

Conversations with Key Informants: The John Howard Society of Toronto's Reintegration Centre Model

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Prepared by:

Flora I. Matheson¹
Research Scientist

Amber Kellen²
Director of Community Initiatives, Policy and Research
John Howard Society of Toronto

Guido Tacchini¹
Research Coordinator II

David Kryszajtys¹
Research Coordinator II

Sarah Hamilton-Wright¹
Research Program Manager

¹ MAP Centre for Urban Health Solutions, St. Michael's Hospital, Toronto, ON M5B 1W8

² John Howard Society of Toronto, 1669 Eglinton Avenue West, Toronto, ON M6E 2H4

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ABOUT THE AUTHOR ORGANIZATIONS

MAP CENTRE FOR URBAN HEALTH SOLUTIONS – ST. MICHAEL’S HOSPITAL

MAP Centre for Urban Health Solutions is an interdisciplinary research centre within St. Michael’s Hospital, which is part of Unity Health Toronto. The Centre seeks to improve health in cities, especially for those experiencing marginalization, and to reduce barriers to accessing factors essential to health, such as appropriate health care and quality housing. We are committed to developing and implementing concrete responses within health care and social service systems and at the level of public policy. St. Michael’s Hospital provides compassionate care to all who enter its doors. The hospital also provides outstanding medical education to future health care professionals in more than 29 academic disciplines. Critical care and trauma, heart disease, neurosurgery, diabetes, cancer care, care of homeless persons and global health are among the Hospital’s recognized areas of expertise. Through the Keenan Research Centre and the Li Ka Shing International Healthcare Education Centre, which makes up the Li Ka Shing Knowledge Institute, research and education at St. Michael’s Hospital are recognized and make an impact around the world. Founded in 1892, the hospital is fully affiliated with the University of Toronto. For more information, visit the www.cuhs.ca

THE JOHN HOWARD SOCIETY OF TORONTO

The John Howard Society of Toronto is a non-profit organization with a mission to make communities safer by delivering individualized and integrated support, empowering those in conflict with the law to achieve positive change. JHS-T works directly with people while they are in custody and as they transition out of custody. The organization assists its clients to obtain housing, employment, through a variety of services and programs including the distribution of harm reduction education/tools and overdose prevention including Naloxone. JHS-T has conducted studies and published reports that capture the intersection of homelessness, addiction, and incarceration and actively participates in and leads a number of committees and coalitions across the city. It is one of the only social service organizations mandated to serve incarcerated and recently released individuals, including people who are experiencing homelessness and are/have been in conflict with the law.

For more information, visit the <https://johnhoward.on.ca/toronto/>

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EXECUTIVE SUMMARY

The Reintegration Centre (RC) opened in 2014. It is a unique community HUB model that provides services to people leaving the Toronto South Detention Centre (TSDC) in South Etobicoke, Ontario. The HUB originated through the joint collaboration of the John Howard Society of Toronto (JHS-T), the Ministry of the Solicitor General (formerly Ministry of Community Safety and Correctional Services), and service provider agencies active in the Greater Toronto Area. Located a few blocks from the TSDC, its staff provides immediate access to services and/or referrals to programs for people upon discharge from the jail. The RC offers individuals access to seasonal clothing, food, overdose prevention education, harm reduction tools, transportation assistance, and phone and computer access. A key aspect of the RC model is the integration of peer support workers (people with lived experience of incarceration and/or substance use, and/or the mental health system). The peer model and the collaboration with other service providers allows clients to access emergency shelter and housing, employment and mental health services, income benefits, and substance use resources.

This report provides findings from a process evaluation of the RC wherein the research team conducted interviews with nine key informants about their views on the original conceptualization and implementation of the RC model. These informants were service partners during the RC's implementation. The findings of the evaluation suggest key recommendations to improve the delivery of services.

Three overarching themes emerged through the qualitative analysis. They included the initial vision of the model, challenges with the model's implementation, and strengths of the model. In November 2018, JHS-T participated, as a party with full standing in the Inquest into the death of Mr. Bradley Chapman¹, who died of a drug overdose weeks after being released from the TSDC in 2015. The Inquest produced fifty-five recommendations, seven in alignment with the findings of this evaluation. The recommendations focus on the following: the need for transitional housing and beds, a sustainable funding model, location of the RC and the ability to reach clients released from other institutions, and improved coordination and communication between the RC and the TSDC and between the RC and affiliated service partners.

