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Mental Health Care Transitions from Incarceration

Graham Stratton, PGY3
Department of Family & Community Medicine
Thomas Jefferson University

October 15, 2020

Case: Jeff

Jeff was a 28yo cisman who presented as a new patient to JFMA last Fall. He reported difficulty with his mood and his anger. He endorsed chronic suicidal ideation ("but I have had that all the time for years-- it's not new. I'm not making a plan, I just think about it all the time. Please, don't report that! I'm just being honest"). He also endorsed chronic auditory hallucinations. He had a history of involuntary confinement in psychiatric facilities. He did not know what his diagnoses were.

wikipedia.com

Case: Jeff

He was taking 3 medications when he was released from incarceration in Lancaster about 6 months ago. When he was released, the jail gave him a 30-day supply of his medications in envelopes. He ran out of the medications a while ago and did not remember their names. He had not had contact with the medical system since being released.

He was currently living with his girlfriend and was unemployed. He smoked 1 pack of cigarettes daily and denied using alcohol or other recreational drugs. He was worried that without medication and help, he would end up back in jail.

wikipedia.com

Case Jeff

What are some of the themes or topics that this case brings up?

wikipedia.com

Case: Jeff

An attempt was made to get him to psychiatry and to reach out to his previous institution, but he was not started on any medication that visit. He refused BHC consult. Phone calls reached him a couple times, but were not productive and he was lost to follow up.

wikipedia.com

Discussion Objectives

- The scope of the problem of mental health and incarceration
- Case & Consideration 1: Severe Mental Illness
  - Brief history of de-institutionalization and re-institutionalization
  - Philadelphia's jails at a glance
- Case & Consideration 2: Violence and trauma
- Consideration & Consideration 3: Addiction and substance use
- Models of transitions of care for reentry
- Community teams and resources
- Next steps for a Family Medicine physician

Brief definitions:

- FIP- Formerly Incarcerated Person
- Jail- Generally local facilities that incarcerate people immediately after arrest, while “awaiting trial,” or for shorter sentences (<2 years)
- Prison- State or Federal facilities that incarcerate people for longer sentences (usually longer than jails)

Do not ask a person why they were incarcerated.

The scope of the problem

- ~2 million people are incarcerated in the US
- ~7 million people are under some form of correctional control
- Most will be released
- Nationally, the average stay in jail is 2 weeks

Reentry Health Policy Project: Meeting the Serious Health and Behavioral Needs of Prison and Jail Inmates Returning to the Community

The scope of the problem

- FIP have higher rates of physical illness, infectious disease, mental illness, and substance use disorders.

- ~56% of people incarcerated in state prisons report mental illness
    - Bipolar 43%
    - MDD 23%
    - Psychotic disorder 15%

- ~45% of people incarcerated in state prisons report substance use disorders
    - ~75% of those with mental illness report co-occurring substance use disorders

- These proportions are even larger among those incarcerated in jails.

Returning Home: Access to Health Care After Prison. 2009

James, Glaze. 2006.

The scope of the problem

FIP have “high rates of physical and mental health problems within complicated social contexts, including long term unemployment, chronic system dependence, weak social ties, and residence in economically depressed areas.”

Reentry Health Policy Project: Meeting the Serious Health and Behavioral Needs of Prison and Jail Inmates Returning to the Community. 2018

Case: Anna

Anna is a 32yo ciswoman with homelessness, intellectual disability, MDD, and schizophrenia who is brought to your mobile clinic by a friend who is concerned about her bilateral leg swelling. She was recently released from involuntary confinement at Norristown State Hospital.

www.phillymag.com/news/2015/06/28/byberry-mental-institution-survivors/

Brief History

WWII increased public knowledge of the prevalence of mental illness and the problems with mental asylums.

