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Challenges and Opportunities in Jail Reentry

**Insights from the Transition from Jail to
Community Initiative Expert Advisory Panel**

U.S. Department of Justice

National Institute of Corrections

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Challenges and Opportunities in Jail Reentry: Insights from the Transition from Jail to Community Initiative Expert Advisory Panel

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Introduction

Millions of people in the United States experience jail incarceration each year. In 2023 there were over 7.5 million admissions to jail, and almost 665,000 people were held in U.S. jails on any given day (Zeng 2024). The jail population turns over quickly. The average length of stay for a jail inmate was 32 days in 2022, and the weekly turnover rate in jails was 43 percent (Zeng 2023). The high volume and rapid turnover of the jail population create unique challenges for supporting successful transition from jail to the community, compared to reentry from prison. At the same time, as locally operated institutions, jails tend to be much closer to the communities to which people return than prisons, creating opportunities for coordination with community-based services and supports.

Despite these important differences between prison and jail reentry, the reentry research and practice base has been and continues to be heavily focused on return from prison. Recognizing this gap, the National Institute of Corrections (NIC) partnered with the Urban Institute in 2007 to launch the Transition from Jail to Community (TJC) Initiative (box 1). This initiative developed and tested a systems change model for reentry that was specifically tailored to the realities of the jail population. Lessons learned, examples, and practical implementation guidance to apply the TJC model were made available to practitioners via the TJC Online Learning Toolkit released in 2010.

To ensure that this foundational resource, last updated in 2015, reflects advancements in the reentry field and changes in the dynamics of jail populations and relevant policy changes, NIC re-engaged the Urban Institute in 2023 to update the Toolkit ([Transition From Jail To Community \(TJC\) Toolkit | National Institute of Corrections](#)). As part of this effort, NIC and Urban convened a group of ten subject matter experts who work in the jail and reentry ecosystem (table 1). This group reflected a variety of perspectives, many deeply experienced in jail administration and programming, and others working in capacities ranging from advocacy to elected office. Through a series of meetings, experts were asked to reflect upon challenges and opportunities that have arisen around jail reentry in recent years and identify best or promising practices for how to address them.

This white paper captures the insights of this group on the current state of jail reentry, providing a deeply informed and complex snapshot of the current realities of jail reentry. It begins with a summary of the changes identified by the advisory group that are significantly affecting jail reentry work. It then expands upon the main thematic areas that emerged from the advisory group meetings, including practical examples of how to address each area.

TABLE 1

TJC 2023-2024 Subject Matter Expert Panel Meeting Participants

SME Panel Members	
Javier Aguirre, Director of Diversion and Reentry Services, County of Santa Clara, California	Sharon Bean, Jail Population Manager, Camden County (New Jersey) Department of Corrections
Dr. Gary E. Christensen	DeAnna Hoskins, President and CEO, JustLeadershipUSA
Kendra Jochum, Deputy Warden of Programs and Services, Montgomery County (Maryland) Department of Correction and Rehabilitation	Jane Klekamp, County Administrator, La Crosse County, Wisconsin
Paul Mulloy, Director of Programs, Nashville Sheriff's Office of Davidson County (Tennessee)	Carol Peeples, Executive Director, Remerg (Denver, Colorado)
Kevin Warwick, President, Alternative Solutions Associates	
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Dr. Jeff Mellow, John Jay College of Criminal Justice	Katie Reick, National Institute of Corrections
P. Elizabeth Taylor, National Institute of Corrections	

BOX 1

The Transition from Jail to Community Initiative

In 2007, the National Institute of Corrections partnered with the Urban Institute to launch the Transition from Jail to Community Initiative. The TJC Initiative seeks to improve public safety and to enhance the success of individuals returning to the community from local jails. This initiative developed and field tested an innovative, evidence-informed transition model developed by NIC and Urban with input from seasoned practitioners and other experts in the field. The model includes a data-driven triage process that starts in the jail but continues into the community, which is situated in a systems-change approach that organizes leadership, collaboration, sustainability and self-evaluation components.

Between 2008 and 2015, the NIC/Urban national TJC team, which also included Alternative Solutions Associates, Inc., Corrections Partners, Inc., and John Jay College of Criminal Justice, provided intensive technical assistance to 14 communities to implement the TJC model. During Phase 1 (2008-2011), the national TJC team tested the TJC model in six learning communities: Davidson County, TN; Denver, CO; Douglas County, KS; Kent County, MI; La Crosse County, WI; and Orange County, CA. A process and systems change evaluation in the six Phase 1 sites found that TJC model implementation was associated with significant, positive systems change (Buck Willison et al. 2012).

During Phase 2 (2012-2015), six additional learning sites joined the TJC Initiative in September 2012, along with two California jurisdictions that received TJC technical assistance to assist them with managing the policy changes associated with Public Safety Realignment in that state. Phase 2 learning sites included Ada County, ID; Franklin County, MA; Fresno County, CA; Hennepin County, MN; Howard County, MD; and Jacksonville, FL. Santa Barbara County and San Diego County comprised the two California realignment sites.

For more information on the TJC initiative and related publications, see

[Transition From Jail To Community \(TJC\) Toolkit | National Institute of Corrections](#)

Recent Trends in Jail Reentry

The average daily jail population in the United States reached its lowest point in many years in 2020 due to efforts to reduce jail admissions and populations in response to the COVID-19 pandemic. In subsequent years the jail population increased somewhat, but as of 2023 the jail incarceration rate and particularly annual admissions remained considerably lower than prior to 2020 (Zeng 2024). However, this is not the case in all jurisdictions and increases in length of stay and decreases in the jail turnover rate since 2020 suggest that the effect of the pandemic altered the composition of the jail population, with fewer people entering but those who do staying longer (possibly due to court backlogs). At the same time, reforms to pretrial detention practices in many places have made pretrial incarceration for lower-level charges less common, resulting in individuals detained due to serious charges making up a large proportion of the jail population.

