



Commonwealth Medicine

University of Massachusetts Medical School Recommendation to Minnesota Department of Human Services Health and Incarceration Project

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In 2015, the Minnesota Legislature directed the Minnesota Department of Human Services (DHS) to develop a methodology for paying higher rates to healthcare providers who provide services to high cost and high complexity groups such as individuals who were previously incarcerated.¹ The goal is to ensure that populations experiencing the greatest health disparities achieve the same health and quality outcomes seen by other populations in Minnesota. On behalf of DHS, the University of Massachusetts Medical School conducted (1) a literature search of successful interventions across the country that improve the health of previously incarcerated individuals and (2) five focus groups to gain feedback from experienced professionals who work directly with previously incarcerated individuals regarding interventions likely to improve the health of these individuals.

The focus groups and literature review highlighted that each intervention possesses its own intricacies, however, there are common themes across them, which determine their ultimate success or failure. Based on the information we gathered, we recommend DHS create an intervention(s) that incorporates each of these key elements.

- Developing the intervention(s) in collaboration with correctional authorities, county and state agencies, community partners, and any other relevant stakeholders;
- Ensuring the intervention's service and support provider organization is one that is community-based, so it is free of any inherent conflict of interests that could arise if it were based in a correctional, county, or state agency (the staff could be based at any location - e.g. probation, correctional facility, county office, community office - or could travel among them);
- Establishing formal channels for clear and frequent communication between all partner organizations;
- Providing highly individualized, culturally competent services, including the services of a case manager or similar professional and a discharge or care plan that transitions from incarceration to the community;
- Providing housing and employment support, along with behavioral health or substance abuse treatment to previously incarcerated individuals;
- Developing a trusting relationship with a previously incarcerated individual behind the wall that translates to the community;
- Hiring of highly experienced staff, with knowledge of the criminal justice system, who are given small caseloads to work with;
- Ensuring the intervention's base of operations is in a location that is accessible to both enrollees and staff and gives staff the ability to provide services behind the wall in correctional facilities;
AND
- Providing ongoing funding, training, and managerial support for intervention staff.

Evidence shows that programs that incorporate these elements are effective, save money, and can positively affect the lives of those that participate.

¹ Laws of Minnesota 2015, chapter 71, article 11, section 63