

TRANSITIONS CLINIC NETWORK

ADVANCING HEALTH EQUITY FOR COMMUNITY MEMBERS RETURNING FROM INCARCERATION:
THE ROLE OF COMMUNITY HEALTH WORKERS

A WEBINAR FOR NATIONAL COUNCIL OF MENTAL WELLBEING ♦ MARCH 27, 2023

PRESENTERS



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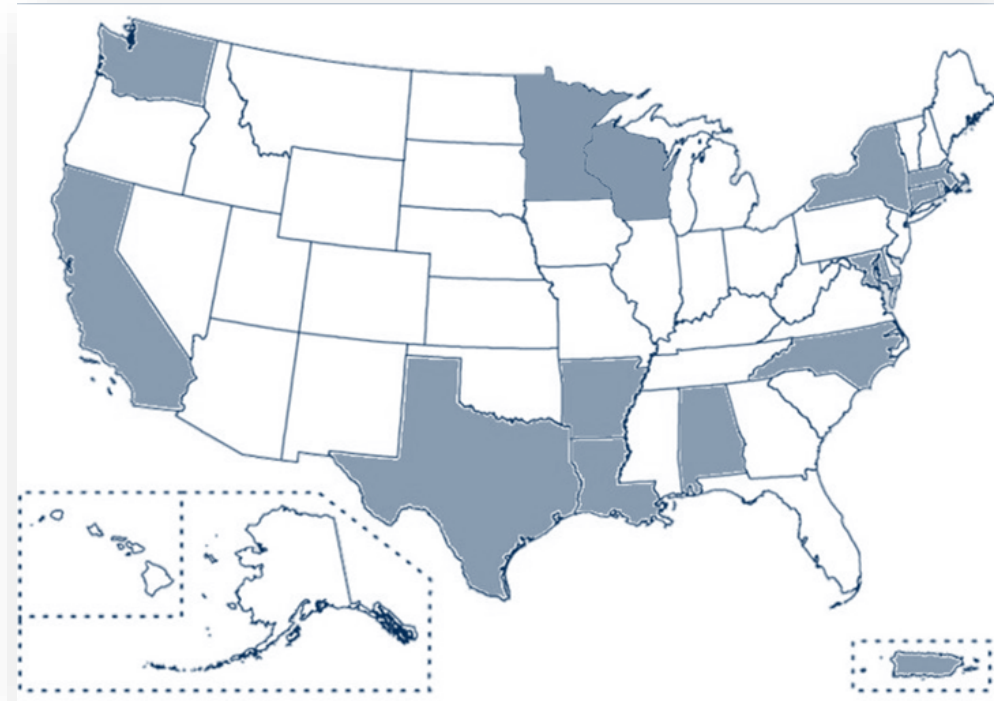


TRANSITIONS CLINIC NETWORK



TCN is a national network of community health centers which employ CHWs with histories of incarceration within primary care teams to address the health of people returning from incarceration.

TCN has supported 48 primary care clinics in 14 states and Puerto Rico in implementing the TCN model of care.



WHO'S IN THE ROOM?

