Background

Healthcare after incarceration is being identified as an area of need within the healthcare and justice systems. Corrections facilities are some of the largest providers of mental health care. Many individuals receive healthcare for the first time in prison. Individuals often transition out of prison without insurance, follow up care, or transportation to care. To be able to hold a job or complete school youth transitioning out of correctional facilities need access to health care. There have been efforts to improve transitions in medical care for adults, however, less progress has been made for transition in mental health care and for youth having correctional facilities.

Incarceration and Healthcare of Rhode Island Youth

In 2019, 283 youth were incarcerated at Rhode Island’s juvenile corrections facility. All youth receive routine medical and dental care including preventative care. 148 youth received mental health services for psychiatric diagnoses (other than conduct disorder and substance use disorders). 82 youth received substance use treatment. 17% were admitted twice and 5% were admitted 3 or more times.

Discharges are frequent with ~30% of youth having been incarcerated and receiving medical care for over 6 months.

First Steps: Needs Assessment

Anecdotally, youth who have left the juvenile corrections facility in Rhode Island have often not received follow up care particularly for mental health treatment. This has never been quantified. There is also little known about the preferences of the youths and their family regarding where they will receive follow up care.

To better understand the problem we have proposed to start tracking the following for patients who return to the facility after a period of release:

- Is the youth still taking any medications prescribed prior to previous release? If not, why where they discontinued?
- Is the youth receiving any routine medical care since the last period of incarceration? (e.g. annual well child exam)
- Did the youth receive recommended follow up care? (e.g. individual therapy, substance use treatment, psychiatric care)

To better understand youth and family preferences and practice after leaving the training school we will collect the following surveys from incarcerated youth (by adding questions to a clinic administered survey already being used) and their families (by administering a survey to families a month prior to anticipated release). We will also distribute a survey to the probation officers to better understand what role they already play in helping connect patients with providers and their impressions of what care is being accessed.

Next Steps: Possible Models

There are several different models for transitional care after incarceration that have been used and discussed in the literature. These methods have primarily focused on adult medical care rather than mental health or youth. Effective models have systems in place to assess needs, plan for the transition, identify providers and programs as well as who is responsible for making sure the plan is followed, and coordinate care among providers within the correctional system and afterward. Given the resources in Rhode Island the following are possible models for creating a transition model:

Discussion

Rhode Island and its juvenile justice system are unique in the size of their population and geography as well as the medical and mental health resources concentrated in the state. This makes creating a comprehensive healthcare transition model that can serve the entire state possible.

- The needs assessment will help both quantify the problem and start to narrow down which model fits the needs and preferences of the population it is meant to serve.

- By including probation officers in the needs assessment and continuing to assess the clinical resources already available at the facility, it will be possible to see how the resources that already exist within the juvenile justice system may be honed or repurposed to help with healthcare transitions.

- In the future, any of the three proposed models could potentially be expanded to include programming to serve youth on probation or at risk of becoming involved in the justice system. By connecting youth with evidence based treatment like Multi-systemic Therapy, it is possible that a transition clinic model could become part of a larger diversion program to help prevent incarceration of youth in Rhode Island.

References

1. Youth at the Training School. 2019 Rhode Island Kids Count Factbook Providence, RI: Rhode Island KIDS COUNT.

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With incarcerated individual health insurance is put on hold and must be re-applications after release, which can lead to a delay in care.

Transition Healthcare Nationally

- Most research is focused on medical healthcare transitions, with less focus on mental health.
- Dedicated transition clinics often focus on individuals with chronic medical illnesses.
- There is almost no research on transition of care for youth leaving correctional facilities.
- Transitional age (14-18) youth present a unique challenge.

Transition Healthcare in Rhode Island

- An adult transition clinic exists for individuals leaving the adult corrections facility who have 2 or more chronic illnesses (including substance use disorders).
- The clinic provides medical care and medication assisted therapies for opioid use disorder.
- A case manager works both in the prison and clinic to help manage the transition in care including signing up for health insurance.
- Community Health Workers who have previously been incarcerated provide health navigation support.

This is the most widely used model. Systems range from providing simple aftercare planning to comprehensive case management. Some programs have expanded care coordination to provide resources that could divert youth from incarceration in the first place.

Returning to existing correctional facilities’ clinics for care is not a common model as formerly incarcerated individuals have frequently stated they would not like to return to the facility for care. This research has been done in adults only and never is a state or system as small as Rhode Island.

Increasingly specialized clinics are being created to serve formerly incarcerated individuals. The most common model is creating a clinic within an existing clinic/medical home with dedicated case management and in some places community health workers who are also previously incarcerated.

Care Coordination

Temporary Continuity of Care

Specialized Clinic