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RESEARCH ARTICLE

Health and Care Needs of Young Adults Exiting Jail

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Abstract

Reentry is a difficult juncture for young adults (ages 18–24 years), who simultaneously face challenges of emerging adulthood. Although their health-related needs may be substantial, little is reported on young adults' reentry health care and social service needs. Furthermore, empirical measurements of factors affecting their engagement in reentry services after jail are lacking. We sought to describe health needs and predictors of linkages to reentry services for the 2,525 young adult participants in the Whole Person Care–LA Reentry program (WPC Reentry). Descriptive statistics were calculated and chi-square tests, *t* tests, and logistic regression were performed to identify factors associated with linkage to WPC Reentry postrelease compared with only engaging with WPC Reentry prerelease. Most participants (72.6%) were male, 80.2% were Hispanic or Black, and 60.9% had been unhoused. Mental health (57.2%) and substance use disorders (45.8%) were common, physical health was overall good (mean Charlson Comorbidity Index score 0.53), and social needs, especially housing, were high (40.7%). Older age (i.e., closer to 25 years) and history of being unhoused were associated with higher postrelease engagement in WPC Reentry (age: odds ratio [OR] = 1.06, $p = .01$; history of being unhoused: OR = 1.18, $p = .05$). Attentiveness to younger clients and to addressing housing needs may be key for successful reentry care linkages.

Keywords: reentry, young adults, transition age youth, community health worker intervention, jail, incarcerated

Introduction

The transition to adulthood has critical implications for economic security, health, and well-being, as young adults of ages 18–24 years, also referred to as ''transition age youth,'' face the tasks of establishing autonomy, developing relationships, and setting education and career goals, all while grappling with changing neurobiology (Bonnie *et al.*, 2014; Khetarpal *et al.*, 2022; Wilens & Rosenbaum, 2013). Given multiple intersecting disparities, the exacerbation of health conditions during incarceration and reentry may be particularly concerning for young adults returning to the community from jail (Freudenberg *et al.*, 2005).

Although young adults face heightened vulnerability to the challenges of reentry, they also have unique opportunities to transform their developmental trajectories,

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especially if they have access to needed supports. However, scant empirical research has measured their unique health and care needs during reentry.

Peer-reviewed literature on the health status of incarcerated adolescents and older adults offers some insight into the health needs of incarcerated young people. The adolescent incarcerated population faces higher morbidity and mortality than peers, including diagnoses related to mental illness, acute and chronic medical conditions (e.g., asthma, sexually transmitted infections), and premature mortality, mostly due to homicide, overdose, or suicide, with adverse health effects of incarceration on health observed into adulthood (Barnert *et al.*, 2016; Ruch *et al.*, 2021).

Especially common among detained youth are prior trauma exposure and substance use disorders (SUDs), often comorbid with other mental health challenges that can fuel risk for cycles of incarceration (Knight *et al.*, 2016; Teplin *et al.*, 2002; Wang *et al.*, 2010, 2012).

Later in the life course, incarcerated adults, especially the elderly, have high needs related to chronic disease, such as hypertension and liver disease, in addition to disproportionate mental health morbidity compared with peers (Loeb & Abudagga, 2006; Skarupski *et al.*, 2018). Although existing data are helpful for understanding disparities in the adolescent and older adult incarcerated populations, a better understanding of the health profile of young adults is needed to identify patterns that may elevate or decrease risk for reincarceration versus a healthier life trajectory.

Reentry, often defined as the 6-month transition period from jail back to the community, is a juncture marked by numerous challenges, particularly during emerging adulthood. The United States has the highest incarceration rate in the world. More than 650,000 detained U.S. adults and youth are released annually. Two-thirds of all incarcerated individuals released are rearrested, with half reincarcerated within 3 years of release (Langan & Levin, 2002).

In fact, 84.1% of young adults are rearrested within 5 years of release, and recidivism rates are 80.3% and 77.0% for people of ages 25–29 years and 30–34 years, respectively (Durose *et al.*, 2014). The risk of mortality in the first 2 weeks after release for formerly imprisoned adults is 3.5 times that of the general adult population, with the leading cause of death being drug overdose (Binswanger *et al.*, 2007).

For young adults exiting jail, the challenges of reentry include confronting the normal developmental tasks of young adulthood. Furthermore, approximately 75% of serious psychiatric disorders, including SUDs, present with symptoms before the age of 25 years (de Girolamo *et al.*, 2012; Kessler *et al.*, 2007). In addition, brain development during young adulthood is malleable, as young adults have elevated brain plasticity compared with older adults (Chung & Hudziak, 2017), making overcoming disparities in psychiatric care access of especially high importance. Thus, overall, reentry is a crucial window of opportunity to help young adults, especially those with heightened health and social needs, successfully launch into adulthood (Panuccio, 2021).

