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Gaps in Continuity of Care: Homelessness and Incarceration Among Medicaid Psychiatric Patients

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Disclosures

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No relationships to disclose

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Research Objectives

- Assess rates of homelessness and incarceration among Medicaid psychiatric patients.
- Examine sociodemographic and clinical risk.
- Identify potential gaps in continuity of care for homelessness and incarceration among Medicaid psychiatric patients.

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Background

- Relationships between homelessness and mental illness, and incarceration and mental illness have been well established in the literature.
- Previous findings are largely based on studies of homeless or incarcerated populations.
- There are currently no systematic, clinical data rigorously characterizing psychiatric patients who are, or may become, homeless or incarcerated.

Methods

Source:	APIRE Ten State Medicaid Study, 2006
Design:	Physician-reported, clinically-detailed data using practice based research methods
Sample:	Randomly selected psychiatrists from 10 targeted states using the AMA Masterfile
Eligibility:	Treat Medicaid patients in last typical workweek
Response:	61% (N=2,968) total; 34% (N=857) eligible
Data:	Reports on 1,625 systematically-selected Medicaid patients
Analyses:	Weighted frequencies; logistic regression models to estimate odds of homelessness and incarceration, accounting for sociodemographic and clinical characteristics

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Primary Study Measures

Homelessness

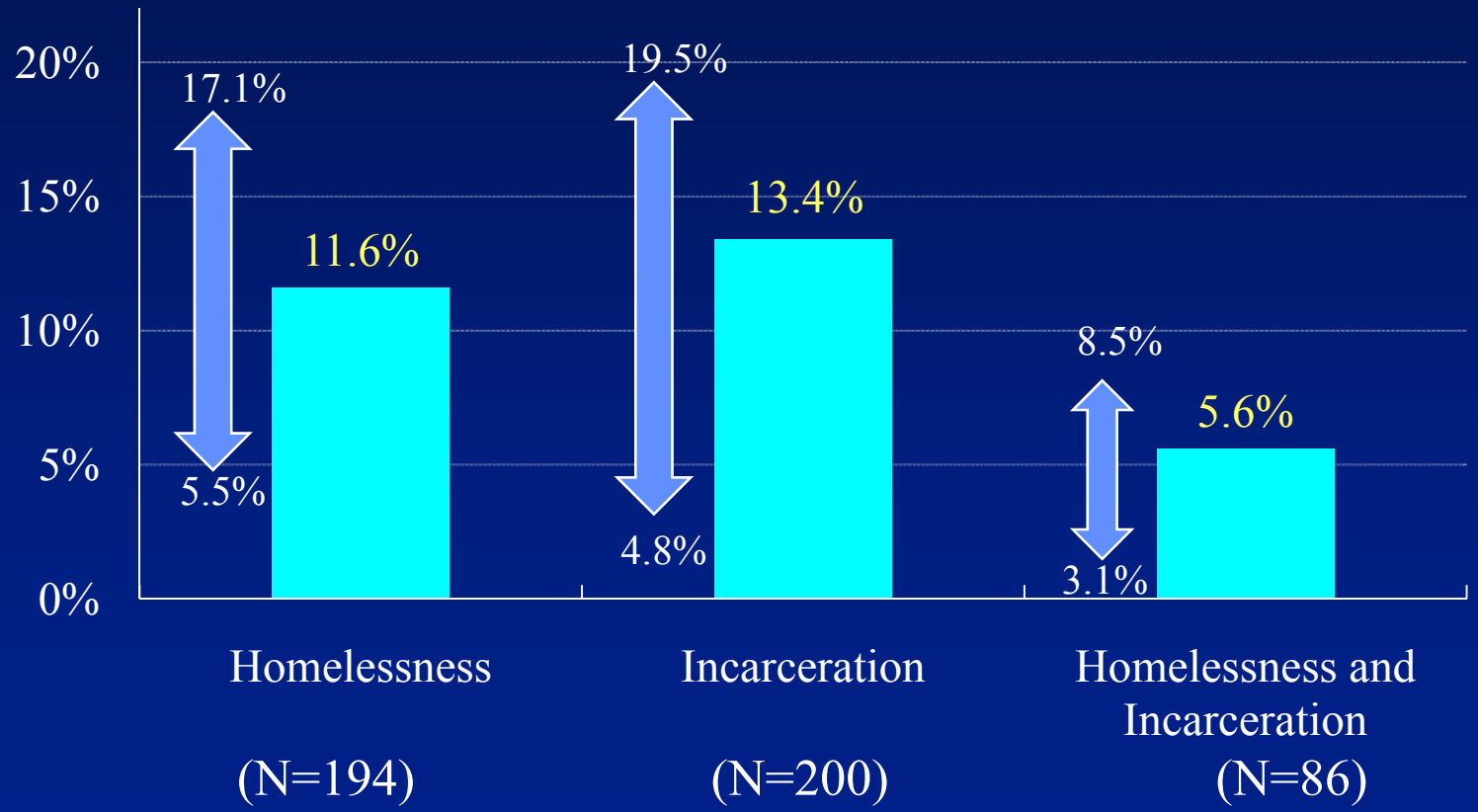
Since January 1, 2006, has this patient been homeless for more than 48 hours?