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INTRODUCTION

In 2016, the Ministry of Housing issued a call for projects under The Local Poverty Reduction Fund to support and evaluate poverty reduction initiatives, develop partnerships, and shape a body of evidence of programs that work for Ontarians living in poverty. In 2017 the John Howard Society of Toronto (JHS-T) and St. Michael's Hospital (SMH) were funded to support and evaluate a unique model of care, The Reintegration Centre, for people being released from the Toronto South Detention Centre (TSDC). With a successful application, the JHS-T continued to provide essential services to people released from the detention centre and the research team at SMH conducted an evaluation of these services.

This report provides findings from an implementation evaluation of the RC. Nine key informants were interviewed based on their expertise in service implementation and delivery for persons experiencing criminal justice involvement. These experts were original partners involved with the development of the RC.

THE REINTEGRATION CENTRE HUB

The Reintegration Centre (RC) was originally conceptualized as a collaborative initiative between the John Howard Society of Toronto (JHS-T), the Ministry of the Solicitor General (formerly, Ministry of Community Safety and Correctional Services), and community stakeholders including service providers in the Greater Toronto Area. This service delivery model, known as a community Hub, was adopted as a way to provide comprehensive supports and services to people released from the Toronto South Detention Centre (TSDC).

At the RC, the JHS-T and its partners immediately intervened in the cycle of "jail-street-jail" by providing clients with access to resources using a harm reduction

History of the John Howard Society Reintegration Centre

Years before the Toronto South Detention Centre was completed, an Advisory group, comprised of over 30 agencies, began to meet in the community. Contributions from John Howard Society of Toronto, LAMP, and a small group of others enabled the partners to hire an outside consultant to flesh out the vision for the Reintegration Centre.

Over a two-month period, Members participated in three full day facilitated sessions, held at the Toronto Police College and arranged by one of the Members, a community police officer from 22 Division.

Following an abundance of group work and some spirited debate, the advisory committee agreed upon their vision for the Reintegration Centre (RC) and a skeleton operational model.

Despite attempts to secure land and develop a site made of recycled shipping containers (thanks to the contribution of planners and architects at the Urban Land Institute via a grant awarded to JHS-T in 2012), a lease site was acquired for a 3 year period at 215 Horner Avenue in Etobicoke. Renovations were completed with funding from the Ontario Trillium Foundation.

Only four community partners could commit funds to the renovation, ongoing rent and staffing at the new RC Hub. Alternative contribution agreements enabled other agencies to be partners within the RC model.

Believing deeply in the cause, and having committed to a three-year lease agreement, the RC began its work and opened its doors in November of 2014. Despite ongoing building deficiencies which resulted in many office closures (no heat, no running water, bursting pipes), the work went on. The RC remained at this site until January 31, 2019 following a two-year lease extension (along with significant increased costs associated with the site), and a subsequent least expiration without the possibility of further renewal.

approach. Upon discharge from provincial jail or court, 33% to 44% of people find themselves homeless and without access to necessary services to manage health and social needs (e.g., housing, mental health, physical health, substance use, poverty, and ongoing legal issues)¹⁻⁵. Such lack of supports and opportunities significantly diminishes their chances of a successful re-entry into society⁶⁻¹¹. Moreover, those seeking help to change their life circumstances and decrease problematic or high-risk behaviours often face significant stigma and systemic barriers¹²⁻¹⁴.

The RC model is unique with respect to the population that it serves; people who become involved with the criminal justice system. RC services include needs assessments for clients as well as wrap-around support such as the provision of seasonal clothing, food, overdose prevention education, harm reduction tools, informal counseling, transportation assistance, peer support/accompaniment and phone and computer access to people leaving the custody of the Toronto South Detention Centre (TDSC) in South Etobicoke, Ontario. The close proximity of the RC to the TSDC allows the staff and peers to respond immediately to people's needs upon their discharge. The RC model was designed to ease re-entry by offering a variety of on-site services. One unique aspect of the RC model is the employment of professionally trained peer support workers who have experienced incarceration and/or substance use issues, and/or mental health system experience. This unique support program promotes feelings of client empowerment and hopefulness through connections with peers who have achieved similar goals to the ones that current clients may have set for themselves^{8,15,16}. Moreover, the RC offers "warm" referrals and peer accompaniment to services and supports throughout the city. These referrals can include emergency shelters, supportive housing/other housing programs, mental health services, income benefit/employment, and substance use resources. Finally, the RC provides "in-reach" support by connecting its staff and peers with inmates, whenever possible, prior to their release. This helps to enhance service continuity, which is effective for increasing successful re-entry into society¹⁷⁻²². By being well, feeling less isolated/more connected to the community as well as the aforementioned services and supports, former prisoners are better positioned to move out of poverty²².