Extant literature on the health status of adolescents and older adults who are incarcerated demonstrates the benefits of linkages to services during reentry, yet quantitative measurement of the health and social needs of young adults exiting jail and the predictors of linkages to postrelease reentry programs remains unclear. The peer-reviewed literature demonstrates that individuals seeking to break the cycle of recidivism can benefit from linkages to services during community reentry.

Interventions that provide a supportive adult role model, assist with meeting social needs, and facilitate delivery of behavioral health treatment during reentry, for example, can be transformative for young people after incarceration (Bouffard & Bergseth, 2008; Spencer & Jones-Walker, 2004), including by decreasing rates of SUD and recidivism and improving educational and vocational outcomes (Puzzanchera, 2014; Sedlak & Bruce, 2010).

However, many young people exiting jail do not access services once in the community despite high treatment needs (Lattimore & Visher, 2009; Lynch & Sabol, 2001; Seiter & Kadela, 2003; Sickmund & Puzzanchera, 2014; Wang *et al.*, 2010), a public health context further challenged by the COVID-19 pandemic (Abrams *et al.*, 2022). Some programs are designed to improve linkages to care during reentry, such as the Transitions Clinic, which was developed in San Francisco and spread nationally (Wang *et al.*, 2010), and was used as a model for the Los Angeles Whole Person Care–LA Reentry program (WPC Reentry), described in this article.

Yet more positive outcomes may rest on retaining people in care following release, which is often difficult in a transient group and has not been examined specifically for young adults. Engagement in postrelease care may be indicative of greater needs, severity, or receptivity to service utilization. Addressing these gaps by identifying the health and social needs of young adults navigating reentry during the essential period of emerging adulthood can improve strategies to support them during reentry by developing a service continuum that addresses their specific needs.

To our knowledge, ours is the first study to describe (a) the health and social needs and (b) factors associated with engagement in the postrelease care linkage intervention for young adults participating in a large-scale, community health worker (CHW)-based reentry intervention (i.e., WPC Reentry).

Method

Study Design

Our study, conducted in partnership with the Los Angeles (LA) County Department of Health Services (DHS),

examined longitudinal county administrative data to examine the health-related needs and predictors of engagement with WPC Reentry postrelease among all young adult clients.

Intervention: WPC Reentry

WPC Reentry program provides voluntary pre- and post-release support to connect adults transitioning home from LA County jails to health and social services in the community. The intervention consists of a prerelease component delivered in the jails and a postrelease component delivered by CHWs. In the WPC Reentry prerelease intervention component, clients receive from ''in-house'' WPC staff (a) an assessment and development of a reentry care plan, (b) initiation of a Medicaid application, (c) referral to community-based services (e.g., substance use treatment, housing), (d) a 30-day medication supply and continuity-of-care documents, (e) access to a release desk (to arrange transportation and shelter immediately prior to exit), and (f) hand-off to postrelease CHW.

In the WPC Reentry postrelease intervention, clients receive from WPC Reentry CHWs (a) linkage to housing, employment, legal assistance, and social support; (b) accompaniment to key health and behavioral health appointments; (c) health, mental health, and social service navigation; (d) connection to transportation; and (e) mentoring and empowerment coaching.

Program eligibility criteria include clients with recent (within the last 3 months) justice system involvement and a history of acute health or mental health care utilization, a complex health condition, a mental health disorder, or other health vulnerabilities. Young adult clients (i.e., ages 18–24 years) were included in the analysis. Exclusion criteria for the analysis include clients only enrolled in the postrelease program, clients restricted from connecting to postrelease services (e.g., reincarceration, relocated outside LA County, hospitalized), clients enrolled in the postrelease WPC Reentry intervention component for more than 1 year, and clients with missing demographic data.

Data Sources

Administrative data were obtained through formal agreements between several institutions. DHS houses the ORCHID and CHAMP databases. The ORCHID electronic health record system contains data on health care utilization and chronic health conditions of patients served in the LA County community safety net health care clinics and hospitals. The CHAMP database for the WPC Reentry program tracks care coordination of adult reentry clients across all WPC-LA programs. Demographic characteristics (age, gender, race/ethnicity, housed status), program enrollment length, disenrollment reasons, and program-specific trackers were abstracted from the CHAMP database.

Data were also obtained from other Medicaid managed care health plans participating in WPC-LA (LA Care and Health Net); the LA County Sheriff's Department database, which tracks criminal justice data such as arrests and incarceration; and the LA County Department of Mental Health, which has data on psychiatric services utilization, mental health conditions, and SUDs.

Data were extracted for clients enrolled in WPC Reentry program between May 2017 and December 2021. Clients provided consents for data sharing across participating institutions for patient tracking, program reporting, and evaluation. The LA DHS and University of California, Los Angeles, institutional review boards approved this study.

Measures

The demographic, criminal legal system involvement, health diagnoses, reentry care plan characteristics, and reentry postrelease linkage predictors variables used in our descriptive and logistic regression analyses are summarized below and in Appendix Table A1.

Outcome.

Engagement in the WPC postrelease care linkage intervention was defined as connection to WPC postrelease services from the WPC prerelease program, resulting from a CHW referral, based on administrative records. A binary indicator was created for postrelease engagement.

