

Community Reentry: Care Transitions for Chronically Ill

An improved system is needed to meet the health care needs of chronically ill men reentering the community from Wisconsin prisons. The state's prison population continues to grow, having reached 23,000 by early 2017. In 2016, over 700 adults were released *monthly* from the Wisconsin State Prison System. Chronic illness, mental illness and substance abuse is more prevalent in prison populations as compared to same age, non-inmate adults.

According to Wisconsin Dept. of Corrections medical staff, current reentry care planning often involves lists of free clinic locations, flyers and descriptions of AODA and other supportive services, and instructions to access clinical follow-up. But for chronically ill, gaps to access clinical and supportive services, missing follow-up and accountability for reentry care have disabling consequences.

Improved systems of planning and communication between health care providers effectively reduces care gaps, associated morbidity / mortality and related costs.

Therefore, the Medical College of Wisconsin's Department of Family and Community Medicine is participating in a partnership to close this public health, chronic care gap. With our partners, we are taking steps to form a culturally appropriate system emphasizing functional primary care and health support for men returning to Southeast Wisconsin's most socioeconomically challenged neighborhoods, where incarceration reentry is most concentrated.

So far, this initiative is a developing partnership of several organizations and urban Milwaukee churches and their pastors. Key partners include those from:

- The Wisconsin Department of Corrections
- MCW's Department of Family & Community Medicine
- Columbia – St Mary's Family Medicine Residency Program
- Project RETURN
- Church pastors from neighborhoods where reentry is most concentrated.

We are working to establish new processes of facilitated transitions from DOC health services to community care (CSM, PR, Pastoral care) and between community care sites. We are emphasizing systems of care and evidence-based methods. Tools and procedures that are being developed will undergo trial, adopting, testing and refinement.

Population level study targets include 1) factors associated with clients' engagement in follow up care, 2) timely access to first outpatient health appointment, 3) changes in emergency and hospital care, and 4) growing capacity of clinic staff members to effectively serve reentry clients.

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References

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Websites

Medical College of Wisconsin Department of Family and Community Medicine www.familymedicine.org

Medical College of Wisconsin Center for Healthy Communities and Research
<https://www.mcw.edu/center-healthy-communities-research-chcr.htm>

Columbia St. Mary's Family Medicine Residency Clinic

<https://www.mcw.edu/Family-Medicine/Residency-Programs/Columbia-St-Marys.htm>

Project RETURN www.projectreturnmilwaukee.org

Department of Corrections <https://doc.wi.gov>

Pilgrim Rest Baptist Church www.pilgrimrestmilwaukee.org

Invisible Reality Ministries www.irministries.org