



CENTER FOR
HEALTH + JUSTICE
TRANSFORMATION

SYMPOSIUM BRIEF • COMMUNITY EDITION

Community Health, Community Justice

What Rhode Island is learning when it treats justice as a health issue — findings from the first Rhode Island Health + Justice Research Symposium.

CONVENED

April 17, 2026
Providence, RI

HOSTED AT

Warren Alpert Medical
School of Brown University

A REPORT FOR

Our community,
partners & neighbors

Correctional Health Is Community Health

On April 17, 2026, more than 100 researchers, clinicians, policymakers, and people who have lived through the criminal legal system gathered in Providence. This is a plain-language summary of what they shared — and what comes next.

Over 1 in 5 people in the United States have some exposure to the criminal legal system. Justice-involved individuals are our friends, loved ones, and neighbors. When Rhode Island protects their health — at every step from arrest to release — the whole community is safer and healthier. The pages that follow share the evidence, the lived experience, and the road ahead.

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A Small State Proving What's Possible

Rhode Island is small enough to coordinate — and bold enough to lead. Across one day, presenters showed what happens when people use the justice system as a place to protect health, not just to punish.

The United States incarcerates more people than any nation on earth, and the harm falls hardest on communities already strained by poverty and racism. Yet Rhode Island keeps showing the country a different path: medication for addiction in prison, the nation's first state-sponsored authorized overdose prevention center, a premier training program, and care that follows people home. Five national priorities that emerged from the proceedings:

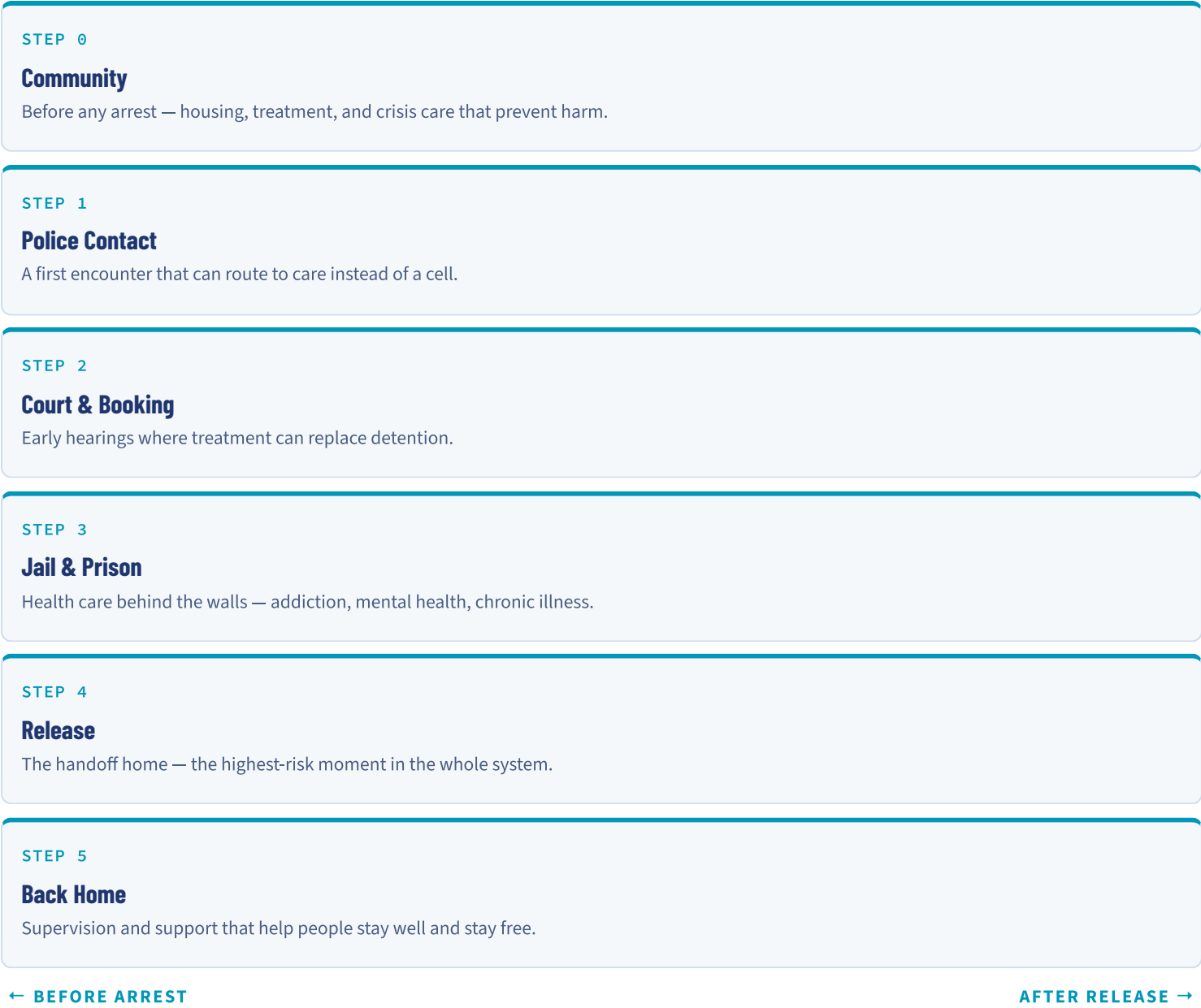
- 1 Treat substance use as health, not crime**
— meet people where they are, before harm becomes tragedy.
- 2 Make the first days after release survivable**
— the riskiest window in health is also the most fixable.
- 3 Center people with lived experience**
— they hold knowledge no study can produce.
- 4 Protect aging and young people**
— the two ends of the system are too often forgotten.
- 5 Invest in research and the people who do it**
— evidence is how reform earns trust.