Since the late 1990s, pre-trial detention has been the main driver of jail growth. Over 70% of individuals held in local jails are pretrial detainees (Zeng 2025), a proportion of the jail population that grew from 60.6 percent in 2012 to 70.3 percent in 2022 (Zeng 2023). Additionally, jail incarceration rates for women in jail have increased substantially over the past three decades, although this growth

trend was also interrupted by the pandemic. In 2023, almost 94,000 women were held in local jails, amounting to 14% of the total jail population (Zeng 2024).

Concerns regarding the importance of behavioral health for those in custody have risen in the past few decades. An estimated 26 percent of jail inmates meet the threshold for serious psychological distress; the corresponding rate for the general population of adults in the United States is 5 percent (Bronson and Berzofsky 2017). Though jails have become de facto mental health institutions, they struggle to provide sufficient mental healthcare. Additionally, substance use in jail settings has also increased. Drug or alcohol use caused 15 percent of jail deaths in 2019, an increase of 11 percent from 2000 (Carson 2021). This reflects the broader overdose crisis in the United States, which saw over 100,000 overdose deaths in 2022. That represents twice the number of overdose deaths in 2015 (National Institute on Drug Abuse 2024).

Based on these trends and discussions surrounding the current state of jail reentry, the advisory group identified several key issue areas. We cover each of them in turn.

Behavioral Health

Challenges

The subject matter experts named addressing mental health and substance use challenges as one of the highest priorities and most challenging issue areas related to transition from jail to the community. Jails have long held people who experience mental illness and substance use disorders (including problematic use of alcohol), and jails have never served as an optimal setting to address these issues. In the view of the expert advisors, these longstanding jail reentry challenges have intensified in recent years, with more individuals entering the jail sicker and waiting longer to transfer to state hospitals for competency restoration. They described an increase in individuals with mental health conditions in custody and an increased prevalence of overdoses.

These trends make quick identification and successful management of behavioral health conditions a greater proportion of the work of jail management generally and reentry preparation specifically. Experts raised the need to address co-occurring needs with mental health and substance abuse and the need to attend to other medical issues that can arise from lack of self-care and engagement in medical treatment arising from mental health and substance use issues. Timely identification of whether someone has a substance abuse disorder can be extremely consequential, as substance abuse disorders significantly increase suicidal ideation, attempts, and death (Rizk et al 2021). It is estimated that almost two-thirds of sentenced jail inmates meet the criteria for drug dependence or abuse (Bronson et al. 2017). Jail mortality rose by 11 percent between 2000 and 2019, with suicide as the leading single cause of death in 2019 (Carson 2021). One expert described the direct link between withdrawal symptoms and the urge to complete suicide and noted that this connection may not be documented officially and therefore underappreciated in importance when data on suicides in jail are examined.

When treatment needs are correctly identified, uncertainty around length of stay presents a barrier to delivering treatment and interventions. For example, jails may obtain a 30-day supply of medications for someone who ends up released after one or two days, with remaining medications getting returned or thrown out because the jail may not have space to store them. Jails may also lack options for some of the evidence-based responses to common mental health and substance use dependency issues. A recent study including over 1,000 jails found that fewer than half of these jails offered medications for opioid use disorder (Flanagan Balawajder et al. 2024).

- Care administration and management issues in the jail can present barriers to addressing behavioral health needs. Many jails contract for healthcare and those contracts may not follow consistent best practice for what should be covered. A lack of coordination between behavioral health and other medical care staff in the jail can generate further complications, raising issues around multiple assessments and case managers who are tied to different systems and specialties. Some subject matter experts also raised concerns regarding consent decrees, court-enforced settlements agreed upon by all parties that can result from court cases regarding unjust patterns in correctional settings. Consent decrees can be used to address mental health crises in jails but may require measures such as allocation of in-custody staffing resources that are difficult and costly to implement and maintain.
- The subject matter experts also identified staffing shortages as a major challenge in the provision of behavioral health services. While most jails offer access to behavioral health providers, the time and services of these providers is often limited (Rosen et al. 2024). One reason for the shortage of mental health professionals is that many professionals choose to work in other settings. Some hesitations for working in correctional settings may include misconceptions surrounding stigma, safety concerns, and lack of teaching/research opportunities (Morris and West 2020). In recent years the inability for staff to telework in correctional settings as they can in other clinical community programs has contributed to difficulties in filling these positions. In addition to staffing shortages among health care professionals in jails, shortages of security staff make jail processes that are necessary for treatment access, such as med lines to obtain regular medication or movement generally, more difficult to carry out. Further, behavioral health provider capacity on the community side is often limited, especially in smaller and more rural communities, challenging access to needed care after release.

Opportunities

To improve reentry outcomes, experts recommend the use of behavioral health screening tools to make clinical assessment of needs during jail booking and establish a diagnosis for the individual. Those who are diagnosed should receive both a transition plan and referral to a community-based behavioral health treatment provider in addition to the treatment they receive while in jail custody. The transition plan and community referrals are critical because short and unpredictable stays in jail limit the ability of jails to reliably do more than assess and stabilize individuals with behavioral health needs. For medications, individuals should receive prescriptions for any behavioral healthcare-related

medication in addition to a short supply of the medication for the initial period of reentry. Jails can also benefit from relying on resources such as the *Guidelines for Managing Substance Withdrawal in Jails* recently developed by the U.S. Department of Justice (Bureau of Justice Assistance and National Institute of Corrections 2023).

The provision of medications for opioid use disorder (MOUD) can improve behavioral health outcomes for those in custody, with Medicaid expansion supporting post-release access to services in the states that have adopted it. As an example, the Camden County Correctional Facility in New Jersey began offering MOUD in 2018, and the program has grown to offer it to over 1,000 individuals through a partnership with the New Jersey Division of Mental Health and Addiction Services. An analysis of Camden County's program found that program participants were 41.2% less likely to experience an overdose within 180 days of a jail release and 38.5% less likely to experience an overdose within 365 days (Wiest, Truchil and Wang 2023). The analysis did not assess the effect on recidivism. In Middlesex County, Massachusetts, MOUD offerings combine medication with counseling/programming, and the program has promising recidivism outcomes despite serving a high-risk population (Middlesex Sheriff's Office 2018). However, the benefits come with operational challenges mitigating diversion and abuse of the medication.