Incarceration

Since January 1, 2006, has this patient been detained or incarcerated in jail or prison?

Results

Overall Rates of Homelessness and Incarceration among Medicaid Psychiatric Patients (N=1,625; ↕ = OR Range)



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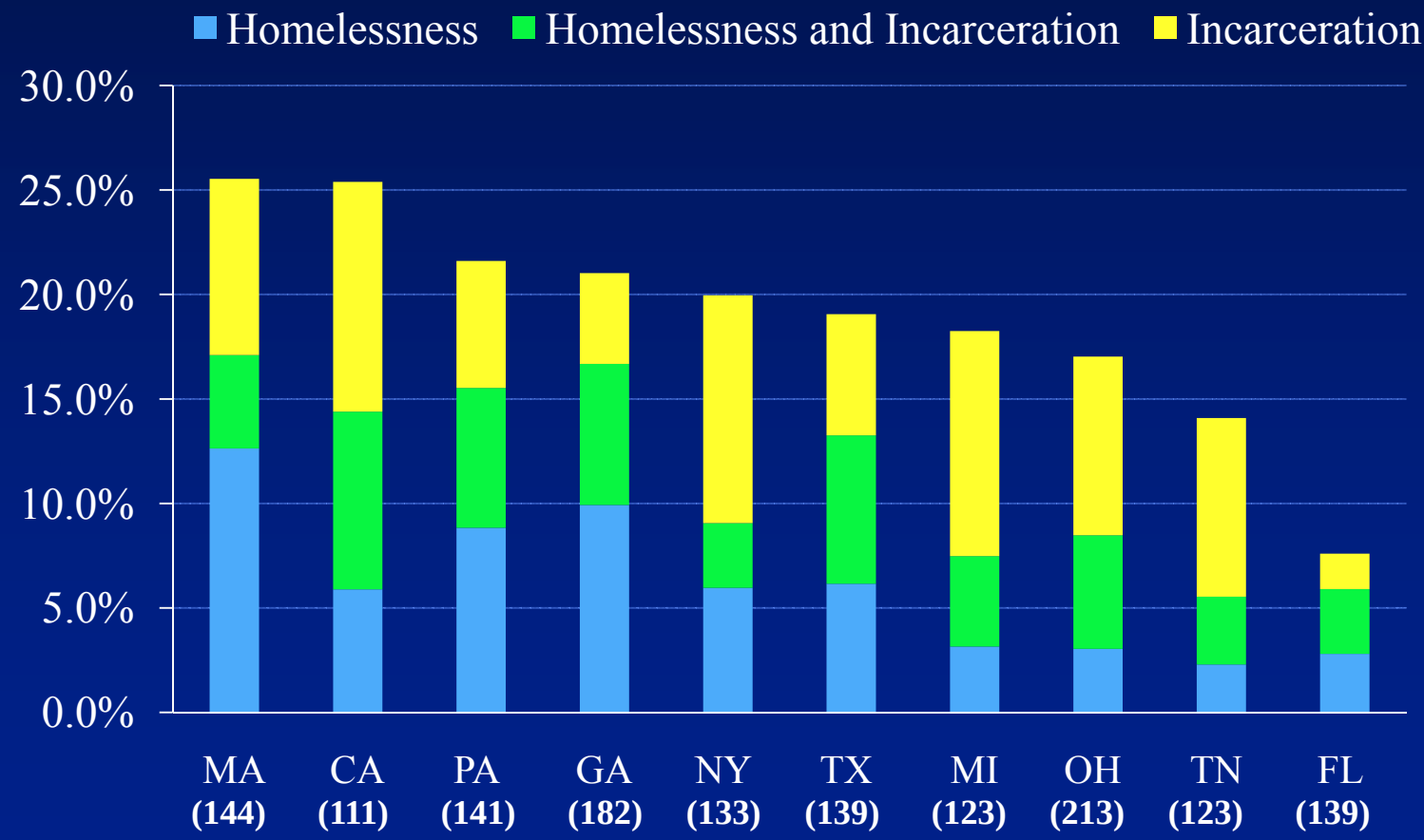
Results

Overall Rates of Homelessness, Incarceration, and Both among Medicaid Psychiatric Patients in 10 States (N = 1,625)



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Results

Sociodemographic Characteristics

	% Homeless (N=194)	% Incarcerated (N=200)	% Both (N=86)
Total (N=1,625)	11.6	13.4	5.6
Male	14.8 ***	18.9 ***	7.1 *
Female	8.7	8.1	4.2
White	9.9	9.0	3.6
Non-white	13.5 *	18.3 ***	7.9***
< 18	1.1	9.7	0.3
18- 30	23.8 ***	21.1 ***	14.1***
31- 40	17.1	14.8	6.6
41- 64	12.8	13.4	6.4