1950s-- New drug developments and new models for care and control

1963-- JFK signed the Community Mental Health Act

1972-- “Willowbrook: The Last Great Disgrace”

www.asylumprojects.org

Brief History

From the 1980s to the present, deinstitutionalization gained momentum

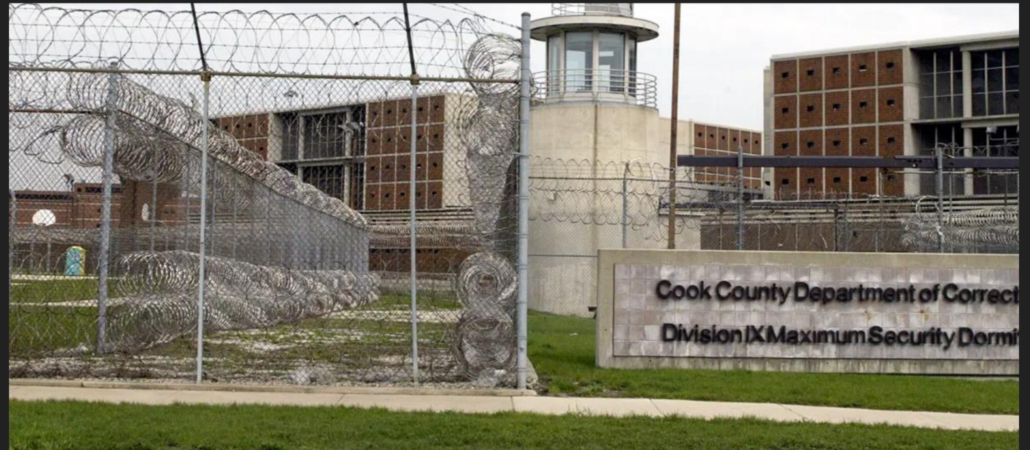
Largely seen as a way to reduce costs

Persons who would previously have been hospitalized ended up homeless and incarcerated instead

Brief History

“"jails have become society's primary mental institutions, though few have the funding or expertise to carry out that role properly”

-Heather MacDonald, *City Journal* 2009



www.pbs.org

Deinstitutionalization led to the incarceration of many people with mental illness.

Healthcare teams in correctional settings and in the community must strive to provide dignified and comprehensive care, including mental healthcare.

Jails in Philadelphia

Bruce Herdman
Chief of Medical Operations
Philadelphia Department of Prisons

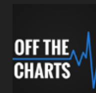
"We are the largest provider of psychiatric care in Pennsylvania."

40% of men and 60% of women are medicated for psychiatric illness.

30% have homelessness.

76% (in a blinded study) had non-prescribed drugs in their system.