When Rhode Island treats incarceration as a health issue, lives are saved — and the evidence is now hard to ignore.

A through-line across every panel and speed talk

Health Can Be Protected at Every Step

Justice and health don't only meet inside a prison. They meet long before — and long after. The Sequential Intercept Model shows where care can reach people at each point along the way.



No single profession can cover all six steps. Education, housing, policing, the courts, and public health each own a piece. That is why the symposium brought them into one room — and why the rest of this brief follows the same path, from the street to the cell to the front door back home.

Rhode Island Has Done This Before

The state's reputation is not an accident. It is built on a set of national firsts — each one a decision to treat a justice problem as a health problem.

1ST

Medication for addiction in every facility

Rhode Island was the first state to offer medication for opioid use disorder — all forms of it — across its entire correctional system, then to see overdose deaths fall after release.

1ST

A pioneer in hepatitis C treatment

RI moved early to treat hepatitis C inside corrections, reaching people the health system rarely connects with anywhere else.

1ST

The nation's first state-sponsored overdose prevention center

Rhode Island became the first state to officially authorize overdose prevention centers — treating substance use as a health condition rather than a crime.



Photo • RI Health + Justice Research Symposium — April 2026, Providence

WHY THIS MATTERS

These firsts are not about a state being unusually small. They are about institutions choosing to work together — a model any community can learn from and adapt.

SECTION 04 · DRUG POLICY AS PUBLIC HEALTH

Treating Substance Use as Health, Not Crime

When officers seize drugs,
overdose risk can **rise, not
fall** — the science is now
clear enough to act on.

From the POSTeR model · [del Pozo et al., Int J Drug Policy, 2025](#)



Dr. Brandon del Pozo

Brown University · Rhode Island Hospital

Reaching the People the System Misses

At 45 Willard Avenue in Providence, Project Weber/RENEW runs the nation's first state-authorized overdose prevention center — a place where people can use under supervision and be revived if they overdose.

10,071

visits from 819 people in about 14 months — and during that time, staff reversed **105 overdoses** with only **2** calls to an ambulance.

Source • Project Weber/RENEW operational data, presented by AJ Yolken

78%

would have used alone, with no one there to help

87%

were unhoused — often disconnected from all other care

0

deaths on site — every overdose was survived

The center is far more than a safe room. For people with nowhere else to turn, it is a doorway — to wound care, to treatment, to a conversation that might be the first step out. Early evidence from other cities found **no rise in crime or disorder** in the surrounding neighborhood after a center opened.

WHY THIS MATTERS

Nearly 9 in 10 visitors had no stable home. Meeting them with care instead of handcuffs keeps people alive long enough to recover — and keeps that recovery within reach.

SECTION 05 • REENTRY IS A HEALTH CRISIS

The First Days Out Are the Most Dangerous

"A working cell phone isn't
a **luxury**. It's
infrastructure."