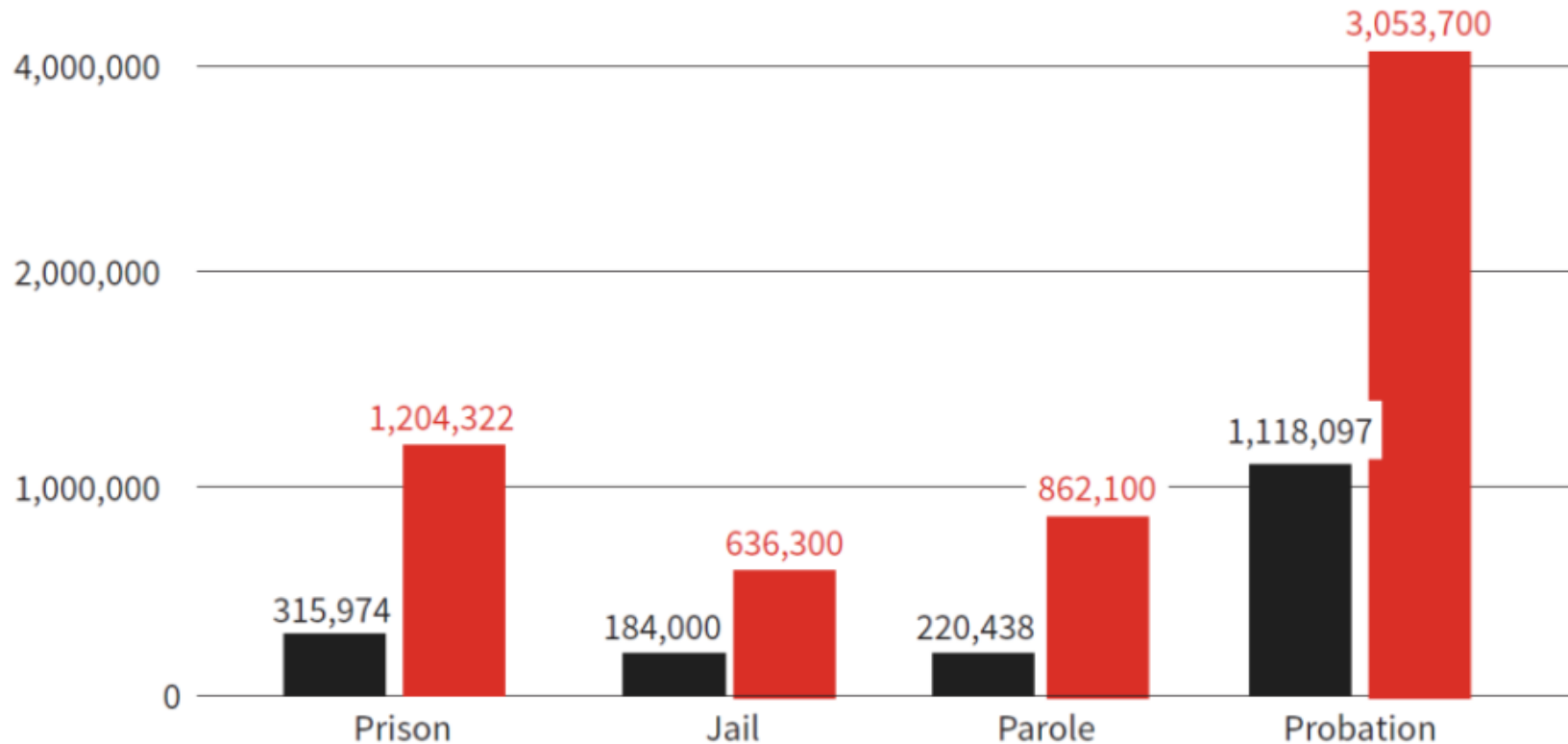


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OBJECTIVES

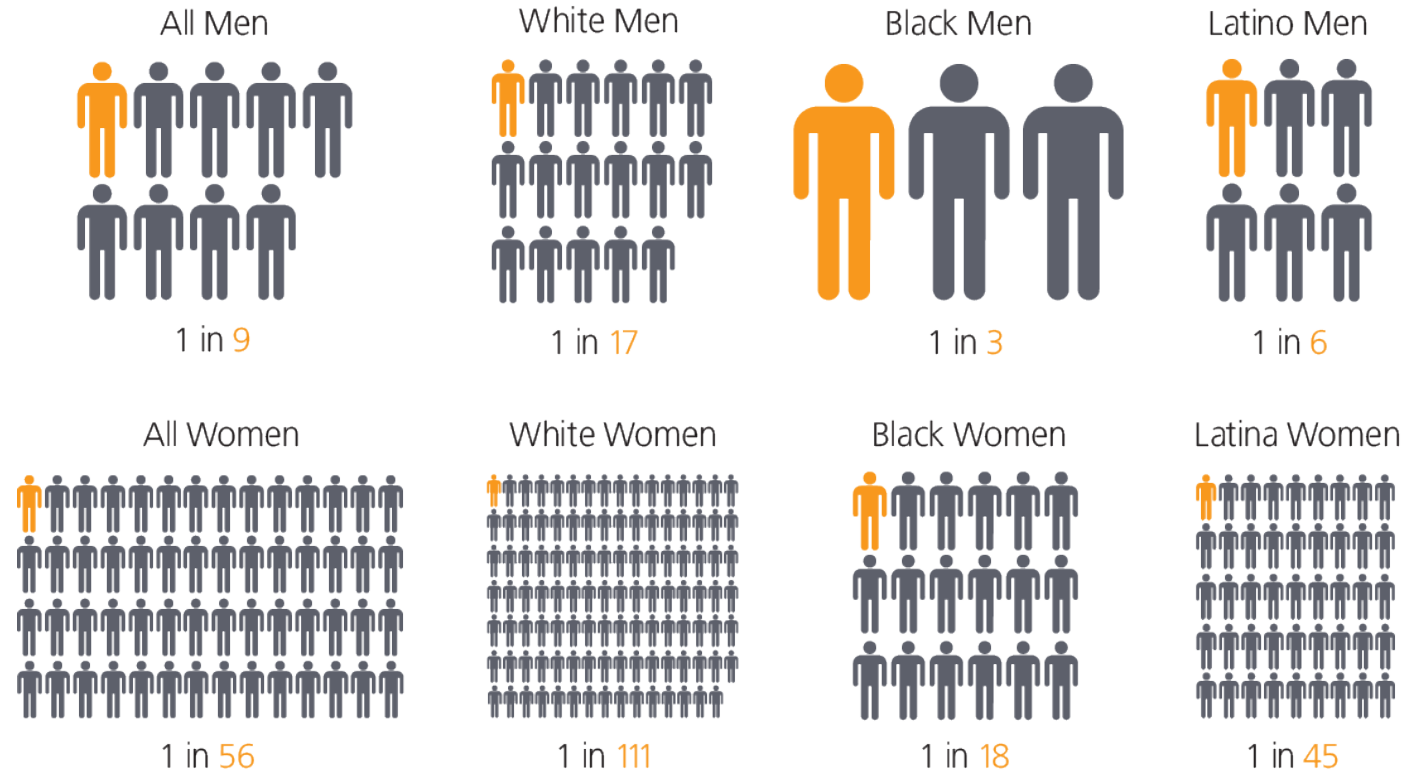
- 1. Describe unique challenges** that impact people's engagement in physical and behavioral health services upon return from incarceration.
- 2. Identify best practices** for increasing continuity of care for people transitioning from carceral to community health systems.
- 3. Introduce TCN's evidence-based model of care**, which centers on integrating community health workers with lived experience of incarceration into primary care systems.
- 4. Identify one strategy** you may be able to implement at your organization to improve care for clients returning from incarceration

