

# Impact of incarceration and reentry: Strategies to provide health services to those that return home

American Public Health Association Annual Meeting  
Session: Public Health Policy and Incarcerated Populations

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**Community Voices**

**National Center for Primary Care**

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# The Face of the Incarcerated

- Black men comprised 41% of the more than 2 million men in custody, and black men age 20 to 29 comprised 15.5% of all men in custody in June 2006.
- In relation to the general population, 4.8% of all black men were in custody at midyear 2006, compared to about 0.7% of white men and 1.9% of Hispanic men.
- The incarceration rate for black men was the highest among black men age 25 to 29. About 11.7% of black males in this age group were incarcerated midyear 2006.
- In midyear 2006, the number of female prisoners rose at a faster rate than the number of male prisoners, but men were 14 times more likely to be incarcerated than women.



Source: Bureau of Justice Statistics

# Collateral Consequences of Incarceration

**Felony Disenfranchisement**

**Medicaid**

**Welfare Assistance and Food Stamps**

**Housing**

**Employment**

**Other Collateral Consequences**



*Policy Information Report*

## **Locked Up and Locked Out:**

**An Educational Perspective on  
the U.S. Prison Population**

*Listening.  
Learning.  
Leading.*

# Medicaid

- Many ex-offenders do not have health insurance when they return to their families and are unable to receive Medicaid when they are incarcerated.
- Correctional institutions do not receive federal funds from Medicaid or Medicare to provide health services to prisoners.
- Prisoners, while incarcerated, are ineligible to receive Medicaid.
- Under the Medicaid program, states cannot receive federal matching Medicaid funds to pay for services for inmates of public institutions. However, states are not required to terminate Medicaid eligibility but may suspend eligibility during incarceration.

# The Health Status of Inmates

- Those who are incarcerated suffer from a myriad of health care problems including HIV/AIDS, tuberculosis, hepatitis B, hepatitis C, hypertension, diabetes, asthma, cancer, Alzheimer's, and mental illness. Many inmates also have poor oral health which can complicate chronic conditions such as diabetes and cardiovascular disease. Once released, these individuals will return to their communities, children and families, many of which are overburdened and underserved, in poor health with limited or no access to health care resources.

# Health Status of Inmates: Infectious Disease

- In 1997, 36,000 inmates had hepatitis B, over 300,000 had hepatitis C, and 130,000 had latent tuberculosis infection.
- Of those released in 1996, 155,000 had hepatitis B infection, approximately 1.4 million were infected with hepatitis C, and 566,000 inmates had latent tuberculosis infection.

Source: NCCHC 2002

# Health Status of Inmates: Chronic Conditions

- The overall prevalence of asthma among inmates was 8.5%
- The prevalence of diabetes was estimated to be 4.8%;
- The prevalence rate for hypertension among inmates was more than 18%.

Source: NCCHC 2002

# Health Status of Inmates: Oral Health

- The people incarcerated at disproportionately high levels are also those most often in need of oral health care.
- In the general population, African Americans, Hispanics and Native Americans are less likely to have visited a dentist within the past year and more likely to have untreated dental caries than white counterparts.
- African American males also have the highest incidence of oral and pharyngeal cancer.



# Health Status of Inmates: HIV/AIDS

- In 2005, there were an estimated 22,480 people incarcerated in state and federal prisons who were known to be infected with HIV.
- Of known cases, 20,888 state inmates and 1,592 federal inmates were HIV positive.
- In addition, there were 5,620 confirmed AIDS cases among inmates with 5,026 in state prisons and 594 in federal prisons.
- The rate of confirmed AIDS among the prison population was 2.5 times higher than the U.S. general population.

Source: Bureau of Justice Statistics

# Health Status of Inmates: Mental Health

Many inmates also suffered from mental illness.

- In state prisons: 2-4% with schizophrenia or another psychotic disorder;
- 22-30% with anxiety disorder;
- 6-12% with post-traumatic stress disorder;
- 13 to 19% with major depression;
- 2 to 5 % with bipolar disorder; and 8 to 14% with dysthymia.

Source: NCCHC 2002

# Examples of Reentry Programs

# Eleventh Judicial Circuit Court of Florida Criminal Mental Health Project: Working to Keep People out of Jails

## KEY INTERVENTIONS

- Crisis Intervention Training: Work with Miami police officers to divert mentally ill patients into care instead of jail
- Engage the person: A court case management specialist collaborates with community mental health center case managers to develop comprehensive aftercare plans for the Jail Diversion clients.
- Continuity of care: Linkage to Case Management services will assist the individuals to access the programs and services that are essential to successful rehabilitation outcomes.