Kyle Campbell, Co-Founder, Rhode Island Freedom Collective (RIFC)



Kyle Campbell

Co-Founder, Rhode Island Freedom Collective

Everything Comes Due at Once

The Rhode Island Freedom Collective calls it the "parking lot problem" — the first 72 hours after release, when a person faces a flood of demands with almost no support. Many barriers hit on the very same day.

No phone

No way to reach family, a doctor, or a job without a working phone and data.

No housing

Nowhere safe and stable to sleep on the first night home.

Lost coverage

Health insurance and benefits often lapse at exactly the wrong moment.

Broken care

Medications and treatment can stop the day a person walks out.

A changed world

Technology, systems, and routines have all moved on without you.

No margin

One missed step can cascade into overdose, crisis, or return to custody.

129×

higher risk of fatal overdose in the first two weeks after release than in the general population — the single most preventable danger in reentry.

Source • [Binswanger et al., N Engl J Med, 2007](#)

Small Steps That Keep People Alive

The good news from the reentry research: the danger is not a mystery, and the fixes are not expensive. Two simple handoffs at release can save lives.

A conversation that prevents suicide

About 1 in 5 adult suicides happens to someone recently released from jail.

In the [SPIRIT trial](#) (presented by lead author Dr. Lauren Weinstock, Professor of Psychiatry and Human Behavior, Brown University), a brief safety-planning conversation — minutes, not months — roughly halved suicidal events after release.

~50%

fewer suicidal events after a short safety-planning talk

Medication that doesn't stop at the gate

For people receiving addiction medication inside, release is the moment of highest overdose risk. Keeping that medication going — without a gap — turns a deadly week into a survivable one.

Continuity of treatment at release is a life-or-death transition.

Dr. Jody Rich, Brown University



Photo • Dr. Jody Rich presenting “MOUD in Rhode Island” — RI Health + Justice Symposium

The People Who've Been There Know the Most

Across every session, one message repeated: academic expertise alone is not enough. People with lived experience hold knowledge that can't be produced in a lab — and it belongs at the center of the work.



When the RI Freedom Collective — a grassroots group of people who've been through the system — saw the parking-lot problem firsthand, they answered it directly with **Welcome Back Packs**: basic necessities and real human support, handed over at the moment of release by people who have been there themselves.

Care delivered by people who've lived it

The Brown University Health Transitions Clinic (run by Dr. Catherine Trimbur) cares for formerly incarcerated patients. The Transitions Clinic model used pairs formerly incarcerated community health workers with patients just out of prison. One study showed this model cut emergency room visits sharply — and the savings outweighed the cost.

51%

fewer emergency room visits than usual care

\$2.55

returned for every \$1 invested in the model

Source • [Transitions Clinic Network — evaluation & quality improvement](#)

Compassionate Release: How Limited Nursing Homes Keep People Locked Up

Older adults are the fastest-growing group behind bars. Many have been granted compassionate release — yet remain locked up, because there is nowhere on the outside willing to take them.

Research presented by Dr. Michelle Suh, Assistant Professor of Emergency Medicine, highlighted a "secret shopper study" where researchers called all 74 licensed nursing homes in Rhode Island with the same patient profile. Once an incarceration history was disclosed, facilities were over three times more likely to refuse — and for those with a serious offense, eleven times more likely.

~9 in 10

nursing homes are effectively closed to people approved for compassionate release — leaving them incarcerated for lack of a bed.

Source · [Dayanim et al., Scientific Reports, 2025](#)

"People will remain incarcerated because no nursing home will take them."

Dr. Michelle Suh, Assistant Professor, Emergency Medicine

WHY THIS MATTERS

People 55 and older grew by 400% in the incarcerated population from 1991 to 2021, and their care costs about three times as much. Without placement options, the system pays more to do harm.

Detention Changes a Child's Whole Life

The evidence that detaining young people causes lasting harm is among the strongest in the field.



Panelists during the youth justice discussion

<1 in 100

detained youth graduated high school by age 19 — compared with 40% of all students.

Source · [Aizer & Doyle, Quarterly Journal of Economics, 2015](#)

By comparing youth who faced stricter or more lenient judges, researchers could isolate detention's true effect: by age 25 it had nearly doubled the odds of adult incarceration. Yet Rhode Island has **no minimum age** for juvenile incarceration, while about 30 other states do.