Curran-Fromhold Correctional Facility



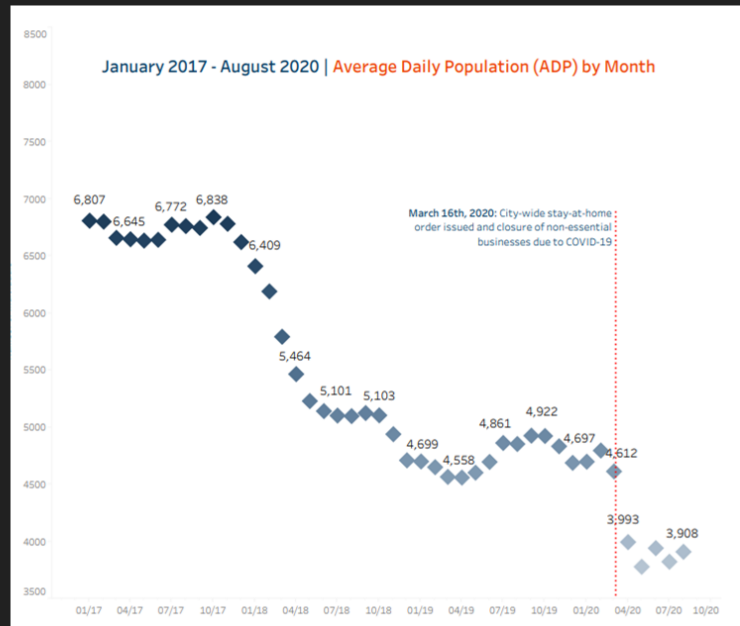
Off the Charts Podcast, 12/13/2016

MacArthur Safety and Justice Challenge

Research and Development
First Judicial District of Pennsylvania

Philadelphia Jail Population Report | July 2015 – August 2020

Baseline (July 2015)		August 2020
8,082	-50.7%	3,986



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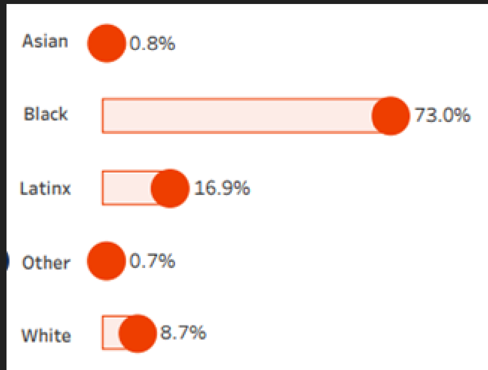
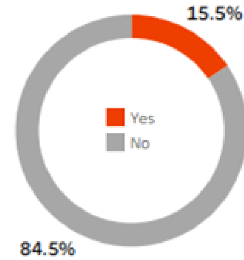


SMI Status | August 2020

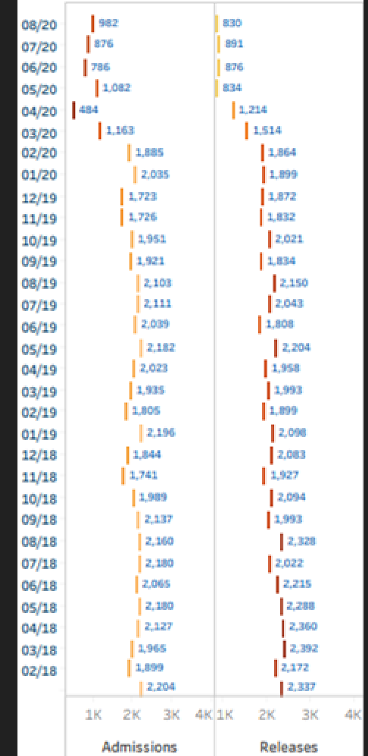


MacArthur Safety and Justice Challenge

Research and Development
First Judicial District of Pennsylvania

Philadelphia Jail Population Report | July 2015 – August 2020

Average Length of Stay (days)



Case: Dee

Dee is a 22yo transwoman with HIV and GAD who presents to your clinic for gender-affirming primary care and is concerned about the increased growth of facial and body hair she has experienced in the last six months.

Case: Dee

Nearly one in six transgender people—and one in two black transgender people—has been incarcerated.

Case: Dee

LGBTQ people are 9 times more likely to be sexually assaulted while in prison--
A California study found that **transgender people were 13 times more likely.**

https://www.advocate.com/transgender/2015/9/23/pennsylvania-improving-policies-housing-transgender-prisoners

People who are incarcerated have experienced significant violence and trauma.

Numbers of **Adverse Childhood Events** are significantly higher among incarcerated persons (among men, 4 times than the general population).

Reavis, 2013.

	Safety	Choice	Collaboration	Trustworthiness	Empowerment
Definitions	Ensuring physical and emotional safety	Individual has choice and control	Making decisions with the individual and sharing power	Task clarity, consistency, and Interpersonal Boundaries	Prioritizing empowerment and skill building
Principles in Practice	Common areas are welcoming and privacy is respected	Individuals are provided a clear and appropriate message about their rights and responsibilities	Individuals are provided a significant role in planning and evaluating services	Respectful and professional boundaries are maintained	Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

the Institute on Trauma and Trauma-Informed Care (2015)

Case: Bruce

Bruce is a 55yo cisman with HTN, psoriasis, and OUD who had been a long-time member of your clinic's buprenorphine group before he stopped coming about 2 years ago. He returns to clinic today reporting that he had started using fentanyl again and was arrested and incarcerated at CFCF for 450 days. He is now out on probation and reports that he is ready to start buprenorphine again.