THE CARCERAL SYSTEM, 1980 VS 2021



MYTH: JUSTICE IS APPLIED EQUALLY

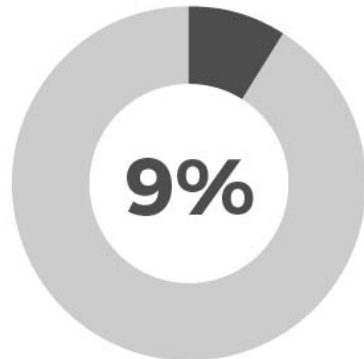
Lifetime Likelihood of Imprisonment of U.S. Residents Born in 2001



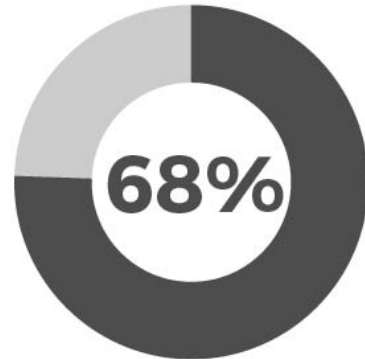
Source: Bonczar, T. (2003). *Prevalence of Imprisonment in the U.S. Population, 1974-2001*. Washington, DC: Bureau of Justice Statistics.

CRIMINALIZATION OF BEHAVIORS

DIAGNOSABLE SUBSTANCE USE DISORDERS



U.S. POPULATION



U.S. JAIL INMATES

SERIOUS MENTAL ILLNESSES IN JAILS





Patients have complex co-morbid chronic conditions.

Image Courtesy of Ray Chavez and CA Prison Health Care Receivership





Carceral environments exacerbate poor health.

Image Courtesy of Ray Chavez and CA Prison Health Care Receivership





Access is limited by institutional policies.

Group therapy pops for inmates at Mule Creek State Prison. (U.S. District Court)





Self management of chronic conditions is difficult.