RECENT CHANGES AT THE REINTEGRATION CENTRE

As of January 31, 2019 the RC was relocated to a mobile office at the site of the Toronto South Detention Centre, through an agreement with the Ministry of the Solicitor General (formerly, Community Safety and Correctional Services). This site has proven highly beneficial, enabling the JHS-T's peers and staff to connect with more clients (both men and women) than was possible at the previous location. The mobile office is highly visible with the new name, the John Howard Society of Toronto's Reintegration Services Trailer (RST). The John Howard Society of Toronto also has a new office location on the Lakeshore with meeting rooms, the ability to deliver programs and services (e.g., housing, employment), and six single-occupancy housing units, through the Innovative Housing Support Program, part of the City of Toronto's Ontario's Homes for Good Initiative.

EVALUATION OBJECTIVE

The objective of this evaluation was to explore perceptions of the initial RC model and its implementation.

RESEARCH METHODS

I) PARTICIPANTS

Participants were nine key informants who included Executive Directors, senior managers, service implementation and probation/parole specialists; considered experts in service implementation and delivery for persons experiencing criminal justice involvement.

II) RECRUITMENT

The research team prepared a letter of information for participants, distributed through email by the JHS-T lead, Amber Kellen. The letter provided an explanation of the purpose of the study and contact information for the evaluation team, should these experts be interested in more information or wanted to participate. The team developed a list of eighteen people in consultation with Kellen. Nine people expressed interest and were interviewed.

III) DATA COLLECTION

We conducted qualitative interviews (either face-to-face or by telephone, as per the preference of participants) between August and October 2017. A semi-structured interview guide elicited information on key informant perceptions of the original RC model. Within our community-based participatory action approach, interview questions were developed in collaboration with the evaluation team, JHS-T lead, staff and peers. The interview was designed to address two areas: ideas to improve the service delivery process at the RC; and, for those who administer housing data, we asked a series of questions on potential options for data sharing and how data sharing initiatives could be improved (see Appendix 7 for interview guide). All interviews were audio-recorded using encrypted digital voice recorders. Each interview lasted approximately 30 minutes. Audio recordings were transcribed verbatim.

IV) DATA ANALYSIS

A constant comparative approach was used to analyze the data by identifying recurring and pertinent themes that addressed the evaluation objectives. Coding began with two transcripts. Four team members (EL, ET, DK, MT) were assigned one transcript each to identify emerging codes independently. Each transcript was reviewed by two team members to ensure coding consistency across transcripts. The coding team met to compare the emerging codes and to reach consensus on a final set of codes, definitions, and descriptions to facilitate the coding of the data (codebook). Fifteen codes were originally identified to represent the data which were further refined into eleven codes. The team used NVivo software to organize the data.

An analytic team (GT, DK, FIM) analyzed the codes to address the evaluation objective; to discover the key informants' perceptions of the RC model. Examples of the emergent codes included funding, partnership,

service delivery, physical space, communication, location, peer model, the RC model in general, its political support, the stigma experienced by its clients and clients' experiences of their housing.

FINDINGS

From the 11 codes that emerged from the data, we identified three overarching themes that included the initial vision of the model, challenges with the model's implementation, and strengths of the model.

I) Initial Vision of the Model

KIs initially envisioned the RC model as a partnership founded on integrated service delivery with multiple services onsite, peer support workers, warm referrals, and in a location near the largest detention/remand site in Canada (TSDC). KIs felt the Hub model would bring together a strong network of human and social service expertise, premised on in-kind support from partner agencies. The RC would function as a centralized intake site to facilitate immediate referrals to housing, mental health, substance use assistance, employment programs, identification replacement, and financial supports. KIs viewed the physical proximity of the RC to the Toronto TSDC as essential to ensuring services were immediately available to clients upon release. The KIs felt the peer support program was a promising and unique feature of the RC model. Hiring staff with lived experience of incarceration and/or substance use and/or mental health system experience had the potential to overcome stigma and power imbalances between RC staff and clients, facilitated through the ability of peers with similar experiences to establish rapport with clients to gain trust. A comprehensive intake/assessment process, conducted by a peer with a client, would support this relationship. Peers would also refer and accompany clients to services if requested, providing instrumental support during the initial reintegration period.