Medicaid expansion allowable under the Affordable Care Act has meant that almost everyone returning from jail in states adopting the expansion is Medicaid-eligible. Successfully enrolling Medicaid-eligible individuals in the jail reentry population provides a funding source for needed care in the community, although there are steps beyond enrollment that the reentry partners need to coordinate because transition for appointments and medication is not seamless. Recently approved section 1115 Medicaid waivers allow states to provide Medicaid-funded health services to people held in jails for up to 90 days prior to release from incarceration (Hinton, Pillai and Diana 2024). As of September 2024, 11 states can offer services to Medicaid-eligible individuals who are incarcerated, and 13 states are pending (ibid.). Though these Medicaid waivers provide support for those who are incarcerated, one expert noted that these waivers require additional coordination. The first implementation states are early in that process at the time of this writing, and the implementation experience needs to be monitored to learn how to maximize its potential to support jail reentry.

The subject matter experts raised many ways that local capacity could be supplemented to meet reentry needs related to behavioral health. One expert suggested looking at contracts to determine how to increase transportation access for people with behavioral health needs, since many struggle to get to their substance abuse treatment appointments. Montgomery County, Maryland, uses a community reentry ID that provides free bus transportation for sixty days. Another expert mentioned that their jail medical provider could not prioritize substance use treatment and counseling, so they hired a separate vendor to provide those services. Jails and jail reentry partnerships can also consider tapping into community health centers to supplement treatment and intervention capacity.

On coordinating with jail staff and community providers, experts highlighted the role of community navigators, who in their community work specifically with MOUD clients to connect them with community services prior to leaving the jail. One panel member described the process in their

community: “Navigators call the pharmacy to let them know the script is coming, they work with individuals to identify a pharmacy they can use after they leave, and this all happens while the individual is in jail so it is set up when they leave.” These navigators make the referral and work with hospitals and agencies to set up the appointments. The jail also created a prescription hotline to assist anyone who encounters problems obtaining their prescription. Since community health workers can be reimbursed by Medicaid, they’re a low-cost source of capacity for jail administration. Community health workers can build connections through contacting mental health clinics and housing providers to facilitate immediate support.

Service Provision and Meeting Needs in Jail and the Community

Challenges

While the expert panel members named behavioral health as among the highest-priority jail reentry service needs, there were many other critical areas they raised alongside it. Housing emerged in the discussions as a prominent service gap for those transitioning out of jail settings due to the scarcity and cost of housing options. The intersection of housing and behavioral health needs complicates housing provision. One expert panel member noted: “Very few places have homes for serious and persistent mental health...It’s a small population to serve but finding that program[ming] seems to be a challenge just about everywhere.” Substantial resources and planning are required to coordinate the delivery of behavioral health services in tandem with stable housing.

Criteria and restrictions to enter available housing options can exclude many in the reentry population. People leaving jail may not meet the criteria for housing intended for people experiencing homelessness, because a certain amount of continuous time without stable housing is required and time in jail is considered being housed or because they cannot show evidence of prior residency or connection to the area. Many places that provide housing services require people to be sober before they can be admitted, but stable housing can be critical for people attempting to engage in treatment to achieve sobriety. Housing options are also often designed for males, reducing options for women who may encounter additional barriers such as limited housing options that allow children to stay there along with their parent. Improving service provision after release requires a shift in stigma around availability of services for those with prior criminal legal system involvement. Housing difficulties are even more unattainable for those with sex offense convictions, who are often barred from the few reentry housing options that exist.

Lack of transportation creates an additional barrier for a wide variety of things people need after returning from jail, from showing up to work to making treatment and community supervision appointments. One expert mentioned that while their organization provides a program to connect people with benefits, the program’s success is limited due to transportation barriers.

Opportunities

One suggestion from the expert panel was to ensure jail reentry efforts have a means to deliver on concrete survival needs first. Connecting individuals with basic needs, such as food, shelter, and MOUD, were identified as top opportunities for service provision. Some expressed frustration with programs that make unrealistic claims, such as getting everyone a job. What jails and service providers do feasibly have control over is ensuring that individuals are enrolled in and connected to services, including SNAP, Medicaid (where available for this population), transportation, and emergency shelter. These connections were identified as the key priorities in influencing positive reentry outcomes. They might not be sufficient to ensure reentry success but would be a precondition for consistently engaging in longer-term interventions such as substance abuse and mental health treatment.

While expensive, supportive housing interventions like a rigorously evaluated Denver intervention have been shown to successfully house participants, both in the short and long term, and reduce the length and number of jail stays and number of jail days (Cunningham et al. 2021). The model shows promise if landlords and other stakeholders expand housing options for those with a criminal record. Beyond landlords, business community engagement can support other reentry needs such as employment connections. Experts elevated the importance of connecting individuals with jobs they would actually want and providing options for viable career pathways. Direct engagement with employers can help.

Finding ways to enhance community reentry capacity also makes it more possible to address complex and varied reentry needs. A potential best practice that enhanced community capacity raised in the expert panel discussions is the public defender's office's hiring of social workers, who work with people to connect them with resources and to the community. In some communities, local workforce development organizations have introduced a case management component to their service to meet personal or survival needs while also focusing on job readiness and employment. Models like these do require additional coordination to bridge potential gaps between their reentry approaches and that of the jail. Building sustainable local capacity also reduces reliance on grant-funded supports, which are not sustainable for long-term systems change.