Case: Bruce

What are important considerations this first visit with Bruce?

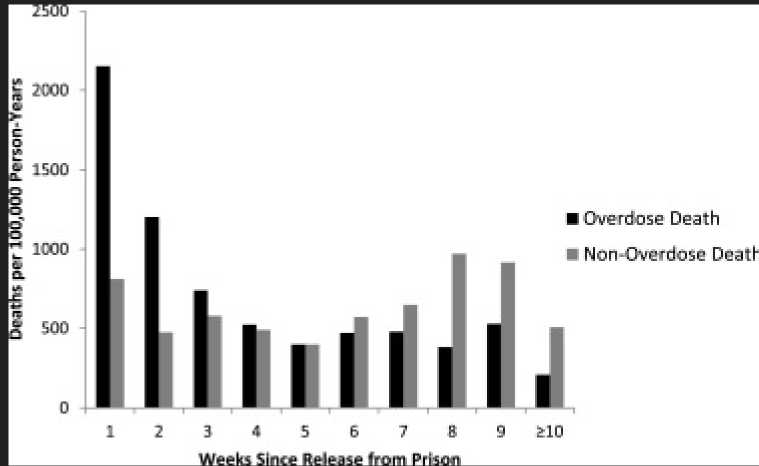
Drug overdose is the leading cause of death immediately after incarceration.

Within the first 2 weeks, the risk of fatal overdose is 12.7 times higher than the general population (even worse among women).

Waddell et al. 2020.

Philadelphia study

Of 82,780 people released between 2010 and 2016, 2,522 (3%) died from any cause, of which 837 (33%) died of an overdose.



Drug and Alcohol Dependence

Volume 189, 1 August 2018, Pages 108-115

Full length article

Beyond the walls: Risk factors for overdose mortality following release from the Philadelphia Department of Prisons

Lia N. Pizzicato [a, b], Rebecca Drake [c], Reed Domer-Shank [d], Caroline C. Johnson [e], Kendra M. Viner [a]

Case: Bruce

Rhode Island Department of Corrections started a statewide program to provide MAT (methadone, buprenorphine, or naltrexone) during incarceration and afterwards.

People incarcerated while receiving MAT were maintained on their current regimen. Others were started on MAT.

A network of 12 community sites was established to facilitate transitions of care after people were released.

Green et al. 2018.

walmart.com

Case: Bruce

JAMA Psychiatry

April 2018

Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System

Traci C. Green, PhD, MSc[1,2,3,4]; Jennifer Clarke, MD[3,5,6]; Lauren Brinkley-Rubinstein, PhD[7];

Retrospective cohort analysis comparing overdose deaths among FIP (within 12 mos) before and after implementing RIDOC’s statewide MAT program.

Case: Bruce

Table 1. Characteristics and Number of Deaths From Accidental Overdose in Rhode Island, Both Overall and Among Individuals With Recent Incarceration[a]

Characteristic	Decedents With Recent Incarceration, No. (%)		Overall No. of Decedents (%)	
	First 6 mo of 2016 (n = 26)	First 6 mo of 2017 (n = 9)	First 6 mo of 2016 (n = 179)	First 6 mo of 2017 (n = 157)
Sex				
Male	24 (92.3)	7 (77.8)	123 (68.7)	94 (59.9)
Female	2 (7.7)	2 (22.2)	56 (31.3)	63 (40.1)
Race/ethnicity[b]				
White	25 (96.2)	8 (88.9)	168 (93.9)	137 (87.3)[c]
Other	1 (3.8)	1 (11.1)	11 (6.1)	20 (12.7)
Age, y				
18-29	8 (30.8)	2 (22.2)	43 (24.0)	23 (14.6)[d]
30-39	9 (34.6)	4 (44.4)	34 (19.0)	54 (34.4)
40-49	6 (23.1)	3 (33.3)	40 (22.3)	35 (22.3)
≥50	3 (11.5)	0 (0.0)	62 (34.6)	45 (28.7)
Died of overdose attributed to fentanyl	16 (61.5)	8 (88.9)	92 (51.4)	92 (58.6)
Length of incarceration, median (IQR), mo	30 (4-70)	23 (9-113)	NA	NA
Time since release from incarceration to death, median (IQR), d	112 (12-223)	190 (49-241)	NA	NA
Died within 30 d of release from incarceration	10 (38.5)	1 (11.1)	NA	NA