II) Challenges with Model Implementation

The original conceptualization of the model was difficult to achieve, according to the KIs. There were operational challenges at the TSDC that impacted the ability of the RC staff to connect with clients at release. Notably the number of people released from the TSDC upon its opening was much lower than expected (e.g., construction delays, inadequate staffing/absenteeism, excessive lock down days, computer system malfunctions, slow implementation of the Ontario video bail system)¹. KIs noted that it was also difficult for the RC to raise awareness of its presence among potential clients and within the TSDC because of its operational challenges. These challenges, combined with the lack of visibility and information about the RC within the TSDC for clients and staff, affected the ability of the service partners to remain committed to onsite service delivery and to service coordination. With lower than anticipated numbers of people released directly from TSDC (based on the forecast of the Solicitor General of Ontario formerly the Ministry of Community Safety and Correctional Services), the financial cost of in-kind and in-house service delivery was not feasible for most service partners. The absence of funding for these partner

¹ <https://torontolife.com/city/inside-toronto-south-detention-centre-torontos-1-billion-hellhole/>

agencies meant fewer partners were able to initiate and/or maintain their affiliation with the Hub, a situation that limited the types of services that could be provided onsite. The original funding for the RC did not encompass infrastructure improvements (to a site which was only temporarily leased and not owned by JHS-T), such as asbestos abatement and enhancements to meet the accessibility needs of clients (e.g., elevators, wheelchair ramps).

Within the initial design of the RC, service partners were to contribute to funding and/or in-kind support. According to one KI, during initial meetings, 35 to 40 partners showed interest in collaborating. The majority of agencies, however, could not contribute to ongoing costs associated with the lease, utilities, staff salaries and delivery of services and as a result, many withdrew from the project. Others could only offer in-kind support (e.g., onsite staff). The KIs felt that the multi-service model required sustainable funding for all interested parties. They also felt that an evaluation of the model might provide justification for the funding needed to support the model.

KIs also indicated that it was difficult to integrate multiple service agencies (both on and off site), which operated under dissimilar service delivery models. They felt that clarification of the roles of each service partner within the HUB was essential to integration and coordination of services. According to KIs, when releases are sporadic rather than planned and/or happen at courts in Toronto (rather than at the TSDC), it was impossible for the RC and its partners to respond effectively and immediately to the needs of their clients. The KIs offered some observations of the Ministry of the Attorney General's Video Bail Program which they felt could be advantageous if persons released on bail exited directly from the institution in which they were detained (e.g., TSDC). If this were the case, then more people released from the TSDC would have the opportunity to access RC services. The slow implementation of the video bail program meant that the RC could not meet its mandate to support people released from the TSDC. If this continues, then the KIs suggested that the RC model might consider satellite sites to offer onsite services for persons who are released directly from bail courts in other areas of Toronto.

KIs felt that lack of access to housing was the most pressing concern for RC clients, who face a myriad of obstacles gaining shelter (e.g., lack of affordable housing throughout Ontario, stigma of criminalization). KIs also noted that people released from the TSDC and/or the courts face precarious housing because of the unpredictable nature of their discharge; a situation exacerbated because shelters and other community organizations that offer temporary beds continue to be saturated (especially during the winter period). KIs indicated that the lack of shelter beds within the Greater Toronto Area has serious repercussions on the ability of these people to have positive reintegration experiences. KIs suggested that the RC consider opening short-term beds to support the transition from detention to stable housing.

III) Strengths of the Model

KIs liked the initial conceptualization of the RC model, designed to bring together multiple service providers in a single location and in close vicinity to the largest detention centre in Canada. They especially liked the idea that these specialty services could benefit from coordination and integration to support this population. The KIs indicated that staff relationships were healthy among the partner agencies. They felt the model, despite the challenges it faced, was of benefit to its clients. They noted that over time, service delivery improved, with better coordination between on and off site partners, and with more people being reached at their release.

KIs noted that people who are released from the TSDC have major challenges related to housing, mental illness, substance use issues, access to appropriate (seasonal) clothing, transportation and food security. Given these immediate needs, KIs supported the decision to locate the RC in close vicinity to the TSDC to facilitate clients' ability to quickly access services. Location was viewed a major strength of the model, enabling service partners to address clients' social and health needs in an area characterized as a "service desert".

Another important feature of the RC model was the integration of peer support workers into service delivery and coordination. KIs appreciated the peer program, with its potential to minimize power imbalances, and improve the comfort-level of clients who access the RC. KIs described the enormous stigma experienced by individuals leaving the TSDC and subsequent barriers to social and health services. They felt that peers would be adept in creating rapport and establishing trust with their clients, enabling service delivery.

