

Optimizing Health and Education Outcomes for Youth in Confinement

Position Statement

Recognizing the essential link between health and education outcomes for youth in confinement, the National Commission on Correctional Health Care (NCCHC) supports a collaborative and inclusive approach to health and education of detained youth, involving health care professionals, educators, and custody staff, to address these interconnected challenges and opportunities.

The focus of this statement is on youth in confinement, given the direct ties to community pediatric evidence-based standards of care. However, NCCHC also recognizes the importance of education programs for adults in jails and prisons as a crucial evidence-based intervention to decrease postrelease recidivism, enhance economic opportunity, and improve outcomes across the lifespan.

NCCHC recommends the following actions to support positive health and education outcomes for youth who are detained:

1. Conduct comprehensive health screenings and ensure service pathways to identify and address medical and nonmedical causes of educational challenges.
 - a. Correctional health professionals are responsible for conducting or coordinating screenings to identify factors – both medical and nonmedical – that may interfere with educational progress for every young person upon entry into custody.
 - b. Comprehensive early screenings for medical causes of educational challenges include vision testing, hearing evaluations, and behavioral health screenings to identify issues such as attention-deficit/hyperactivity disorder (ADHD), dyslexia and other learning disorders, substance use disorders, depression, anxiety, and trauma, which can profoundly impact educational success.
 - c. When medical causes of educational challenges are suspected, prompt collaboration with correctional health professionals and optometrists, audiologists, and other specialists is essential to ensure timely and accurate medical diagnostic assessments.
 - d. When nonmedical causes of educational challenges, such as learning disabilities, are suspected, prompt collaboration with colleagues in education and custody is essential to ensure appropriate and timely screenings and evaluation, such as neurodevelopmental assessments, recognizing that educational outcomes strongly impact health.
2. Ensure adequate management of health issues that affect education and of education issues that affect health.
 - a. Appropriately manage conditions such as mood disorders and ADHD to optimize learning and school participation.

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

- b. Address chronic medical conditions (e.g., asthma, diabetes, epilepsy, traumatic brain injury) through treatment plans aligned with educational goals.
 - c. Ensure that medication management follows evidence-based best practices in accordance with community standards of care and is clearly linked to improved functioning in the facility or educational setting. For behavioral health conditions such as depression or anxiety, provide medication management in combination with psychosocial interventions, as well as individualized accommodations, in collaboration with school or vocational training staff.
 - d. Encourage health professionals to recognize, address, and work to prevent mental health sequelae of learning challenges, including related to reduced educational attainment or school dropout.
 - e. Establish clear communication pathways between facility health care teams, facility schools, and community schools to ensure continuity of care and education upon entry to facilities and upon reentry.
 3. Foster interdisciplinary collaboration to improve educational outcomes.
 - a. Health care professionals, including physicians, physician associates (PAs), nurse practitioners, nurses, physical therapists, occupational therapists, speech-language pathologists, mental health therapists, dentists, optometrists, social workers, and dietitians must work together with educators, probation, and child welfare (when applicable) to contribute relevant health information for individualized education plans (IEPs) or 504 Plans tailored to the unique needs of the student.
 - b. Hold regular interdisciplinary meetings to ensure coordinated care and monitor progress.
 4. Support youth in setting and achieving their educational goals and aspirations.
 - a. For students with and without learning challenges, encourage educational goals and aspirations, such as the completion of high school-equivalent, vocational, or other postsecondary educational programming.
 - b. Ensure access to developmentally appropriate reading materials to foster literacy, personal growth, and educational success.
 5. Integrate health education into educational programming.
 - a. Through correctional education programs, teach students about preventive health, chronic disease management, nutrition, mental health self-care, and decision-making strategies to empower them to take control of their health and support long-term rehabilitation and reintegration success.
 - b. Engage family advocates and/or parent liaisons whenever possible to support the needs of students with educational challenges, both in the custody setting and in preparation for release.
 6. Implement trauma-informed care strategies among health care, education, and custody staff. Many youth who are detained have experienced significant trauma that may hinder learning and engagement. It is essential that trauma-informed approaches be integrated into health care and educational services, and by custody staff, to create a supportive and safe environment.

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

7. Establish robust reentry programs that facilitate the uninterrupted continuity of health, health care, and educational needs in the community.
 - a. Develop discharge plans that include:
 - Enrollment in or reactivation of health insurance
 - Transfer of medical records
 - Prescription refills and/or a 30-day supply of medications or enough to allow for continuity until a follow-up appointment in the community
 - Referrals to specialists
 - Family engagement
 - Transition support for school enrollment, vocational training, and access to any necessary academic support services in the community.
 - b. Ensure continuity of care for youth with chronic conditions or mental health needs through case management and community partnerships.
 - c. Ensure that, with appropriate consent for sharing of health information, medical information relevant to educational functioning (e.g., medications, chronic conditions, behavioral health needs) is communicated to receiving providers and educational staff upon reentry.
8. Advocate for legislative action and sustained funding to equip correctional health systems to address health-related barriers to educational success, and to ensure education systems are resourced to support individuals' health and rehabilitation. This includes investment in staffing, training, and infrastructure to meet the needs of individuals in correctional facilities and during reentry.