Abbreviations: IQR, interquartile range; NA, not applicable.

[a] Recent incarceration was defined as within 12 months of release from the Rhode Island Department of Corrections.

[b] Race as recorded by the Rhode Island Office of State Medical Examiners at the time of autopsy or case review.

[c] χ^2 Test comparing all decedents, January 1 to June 30, 2016, vs January 1 to June 30, 2017, *P* = .04.

[d] χ^2 Test comparing all decedents, January 1 to June 30, 2016, vs January 1 to June 30, 2017, *P* = .007.

JAMA Psychiatry

April 2018

Postincarceration Fatal Overdoses After Implementing Medications for Addiction Treatment in a Statewide Correctional System

Traci C. Green, PhD, MSc[1,2,3,4]; Jennifer Clarke, MD[3,5,6]; Lauren Brinkley-Rubinstein, PhD[7];

In the 2016 period, 26 of 179 individuals (14.5%) who died of an overdose were recently incarcerated compared with 9 of 157 individuals (5.7%) in the 2017 period, representing a 60.5% reduction in mortality (RR, 0.4; 95% CI, 18.4%-80.9%; P = .01).

NNT to prevent a death from overdose was 11 (95% CI, 7-43).

Case: Bruce

Philadelphia Dept of Prisons started a buprenorphine program for women incarcerated at Riverside Correctional Facility. It later expanded to the men's facilities. Now ~300 people are receiving buprenorphine in jail.

When they are released, people receive a prescription for buprenorphine and naloxone.

Transitions of Care - usually fall short

Warm hand-offs

Sharing medical records as necessary

Providing prescription medications continuously

Providing the patient with their own medical information

Encouraging patient participation in their own care as they cycle between systems

Making a plan for continuity before release (NYC, written and signed)

Transitions of Care: California's Novel Programs

Parole Outpatient Clinics (POC)

Clinics within local parole offices with psychiatry providers, social workers, and MAT programs.

Integrated Services for Mentally Ill Parolees (ISMIP)

Wrap around case management and support services such as housing.

The Transitions Clinic Network (TCN)

Started in San Francisco and now national, TCN is a network of medical homes for individuals with chronic diseases recently released from prison. Community Health Workers who have a history of incarceration at the center of the model help gain FIP's trust.

Reentry Health Policy Project, 2018.

Transitions of Care: New York's Program

The Nathaniel Project

Specifically for FIP with mental illness in NYC.

Study of the project demonstrated >10x reduction in rearrests.

Looking at 53 participants: rearrests dropped from 101 in the previous year to 7 in the year after they entered the program.

Returning Home: Access to Health Care After Prison, 2009.

Some programs have clinics inside jails and within the community so that patients can have direct continuity of care when transitioning into or out of jail.

FM physicians (in correctional clinics *and* in the community) need to know resources and team members to improve successful reentry.