RECOMMENDATIONS TO IMPROVE SERVICE DELIVERY AT THE REINTEGRATION CENTRE

In this report, we presented the findings from a process evaluation on the Reintegration Centre (RC), conducted on behalf of the John Howard Society Toronto. The JHS-T spearheaded the RC implementation, in collaboration with partner service agencies in Etobicoke and the Greater Toronto Area. The research team interviewed nine key informants who were experts in criminal justice and service delivery. These informants provided their reflections on challenges during the implementation phase of the model and the areas of strength within the model. They also provided recommendations to sustain and improve the model. We describe these recommendations below in relation to the recent recommendations of the Ministry of the Attorney General's Inquest into the death of Mr. Bradley Chapman.²

² <https://www.mcscs.jus.gov.on.ca/english/Deathinvestigations/Inquests/Verdictsandrecommendations/OCCInquestChapman2018.html>.

“An inquest into his death is examining the circumstances around the emergency response. The inquest will also look into how Chapman's addiction was handled during his time in jail, and why it took a full week for his family to be notified while he was fighting for his life in hospital.”³

The Ministry of the Attorney General’s Inquest produced fifty-five recommendations, five aligning directly with the findings from this report (see Appendix 1). These recommendations from the interviews and the Inquest by the Government of Ontario, highlight the importance of continuity of care and effective service delivery for people discharged from detention centres. To achieve these goals, sustainable funding for service agencies working with these populations is essential. The Inquest specifically named the JHS-T RC model as a service agency that should receive sustained funding from the Government of Ontario. The Inquest also recommended that funding should be sufficient to hire staff who are community members, notably those with lived experience and that service agencies have onsite space to connect with clients at the point of discharge (e.g., jails, detention centres, and bail courts). An associated recommendation was that the current Video Bail System be fully optimized, to assist service agencies in their efforts to assist clients immediately upon release to the community. For example, when clients are transported to bail counts in Toronto, service agencies situated outside the city (e.g., in Etobicoke near the TSDC), are not immediately available to clients upon release. The findings of the implementation and the Inquest recommendations indicate that there is poor coordination between service agencies and correctional institutions; enhanced coordination is essential to ensure continuity of care from incarceration/detention to community. Of utmost concern was the need for transitional housing and temporary beds immediately upon discharge.

³ (CBC News, <https://www.cbc.ca/news/canada/toronto/brad-chapman-inquest-day-1-1.4921265>)

TABLE 1. Alignment of evaluation findings with recommendations of the Chapman inquest.

Findings	RC Implementation Evaluation Findings	Inquest recommendations to the Government of Ontario.
1. Urgent Need for Transitional Housing and Temporary Beds	Open short-term beds to ease people’s transitions from detention to the community and to provide clients with viable options until they can find stable housing.	39. Develop transitional housing spaces with intensive case management specifically for people leaving custody with no fixed address.
2. Sustainable Funding to Support All Activities of the RC Model	Secure sustainable funding to pay on-site staff, enhance coordination between partner agencies, raise awareness of the Hub among potential clients, and retain the original conceptualization of the Hub model with service coordination and diverse services operating collaboratively.	<p>14. Provide appropriate support, including possible increased funding and resourcing for:</p> <p>iii) Hiring, retaining and appropriately compensating community workers, including those with lived experience, to assist with overdose prevention and response, and other harm reduction initiatives.</p> <p>36. Provide ongoing and sustainable funding to the John Howard Society of Toronto Reintegration Centre (or other organizations that provide similar services), to support its work connecting people leaving custody with information and services to meet their need.</p>
3. Proximity to the TSDC	Maintain the RC in close proximity to the TSDC. Integrate and optimize the use of video bail to ensure people are released directly from the TSDC and then immediately access RC services.	37. Provide appropriate, affordable and sufficient space for the John Howard Society of Toronto Reintegration Centre within very close proximity to the Toronto South Detention Centre.
4. Ability to Reach Clients Released From Other Institutions	Modify the RC model to include satellite centres that offer onsite services for persons released from bail offices or courts located in other areas of Toronto.	38. Provide community service agencies, such as the John Howard Society of Toronto, with space in courthouses to assist persons released directly from courts.
5. Improve Coordination and Communication for the Discharge Planning	Enhance communication and coordination between the TSDC and the RC to improve release planning and coordination of community services for men at their release.	<p>34. Ensure planning for discharge from a correctional facility, including:</p> <p>ix) Coordinating with appropriate agencies, such as the John Howard Society of Toronto, regarding an individual’s expected release date and time, when possible.</p> <p>35. Conduct regular meetings between the TSDC and community agencies to improve communications.</p>

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