Policy Discussion: What panelists urged

- ◆ Raise the age of juvenile court to include young adults through 25.
- ◆ Set a minimum age below which no child can be detained.
- ◆ Fund community care so detention is never the only route to treatment.

WHY WE SAY "CRIMINAL LEGAL SYSTEM"

When detention becomes the only door to care, that isn't justice. Naming it the "criminal legal system" keeps the goal honest: fund the alternatives.

Where the Work Is Heading Next

Alongside proven programs, the symposium showcased early-stage research — promising, honest about its limits, and pointing toward what's possible.

Recovery courts

A 20-year drug and recovery court shows that the courtroom itself can be configured to support health — routing people toward treatment instead of incarceration.

[She Thrives](#) — early data

A program for justice-involved women is testing a new medication approach to addiction. In its first **13 participants**, 77% stayed on treatment at 8 months, with early signs of better housing stability. Promising — and still early.

Yoga behind the walls

A 10-week pilot with 40 participants at RIDOC found lower depression and anxiety — and several people said the skills helped them "stay out of seg."

Training the next generation

Rhode Island's research is built by people. Brown's [Criminal Justice Research Training \(CJRT\)](#) program has trained a pipeline of scholars whose work now shapes policy nationwide:

55

scholars trained through the
CJRT program

265

publications produced by
those scholars

40

policy documents citing their research

PILOT STUDIES

Early-stage findings are shared here as early-stage. They show where promising ideas are headed.

A Room That Rarely Convenes

Researchers, clinicians, policymakers, and people with lived experience
— together for one day in Providence.



US Representative Gabe Amo shares support for this work



*Remarks from the Dean of the School of Public Health,
Brown University*



*Describing the nation's only The Collaborative Justice-Involved Research and Training
(CJRT) Program, housed at Brown*

Voices From the Floor

The questions and conversations that filled the room between talks —
the moments the audience became part of the dialogue.



A comment from the floor during discussion



A question from the floor during the Q&A

What You Can Do Next

This work belongs to the whole community. Wherever you stand, there's a way in.

- ◆ **If you are a policy-maker** — Support wrap-around services that are shown to keep people out of jail and prison; avoid stigmatizing terms and learn from people with lived experience.
- ◆ **If you fund this work** — invest in the reentry handoffs and community alternatives that already show results.
- ◆ **If you do research** — partner with people who've lived it, and build the next generation of scholars.
- ◆ **If you're a neighbor** — talk about justice-involved people as the friends, family, and neighbors they are.

CONNECT WITH CHJT

Get involved, partner, or support the work at the Center for Health + Justice Transformation.

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FROM THE DIRECTOR



Justin Berk, MD, MPH, MBA

Director, Center for Health and Justice Transformation
· Associate Professor of Medicine & Pediatrics, Warren
Alpert Medical School of Brown University

With this Symposium, we set out to disseminate some of the leading health-and-justice research happening in Rhode Island, and to bring people together — to collaborate, to network, to plan, and to connect across the disciplines and roles that rarely share a room in research.

I want to thank the speakers who shared their work, and the attendees who showed up ready to engage. I want to thank the researchers driving this field forward, and the community leaders doing the harder, quieter work in the trenches. And I want to thank the people who have dedicated their careers, their sweat, their energy, their emotional endurance, their lives, to improving the health of the marginalized, whether or not they were in the room with us. Our hope is simply to amplify what you already know and do.

Rhode Island is small. But what we learn and build here can, and does, shape practice and policy far beyond our borders. That is the promise of this work: policy, medicine, economics, pediatrics, research training, and community health, all pointed at the same problem, in the same room.

Thank you for being part of it,

Justin Berk, MD, MPH, MBA

Director, Center for Health and Justice Transformation



CENTER FOR
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A non-partisan research, advocacy, education, and policy organization advancing health equity across the criminal legal system.

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Warren Alpert Medical School

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COBRE

Opioids & Overdose

Rhode Island Hospital

Brown University Health

RIDOC

State partner

Community partners

Project Weber/RENEW · RI Freedom Collective and many more

Building evidence for a **healthier and more** **just Rhode Island.**

Rhode Island Health + Justice Research Symposium · April 17, 2026

Every figure in this brief is drawn from research presented at the symposium and should be confirmed against the source studies before reprinting.