Strengthening community provider capacity also increases the ability to provide culturally responsive services. This can start with recruiting staff who speak languages that are common in the jail population and that are from or know local communities that many people in the jail call home. In San Diego, the Thinking for a Change Curriculum – a cognitive behavioral change program – was translated into Spanish to ensure accessibility for the large Mexican American population in San Diego. However, culturally competent approaches can't be assumed to travel across communities. As an expert panel member said: "When San Diego changed their whole Thinking for a Change curriculum, we thought we were so smart and brought it to Jacksonville, and then they said it doesn't relate to our Spanish speaking population. So, it highlights the point that it's very regional, and we can't assume anything about any specific area."

Experts described a model in which community providers begin by helping with a service, and over time, this develops their own capacity. Providing guidance and support as community partners increases their capacity and can be immensely important for their development. As one expert framed this: “A lot of people who do this work need to have training wheels put on them. And then funding them, working on those collaborative efforts that provide funds to the community.” Experts elevated multiple opportunities to build community provider capacity. In Dutchess County, New York, experts aided in the development of a model where initially, mostly government people were doing the reentry work, but the county hired community nonprofits to eventually supplement that work.

Programming and Interventions for Women

Challenges

In general, all aspects of jail (including programming) were historically designed with men in mind. Differences between the lives of men and women shape their patterns of criminal behavior and create different pathways to crime. Therefore, the supports that are most beneficial for women in the reentry process vary from those of men. With women consisting of a much larger proportion of the jail population than they were decades ago, an understanding of approaches responsive to the specific risk factors and needs of justice-involved women is critical to ensure that they are considered in jail reentry practices and programs.

Justice-involved women are more likely to have a history of traumatic experiences—including childhood sexual abuse, sexual assault, and intimate partner violence—than women in the general population (Benedict 2014). In 2019, the rate of suicide for women in the general population was six per 100,000 individuals (Ehlman et al. 2022); but the suicide rate for women incarcerated in jails was 31 per 100,000 (Carson 2021). Relatedly, while some jails screen incoming women for postpartum depression, many do not.

One of the biggest challenges for women in jail is managing parental responsibilities. Eighty percent of women in jail are mothers (Swavola, Riley and Subramanian 2016). This can create barriers in obtaining services such as housing partners post-release that accept children or barriers to maintaining a job post-release that allows flexibility for childcare. Planning for childcare responsibilities after release requires additional forethought and options during transition plan development.

Smaller jails may struggle even more to provide responsive care for women because it is difficult to allocate resources for interventions for what may be a small number of women. One expert explained how that situation can look in a smaller community: “The number of women in our jail on any given day is around 14. When you think of large jails, the populations are really different. How do we develop programs in our jails when we only have 14 women? What does it look like for smaller counties that want to do that, are invested in trauma-informed approaches, but don’t have the resources?” Smaller jails comprise a large share of total jails in the United States. Jurisdictions operating jails with fewer than 50 people make up a third of all U.S. jail jurisdictions, and 76 percent of

jail jurisdictions hold fewer than 250 individuals in jail (though this accounts for only a quarter of the American jail population; Zeng 2023). It is likely that many jails in the country struggle with these capacity constraints to provide responsive care for women. Regardless of the size of a jail, one expert noted that the housing in the jail for women is often an afterthought, and women are often housed in areas that are not conducive to their well-being.

One expert panel member elevated that the need for responsive services extend to women staff. Others noted jail administrators need to remain responsive to the needs of female staff through the provision of trauma-informed resources and onsite childcare, which female jail staff cite as a potential reason they consider leaving the job. Experts also agreed that jail staff should be able to carry their cell phones in case they need to respond to a family emergency, which could benefit all of them but would likely be particularly appreciated by women.

Opportunities

Expert panel members noted that the recognition of trauma and development of trauma-informed responses have become much more widespread in corrections and reentry work, and informed care measures responsive to the needs of women. While trauma-informed approaches are important for working with any reentry population, as noted above justice-involved women are more likely to have a history of traumatic experiences—including childhood sexual abuse, sexual assault, and intimate partner violence—than women in the general population (Benedict 2014). One of the biggest opportunities for trauma-informed care presents itself at the risk and needs assessment stage of the booking process. Jail staff should consider using assessment tools such as the Women's Risk Needs Assessment (WRNA), which was specifically designed by and for women affected by the criminal justice system (Van Voorhis et al. 2009). WRNA is one of the few tools that includes a trauma-informed interview and measures prior trauma for treatment recommendations. Other common assessment tools may include trauma-focused scales and instruments such as Adverse Childhood Experiences (ACEs) and Life Events Checklist for DSM-5 (LEC-5).

Perhaps the greatest asset and opportunity related to jail reentry work with women is the development and testing of programming geared toward women that has proven successful. Experts noted the use of curricula developed by Stephanie Covington, such as *Beyond Violence: A Prevention Program for Criminal Justice-Involved Women* and *Helping Women Recover: A Program for Treating Addiction (Criminal Justice Version)*. These curricula have proven implementable even in smaller jail jurisdictions. Evidence shows that programming tailored to the needs of incarcerated women can lead to positive reentry outcomes for them. One expert panel member promoted the “Women in Custody” case conferencing model. Every week, the sheriff’s department identifies women who are set to be discharged in 30-60 days, and the staff begin to form a reentry plan with focus on behavioral health, housing, employment, and other supports. Another mentioned similar positive outcomes of responsive programming in New Hampshire counties: “We’ve got data on four counties in New Hampshire where the... programs for men and women are separate, but all the women do really well when given the opportunity, but [the] problem is they don’t get the opportunity in so many places.” Limitations in jail staff with the ability and bandwidth to deliver this programming can be a limitation, one that

Montgomery County, Maryland, has addressed by incorporating staff from the county's Department of Health and Human Services as facilitators of women's groups. These facilitators have a clinical orientation and connections to community-based programs, which bolsters continuity of programming after release.