Demographics.

Demographic variables included age (at time of prerelease enrollment), gender, race/ethnicity, and history of being unhoused.

WPC exit reason.

Reasons for exiting the WPC Reentry program included lost to follow-up, rearrest, unable to complete the program for logistical reasons, graduate of the program (i.e., client completed the program), and other.

Criminal legal system involvement.

Clients' involvement in the criminal legal system was recorded, including prerelease enrollment length (length of enrollment in the program prior to release from jail), postrelease enrollment length (length of enrollment in the program after release from jail), number of incarceration episodes in the past 12 months, number of jail urgent care visits during the study period, and length of incarceration during the study period.

Health comorbidities.

Health comorbidities were identified using IDC-9/ICD-10 codes from visit administrative data. Comorbidities included mental health diagnoses (including major depressive disorder and generalized anxiety disorder), SUD, physical health comorbidities, chronic pain, and Charlson Comorbidity Index (Charlson *et al.*, 1987) calculated based on diagnoses of 17 conditions.

Reentry care plan characteristic. Domains of clients' reentry care plan characteristics included physical health treatment needs, mental health treatment needs, social service needs, substance use treatment needs, and other needs (e.g., problem solving). Subdomains included care plan characteristics related to basic living needs, public benefits, document readiness (related to preparing documents for successful reintegration), employment, health and legal needs, housing, and primary care access.

Analysis

Chi-square tests and *t* tests were performed to compare demographic and WPC care plan characteristics between young adults who engaged postrelease and those who did not engage postrelease (i.e., only participated in the WPC prerelease component). Fisher's exact tests were conducted when cell counts were lower than five observations. Multivariate logistic regression models were performed with postrelease engagement as the outcome measure adjusting for age, gender, race/ethnicity, history of being unhoused, any mental health diagnosis, and any SUD.

Results

Demographics and Carceral System Interaction

Of 31,029 WPC Reentry program participants, 3,569 clients were young adults, and 2,525 young adult clients met criteria for the present study (Fig. 1). Their demographics and carceral and health system involvement are reflected in Table 1. Overall, most young adult clients were male, Hispanic, or Black, and had a history of being unhoused.

The most common reason for exiting the WPC Reentry program was being lost to follow-up (82.3% of all study clients), and 3.4% graduated from the entire program (i.e., completed the entire WPC postrelease program). Average prerelease enrollment length was 83.6 days and average postrelease enrollment length was 70.9 days. On average, participants had 2.25 incarceration episodes in the past 12 months at program admission. During the study period, average duration of incarceration was 157.4 days and the average number of jail urgent care visits among the study population was 0.36. Mean prerelease enrollment length was shorter in the group who engaged with the WPC postrelease program, compared with the group who did not engage with the WPC postrelease (78.3 vs. 94.2, $p = .0008$).

