in follow-up rates was not much. (Two to three months after release, we conducted follow-up interviews with 82 percent of men with physical health conditions and 86 percent of men with mental health conditions, compared to 77 and 78 percent, respectively, of men without those conditions.) Since respondents with and without health conditions had similar rates of attrition, any bias due to sample attrition should not unduly influence the relationships observed between health status and reentry outcomes.

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