Definitions

504 Plan: A plan developed under Section 504 of the Rehabilitation Act to ensure students with disabilities receive appropriate accommodations, enabling them to access educational services equitably with their peers.

Disability: A physical, mental, educational, or social impairment substantially limiting one or more major life activities.

Health literacy: The ability to obtain, understand, and use health-related information to make informed health decisions.

Individualized Education Program (IEP): A written document developed for eligible students with disabilities, outlining specific educational services and supports to meet their unique goals.

Treatment Plan: A documented strategy outlining therapy courses, health care roles, and measurable health management goals.

Discussion

Health inequities, chronic medical conditions, behavioral health disorders, learning disabilities, and inadequate

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

access to educational resources create significant obstacles to successful rehabilitation and reintegration when youth leave incarceration and reenter their communities.¹ Recognizing that adolescence is a critical period of rapid physical, cognitive, and psychosocial development, NCCHC emphasizes that correctional health and education services should be developmentally responsive to support healthy trajectories into adulthood.²

The relationships between health and education outcomes are well-documented.^{3,4} Educational achievement is linked to better health outcomes, while unaddressed health conditions hinder learning and development. Youth who are detained experience high rates of chronic diseases, learning disabilities (e.g., dyslexia), and unmet educational needs, requiring a comprehensive approach emphasizing prevention, treatment, and education.^{5,6} The American Academy of Pediatrics (AAP) emphasizes that health care professionals who care for youth have a responsibility to promote school attendance and reduce chronic absenteeism and related health disparities at the patient, family, and community levels.⁷ The AAP cites evidence-based interventions related to aspects of nutrition services (e.g., breakfast at school); health services (e.g., school-nursing services); counseling, psychological, and social services (e.g., school-based mental health care); social and emotional school climate (e.g., school connectedness); physical environment (e.g., lighting, safety, air quality); family engagement; and community involvement, all of which are associated with improved school attendance and academic performance.⁸ Consistent with these principles, NCCHC affirms that health care professionals working in correctional settings also have a vital role in supporting and advocating for the educational needs of their patients.

For detained youth, particularly those with chronic conditions and/or developmental or acquired learning disabilities, education is a powerful tool for rehabilitation and transformation. Collaboration across disciplines ensures that the unique needs of each individual are met. NCCHC standards, such as Y-B-01 Healthy Lifestyle Promotion and Y-F-01 Specialized Services for Chronic Disease and Other Needs, emphasize the importance of holistic, multidisciplinary approaches to care and education.⁹

Physical and behavioral health screenings in correctional settings are critical for identifying medical conditions that may affect educational outcomes.¹⁰ The American Academy of Child and Adolescent Psychiatry (AACAP) emphasizes the importance of comprehensive mental health screenings in primary care and correctional environments.¹¹ Early detection and management of conditions like ADHD, learning disabilities, depression, and anxiety can significantly enhance students' ability to engage in learning and thrive academically.^{4,10}

Similarly, the AAP underscores the need for preventive health care recommendations tailored to adolescents in correctional settings.⁵ Health screenings should include vision and hearing tests, mental health evaluations, and assessments for chronic conditions, ensuring that physical and mental barriers to learning are addressed promptly. Access to essential services, such as optometry, audiology, and mental health care, fosters an environment where education can flourish.⁴

The Individuals with Disabilities Education Act (IDEA) mandates that public schools provide students with disabilities access to free and appropriate education in the least restrictive environment.¹² Schools must develop IEPs with educator and agency input, conducting annual reviews. Disputes about IDEA protections can be resolved through due process hearings or legal appeals.¹³ Collaboration with health care professionals in

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

developing and reviewing IEPs ensures that medical and mental health needs are integrated into educational planning, supporting a holistic approach to student success.¹⁴

Additionally, Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against individuals with disabilities, ensuring equal access to education and services.¹³ Section 504 regulations mandate reasonable accommodations, program accessibility, and effective communication. For students in correctional facilities, accommodations may include extended test times, assistive technologies, or modifications to the learning environment to address medical or psychological challenges.¹³

Trauma-informed care practices are essential in health care and correctional education.^{15,16} Recognizing the prevalence of trauma among youth who are detained, the AAP advocates for trauma-informed approaches to address the root causes of behavioral and academic challenges.⁵ Creating safe and supportive learning environments that prioritize emotional and psychological well-being can significantly improve educational engagement and outcomes.⁴

The AAP also highlights the role of health care professionals in promoting health literacy, including among detained youth.⁵ Teaching youth about preventive health, chronic disease management, and mental health self-care empowers the individual to make informed decisions about their health, contributing to both educational and rehabilitative success.⁴ Integrating health literacy into educational programming supports long-term well-being and may reduce recidivism.