# Eleventh Judicial Circuit Court of Florida Criminal Mental Health Project: Working to Keep People out of Jails

## KEY INTERVENTIONS

- Comprehensive services: The Florida Department of Children & Families has instituted a comprehensive care program that includes case management, housing, and medication for those individuals with mental illnesses who continually revolve through the criminal justice system. A court case management specialist collaborates with community mental health center case managers to develop comprehensive aftercare plans and linkages for County Court Jail Diversion clients.
- Housing & Transition Program: Assessment tool was developed to assist with placement of County Court Jail Diversion clients in appropriate housing with case management and treatment services.
- Identification Card Program: ID cards are available for those clients that request one during discharge and aftercare planning. This card can be used at the local Social Security Administration Office when applying for or reinstating benefits. The local Social Security Office was involved in the development of this ID card.

# Denver CV Health Men's Health Initiative

## ➤ Demographics: n=5116

30% African American

32% Hispanic

33% Caucasian

2% Native American

1% Asian

1% Other

# Denver CV: Demographics cont.

## Living Situation

- 34% in Jail
- 39% in Homeless
- 9% living Independently
- 18% Other

## Mean Age

- 41.4 years of age (SD 11.6 years)

# Denver CV Re-entry Program

## 2 MHI Patient Navigators

- Meet with men in jail prior to release
- After release, take applications for publicly funded health programs
- Connect men with access to primary care, medications, support groups and other community resources
- Provide bus tokens, co-payments, assist in obtaining identification



# Community Voices Michigan: Health Department

The Health Department participated in the Discharge Planning Aftercare, and Community Support Committee which drafted a number of recommendations.

- Ensure all clients have a clear discharge plan in place.
- Within the corrections system, ensure acquisition of ID cards well before release.
- Create a Re-entry Team for the client involving workers from each pertinent agency or system, led by a centralized case manager to whom all team members are accountable
- Develop a holistic, comprehensive assessment tool that can be applied across all systems.

# Community Voices Michigan: Health Department

The Health Department provided training to staff at both the Parole and Probation Offices on Ingham Health Plan so that they could refer ex-offenders for enrollment in IHP as soon as possible when they returned to the community.

# Michigan: NorthWest Initiative

ARRO (Advocacy, Reentry, Resources, & Outreach) – The organization is made up of ex-offenders, families of ex-offenders, families of prisoners and advocates. The mission is to:

- Educate public and public policy about incarceration
- Identify and provide ex-offenders with leadership training and network with other groups
- Connect re-entering ex-offenders with supportive resources in the community

# What Can You Do?

# Creating Awareness

- Fact Sheets
- Surveys
- Policy Briefs
- Publications
- Meetings and Conferences

### Souls of Black Men

*African American Men Discuss Mental Health*

The Black Mental Health Alliance for Education and Consultation, Inc., invited a group of African American men to share their thoughts and experiences related to mental health. The fact sheet republishes their voices—uncensored and unscripted. What they have to say is honest, heartfelt, and at times, unsettling. More important, their voices are ones that, taken together, are honestly strong and courageous. Their comments point to the deep-rooted, systemic issues that underlie the mental health problems faced by African American men. These problems related to the social environment, to the availability of services, and the way treatment is offered can no longer be ignored.

Mental health is a taboo subject for African American men. In general, there is strong stigma associated with mental health problems and illnesses, issues related to culture, masculinity, and the socio-political environment kept men (and women) from seeking problems related to mental health.

Scope of the Problem  
More than one in four adults experience a mental health or substance abuse disorder in any given year. Yet only a small percentage of those affected will be properly diagnosed and treated for their disorder. For African American men and their families, the consequences of neglected mental health needs are devastating—

- 7% of African American men will develop depression during their lifetime—this is likely to be an underestimate due to lack of screening and treatment services.
- African American men have death rates that are at least twice as high as those for women for suicide, crimes of the law, and homicides.
- From 1986 to 1995, the suicide rate for African American male youth (ages 15-16) increased by 163%. Among African American males aged 15-19 years, firearms were used in 72% of suicides, while strangulation was used in 20% of suicides.
- For African American men, especially in urban areas, the abuse of alcohol and its consequences appear more grave when compared to statistics for white men, while women or African American women.

Finding care that is affordable, respectful, and accessible is a major challenge for African American men. There is a dearth of providers of color and culturally competent providers. Lack of insurance coverage and inadequate means of financing care often leave men to struggle.

"After they told me, in their way, that I had a mental disorder (after one session) and after only one conversation, I never went back. They didn't care and neither did I."


"If they don't try to understand you and to step into your shoes, they can never get the diagnosis right. I really felt rejected and unworthy of help and support."

