

Advancing evidence-based interventions at the intersection of criminal justice and health

Disproportionate mental illness, substance use disorders, and infectious diseases have long demanded the attentions of correctional health providers, prison administrators, and criminal justice policymakers around the world. But as criminal justice reform accelerates, there is a growing acknowledgment that criminal justice involvement has relevance to nearly every facet of individual and public health and that a consideration of health and health-related factors belongs at the core of nearly every criminal justice intervention.

Examples of the close connection between health and criminal justice involvement and outcomes are plentiful. Chronic illness and disability, which are affected by the conditions and stress of incarceration, also pose challenges to the successful community reintegration. Women's health can suffer in correctional environments that have not incorporated a differential gender-focused approach to account for their different healthcare priorities, just as interventions designed to divert women into treatment-based alternatives to incarceration risk failure if they do not adequately account for those same needs. Increasing rates of advanced age and serious illness in correctional populations have implications both for the human rights and dignity of individuals who will die in custody and for the need to develop tools to identify individuals who are appropriate for the early release to die in the community. More broadly, many have argued that the availability of necessary, quality healthcare to criminal justice-populations (such as behavioral and mental health treatment for substance use disorders or serious mental illness) is essential to producing the outcomes that the criminal justice systems aim to achieve (such as enhanced neighborhood safety and lower rates of crime). It is also an ethical imperative; that prisoners deserve the same standard of care as they would receive in the community is the first of the United Nations' *Basic Principles for the Treatment of Prisoners* and a constitutional guarantee in the US system.

In this context of slowly converging criminal justice and public health systems, there is a growing demand for evidence-based interventions that translate research into action to advance both health and rehabilitation for those in the criminal justice system. Accordingly, many longstanding criminal justice institutions and interventions are evolving to incorporate health, as in the emergence of specialty drug and behavioral health courts and the creation of treatment-based alternatives to solitary confinement for those with mental illness or exhibiting mental health symptoms. Similarly, some health interventions are themselves being adapted to meet the needs of the criminal justice population, as in the cases of patient navigation to aid the reentry of people living with HIV from jail to the community and the growing number of prison-based hospice units. As research and program evaluation efforts continue to show the effectiveness of such "health-first" criminal justice interventions, opportunities for innovation in programming and policy at the intersection of criminal justice and health will only multiply.

This special issue of the *International Journal of Prisoner Health* focuses on the drive for programming and policy innovation in criminal justice health by drawing attention to the examples of success and areas of opportunity. This special issue explores real and proposed interventions that build on some of the evidence base we featured in our special issue of earlier this year, which focused on the current state of knowledge in key areas of correctional health.

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As such, like that earlier issue, this issue is not dedicated to the publication of original research, but rather to articles that describe various policies and programs that point to some interesting ways forward for correctional health and related reentry efforts.

The first article in this special issue describes the UK's transition from a prison health service run by the Ministry of Justice to one run by the Ministry of Health, providing a view on one of the most basic policies governing correctional health: who runs the clinic? We then turn to eight additional articles that describe a breadth of innovative approaches to marrying criminal justice and health on behalf of criminal justice-involved populations. One article explores the evidence supporting the intensive case management for persons with serious mental illness returning to the community, including one compelling qualitative account from a recipient of those services. Another recounts a five-year program to build interdisciplinary consensus and cooperation in response to the challenges posed to local communities by a growing number of older adults cycling in and out of incarceration whose complex needs compel the attentions of multiple local agencies. The articles speaking specifically to correctional health challenges include one detailing the importance of incorporating specific harm reduction programs into correctional health systems, another on the benefits of opt-out Hepatitis C screening at jail and prison intake, and a third describing specific standards of reproductive care that should be available in all women's prisons. The articles on challenges in the community setting address the central role that community healthcare providers have to play to ensure that police officer training programs produce their desired results, the effectiveness of patient navigation interventions through the reentry period, and an innovative health-based reentry program for women that also addresses local disparities in access to reproductive healthcare.

As in our last issue, many of the articles in this special issue were developed over the course of a two-year project funded by the University of California (UC) Office of the President to support increased collaboration among the UC faculty and students working at the intersection of criminal justice and health from the vantage of over 20 different academic disciplines. As a result, these articles reflect the importance of interdisciplinary collaboration in evidence-based criminal justice interventions, of which nearly all will influence, and are influenced by, health. While more than half of the articles were born out of attempts to address a specific challenge in California, all authors have taken great care to contextualize the programs and policies they discuss in a global setting. The editorial team behind this special issue is deeply appreciative of the breadth and depth of experience and knowledge represented in these pages.

As researchers, practitioners, patients, and other experts continue to develop the knowledge needed to expand health-first policy and programming for criminal justice-involved populations, opportunities to spur innovation through dialogue and collaboration across geographic and professional boundaries will proliferate. We hope that this issue, inviting readers of the *International Journal of Prisoner Health* to hear about a small cross-section of efforts to translate evidence from health and criminal justice reform into action, can add to the momentum behind these and similar interventions.