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## Mental Health Care Transitions from Incarceration

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# Mental Health Care Transitions from Incarceration

Graham Stratton, PGY3  
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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.

# 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.

# Case Jeff



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

# 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.

# 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

# 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.

# 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.”

# 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.



# 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”



# Brief History

From the 1980s to the present,  
deinstitutionalization gained momentum

Largely seen as a way to reduce costs

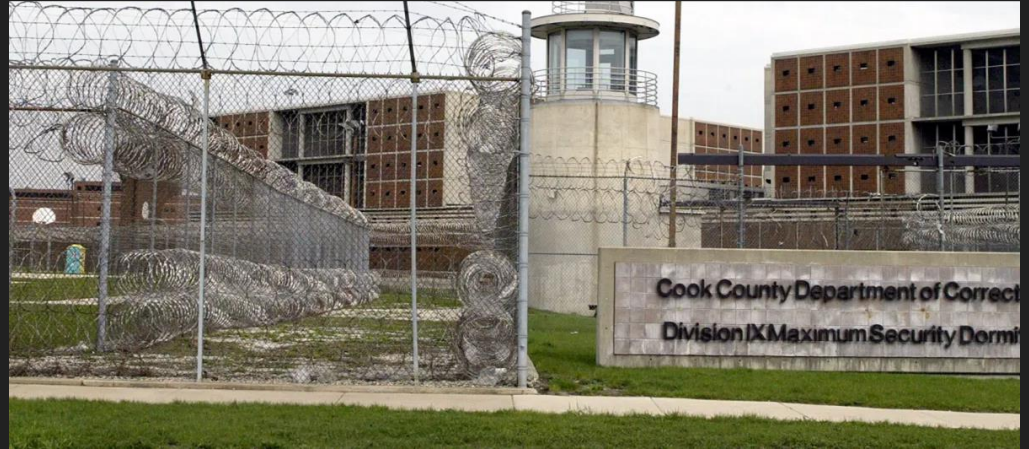
Persons who would previously have been  
hospitalized ended up homeless and  
incarcerated instead



# 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





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

## Philadelphia Jail Population Report | July 2015 – August 2020

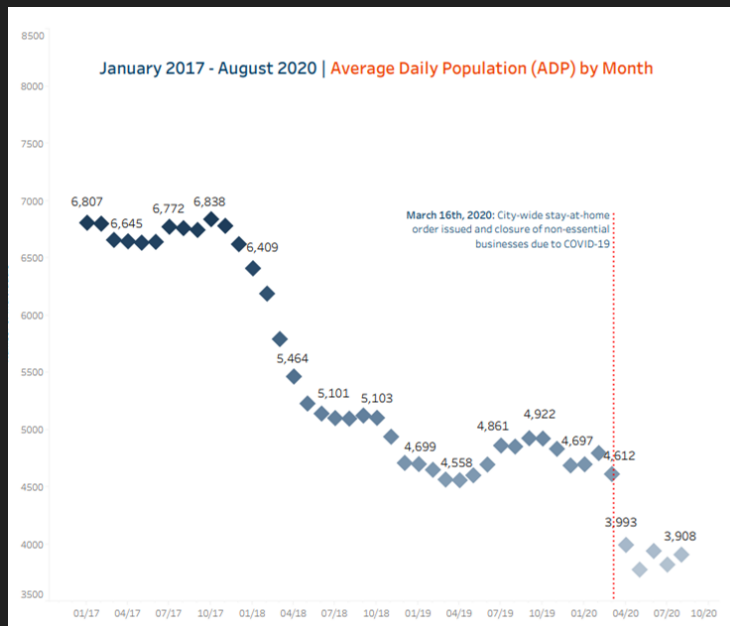
Baseline (July 2015)

8,082

-50.7%

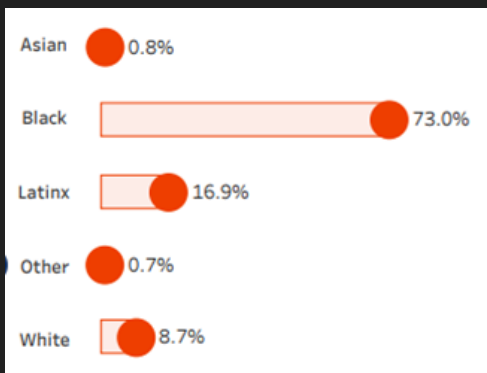
August 2020

3,986

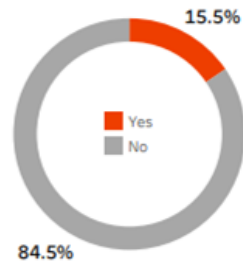




## Philadelphia Jail Population Report | July 2015 – August 2020



## SMI Status | August 2020



## Philadelphia Jail Population Report | July 2015 – August 2020

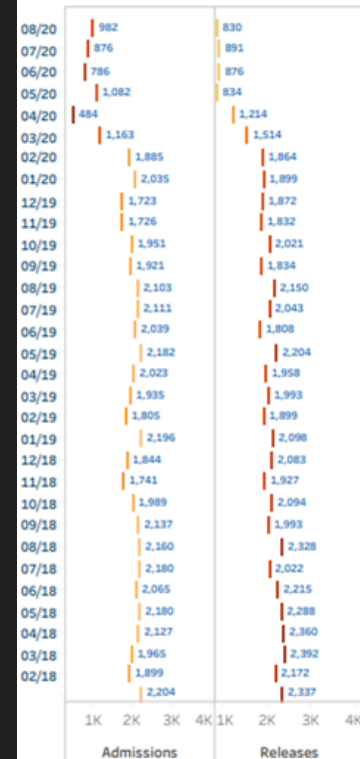
Average Length of  
Stay  
(days)



August 2020: Releases > Admissions?