An expert panel member emphasized the importance of engaging the individual's family during the programming and case management process to support emotional wellness. A potential avenue to maintain familial communication in custody is through programs such as [Parenting Inside Out](#), an evidence-based parenting program specifically designed for criminal legal system-involved parents. In general, jail reentry partnerships should invest strategically in partnerships that help deliver appropriate services to women, through having the specific skills and competencies to do so, establishing partnerships with community organizations that accept and serve women clients, and building an extensive referral base over time.

Good jail facility design and operations can facilitate effective programming and family connection. Las Colinas Detention and Reentry Facility in San Diego County, California, showcases a model for facility design intended to support providing responsive care for women. Operating since 2014, the facility's design, staff training, policies, and services are designed with responsivity at the core. The facility features natural light, murals, visiting rooms for mothers and children, and expansive classroom space. All staff and volunteers are required to undergo responsivity training, and the facility offers trauma-informed treatment curriculums. The vocational programs are tailored to meet women's needs, including offerings in culinary arts, landscaping and horticulture, and industrial sewing. The facility offers unique supports, such as allowing mothers to read children's books on camera to send to their children, and assistance in obtaining a California ID, birth certificate, and library card. One expert described housing as a foundational component in successful responsive care, stating, "The most important thing is making sure women are housed appropriately. It's striking how people don't think of that in the design of the building."

Incorporating People with Lived Experience

Challenges

A throughline of the expert panel discussions was that reentry work is relational work. People returning to the community from jail are often asked to engage with systems that have failed them in the past. As one expert panel member put it: "I've never met a formerly incarcerated person who said Thinking for a Change saved their life, or some CEO changed their life. People remember people. We keep trying to connect them to systems, instead of people." People who share common experiences, from jail incarceration to grappling with addiction and recovery to periods of homelessness, can connect and build trust with reentry populations in unique ways.

However, in many jail jurisdictions, a criminal record may limit the ability of people with lived experience to serve in certain roles. This can occur through restricting access to the jail facility and/or

not hiring people with lived experience into staff and leadership positions. Hiring people with lived experience requires buy-in from sheriffs, jail administrators, and other leaders, since individual jurisdictions are left to decide whether individuals with criminal records can enter a jail facility. Experts noted that securing this buy-in can be particularly difficult around more sensitive areas like sex offenses on someone's record. Jail staff may find it difficult to accept someone who has been incarcerated in their facility in a new role as a volunteer or program partner, especially if they have been incarcerated in the facility multiple times. Support of these partners in the form of good training and supervision in their new roles can help smooth over these concerns.

Supportive services must be considered when bringing people with lived experience into the role. One expert mentioned hiring someone with lived experience one year out from their release and regretting not setting them up with proper supports and emotional monitoring. Another noted that it can be important to give people time to get stable in their own reentry journey before engaging them in what can be high-pressure roles in assisting others. Sharing personal experiences about the criminal legal system can be overwhelming and retraumatizing for those with lived experience. People with lived experience playing roles such as peer support specialists should receive fair compensation for their time and barriers to their participation (e.g., transportation access should be mitigated when possible). This does not always happen. Jails can also provide mental health resources, such as connections with social workers, to partners with lived experience who might need them.

Opportunities

Expert panel members described a wide variety of approaches their agencies and communities have taken to incorporating people with lived experience into their reentry efforts, including:

- Hiring them as peer support specialists both within the facility and post release, with the goal of sustaining continuity in their involvement
- Assigning people who have successfully completed court-required treatment as “ambassadors” to work with newer people in court
- Hiring former clients into programming positions and other positions in public agencies
- Offering an onsite community college course in peer mentorship, then assigning individuals to a community-based organization or internship
- Establishing a mentoring program in which those with lived experience provide navigation and support for people dealing with their charge

With such a wide array of possible roles, an expert panel member recommended thinking about barriers to entry when determining appropriate roles for people with lived experience. This is especially important in a community that is in the early stages of engaging people with lived experience and still has barriers to that engagement in place. They further suggested beginning with positions where the barriers aren't as great: “It might be easier to get them hired in those positions where you aren't necessarily dealing with as extensive background checks. Such as employment job specialist.”

One opportunity for people with lived experience that the experts particularly highlighted was the community health worker role, a position that meets needs common in jurisdictions across the country. The [Transitions Clinic Network \(TCN\)](#) has a nationally tested model involving community health workers who have lived experience and are trained to support individuals returning from incarceration. The community health workers also serve as liaisons in navigating health and social services in partnership with primary care programs. The model functions through close partnerships with local reentry and social services organizations, and it has been associated with reduced incarceration, better medical outcomes and reduced costs (Harvey et al. 2022; Wang et al. 2019). The community health worker role often requires the individual to attain certification, which can cultivate a greater sense of legitimacy with jail staff and empower the individual to build coalitions with other organizations.

“We see the value of our lived experience community workers in the courtroom. We have two judges that won't let go of our staff because they really enjoy working with them.”

People with lived experience have an important role to play in shaping the overall jail reentry strategy in a community. Finding ways to involve a broad array of people with lived experience ensures representation of diverse views and specific experiences. Individuals who have returned to the community from jail have insights that partners working for public agencies and community organizations without that experience may miss. An example of structuring this connection to reentry strategy-setting is the [Community Advisory Board \(CAB\)](#) for Santa Clara County's Reentry Network, staffed by the Office of Diversion and Reentry Services, through which current and former Reentry Resource Center clients advise and guide the county's reentry efforts.

With so many different roles that people with lived experience can play, it becomes important to communicate to reentry partners about what those roles entail so they understand the work being done by people with lived experience. This is further complicated by the fact that experiences such as jail incarceration/reentry, recovery from substance abuse, and unsheltered homelessness are all important, often overlap, but are nonetheless distinct. An expert panel member from a county that has been expanding its hiring and engagement of people with lived experience for many years described these complexities as follows: “We have had a very difficult time ensuring that our community knows that individuals with criminal justice experience aren't necessarily peer recovery specialists, but with the rise of peer recovery specialists being embedded in so many different things, they've been getting lumped in together. They can be one in the same, but not everyone with criminal justice experience is in recovery, and not everyone in recovery has experience with incarceration.”