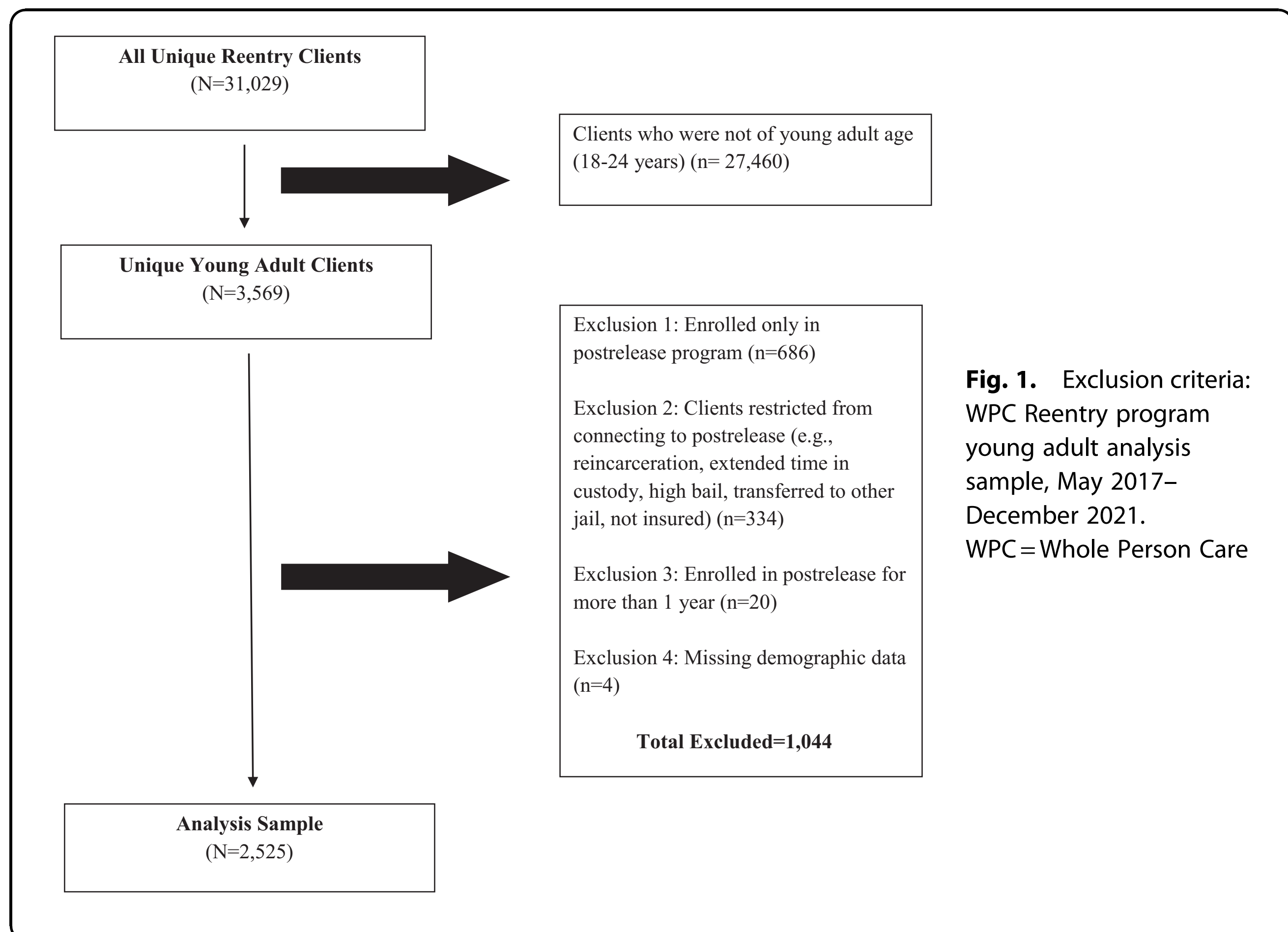

Fig. 1. Exclusion criteria: WPC Reentry program young adult analysis sample, May 2017–December 2021. WPC = Whole Person Care

Table 1. Whole Person Care Reentry Demographics and System Involvement of Young Adults, May 2017–December 2021

Variable	Total (N = 2,525), n (%)	Postrelease engagement Yes (N = 1,628), n (%)	Postrelease engagement No (N = 897), n (%)	p
Demographics				
Age				
Mean (SD)	22.0 (1.8)	22.1 (1.7)	21.9 (1.8)	**.006**
Median	22.0	22.0	22.0	
Minimum	18.0	18.0	18.0	
Maximum	24.0	24.0	24.0	
Gender, *n* (%)				.53
Female	659 (26.1)	414 (25.4)	245 (27.3)	
Male	1,834 (72.6)	1,192 (73.2)	642 (71.6)	
Transgender	32 (1.3)	22 (1.4)	10 (1.1)	
Race/ethnicity, *n* (%)				.12
Black or African American	637 (25.2)	413 (25.4)	224 (25.0)	
Hispanic/Latino	1,388 (55.0)	911 (56.0)	477 (53.2)	
White	264 (10.5)	168 (10.3)	96 (10.7)	
Other	236 (9.3)	136 (8.4)	100 (11.1)	
History of unhoused, *n* (%)	1,538 (60.9)	1,017 (62.5)	521 (58.1)	**.03**
WPC exit reason, *n* (%)				<.0001
Completed WPC program	55 (2.2)	55 (3.4)	0 (0)	
Logistical	134 (5.3)	55 (3.4)	79 (8.8)	
Lost to follow-up	2,078 (82.3)	1,367 (84.0)	711 (79.3)	
Rearrest	72 (2.9)	72 (4.4)	0 (0)	
Other	186 (7.4)	79 (4.9)	107 (11.9)	
Prerelease enrollment length, mean (SD)	83.6 (104.7)	78.3 (99.7)	94.2 (113.4)	**.0008**
Postrelease enrollment length, mean (SD)	70.9 (52.0)	70.9 (52.0)	0 (0)	
Incarceration episodes in past 12 months, mean (SD)	2.25 (1.86)	2.29 (1.95)	2.17 (1.65)	.13
Number of jail urgent care visits during study period, mean (SD)	0.36 (0.90)	0.36 (0.85)	0.36 (0.98)	.99
Incarceration length during study period (days)[a]				
N (%)	1,091 (43.2)	703 (43.2)	388 (43.3)	
Mean (SD)	157.4 (148.4)	153.8 (139.8)	163.9 (162.7)	.30
Median	120	109	130	
Minimum	6	6	8	
Maximum	1,950	930	1,950	

Bolded text indicates a *p*-value of statistical significance.
[a]Includes clients who were linked to sheriff's data and whose incarcerations overlap with their prerelease enrollment.
SD = standard deviation; WPC = Whole Person Care.