Image Courtesy of Ray Chavez and CA Prison Health Care Receivership





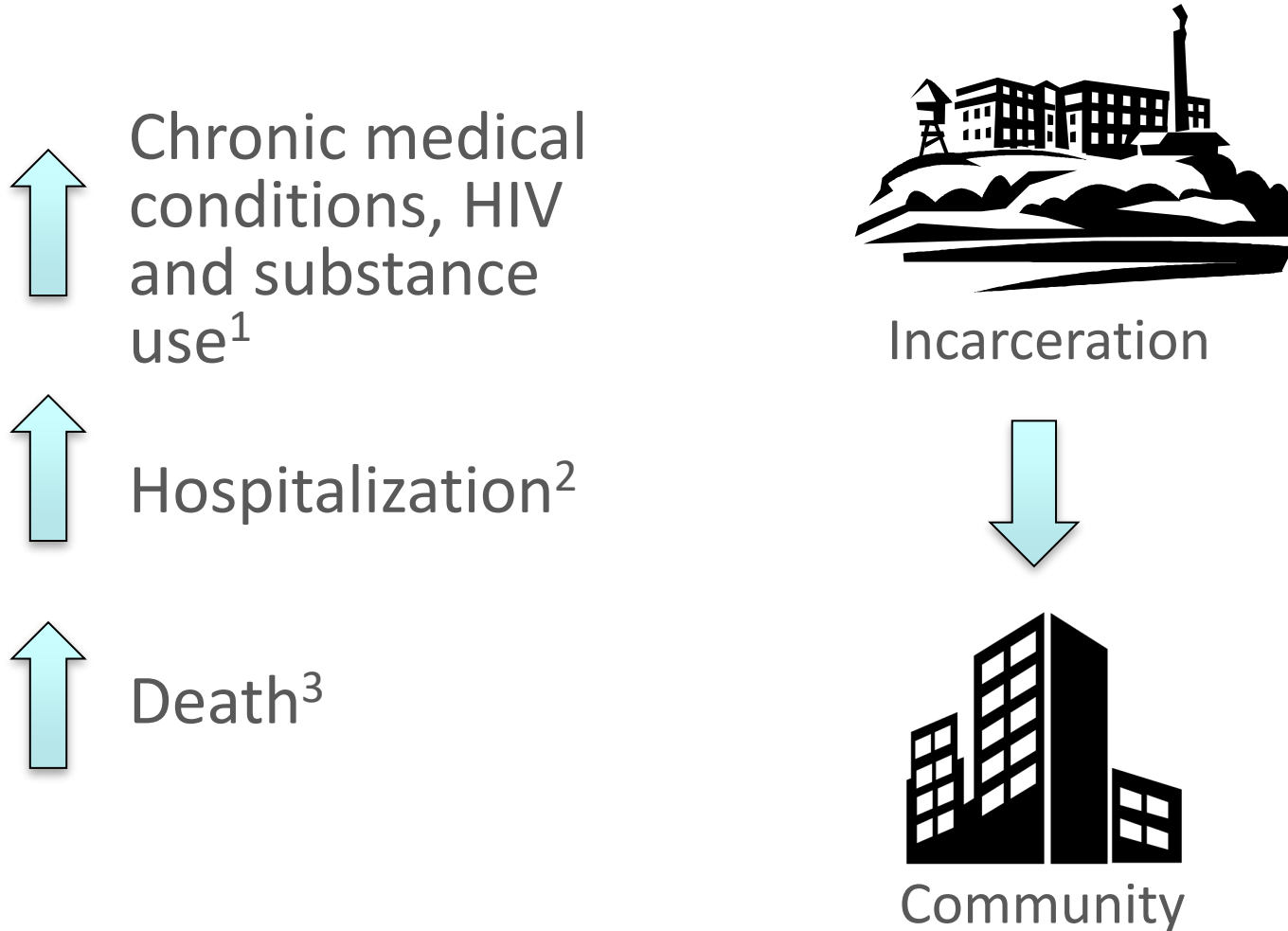
Incarcerated people are systematically silenced.





Prison reentry is perilous.

HEALTH RISKS FOLLOWING RELEASE



¹S Springer, et. al. CID 2004, MJ Milloy, et.al. JID 2011. ²EA Wang, et. al. JAMA Internal Medicine, July 2013. ³IA Binwanger, NEJM 2007; D Rosen, AJPH 2008.

RELEASE FROM PRISON – HIGH RISK OF DEATH



The NEW ENGLAND
JOURNAL of MEDICINE

12 times increased risk of death in first 2 weeks after release

- The leading causes of death:
 1. Drug overdose
 2. Cardiovascular disease
 3. Homicide
 4. Suicide
 5. Cancer

HEALTH-RELATED REENTRY CHALLENGES

- **Continuity of care:** No discharge planning, health records and short supply of medications¹
- **Access:** No health insurance/lapse in Medicaid and Medicare B²
- **SDOH/Collateral Consequences:** Individuals convicted of felonies face additional barriers to meeting basic needs: WIC, section 8 housing, employment³
- **Discrimination:** Individuals with histories of incarceration were significantly less likely to get primary care appointments⁴

