

Public Transparency of County Jail Release Policies in Pennsylvania, USA: Implications for Infectious Disease Continuity of Care

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Background: While incarceration is widely recognized as a social determinant of health, the timing of jail release remains one of the least examined and most perilous points in reentry. Many US jails release individuals late at night, often without advance notice or access to transportation, housing, or medical care; practices putting lives at risk, particularly for managing behavioral health needs, substance use disorders, or infectious diseases like HIV requiring sustained treatment engagement. Detention facilities maintain internal release policies, but this information is often not publicly accessible to organizations that need it to plan handoffs and prevent treatment interruption. This study evaluated the public transparency of county jail release policies across Pennsylvania (US) highlighting structural barriers to reentry coordination.

Methods: We developed a standardized REDCap tool to evaluate four release policy domains (timing, transportation, personal property, post-release support) as published on facility websites. Two trained reviewers independently coded all 61 Pennsylvania county jail websites for presence and specificity of publicly accessible release policy information; discrepancies were resolved through consensus.

Results: Preliminary findings from all 61 Pennsylvania county jail websites indicate that 92% of jails provided no publicly accessible information about release procedures, and only one of 61 facilities specified time-of-release policies. Analysis of transportation, personal property, and post-release support domains is ongoing and will be presented in full.

Conclusion: Preliminary findings suggest a near-total absence of publicly available release policy information, undermining coordinated discharge planning and continuity of care for individuals managing HIV and other infectious diseases during a period of heightened vulnerability. Uncoordinated releases likely disrupt treatment engagement and increase risk of adverse infectious disease and related outcomes. Findings underscore the need for policy reform mandating transparent, publicly accessible discharge procedures to strengthen infectious disease care coordination across the reentry experience.

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