Education for incarcerated adults likewise improves health, reduces recidivism, and supports reentry success, with studies showing significant gains in postrelease employment and community reintegration.¹⁷ NCCHC encourages correctional facilities to expand access to high-quality adult education and vocational programs as integral components of comprehensive health and rehabilitation services.

By investing in integrated health and education initiatives, correctional facilities can enhance the potential for successful rehabilitation, reintegration, and prevention of intergenerational involvement with the criminal legal system.⁵ Effective reentry programs should include discharge planning, continuity of care, supportive family programming, and collaboration with community-based health care and educational entities.¹⁸ By addressing the intertwined challenges and opportunities of health and education, correctional systems can support rehabilitation, strengthen families, and contribute to healthier, more equitable communities.

Adopted by the National Commission on Correctional Health Care Governance Board Feb. 24, 2026.

References

1. Seigle, E., Walsh, N., & Weber, J. (2014). Core principles for reducing recidivism and improving other outcomes for youth in the juvenile justice system. Council of State Governments Justice Center. <https://csgjusticecenter.org/wp-content/uploads/2020/01/Juvenile-Justice-White-Paper-with-Appendices-.pdf>
2. Halfon, N., Forrest, C.B., Lerner, R.M. & Faustman, E.M. (Eds.). (2018). Handbook of Life Course Health Development. Springer. <https://doi.org/10.1007/978-3-319-47143-3>

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

3. Centers for Disease Control and Prevention. Whole School, Whole Community, Whole Child (WSCC). 2024. <https://www.cdc.gov/whole-school-community-child/about/index.html>
4. Basch, C. E. (2011). Healthier students are better learners: A missing link in school reforms to close the achievement gap. *Journal of School Health*, 81(10), 593-598. <https://doi.org/10.1111/j.1746-1561.2011.00632.x>
5. Owen, M., Wallace, S., Alderman, E., Chung, R., Grubb, L., Lee, J., Powers, M., Rahmandar, M., Uphadya, K. (2020). Advocacy and collaborative health care for justice-involved youth. *Pediatrics*. 146 (1): e20201755. <https://doi.org/10.1542/peds.2020-1755>
6. Barnert, E., Tsevat, R. K., Gotlieb, R., Jung, J., & DeBaun, M. (2025). A call to action for pediatrics: Caring for students with learning disabilities in custody and community settings. *Pediatric Research*, 97(1), 38–41. <https://doi.org/10.1038/s41390-024-03265-6>
7. American Academy of Pediatrics. (2019). Policy Statement on the Link Between School Attendance and Good Health. <https://publications.aap.org/pediatrics/article/143/2/e20183648/37326/The-Link-Between-School-Attendance-and-Good-Health>
8. Michael, S.L., Merlo, C.L., Basch, C.E., Wentzel, K.R., Wechsler, H. (2015) Critical connections: health and academics. *Journal of School Health*. 85(11):740–758. <https://onlinelibrary.wiley.com/doi/full/10.1111/josh.12309>
9. National Commission on Correctional Health Care. (2022). Standards for health services in juvenile detention and confinement facilities. National Commission on Correctional Health Care.
10. Wolraich, M., Hagan, J., Allan, C, et al; Subcommittee on Children and Adolescents with Attention-Deficit/Hyperactive Disorder. (2019). Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *Pediatrics*. 144(4):e20192528. <https://doi.org/10.1542/peds.2019-2528>
11. American Academy of Child and Adolescent Psychiatry. (2019). Policy statement on mental health screening in primary care. https://www.aacap.org/AACAP/Policy_Statements/2019/Mental-Health-Screening-Primary-Care.aspx
12. U.S. Department of Education Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/topic-areas/#LRE>
13. U.S. Department of Justice. (2020). Guide to disability rights laws. <https://www.ada.gov/resources/disability-rights-guide>
14. Murza, K. A., & Buckley, P. C. (2024). Using a Social Model to Guide Individualized Education Program Development and Change Educational Paradigms to Be Critically Inclusive. *Language, Speech, and Hearing Services in Schools*, 55(2), 323–335. https://doi.org/10.1044/2023_LSHSS-23-00081
15. National Child Traumatic Stress Network. (2015). Essential Elements of a Trauma-Informed Juvenile Justice System. <https://www.nctsn.org/resources/essential-elements-trauma-informed-juvenile-justice-system>
16. Justice Policy Institute (2010). Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense. <https://justicepolicy.org/research/healing-invisible-wounds/>
17. Davis, L. M. (2019). Higher Education Programs in Prison: What We Know Now and What We Should Focus On Going Forward. RAND Corporation. <https://www.rand.org/pubs/perspectives/PE342.html>.

POSITION STATEMENT

ncchc.org/position-statements



NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE

-
18. Barnert, E., Abrams, L. (2024). Reentry is a critical opportunity to improve youths' health: an overlooked pediatric priority. *Pediatric Research*. <https://doi.org/10.1038/s41390-024-03487-8>