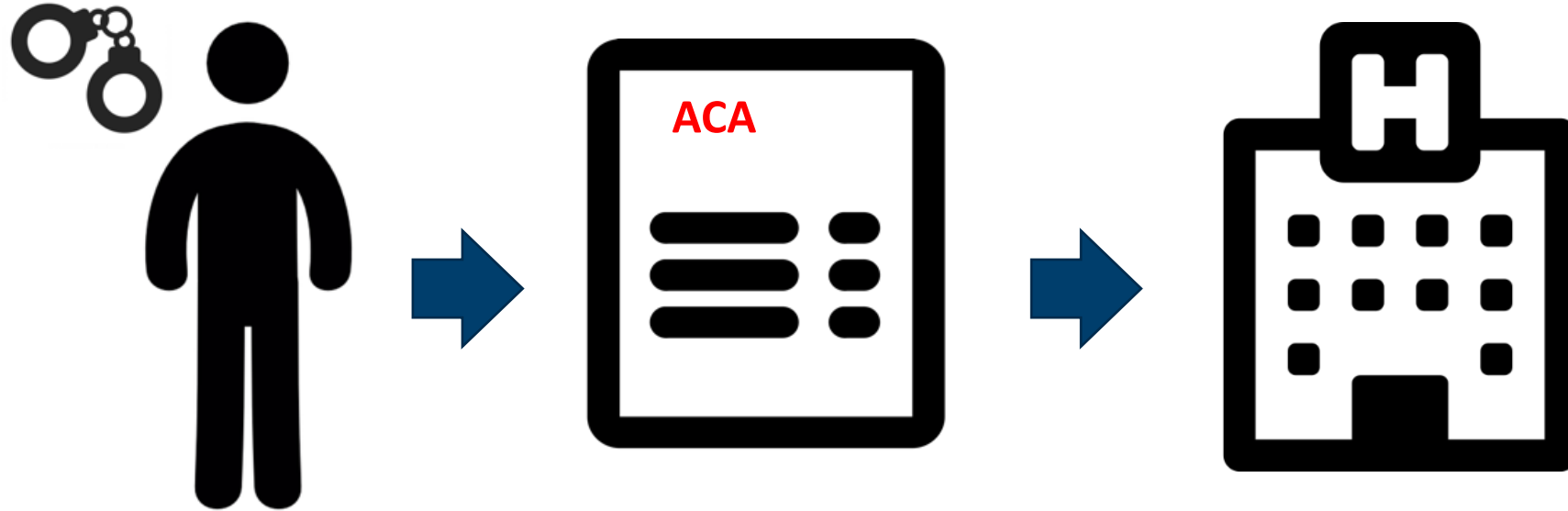
¹ N.A. Flanagan, et al. Can J Nurs Res 2004, ² N. Birnbaum, et al., E.A. Wang, AJPH 2014, ³E.A. Wang, et al. AIDS Educ Prev 2013. ⁴ Fahmy N, Ann Fam Med 2018.

44,000 COLLATERAL CONSEQUENCES OF CONVICTIONS



Chart: The Conversation, CC-BY-ND • Source: National Inventory of Collateral Consequences of Conviction • Get the data