Screening and Assessment

Use of actuarial screening and assessment tools to guide reentry interventions based on risk factors to return to jail was the area that surfaced the most disagreement among the expert advisors. Predictive assessment has come under extensive criticism in recent years due to concerns about potentially contributing to unfairness in the treatment of certain populations (Roberts Freeman, Hu and Jannetta 2021), and this concern was elevated by expert panel members. Other members expressed the view that these tools are critical correctives to past practices governed by unfettered discretion (or “gut feeling”) and worry that moving away from them would result in losing progress towards data-driven approaches that are needed to guide jail reentry work and allocate time and attention where they will have the most influence on reentry success. More intensive program interventions are most successful when provided to people at greater risk to return to jail, and this is difficult to deliver and monitor absent the use of risk prediction tools.

Challenges

For jail reentry approaches like the TJC model, a simple challenge is that many jails in the country still do not utilize screening and assessment tools. In part this is because reentry-focused tools are just one among many instruments that are needed to provide the quick and early identification of issues such as physical and mental health concerns, substance abuse disorders, potential withdrawal symptoms, and suicide risk. Using screening tools as part of a two-step process to identify who needs more detailed assessment is a strategy to mitigate this, but the challenge of utilizing multiple screening tools intended to inform distinct decisions related to safe housing of people while held in jail, pretrial release/detention, and reentry planning remains.

As referenced above, for places that are using tools to predict the likelihood of post-release recidivism, some expert panel members shared the concern that risk prediction replicates underlying inequities. In essence, this critique is that assessment tool inputs and the outcomes they predict are a combination of individual behaviors (e.g., does a person commit an offense or fail to show up for a court date) and system behaviors (e.g., do more people get arrested for low-level offenses in some neighborhoods because those places get more law enforcement attention).

Opportunities

One option for realizing the significant benefits of screening and assessment tools for reentry decision making and mitigating their potential to deepen inequities is to establish processes by which they are used solely to guide reentry-focused decision making, and not for decisions with liberty stakes, such as pretrial release. To the greatest extent possible given local capacity, assessment should be paired with reentry approaches focused on supporting success for people at all levels of risk and need. If this is done, screening and assessment won't determine *whether* someone gets any resources or support, but rather *what* level and type of intervention is appropriate based on their risk or need level.

Risk assessment tools should be validated not only for predictive performance, but also to test for fairness across dimensions including race, ethnicity, and sex. Experts encouraged providing training on needs and risk assessments, including their interpretation, to staff and program administrators. Experts also noted the distinction between screening and assessment tools being validated and used for the entire jail population and tools that are developed and normed, such as the WRNA for women, for more specific populations. Particularly at the more involved needs assessment stage, more specialized assessment tools can perform better and provide stronger guidance for programming and transition planning decisions.

Data, Research, and Evaluation

Challenges

Expert panel members note that though many institutions claim to prioritize data-driven reentry strategies, it is not clear that these strategies are carried out effectively, if at all. Research-driven system change, collecting data and using it effectively, and getting better data from community partners were all named as important areas for focus to make jail reentry work more meaningfully data-driven. As the jail reentry ecosystem continues to evolve, jurisdictions need to keep up with monitoring and implementing evidence-based practices, but doing so can be constrained by limited data capacity and competing priorities for the time of key personnel.

For a variety of reasons, jails may struggle to operate with data-informed practices (Russo et al. 2020). These reasons may include:

- Difficulty collecting, recording, and accessing available data in relevant formats
- Using data to address particular issues instead of leveraging data for comprehensive strategic planning
- Lack of onsite data analysts
- Technical, legal, and organizational barriers to data sharing

As one expert noted, there is still a lack of integrated data systems in many jails, and paper-based record keeping or separate and siloed data systems do not lend themselves to data harvesting or analysis. Limited operational funds sometimes cannot support transition to full jail management system (JMS) or JMS options that are configured to support evidence-based practice in addition to jail operations.

Data collection efforts can become further hampered due to perfectionist expectations, with data not shared with agency leadership or reentry partners because it has substantial shortcomings. However, it is often best to confer on the data that is available, and that can spur support for improvements in its quality. Expert panel members emphasized their desire to enhance the streamlining of data and improve data sharing across departments. Additionally, they highlighted the

need for greater accountability around data collection and efforts jails are pursuing in adopting evidence-based practices.

Opportunities

Adhering to strong research principles can foster data-informed decision-making in jails and build support from reentry stakeholders. Unlike some other aspects of jail reentry, improving data quality is an initiative that can garner support from partners with very different political or philosophical orientations, and data efforts can maintain momentum even when political landscapes shift.

Experts identified issue prioritization as a strategy for improving data efforts. If all jail administrators narrowed down five to ten components to track, this could standardize data consistency and collection. This also creates an accountability mechanism – if the same data is consistently collected and reported across jurisdictions, those that fail to report may fear negative perception from their peer institutions. Additionally, educating jail staff and partners on the *why* behind data collection can motivate better data engagement efforts. One participant noted that case managers could benefit from understanding the reasons for data collection, since they often do not see how the data ends up being used. Jail jurisdictions can begin advancing data and research efforts by beginning with the data they already have; it is easy to get bogged down in missing certain pieces of information and delay examining data that exists. Grant-funded community programs are generally required to collect key measures and they can also gather data on larger needs, starting with helping in one area and then building to encompass a broader understanding of reentry issues.

National and local capacity exists to assist jails and their reentry partners with data and evaluation. The National Institute of Corrections and the Bureau of Justice Assistance have supported innovation through the launch of the [Jails and Justice Support Center](#), which provides an online hub for information sharing around jail administration, including data collection and use. One expert cited success through the initiative's peer-to-peer learning opportunities, which have fostered beneficial knowledge sharing on evidence-based practice. Partnerships with local universities can strengthen data management efforts and the analytical capacity of jails and other reentry partners. Local universities can also serve as a source for expertise on the current state of research evidence on critical reentry topics.