No

Admissions vs. Releases | Jan 2018 - Aug 2020



## 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).

## Safety



Ensuring physical and emotional safety

## Choice



Individual has choice and control

## Collaboration



Making decisions with the individual and sharing power

## Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

## Empowerment



Prioritizing empowerment and skill building

### Definitions

### 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

# 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?

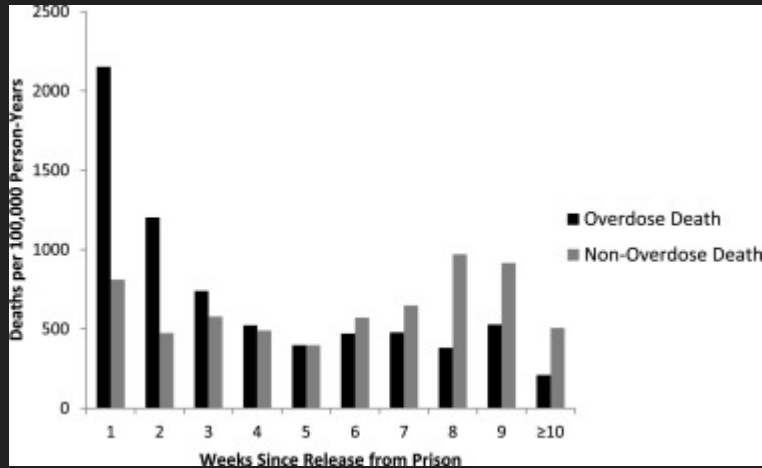


# Drug overdose is the leading cause of death immediately after incarceration.

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

# 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

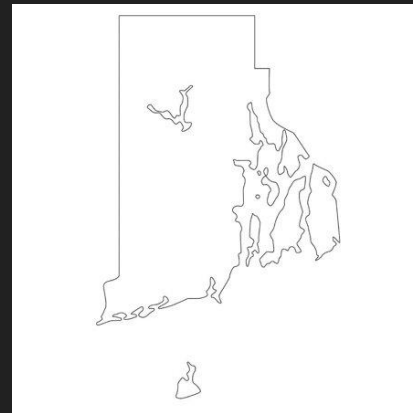
Lia N. Pizzicato <sup>a, b, ✉</sup>, Rebecca Drake <sup>c</sup>, Reed Domer-Shank <sup>d</sup>, Caroline C. Johnson <sup>e</sup>, Kendra M. Viner <sup>a</sup>

# 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.



# 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<sup>1,2,3,4</sup>; Jennifer Clarke, MD<sup>3,5,6</sup>; Lauren Brinkley-Rubinstein, PhD<sup>7</sup>;

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<sup>a</sup>

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 <sup>b</sup>				
White	25 (96.2)	8 (88.9)	168 (93.9)	137 (87.3) <sup>c</sup>
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) <sup>d</sup>
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.

<sup>a</sup> Recent incarceration was defined as within 12 months of release from the Rhode Island Department of Corrections.

<sup>b</sup> Race as recorded by the Rhode Island Office of State Medical Examiners at the time of autopsy or case review.

<sup>c</sup>  $\chi^2$  Test comparing all decedents, January 1 to June 30, 2016, vs January 1 to June 30, 2017,  $P = .04$ .

<sup>d</sup>  $\chi^2$  Test comparing all decedents, January 1 to June 30, 2016, vs January 1 to June 30, 2017,  $P = .007$ .

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

Traci C. Green, PhD, MSc<sup>1,2,3,4</sup>; Jennifer Clarke, MD<sup>3,5,6</sup>; Lauren Brinkley-Rubinstein, PhD<sup>7</sup>

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.

# 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.

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.



**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:**

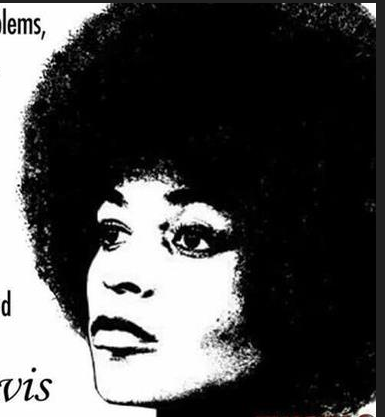
- Unite relevant topics and key figures to ignite thought and action
- Explore innovative approaches to criminal justice issues
- Provide opportunities to engage in advocacy work

# 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.

"Prisons do not disappear social problems, they disappear human beings. Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending with them are relegated to cages."

*Angela Davis*



# 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.



# 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



**MARGARET CRENSHAW (MD)**  
Family Medicine Physician

**Interests:**

Contraception/Birth Control | Family Planning | Women's Health

**Primary Unity Location(s)**

Southwest Health Center

**Other Location(s)**

Department of Corrections

**Language**

English

**Board Certification**

American Board of Family Medicine

**Residency Training**

Thomas Jefferson University  
Department of Family and Community

**Education**

Undergraduate Degree: University of Maryland; Medical Degree: University of Maryland

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Thank you!