*Community Voice*  
www.blackmentalhealth.org

MEET JUDGE GREG MATHIS AT THE  
MORRIS BREWER  
WAREHOUSE SCHOOL OF MEDICINE  
HELP ANSWER:  
How are Our Fragmented  
Mental Health and  
Criminal Justice Systems  
Breaking the  
Nation's Poor?

TUESDAY, JANUARY 24, 2006  
PM RECEPTION: 7:00 - 9:00 PM FORUM  
7:00 - 9:00 PM  
THE LOUIS W. SULLIVAN  
NATIONAL CENTER FOR PRIMARY CARE BUILDING  
THE MORRIS BREWER SCHOOL OF MEDICINE

**J. B. Fuqua  
MENTAL HEALTH  
FORUM**



This forum will be moderated by the 16th US Surgeon General Dr. David Satcher and feature presentations by: Eric H. Holder, Former Assistant Attorney General, Dr. Michelle Staples-Horne, Medical Director, Georgia Department of Juvenile Justice, and Rocio Del Milagro Woody, President of Road to Recovery.

CONTINUING MEDICAL EDUCATION CREDITS AVAILABLE

**TO REGISTER CLICK HERE**

# Support Legislation

Second Chance Act of 2007 – H.R. 1593/ S.1060

- ***Demonstration Grants.*** Provides grants to states and local governments that may be used to promote the safe and successful reintegration into the community of individuals who have been incarcerated.
- ***Drug treatment incentive grants.*** Grants to improve the availability of drug treatment to offenders in prisons, jails and juvenile facilities.
- ***National Offender Re-Entry Resource Center.*** Establishes a national resource center to collect and disseminate best practices and provide training and support around re-entry.

Source: Re-Entry Policy Council

# Support Legislation

- ***Children and Families.*** Resources provided in the bill could be used for a variety of family strengthening programs such as maintaining family relationships when a parent is incarcerated, identifying barriers to collaborating with child welfare agencies in providing services, collecting information regarding dependent children of incarcerated persons, and developing programs that support parent-child relationships.
- ***Prison-based family treatment programs.*** Authorizes grants to States, local governments, and Indian tribes to develop and implement prison-based, family-based treatment programs for incarcerated parents who have minor children.

Source: Re-Entry Policy Council

# Policy Recommendations

- Require pre-release reentry programs to be established in local, state, and federal correctional facilities to ensure that individuals receive the medical, legal and social services needed for successful reentry.
- Create community justice policy centers where those returning can receive comprehensive medical, legal and social services.
- In order to expedite reinstatement of benefits, states should not terminate Medicaid coverage for those incarcerated; instead, the benefit should simply be suspended.



# Recommendations

- ***Expand Health Care Coverage*** – Provide health care coverage for comprehensive primary health care that includes mental health care, substance abuse treatment on demand, and oral health care that includes all African American, Latino, and other poor men, as well as white men who are age 18 or over.
- ***Eliminate Co-payments*** – Co-payment for primary health care services including oral health services received in prison must be outlawed.
- ***Extend Medicaid Coverage*** – Medicaid coverage must be extended to all those returning to community.



## The First Annual Community Voices Freedom's Voice Conference April 9-11, 2008

- The First Annual Freedom's Voice Conference will be an unprecedented assembly of the nation's academic, political, and advocacy leaders on healthcare, healthcare disparities, civil rights, and successful community reentry.
- **Location:** Hyatt Regency Atlanta, 265 Peachtree Street, NE, Atlanta, GA 404-577-1234
- **Conference Pre-registration:** \$400
- **Hotel Accommodations:** \$145/night



## The Soledad O'Brien Freedom's Voice Awards Gala April 11, 2008

- CNN anchor and special correspondent Soledad O'Brien is renowned for her determination to cover stories that might otherwise go untold and her efforts to be a voice for those in our society who are unable to speak for themselves. For this work, we present her with the first annual Soledad O'Brien Freedom's Voice Award.
- Honorary Co-Chairs:  
**Jane Fonda**, Philanthropist and actress  
**Joseph Stewart**, Trustee of the W.K. Kellogg Foundation and former Vice-President of Corporate Affairs for the Kellogg Company –  
**Jim Walton**, CNN Worldwide President
- Location: High Museum of Art Atlanta
- Soledad O'Brien Freedom's Voice Awards Gala Pre-registration: \$500

# Conclusion

- In order for those returning to their communities to fully reintegrate back into society, to provide for their children and families, and to contribute to their communities, it is imperative that they receive the necessary health care, financial resources, and social supports. When the formerly incarcerated are not able to provide the basic necessities for their families, as a society, we are perpetuating a vicious cycle of imprisonment that will affect future generations.

# Thank You

**For more information ...**



**[www.communityvoices.org](http://www.communityvoices.org)**