As data capture improves, it makes evaluation of reentry programs and efforts more feasible. Best practices in conducting program evaluations highlighted by expert panel members included data sharing agreements, de-identified data, and consent forms for the release of information to researchers. In instances of sharing de-identified data, establishing a process for consent can empower jail jurisdictions to obtain and utilize data for ongoing analyses. In one study example, the benefits of de-identified data allowed jail data to be matched with healthcare data to form needs profiles for overdoses and evaluate the effects of MOUD programs. Program evaluation can also provide an independent assessment of curriculum fidelity, helping ensure that programs and processes are implemented as intended.

Two examples of enhancing data and evaluation come from Charleston and St. Louis Counties' efforts as part of the Safety and Justice Challenge (Jannetta and Ervin 2022). The two counties operationalized data to enhance local reform efforts. Charleston County hired criminal coordinating justice council staff to obtain data from multiple agencies and transform the data into usable and sharable formats. In St. Louis County, a statistician was hired to manage jail data, and the county partnered with a local professor to further enhance data analysis capacity and build trust with other local partners in the reentry field. Data innovation in both sites accelerated systems-level improvements and made jail data more publicly available.

Supporting Jail Staff

Challenges

- Reduced staff capacity in correctional facilities reduces the ability of jails to adequately support reentry efforts. Operational priorities in the jail take precedence over reentry when there are staffing limitations, and reentry staff may be pulled into other duties. With already high turnover rates prior to the COVID-19 pandemic, the post-pandemic decline in jail staff necessitates changes to improve workplace culture. Correctional staff are underpaid in the United States, with the median salary for correctional officers being approximately \$58,000. Since 2020, local jails have seen a seven percent decline in workforce (Nam-Sonenstein and Sanders 2024).
- Even with ongoing recruitment and retention strategies in place, the restrictive and traumatic nature of the role incentivizes many to either leave the field or pursue a different career path. Experts described difficulties with staffing shortages: "Everybody's so short [staffed], I mean we're short on 130 correctional officers, which is extremely difficult and challenging for us." Another shared "I hear from incarcerated people to not forget about the staff, and if they're saying it, then you know it's bad."

Opportunities

- Providing flexibility and necessary supports for jail staff has the potential to foster better staff retention outcomes. One meeting participant described success in the creation of a facility officer role, which allows staff to work up to 30 hours a week under an hourly rate. This adaptability is especially beneficial for women, offering opportunities to manage family care responsibilities. After a year, the officer is given a badge and additional incentive pay, often transitioning into a full-time position: "So they're really doing on-the-job training the amount of time they're in for the part time, and that way they know if they really want to be in this field or not. But that's been really successful for us."
- An analysis of findings from a two-day workshop with jail stakeholders provides some insight into better supporting jail staff (Russo et al. 2018). Participants noted that the culture in the corrections field is to focus on surveillance rather than behavioral change and shifting the

correctional officer role toward a more human-services role may attract a larger talent pool. Participants also identified improved work conditions, such as setting workload standards, creating more active roles in decision-making processes, and investing in leadership development, as important factors. According to the TJC panel experts, jail staff often receive little training on communication and understanding of trauma and/or behavioral health issues. Dutchess County, New York, and Franklin County, Massachusetts, have provided their jail staff with training in trauma to better understand needs in the jail population, with good results.

- Another possibility for improving the jail workplace experience mentioned by expert panel members lies in cell phone policies. Many jurisdictions enforce cell phone restrictions and prohibit officers from carrying cell phones on the job. One expert declared that permitting cell phone access for jail staff has not been linked to an increase in contraband. To further promote flexible workplace practices, jail jurisdictions should consider more leniency in cell phone regulations.
- Finally, jails should provide supportive services to all staff to mitigate the traumatic effects that come with the job. One study found that over half of jail officers experience PTSD (Jaegers et al. 2019). Jails may consider offering trauma-informed resources, mental health counseling, and other supports to acknowledge the workplace toll and respond accordingly. As trauma-informed approaches to interventions for incarcerated people continue to expand, insights from that work and the understanding of the supports that people need can be applied to staff interventions as well.

Coordination Among Reentry Partners

Challenges

Short stays and unpredictable release dates are facts of life for jail reentry. Complex needs to support success are as well. This makes coordination between jail-based and community-based reentry partners, and coordination across providers of different services and supports, critical to success. Funding shortages, time commitments, lack of strategic planning, siloed workstreams and the jail staffing challenges mentioned above can stymie community providers from reaching their full potential to support reentry. Expert panel members noted that partner coordination can also be stressed by tensions around funding. As one panel member put it: “I know in a lot of communities there is infighting, fighting for the same dollars, and a lot of communities have worked to figure out collaboration...There has to be some kind of mechanism to manage infighting over scarcity of resources.” Further, programs funded through grants may have requirements about which populations can be served, increasing the complexity of finding services that can work with everyone who needs reentry support.

Additionally, having multiple case managers for different needs (e.g., substance abuse treatment, mental health, reentry) can cause further confusion, for both jail staff and people returning from jail.

This connection to multiple service systems can be a tremendous asset as most staff will not have the specialized knowledge in all the different areas of need in the reentry population. However, clarity of communication and coordination between the professionals working with a person returning from jail are necessary to realize the full potential of multiple case managers.

Opportunities

Experts believed that technology could be better employed to enhance coordination and access to services. Shared case management data systems can allow different case managers to communicate and see the same information, and that information can be accessible to the person after their return to the community. The COVID-19 pandemic created new opportunities to connect virtually both before and on the day of someone's release and can also facilitate team approaches to working to support someone's reentry. Technology can also provide automated solutions to improve data-sharing across agencies and community partners, though the process of developing the data-sharing agreements to allow this can be lengthy.