Resources in Philadelphia

- The Philadelphia Linkage Program
  - A program of Action Wellness in which Case Managers work with clients who are living with HIV while they are incarcerated and after they are released.
- Coming Home to Continued Care
  - A program that works with women at Riverside Correctional Facility to plan for healthcare continuity after they are released.
- The Institute for Community Justice
  - A program of Philly FIGHT that provides health linkages, supportive services, education, and advocacy, including reentry support.

actionwellness.org
Phila.gov
fight.org

OCTOBER
5 – 9

A Program of **Philadelphia FIGHT**

THE INSTITUTE FOR COMMUNITY JUSTICE PRESENTS

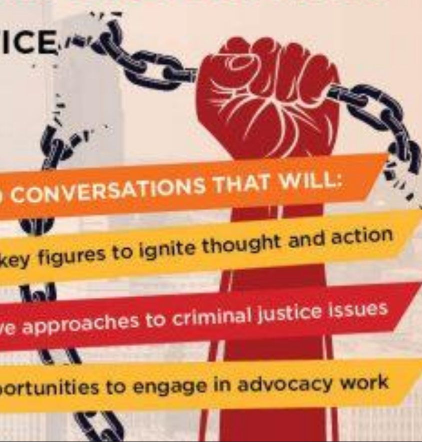
JUSTICE, REENTRY AND HEALTHCARE VIRTUAL SUMMIT:

COMING TOGETHER FOR SOCIAL JUSTICE IN SOCIALLY DISTANT TIMES

KEYNOTE SPEAKERS:

LARRY KRASNER
District Attorney
City of Philadelphia

TYREE WALLACE
Co-Founder,
MANN-Up Association
Represented by the
PA Innocence Project

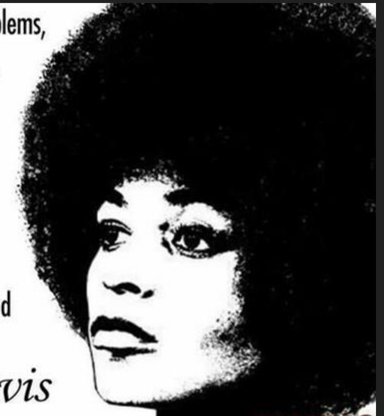


WEBINARS AND CONVERSATIONS THAT WILL:

- Unite relevant topics and key figures to ignite thought and action
- Explore innovative approaches to criminal justice issues
- Provide opportunities to engage in advocacy work

Summary points

- Do not ask a person why they were incarcerated.
- Deinstitutionalization led to the incarceration of many people with mental illness.
- Healthcare teams in correctional settings and in the community must strive to provide dignified and comprehensive care, including mental healthcare.



https://www.coalitionforjusticeva.com/

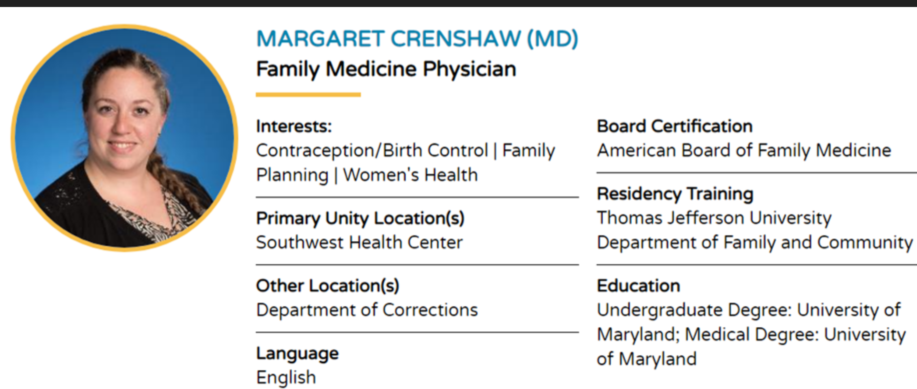
Summary points

- People who are incarcerated have experienced (and continue to experience) significant violence and trauma.
- Drug overdose is the leading cause of death immediately after incarceration.
- Successful reentry relies on teams and providers should know community resources that support FIP.

news.infoshop.org

Correctional Medicine involves:

- All Primary Care, including
- Addiction Medicine
- Psychiatric Medicine
- Gender-Affirming Care
- Trauma-Informed Care
- Homeless Healthcare
- Reproductive Healthcare
- Policy Advocacy
- Political Activism
- Lifelong Learning



unityhealthcare.org

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Thank you!