Health Status

Table 2 shows health diagnoses of young adult clients. Among all young adult clients linked to diagnosis data ($N = 2{,}047$), diagnoses of mental disorders were most common (57.2%), followed by SUDs (45.8%), physical health conditions (39.9%), and chronic pain (38.1%). Prevalence of health disorders did not differ between those who engaged postrelease and those who did not. Table 2 also displays disaggregated physical health diagnoses categories and Charlson Comorbidity Index score. The mean score was higher among those who engaged postrelease than those who did not (0.59 vs. 0.43, $p = .003$). Overall, most participants had good physical health (mean score 0.53).

Among all young adult clients, the most common physical health diagnosis category was chronic pulmonary disease (17.7%). Compared with those who did not engage postrelease, those who did engage in WPC Reentry postrelease had higher prevalence of diabetes without chronic complications (4.2% vs. 1.6%, $p = .002$), renal disease (0.7% vs. 0%, $p = .02$), and HIV/AIDS (2.2% vs. 0.9%, $p = .03$).

Reentry Care Plan Characteristics

Table 3 displays the young adult clients' reentry care plan characteristics. Overall, of the total number of care plan notes ($N = 5{,}063$), the main domains of participants' care plan characteristics included social needs (40.7% of all care plan notes), substance use (21.8%), physical health (21.7%), and mental health (15.5%). The most common subdomains were primary care access (19.6%) and housing (14.4%). There were more care plan notes documenting social needs in groups who engaged postrelease, compared with those who did not ($p = .03$).

Table 2. Whole Person Care Reentry Young Adult Health Diagnoses ($N = 2{,}047$)[a]

Health diagnoses[b]	*Total* (N = 2,047), n (%)	*Postrelease engagement* *Yes* (N = 1,342), n (%)	*No* (N = 705), n (%)	p
Mental health, *n* (%)	1,170 (57.2)	748 (55.7)	422 (59.9)	.07
Substance use, *n* (%)	938 (45.8)	603 (44.9)	335 (47.5)	.26
Physical health, *n* (%)	816 (39.9)	552 (41.1)	264 (37.4)	.11
Chronic pain, *n* (%)	780 (38.1)	530 (39.5)	250 (35.5)	.07
Physical health categories	***Total* (N = 2,047)**	***Yes* (N = 1,342)**	***No* (N = 705)**	**p**
Charlson Comorbidity Score				**0.04**
0, *n* (%)	1,467 (71.7)	943 (70.3)	524 (74.3)	
Low (1–2), *n* (%)	474 (23.2)	317 (23.6)	157 (22.3)	
Moderate (3–4), *n* (%)	62 (3.0)	47 (3.5)	15 (2.1)	
Severe (5+), *n* (%)	44 (2.1)	35 (2.6)	9 (1.3)	
Mean (SD)	0.53 (1.19)	0.59 (1.29)	0.43 (0.96)	**.003**
Myocardial infarction, *n* (%)	6 (0.3)	2 (0.1)	4 (0.6)	.10
Congestive heart failure, *n* (%)	16 (0.8)	13 (1.0)	3 (0.4)	.18
Peripheral vascular disease, *n* (%)	8 (0.4)	6 (0.4)	2 (0.3)	.57
Cerebrovascular disease, *n* (%)	27 (1.3)	20 (1.5)	7 (1.0)	.35
Dementia, *n* (%)	3 (0.1)	3 (0.2)	0 (0)	.56[c]
Chronic pulmonary disease, *n* (%)	363 (17.7)	239 (17.8)	124 (17.6)	.90
Rheumatic disease, *n* (%)	6 (0.3)	6 (0.4)	0 (0)	.10[c]
Peptic ulcer disease, *n* (%)	4 (0.2)	3 (0.2)	1 (0.1)	.69
Mild liver disease, *n* (%)	72 (3.5)	51 (3.8)	21 (3.0)	.34
Diabetes without chronic complication, *n* (%)	67 (3.3)	56 (4.2)	11 (1.6)	**.002**
Diabetes with chronic complication, *n* (%)	10 (0.5)	8 (0.6)	2 (0.3)	.34
Hemiplegia or paraplegia, *n* (%)	8 (0.4)	4 (0.3)	4 (0.6)	.35
Renal disease, *n* (%)	10 (0.5)	10 (0.7)	0 (0)	**.02**[c]
Any malignancy except malignant neoplasm of skin, *n* (%)	119 (5.8)	80 (6.0)	39 (5.5)	.69
Moderate or severe liver disease, *n* (%)	3 (0.1)	1 (0.1)	2 (0.3)	.24
Metastatic solid tumor	1 (0.0)	1 (0.1)	0 (0)	1.00[c]
HIV/AIDS, *n* (%)	35 (1.7)	29 (2.2)	6 (0.9)	**.03**

Bolded text indicates a *p*-value of statistical significance.
[a]Number of clients linked to diagnosis data; used as denominator for diagnoses.
[b]Ever diagnosed through December 2021; pulled from DHS, LA Care, Health Net, and DMH files.
[c]Two-tailed *p*-value calculated from Fisher's exact test.

