

Res. A-06-19

TITLE: Improve access to healthcare for formerly incarcerated persons

Introduced by: Hannah Dragomanovich, OMS-2; Touro University California College of Osteopathic Medicine, Alia McKean, OMS-2; Touro University California College of Osteopathic Medicine

Endorsements: Napa-Solano chapters

WHEREAS, in 2016 there were 2,131,000 incarcerated persons in the United States, of which 202,700 were in California¹; and

WHEREAS, the prevalence of disease is extremely high among incarcerated persons; about 40% of inmates in American prisons and jails suffer from at least one chronic medical condition²; and

WHEREAS, a significant number of incarcerated persons are affected by mental illness, with 14.8% of federal inmates and 25.5% of state inmates having at least one mental health condition²; and

WHEREAS, annually, 626,000 incarcerated persons are released from state and federal correctional facilities, of which 36,000 persons are released in California³; and

WHEREAS, in the first two weeks after release, the risk of death among formerly incarcerated Americans is nearly 13 times higher than in the general population, with the leading causes of death being drug overdose, cardiovascular disease, homicide, and suicide⁴; and

WHEREAS, about 1 in 70 former inmates are hospitalized due to an acute condition within 7 days of release, and 1 in 12 are hospitalized within 90 days of release, which is significantly higher than in the general population⁵; and

WHEREAS, formerly incarcerated persons face difficulties in maintaining continuity of care upon leaving prison or jail; in one study, only 32% of participants were released with a supply of their daily medications, and a mere 15% were released with their medical records⁶; and

WHEREAS, upon reentry to society, formerly incarcerated persons primarily rely on emergency medical services rather than primary care, though they require chronic care management for their complex health needs⁶; and

WHEREAS, the Transitions Clinic program presents a possible solution to this health disparity by offering patient-centered primary care to recently-released persons; community health workers with a personal

¹ Kaeble D, Cowhig M. Correctional Populations in the United States, 2016. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>. Accessed Jan 3, 2019.

² Wilper AP, Woolhandler S, Boyd JW, et al. The health and health care of US prisoners: results of a nationwide survey. *Am J Public Health*. 2009;99(4):666-72.

³ Carson, A. Prisoners in 2016. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics <https://www.bjs.gov/content/pub/pdf/p16.pdf>. Accessed Jan 3, 2019.

⁴ Binswanger IA, Stern MF, Deyo RA, et al. Release from prison--a high risk of death for former inmates. *N Engl J Med*. 2007;356(2):157-65.

⁵ Wang EA, Wang Y, Krumholz HM. A high risk of hospitalization following release from correctional facilities in Medicare beneficiaries: a retrospective matched cohort study, 2002 to 2010. *JAMA Intern Med*. 2013;173(17):1621-8.

⁶ Wang EA, Hong CS, Shavit S, Sanders R, Kessell E, Kushel MB. Engaging individuals recently released from prison into primary care: a randomized trial. *Am J Public Health*. 2012;102(9):e22-9.

history of incarceration perform case management for these patients and work with other organizations that also help address the social challenges surrounding reentry⁷; and

WHEREAS, a randomized controlled trial conducted at the Southeast Health Center, a Transitions Clinic in San Francisco, demonstrated a 14% reduction in emergency department use over 12 months, an average cost savings of \$912 per patient⁸; and

WHEREAS, currently only 11 states have Transitions Clinic programs (CA, TX, WA, AR, AL, NC, MD, NY, MA, CT, RI); in California, there are only 8 clinics, most of which are centered around the Bay Area and Los Angeles, although the Transitions Clinic Network and the California Healthcare Foundation are implementing new programs throughout California⁹; and

WHEREAS, while Transitions Clinics exist in the Bay Area and Los Angeles, higher rates of Californians are being sent to prison from inland counties such as in the Central Valley and Northern Sacramento Valley¹⁰; and now, therefore be it

RESOLVED: That CAFP improve access to healthcare for formerly incarcerated persons following release by advocating for the creation of an agency that helps patients enroll in health insurance and establish care with a primary care provider prior to their release, and be it further

RESOLVED: That CAFP work with the California legislature to advocate for increased funding for the Transitions Clinic Program to further increase the number of clinics throughout the state, particularly in inland counties, and be it further

RESOLVED: That CAFP refer this to AAFP for national action.