ACCESS IS NOT ENGAGEMENT



 Insurance coverage \neq  SUD/Mental Health Treatment

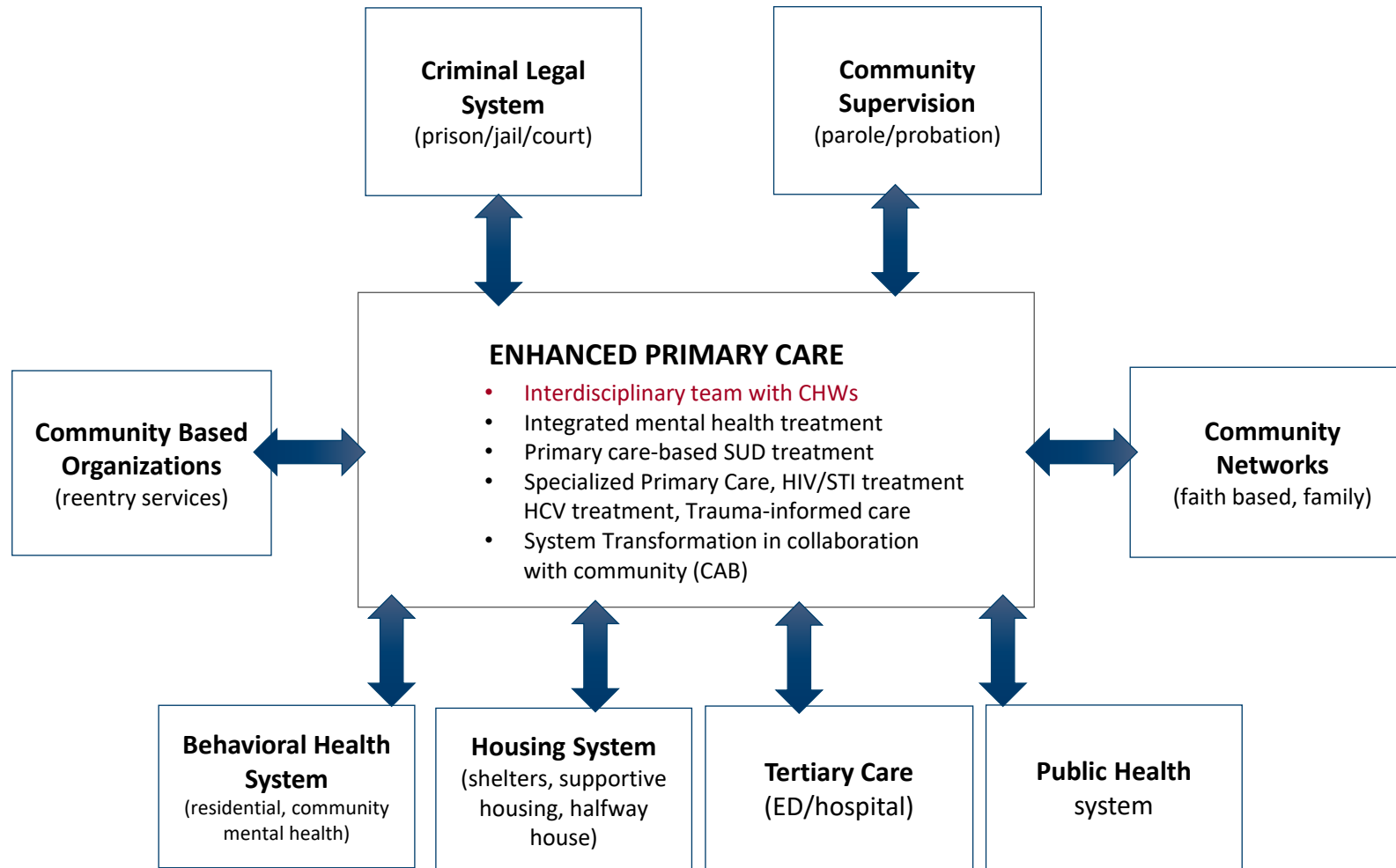
ENGAGEMENT STRATEGIES FOR JUSTICE-INVOLVED COMMUNITIES*

- Include individuals and communities impacted by criminal legal system in design, implementation and evaluation of programs
- Incorporate a broad definition of health & well-being
- Adapt systems to be patient-centered
- Empower patients
- Favor reintegration
- Avoid replication of correctional systems



*AS DEFINED BY THE COMMUNITY

TRANSITIONS CLINIC NETWORK MODEL OF CARE



TCN CHW SERVICES

Continuity of Care

- Carceral system to community

Outreach & Engagement

- Parole
- Home/transitional housing/encampments
- Jail/prison
- Hospital
- Treatment facilities

Health Systems Navigation

- Medication assistance
- Health insurance
- Specialty appointments
- Pharmacy, lab, radiology

Health Literacy, Health Promotion & Self-Management Support

- Medication reconciliation
- Chronic disease management

Social Service Navigation

- Housing, employment, job training, education and other social services.

Technology Coaching

Emotional Support, Mentorship & Family Reunification

Individual & System-Level Advocacy

TCN DEMOGRAPHIC DATA (N= 751)