Table 3. Whole Person Care Reentry Young Adult Care Plan Characteristics, May 2017–December 2021, Among All Young Adults' Care Plan Notes

Variable	*Total* (N = 5,063[a]), *n (%)*	*Postrelease engagement* *Yes* (N = 3,633), *n (%)*	*No* (N = 1,430), *n (%)*	p
Domains				
Social needs	2,063 (40.7)	1,515 (41.7)	548 (38.3)	**.03**
Substance use	1,106 (21.8)	771 (21.2)	335 (23.4)	.09
Physical health	1,101 (21.7)	783 (21.6)	318 (22.2)	.59
Mental health	786 (15.5)	560 (15.4)	226 (15.8)	.73
Other	7 (0.1)	4 (0.1)	3 (0.2)	.39
Subdomains				
Primary care access	992 (19.6)	705 (19.4)	287 (20.1)	.59
Housing	727 (14.4)	532 (14.6)	195 (13.6)	.36
Employment	502 (9.9)	371 (10.2)	131 (9.2)	.26
Benefits	346 (6.8)	251 (6.9)	95 (6.6)	.74
Document readiness	134 (2.6)	97 (2.7)	37 (2.6)	.87
Basic needs	117 (2.3)	89 (2.4)	28 (2.0)	.29
Health and legal needs	71 (1.4)	55 (1.5)	16 (1.1)	.28

Bolded text indicates a *p*-value of statistical significance.
[a]Total number of care plan notes in CHAMP. Of the total number of clients linked to care plan information ($n = 1{,}701$), 13.2% had 1 care plan note, 28.8% had 2, 36.3% had 3, 8.4% had 4, 5.6% had 5, and 7.9% had 6 to 15 care plan notes.

Factors Associated With Engagement in Reentry Linkage Intervention Postrelease

Table 4 demonstrates predictors of WPC Reentry postrelease engagement. Older age was associated with postrelease engagement (odds ratio [OR] = 1.06, $p = .01$) when controlling for gender, race/ethnicity, history of being unhoused, and behavioral health diagnoses. Those who have been previously unhoused were more likely to link to WPC Reentry postrelease in the unadjusted analysis (OR = 1.20, $p = .03$). In the multivariable model, the finding was similar in magnitude (OR = 1.18), but the statistical significance was borderline ($p = .05$).

Discussion

Overall, most of the young adult clients exiting LA County jails were male, Hispanic, or Black, and had a history of having been unhoused. Notably, more than one in four were female. Older age and a history of being unhoused were associated with postrelease engagement, indicating vulnerabilities for the youngest participants and highlighting potential layers of inequities that warrant attention. Many young adults had diagnoses of mental health (57.2%) and SUDs (45.8%), which is substantially higher than the prevalence of any mental illness among similarly aged people in the United States (30.6%; Substance Abuse and Mental Health Services Administration, 2021).

Although generally physically healthy, young adult clients in the sample had surprisingly high chronic pain and unique physical health needs compared with peers and with other incarcerated adults.

Policy Implications: Disrupting Cycles of Inequities

Young adult clients comprise a sizeable proportion of WPC Reentry program clients (11.5%), with high levels of treatment needs—especially regarding behavioral health—despite their young age, indicating opportunities to intervene. Behavioral health treatments are typically harder to access, which may contribute to poor engagement in reentry services (Sickmund & Puzzanchera, 2014). Thus, ensuring that young adults' treatment needs are met during reentry signifies a key policy priority for disrupting cycles of disparities within the sensitive life course period of emerging adulthood.

Stable housing is a strong determinant of health (Swope & Hernández, 2019) and the higher rates of ever being unhoused observed in the postrelease group suggest that the county may be correctly identifying people who need more support. Findings suggest that ensuring access to stable housing should remain a priority for young adult reentry interventions. Addressing housing needs is increasingly recognized as a growing priority, especially in LA County, which includes the city of Los Angeles, with the second highest number of people who are unhoused in the nation and where the most recent point-in-time estimates are that 75,518 people in a county of almost 10 million were experiencing homelessness in 2023 (Los Angeles Homeless Services Authority, 2023).

Older age in the sample was also associated with postrelease engagement. Underlying mechanisms for the observed association between older age and postrelease engagement warrant further study. Potential mechanisms include heightened developmental maturity among young adults closer to age 25 years (compared with clients closer to 18 years) or repeated life experience through multiple cycles of arrest and reentry, which may facilitate opportunities to interact with CHWs as noncriminal legal system officials who can help young adults engage in postrelease care.