Speaker's Note:

AAFP has produced a position paper titled "Incarceration and Health: a Family Physician Perspective" (<https://www.aafp.org/about/policies/all/incarcerationandhealth.html>) containing considerations for care for the incarcerated. This paper does not focus on transitions in care for the formerly incarcerated.

Neither AAFP nor CAFP have specific policy on incarcerated prisoners or transitions in care for the formerly incarcerated. As a result, passage of this resolution would complement and enhance existing policy.

There are provisions within the resolution, specifically the provision calling for "creation of an agency that helps patients enroll in health insurance and establish care with a primary care provider prior to their release" that are potential duplicative of the role played by the state insurance exchange, Covered California, and the California Department of Health Care Services.

⁷ California Health Policy Strategies. Reentry Health Policy Project: Meeting the Serious Health and Behavioral Needs of Prison and Jail Inmates Returning to the Community. <http://calhps.com/reports/FINAL-REPORT-Revised-January-2018.pdf>. Updated Jan 2018. Accessed Jan 3, 2019.

⁸ Transitions Clinic Program. <http://transitionsclinic.org/transitions-clinic-program/>. Accessed Jan 3, 2019.

⁹ Transitions Clinic Network Partners. <http://transitionsclinic.org/locations/>. Accessed Jan 3, 2019.

¹⁰ Goss J, Hayes, J. California's changing prison population: Just the Facts (February 2018). *Public Policy Institute of California*. www.ppica.org/main/publication_show.asp. Accessed Jan 3, 2019.

Fiscal Note:

The resource implications of this resolution may be significant and could exceed \$30,000 in staff time. Cost would largely be incurred through advocating for the creation of a new state agency or function within an agency, and advocating for an increase in funding for the Transitions Clinic Program. Both advocacy efforts would require research, consultation with CAFP committees, and lobbying. The first of the provisions is complex, requiring comparison between the operational responsibilities and capacity of existing agencies. The second provision, because it involves increasing funding for an existing program as opposed to creation of a new program, has smaller resource implications. Minimal expense would be incurred as the result of referring to AAFP for national action.

1. PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?

Formerly incarcerated persons represent a vulnerable population whose needs have yet to be addressed nationwide. These individuals experience a higher prevalence of chronic medical conditions and mental illness than the general population. However, formerly incarcerated persons lack appropriate case management upon release from correctional facilities, and are ultimately forced to seek medical care from the emergency department for acute conditions. By establishing a smoother transition into health care upon reentry to the community, we could improve their overall wellbeing and prevent exacerbations of chronic conditions, and help them integrate into society more seamlessly. Additionally, Transition Clinic programs provide culturally competent and integrated care, combining the efforts of primary care physicians and case managers who are better equipped to manage complex cases. However, such clinics are in high demand and are lacking in areas that need them most.

2. PROBLEM UNIVERSE: Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?

There are 36,000 people released from California prisons and jails every year. These people need adequate medical care and would greatly benefit from a smoother transition upon release. Family physicians often take care of formerly incarcerated patients and could benefit from the care coordination and wrap-around services provided by Transitions Clinic Programs.

3. WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?

The CAFP should encourage state prisons and local jails to work with primary care providers to ensure that incarcerated persons are enrolled in a healthcare plan and are connected with a primary care provider or Transitions Clinic program prior to being released, thus ensuring continuity of care. Additionally, CAFP should work with legislators to increase funding for more Transition Clinic programs to be established in areas of need throughout California, particularly rural and inland counties. Finally, CAFP should encourage AAFP to adopt similar policies nationwide.

4. WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY

Please see resolution statistics and statements for explanation of the problem.

5. PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.

Please see footnotes.