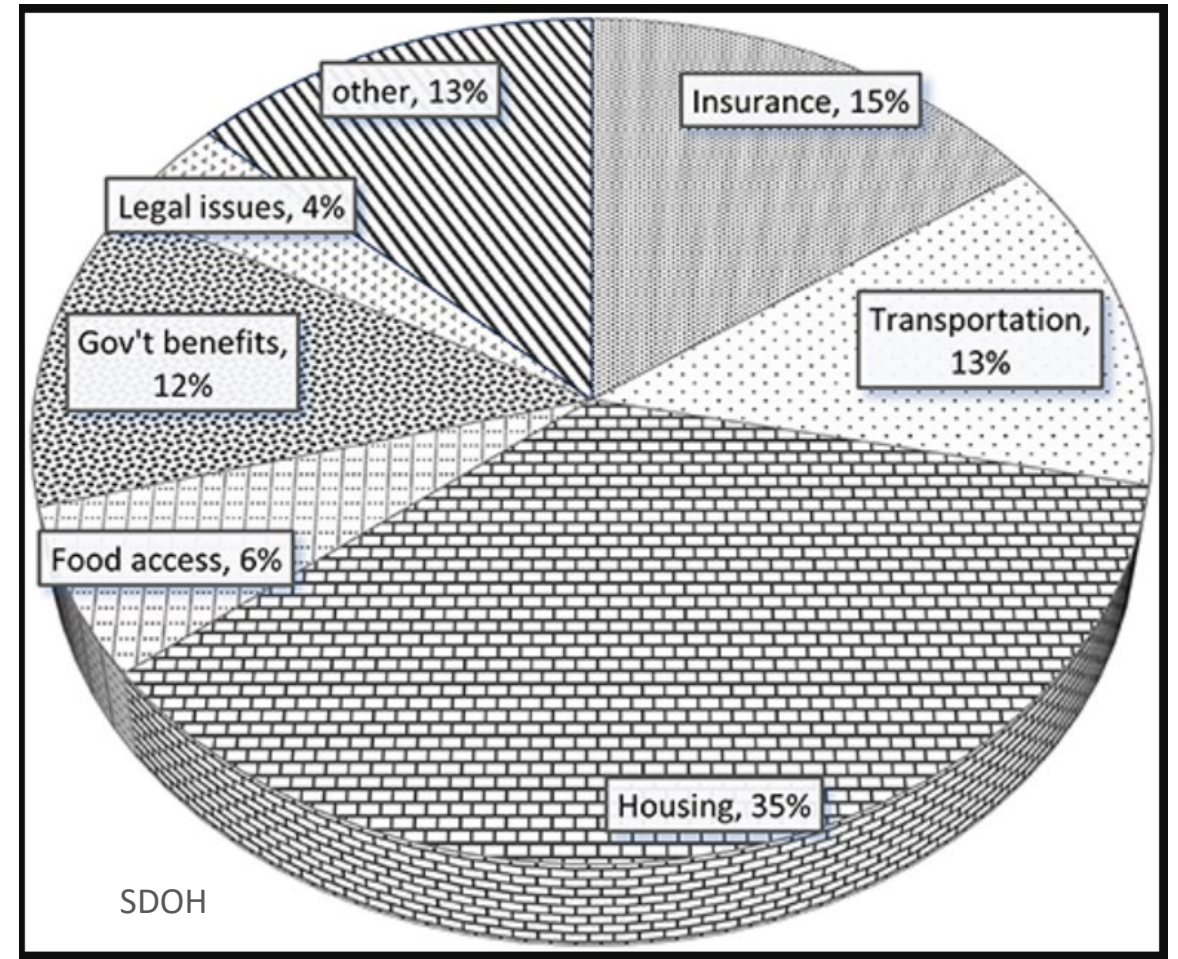
HOUSING STATUS	
Homeless	24.6%
Transitional	37.5
Live with family or friends	27.8
Rent or own	10.0
FOOD INSECURITY	
No	79.2%
Yes	20.1
EMPLOYMENT STATUS	
Not employed	78.7%
Employed	10.1
Retired or disabled	10.8

NUMBER OF CHRONIC PHYSICAL HEALTH CONDITIONS^a	
None	14.8%
1-2	41.3
3 or more	43.9
HAD A CHRONIC MENTAL HEALTH CONDITION^a	
No	47.3%
Yes	52.7
HAD A SUBSTANCE USE DISORDER^a	
No	50.1%
Yes	49.9

TCN PATIENT CHW INTERACTIONS (N = 3,342)

Concerns addressed [†]		
Social determinants of health	1,200	35.9
Medication management	446	13.3
Physical health	347	10.4
Care coordination	515	15.4
Mental/behavioral health	166	5.0
Other (e.g., emotional support, wellness check-in)	495	14.8

[†]Percentages add up to over 100% because more than one concern was addressed at some interactions. IQR, interquartile range.



TCN EVIDENCE-BASED RESULTS



**TCN program
reduces ED visits
for patients¹.**



**TCN program is
associated with
fewer preventable
hospitalizations².**



**TCN program
impacts criminal
legal system
outcomes².**

TCN programs improve health and reentry outcomes for returning community members

BEST PRACTICES FOR IMPROVING CONTINUITY OF CARE

- Prioritize the relationship
- Practice cultural humility
- Meet people where they are at (some people may not be ready)
- Advocate for patients (on individual and systems level)
- Challenge/break down down the clinical and carceral hierarchy- include community in the process (CAB)
- Avoid replication of carceral systems

BEST PRACTICES FOR CONTINUITY: HIRING IS KEY

- Shared lived experience is key to engagement and retention
- The right hire is integral to the success of the program
- Create structures that support staff with lived experience
- Assure that staff with lived experience are involved in all aspects of program
- Engage your community/CAB in hiring processes



Staff from NC FIT Program: Dorel Clayton, CHW Nichole Shackelford, Program Director; Tommy Green, CHW