Developmentally appropriate behavioral health treatment, credible messenger and peer mentoring programs, and competency-based schooling may be important elements of interventions to bolster engagement among

Table 4. Logistic Regression: Predictors of Young Adults Connecting to Whole Person Care Postrelease ($N = 2{,}525$)

Covariates	*Univariate model, OR (95% CI)*	p	*Multivariate model, OR (95% CI)*	p
Age	1.07 (1.02–1.12)	**.01**	1.06 (1.02–1.11)	**.01**
Gender				
Male (reference)				
Female	0.91 (0.76–1.09)	.32	0.92 (0.76–1.11)	.37
Transgender	1.18 (0.56–2.52)	.66	1.17 (0.55–2.50)	.68
Race/ethnicity				
White (reference)				
Black or African American	1.05 (0.78–1.42)	.73	1.09 (0.81–1.47)	.58
Hispanic/Latino	1.09 (0.83–1.44)	.53	1.11 (0.84–1.46)	.46
Other	0.78 (0.54–1.11)	.17	0.79 (0.55–1.14)	.21
History of unhoused	1.20 (1.02–1.42)	**.03**	1.18 (1.00–1.40)	**.05**
Mental health diagnosis	0.96 (0.81–1.13)	.60	0.95 (0.79–1.15)	.60
Substance use disorder	0.99 (0.83–1.17)	.88	1.00 (0.82–1.21)	.98

Bolded text indicates a *p*-value of statistical significance.
OR = odds ratio.

young adults (Altschuler & Brash, 2004; Bouffard & Bergseth, 2008; Spencer & Jones-Walker, 2004). Ultimately, recognizing the potential role of age and housing needs in reentry linkage interventions for young adults can be an important policy opportunity for dispelling health inequities.

The physical health status of the young adult clients suggests unique health assets and risks compared with the general incarcerated adult population, the general U.S. adult population, and the general U.S. population of similar age. Appendix Table A2 shows population health morbidity comparisons for key diagnoses. Overall, the young adult clients in WPC Reentry program were physically healthy, with most scoring 0 on the Charlson Comorbidity Index.

However, they had a higher rate of chronic pulmonary disease (including asthma) and lower rates of rheumatic conditions than U.S. incarcerated adults, the general U.S. adult population, and the general young and early adult U.S. population (ages 18–44 years; American Diabetes Association, 2011; Centers for Disease Control and Prevention, 2021; Maruschak *et al.*, 2016).

In contrast, the diabetes rate was lower among the WPC Reentry young adults than among the U.S. incarcerated adults population and the general U.S. adult population, but higher than the general young and early adult U.S. population. Recognizing that the most common subdomain in care plan characteristics was access to primary care raises the question of how young adult clients may access the medical care they need, especially if their social needs are not being met through programs they are able to stay connected to.

In all, this study illuminates policy and treatment implications for young adults exiting jails that may be generalizable to other contexts. First, developmentally appropriate behavioral treatment plans targeted for young people exiting jails and policies that improve accessibility to health care will be an important focus for this population. Improved behavioral health treatment and better access to health care can target the goals of preventing recidivism and disrupting cycles of disparities. Second, because housing is a strong determinant of health and many young adults exiting jails have housing needs, policies aimed at ensuring that housing needs are met will be an important goal to contribute to dispelling health inequities.

Recognizing the potential role of age in reentry linkage interventions can also be an area of focus among treatment providers, CHWs, and other providers who serve young people in reentry. Lastly, our study finding of higher rates of asthma among our study population than among the general population aligns with previous studies that have demonstrated higher rates of asthma among people with a history of incarceration than the general population (Binswanger *et al.*, 2009; Wang & Green, 2010; Wilper *et al.*, 2009).

Future Research Priorities

Findings suggest that intervention studies to develop, implement, and refine reentry interventions for young adulthood are a key research priority. Given the higher prevalence of some chronic physical health disorders and behavioral health problems in this sample, additional research is needed to identify optimal means for integrating and improving access to these services at reentry.

In addition, an examination of gender-based differences in health and service needs and in engagement with reentry services is warranted. Needs and engagement are likely to be affected by gender identity, and further studies can consider how care needs and postrelease linkages vary according to factors such as gender identity, which may play a significant role among young adult clients and their behavioral health experiences during reentry.

Limitations

This study has several limitations. High rates of clients being lost to follow-up challenge data interpretation, as differential attrition may have led individuals who were faring better to be more likely to stay connected, which may have biased results.

In addition, analyses depended on available data; however, data points for care plan characteristics and health diagnoses do not reflect the entirety of our population because of random attrition and program limitations to how individuals are moving through the system. It is unclear whether the measured higher needs in care plan characteristics among individuals who engaged postrelease compared with those who did not were, in part, an artifact of program records (those who engaged postrelease had more opportunity to express needs). If that is the case, it suggests that care needs, although reported as high, may underestimate true need.

Furthermore, engagement in services was a dichotomous variable, and a more nuanced view of what constitutes ''successful'' postrelease service engagement is needed. In addition, all participants were from LA County, which limits geographic generalizability. Lastly, while most participants were male, a substantial proportion of the population was female, with a small subset identifying as transgender or nonbinary.