* p<.05 ** p<.01 *** p<.001

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Results

Psychiatric Diagnoses

	% Homeless (N=194)	% Incarcerated (N=200)	% Both (N=86)
Total (N=1,625)	11.6	13.4	5.6
Drug use d/o	42.6***	38.3***	21.6***
Alcohol use d/o	36.2***	25.3**	14.4***
Schizophrenia	24.0***	22.0***	12.3***
Bipolar d/o	9.4	14.6	4.0
Depression	5.8***	7.4***	3.7*
Anxiety d/o	5.7**	3.9***	1.8**
> 1 d/o	23.7	29.3*	10.7

* p<.05 ** p<.01 *** p<.001

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Results

Severe Symptom Levels

	% Homeless (N=194)	% Incarcerated (N=200)	% Both (N=86)
Total (N=1,625)	11.6	13.4	5.6
Substance use	64.0***	37.4***	30.6***
Psychotic	33.0***	24.3***	14.7***
Manic	28.0***	23.1*	15.7***
Depression	17.0*	8.6*	3.8
Anxiety	16.8*	14.4	9.0*
Sleep disturbance	16.2*	19.2**	11.3***
General medical	13.0	15.2*	6.2

* p<.05 ** p<.01 *** p<.001

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Results

Treatment Setting

	% Homeless (N=194)	% Incarcerated (N=200)	% Both (N=86)
Total (N=1,625)	11.6	13.4	5.6
Public inpatient	34.1 ***	33.6 ***	17.8 ***
Private inpatient	31.1 ***	10.1 ***	5.4
Public outpatient	11.2 ***	15.0 ***	6.5
Private outpatient	4.3	5.8	1.5
Nursing home	12.6	24.2 ***	8.1

***p<.001

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Treatment Access Problems

	% Homeless (N=194)	% Incarcerated (N=200)	% Both (N=86)
Total (N=1,625)	11.6	13.4	5.6
Problems with copayments	21.0*	20.1	14.1
Medication discontinued/ stopped for non-clinical reasons	18.2	19.9	13.7**
Clinically indicated medication not covered	12.1	15.0	8.5

* $p<.05$ ** $p<.01$

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Results

Adverse Events

	% Homeless (N=194)	% Incarcerated (N=200)	% Both (N=86)
Total (N=1,625)	11.6	13.4	5.6
Increase in suicidality	29.5 ***	21.0 ***	13.2 ***
Increase in violent ideation/ behavior	21.3 ***	32.3 ***	14.0 ***
ED visit	24.3 ***	22.1***	12.5 ***
Psychiatric hospitalization	26.9 ***	22.6 ***	13.8 ***

*** All associations significant at p<.001

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Results

Odds of Homelessness and Incarceration

	Homelessness OR	Incarceration OR	Both OR
Male	--	1.9***	2.0*
Non-white	1.5*	1.5*	--
Substance use disorder	--	3.1**	7.2**
Severe substance use sx	2.9***	2.7**	3.4**
Suicidality	1.6*	--	--
Violent ideation or behavior	--	2.9***	2.3*
ED visit	2.1**	2.4***	2.8*
Problems with copayments	1.7*	--	--
Rx discontinuation	--	--	2.4**
Tx in public outpatient setting	2.8***	2.0**	5.3**
Tx in public inpatient setting	5.9***	2.2*	6.1**
Tx in private inpatient setting	3.9***	--	--
Tx in nursing home	3.8***	2.8**	4.9**

OR = Odds Ratio * p<.05 ** p<.01 *** p<.001

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Summary of Key Findings

- Rates of homelessness or incarceration were high among Medicaid psychiatric patients.
- Rates were higher among male, non-white, and younger adult patients.
- The highest rates of homelessness and incarceration occurred among patients with schizophrenia, substance use disorders, severe psychiatric symptoms, and more than one diagnosis.

Summary of Key Findings

- The cumulative burden on states is non-trivial: nearly 1 in 5 Medicaid patients experienced homelessness, incarceration, or both.
- One-third of public inpatients experienced homelessness or incarceration.
- One-third of private inpatients experienced homelessness.
- Homeless or incarcerated patients were significantly more likely to be seen in the emergency department.
- Discontinuation of clinically indicated medications for non-clinical reasons increased the odds of both homelessness and incarceration.

Implications for Policy, Practice, or Delivery

- There appear to be important gaps in the mental health treatment infrastructure for patients with substance use, psychotic disorders, and psychiatric symptom exacerbation.
- Appropriate discharge planning and care coordination by inpatient facilities, emergency departments, and the criminal justice system can potentially prevent homelessness and incarceration in high risk Medicaid psychiatric patients.
- Special attention should be focused on more effective models of care engagement, including housing, 24-hour crisis intervention care, substance use treatment programs, and pharmacologic treatment access and management.

Conclusion

There are vulnerable sub-groups of Medicaid psychiatric patients who have fallen through states' mental health and social services systems. These patients appear to be at considerable risk for homelessness and incarceration and warrant increased attention.

Thank you!

Questions?

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