HIRING TO COMBAT MASS INCARCERATION

- \$317 billion in earning potential lost every year by people with a record.
- People of color disproportionately impacted by criminal records.
- Health systems have excluded people with criminal records from employment.
- ***Hiring people with lived experience builds health equity and improves health and reentry outcomes.***



ANJALI NAIR/NBC NEWS

RECOMMENDATIONS FOR WORKING WITH PEOPLE RETURNING FROM INCARCERATION

- Ask the question (do you have a history...)
- Assess if there are other supports that your program could provide to address reentry needs (i.e. MLPs, support letters)
- Develop relationships with reentry providers, and correctional system (parole, probation, prison, jail)
- Consider ways you organization can advocate for policy change (i.e. policies that criminalize homelessness)
- **Implement a TCN program that *integrates people with lived experience of incarceration onto the clinical team***

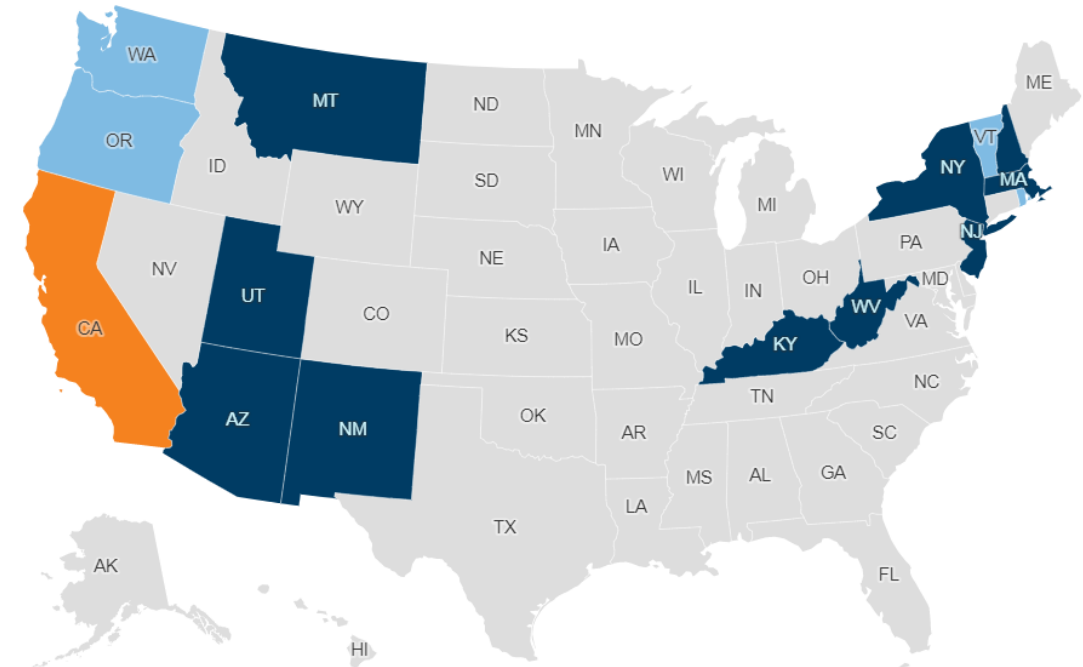
PROMISING POLICIES

- Medicaid section 1115 waivers that prioritize care of reentry population and provide enhanced care and social supports
- Repeal of Medicaid inmate exclusion act
- Statewide CHW and peer support certification efforts
- ARPA workforce development funds
- Expansion of MOUD in prisons and jails/opioid settlement funds

Section 1115 Waivers Requesting Waiver of Inmate Exclusion Policy, as of February 7, 2023

Medicaid-eligible inmates who could receive pre-release services through waiver

Approved (inmates that meet health criteria) Pending (all Medicaid-eligible inmates) Pending (inmates that meet health criteria)



IN SUMMARY

- Agencies serving individuals with behavioral health needs are serving people impacted by mass incarceration.
- Reentry is a very dangerous time for people returning from incarceration.
- We need to transform our systems to be patient-centered and include people with histories of incarceration in ongoing care and policymaking.
- CHWs/peers with lived experience are key to improving health outcomes for this population.

TCN SERVICES



Consultation



Care Coordination Services & System Development



Capacity Building and Training



Evaluation and Research

QUESTIONS?



“They [Transitions clinic staff] don’t judge you – they treat you like a human being, like you’re still a person. That’s something that prison takes away from you, and when you get out, society takes that away from you... I think that’s what makes Transitions clinic so successful.”

-TCN patient

Questions:
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www.transitionsclinic.org

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REFLECTION

- What is one thing you or your agency can do to support community members impacted by incarceration?