While virtual meetings between partners is a valuable tool, expert panel participants emphasized the importance of getting community partners in the same room to build relationships. They said it is important to bring community partners into the facility to connect with individuals before their release, not just for having a plan but already being connected to the resource and having a personal contact/rapport to build from. Providing avenues for community partners to engage with each other through building social networks and coordination across community networks was highlighted as a successful mechanism. One panel member uses bimonthly community partner meetings, through which partners gain familiarity with jail leadership, building credibility and sustaining continued collaboration on the reentry model. Some participants also flagged the necessity to individually carve out partnerships, with one giving this specific example: "I needed judges on my team. I'd meet with the senior judge, build a relationship with them. That's the judge that is going to bring it back to all the other judges. Same with the prosecutors. Find the prosecutor who is going to listen, and they can inform the others." For strategic coordination, collaborative bodies consisting of agency and organization heads such as criminal justice coordinating councils can be extremely beneficial to enhance coordination and efficiency in achieving agreed upon outcomes and decrease competition among system stakeholders by allocating resources accordingly.

It is also important to have a process for getting community partners access to the jail. One expert described how this process works for partners in their community: "We also have an orientation for everybody that's a partner for us on Zoom, to make it as easy as possible to get in and out of the facility and build that relationship. If we're just making referrals to community agencies, that doesn't work. We know this works because we're working with four community partners now and grants that they have, and we're assisting them getting into the facility, accessing the individuals that they need to access." On the community side, jail staff and other reentry partners should also visit community-based programs and services such as transition housing options in person prior to transferring or referring individuals there, as they can vary in quality. One expert described finding the conditions in some community service sites to be very poor.

In situations in which there are multiple case managers working with someone, establishing a mechanism for determining that one of them is the primary coordinator can make the process less confusing for the reentering individual and more efficient and effective for the reentry service partners. This person can be the “quarterback” of a multi-disciplinary team working with someone, facilitating continuity of care and consistency of approach, ideally based on a shared transition plan. They can also be responsible for sharing information about changes in specific services that can have a ripple effect into other areas.

A final but vital component in strengthening coordination is looping in jail staff. With reentry partners coming in and out of the facility, jail staff should be made aware of their role in the reentry process. A panel member described how jail reentry work can be consistently communicated to jail staff: “It might be useful...that all of this is part of the annual training for officers, program staff, and administrative staff. That way it becomes part of the system. It’s not something separate.”

Engaging Families

Challenges

Family engagement preserves connections between those in custody and their loved ones – the same family members who can provide vital support during reentry. Family visitation for those in jail and prison has been shown to improve emotional, behavioral, and recidivism outcomes (McCoy and Boppre 2024). However, visitation practices in prisons and jails can make maintaining these connections more difficult, depending on how they’re implemented. If properly implemented, in-person contact visits allow for physical connection and promote continued bonding after release (Cramer et al. 2017). Parental visits can also encourage parents to comply with correctional programming and result in lower re-offense rates. Visitation may also lead to negative effects, eliciting feelings of shame for parents around their criminal legal system involvement. Individuals in custody may also fear the traumatic effects of correctional visits for their children and repeated separation.

During the COVID-19 pandemic, virtual visits emerged as an alternative to in-person visits to reduce the spread of the virus. However, there are reasons for concern about the use of video visits as an alternative to, rather than as a complement to, in-person visits. For instance, virtual visits may not be an optimal solution for those of lower socio-economic backgrounds due to lack of access to high-speed internet, quality devices, and the cost of calling.

Opportunities

Expert panel participants viewed the development of video visits as a net positive. The emergence of digital connection provided an avenue for communication that otherwise may not have been an option due to the pandemic, transportation barriers, and/or concerns with exposing children to correctional settings. Though opinions vary on the function of virtual visits in lieu of in-person visits, experts at the very least agreed that they serve as a beneficial supplement for in-person family

engagement. Jurisdictions can continue to integrate technologies, such as video visitation, into family reunification efforts.

- Information sharing also plays an important role in engaging families and allowing them to serve as reentry partners. In addition to educating the individual in custody on what reentry will look like, there is value in extending this education to the person's family. With clear and realistic expectations for what to expect post-release, families are equipped to better prepare for and assist with reentry measures. As one expert described their experience engaging with families: "We don't engage family. And that is a misstep...As a warden I got calls from family just checking in to see if the person was doing well, they're taking this medication, is that okay? That line of communication was really important." Another expert said that their jail tries to engage a family member in reentry planning and provide them with a copy of the reentry plan.
- While messaging around family engagement often uplifts the needs of mothers, experts cautioned against missing or minimizing the role of fathers when developing family engagement procedures. Mainstream narratives falsely portray fathers as absent or less involved than mothers, but this fallacy can be harmful. Family engagement measures should prioritize all parents in expanding visitation and engagement opportunities.

Conclusion

Jail populations have changed greatly over the past decade. With those changes, the challenges faced in facilitating transition from jail to the community that keeps communities safe and supports individuals are more complex than ever. The systems approach to jail reentry that underlies the TJC model is intended to help local jails and communities navigate that complexity by building collaboration, understanding issues through data, orienting around evidence-based practice, and making deliberate decisions about where time, energy and resources should go, whether a place has the capacity to go big or needs to start small.

Jail reentry is a long game. As one of the subject matter experts responded when asked what advice they'd give about taking on the work of jail reentry: "My advice is that this is a long process. For anybody who thinks that they're going to be able to do one thing or two things and then things are going to be better, it takes a long time and it takes consistency. It's a patience game and a consistency game and a personal fortitude game to get it to work." Few communities may be ready to take advantage of all the opportunities to improve their jail reentry work named in the TJC subject matter expert panel discussions. However, any reentry partnership can make progress on at least a few of them based on their own priorities and capacities. Beginning with data and assessment is an important starting point, allowing any community to ensure that its capacity for reentry intervention, even if modest to start, is being used where it can do the most good.

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