Conclusion

Young adults exiting jail are a vulnerable group as they face two critical junctures—the challenges of reentry and the developmental tasks of emerging adulthood—and comprise more than 1 in 10 clients in the WPC Reentry program. Among young adult clients, housing is a key basic need for linkage, with substantial treatment needs for mental health and SUDs also prevalent, illuminating opportunities for interventions for this population that could improve linkages to reentry care, improve health,

and reduce reentry as a lever to dispel health inequities and address cycles of incarceration at a crucial stage in the life course. This study can facilitate development of age-appropriate reentry policies and programs to support young adults during reentry.

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Authors' Note

The authors are responsible for the content. The views in this article do not necessarily reflect the views of our funders nor the Los Angeles County Department of Health Services.

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Appendix

Appendix Table A1. Whole Person Care Reentry Young Adult Variable List and Description

Variable	*Descriptions*
Demographics	
Age	Client's age at time of prerelease enrollment
Gender	Client's gender identity
Race/ethnicity	Client's race/ethnicity
Ever unhoused	Client having a history of being unhoused
WPC exit reason	Client's reason for exiting the study
Graduate	Client graduated from the WPC Reentry program
Logistical	Client was unable to complete the program for logistical reasons, such as moving from service area
Lost to follow-up	Client was unable to complete the program due to being lost to follow-up
Rearrest	Client was unable to complete the program due to rearrest
Other	Client was unable to complete the program for other reasons
Criminal legal system involvement	
Prerelease enrollment length	Client's length of enrollment in the WPC Reentry program prior to release from jail
Postrelease enrollment length	Client's length of enrollment in the program after release from jail
Incarceration episodes in past 12 months	Number of episodes that client was incarcerated during the past 12 months
Number of jail urgent care visits during study period	Number of visits to the jail's urgent care during the study period
Incarceration length during study period	Length of incarceration during the study period
Health diagnoses	
Mental health	Diagnosis of mental health disorder, including major depressive disorder and generalized anxiety disorder
Substance use	Diagnosis of substance use disorder
Physical health	Diagnosis related to physical health
Chronic pain	Diagnosis of chronic pain
Charlson Comorbidity Index score	The Charlson Comorbidity Index score predicts the 10-year mortality for a patient with a range of comorbid conditions
Myocardial infarction	Diagnosis of myocardial infarction
Congestive heart failure	Diagnosis of congestive heart failure
Peripheral vascular disease	Diagnosis of peripheral vascular disease
Cerebrovascular disease	Diagnosis of cerebrovascular disease
Dementia	Diagnosis of dementia
Chronic pulmonary disease	Diagnosis of chronic pulmonary disease, including asthma
Rheumatic disease	Diagnosis of rheumatic disease
Peptic ulcer disease	Diagnosis of peptic ulcer disease
Mild liver disease	Diagnosis of mild liver disease
Diabetes without chronic complication	Diagnosis of diabetes without chronic complication
Diabetes with chronic complication	Diagnosis of diabetes with chronic complication

(*continued*)

(*Appendix continues* →)

Appendix Table A1. (Continued)

Variable	Descriptions
Hemiplegia or paraplegia	Diagnosis of hemiplegia or paraplegia
Renal disease	Diagnosis of renal disease
Any malignancy except malignant neoplasm of skin	Diagnosis of any malignancy except malignant neoplasm of skin
Moderate or severe liver disease	Diagnosis of moderate or severe liver disease
Metastatic solid tumor	Diagnosis of metastatic solid tumor
HIV/AIDS	Diagnosis of HIV/AIDS
Domains and subdomains of reentry care plan characteristics	
Domain	
Physical health	Care plan characteristic related to physical health treatment needs
Mental health	Care plan characteristic related to mental health treatment needs
Social needs	Care plan characteristic related to social needs
Substance use	Care plan characteristic related to substance use treatment needs
Other	Care plan characteristic related to other needs, such as problem solving
Subdomain	
Basic needs	Care plan characteristic related to basic living needs, such as food and water
Benefits	Care plan characteristic related to available benefits such as food stamps
Document readiness	Care plan characteristic related to preparing documents for successful reintegration, such as housing paperwork and job applications
Employment	Care plan characteristic related to employment
Health and legal needs	Care plan characteristic related to resources that address health and legal needs
Housing	Care plan characteristic related to housing needs
Primary care access	Care plan characteristic related to getting primary care access

WPC = Whole Person Care.

Appendix Table A2. Comparison of Medical Conditions Across Different Groups

Variable	WPC young adult clients (%)	Incarcerated adults ≥18 years (%)[a]	U.S. general population ≥18 years (%)[a]	U.S. general population 20–24 years (%)	U.S. general population 18–44 years (%)
Chronic pulmonary disease/asthma	17.7	14.9	10.2	10.3[c]	—
Rheumatic disease/arthritis	0.3	15.0	—	—	7.1[d]
Diabetes without chronic complication	3.8	4.8[b]–9.0	6.5	—	3.6[e]

[a]From https://bjs.ojp.gov/content/pub/pdf/mpsfpji1112.pdf
[b]From https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3006045/
[c]From https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm
[d]From https://www.cdc.gov/arthritis/data_statistics/arthritis-related-stats.htm
[e]From https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf