

Outside, Inside, Inside, Outside: It's Reversible!

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EXECUTIVE SUMMARY:

The Kentucky Department of Corrections (KDOC) joins other state's correctional institutions in focusing increased attention to reentry efforts. Our mission involves public safety and preparation for those individuals reentering our communities post incarceration to transition successfully¹. Public safety is not simply separating offenders from the rest of society and letting them go at some later date. Successful re-entry requires preparation, planning, and coordination. There has been a long history of emphasis on education and vocational training as a means of preparing incarcerated individuals to rejoin family and society. However, healthcare has become an issue of more concentrated and recent concern in examining successful reentry needs and services². Treatment planning and coordination with community service providers working with seriously ill individuals has lacked a coordinated effort in Kentucky.

Team "Outside, Inside; Inside Outside –It's Reversible!" will provide information about resources available in and out of prison that promote good physical and mental health. Empowering individuals with the knowledge and motivation necessary to attend appropriately and proactively to their personal health care is another step toward responsible thinking and personal accountability. This too is a goal of incarceration, rehabilitation, and re-integration.

INTRODUCTION/BACKGROUND:

Our KPHLI team knew that we wanted to focus on Reentry as a topic-but what aspect of such a broad landscape? We also knew that the recidivism rate in Kentucky remained relatively steady at about 34% despite increased academic, vocational, and psychological programming efforts. Another piece of information was relevant-it was on a small scale but its success could not be denied. KDOC has one Re-integration Specialist who works with referred severely mentally ill (SMI) clients serving out from the Kentucky State Reformatory and the Kentucky Correctional Institute for Women. Over the past six years her recidivism rate with an annual caseload averaging twenty-five men and women has run at about 5%! Logic, experience and comparison with the SMI clients that were not part of her project caseload returned to jail or prison at a higher rate than those without a severe mental health diagnosis³. However, we could not offer the level of coordinated services beginning six months out before the serve out date or the two year follow up in the community that this sole reintegration specialist provides in the scope of our project. After numerous ideas were explored we realized that many resources are available for those with physical and mental health issues, particularly in the metropolitan areas of the state. However, they were relatively unknown to the inmate population. Many of our Pre-Release Coordinators were aware of some of the resources such as the Louisville Metro Reentry Task Force (LMRTF) website and accompanying Resource Manual⁴. It is available on line but those facing the prospects of parole or serving out their entire sentence were not in contact with Pre-Release services until a few weeks before they left. Little time remained to plan for anything beyond a home placement and *maybe* a job placement.

Appointments for follow up psychiatric and other medical care are not routinely made prior to release. When researching this area even further it became apparent that perhaps the most impact could be made in heightening awareness of the absolute importance of inmates availing themselves of health management opportunities during their incarceration. The adjacent message would be to carry these inside practices outside as part of an extensive re-integration plan that assesses individual needs on a comprehensive level.

Our team is comprised of DOC employees. A former Pre-Release Coordinator who is now a Special Needs Unit Administrator, a pharmacist, and a psychologist.

After meeting with various stakeholders and our mentor we decided to produce a video stressing appropriate attention to good health practices inside a prison can translate to proper health maintenance outside in the community.

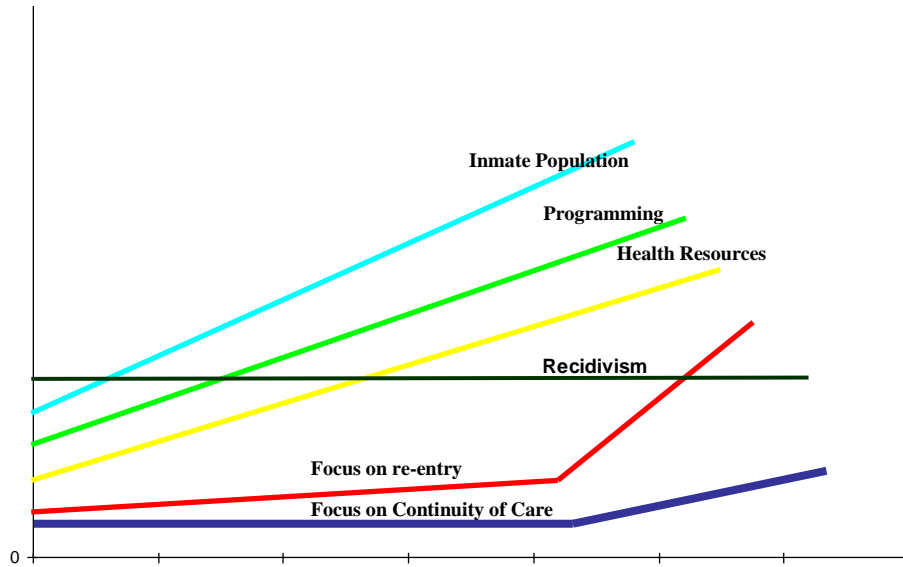
Problem Statement:

Focusing Question: Why despite increased physical and mental health resources in and out of prison is there inconsistent continuity of care at the point of reentry?

No matter the length of incarceration there are challenges faced by former inmates returning to society outside an institution. This is especially true for those with physical and mental illnesses. Identification of health problems while incarcerated, treatment, and treatment planning are crucial to health maintenance. These issues are exacerbated by the reluctance of some prisoners to go through what they perceive as a “hassle with medical” and the cost of the \$3 co pays. Many won’t even seek medical treatment before it becomes a crisis².

“Inside the fence” physicals are performed annually and resources for care are written and told to the inmate the day before service. Inside health providers are easily identified and within walking distance. “Outside the fence”, back in society, our returning citizens’ health care needs and appropriate available resources are often not adequately identified, planned, and coordinated with community service providers prior to release. A dentist serving a rural Kentucky community said, “If we did more to give basic exams and promote healthy lifestyles, we could take care of a lot of problems before they start. Another factor is we need to determine what an emergency room really is. If you’re dying or have a catastrophic event, go there. Otherwise, the immediate care centers should be the ER for the average person⁶”.

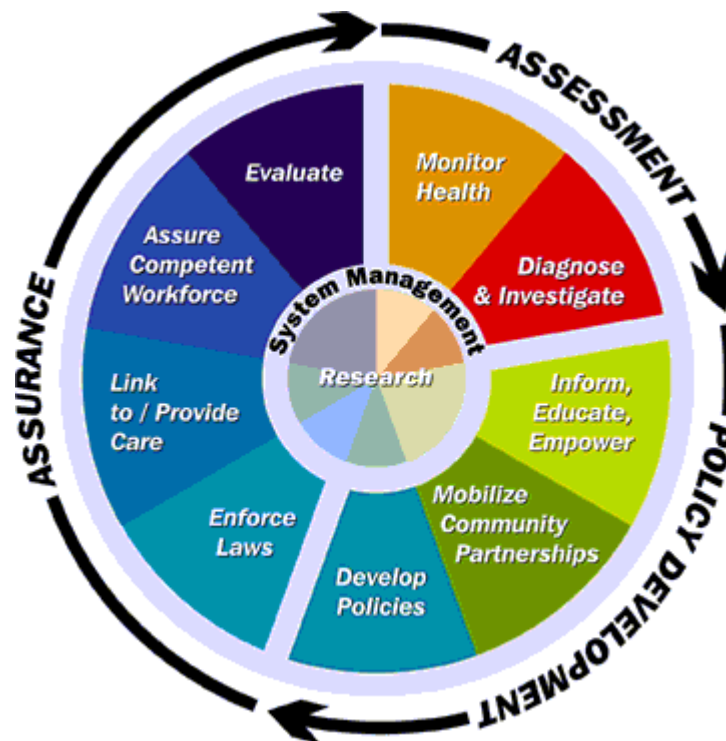
Behavior Over Time Graph:



Inmate population has increased over the past three decades. Despite increases in programming, mental health treatment and a more recent focus on re-entry and continuity of care the rate of recidivism is relatively unchanged.

This graph was created by Alicia Bloyd

10 Essential Public Health Services/National Goals Supported:



This picture is from KPHLI

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

Essential Public Health Services and National Goals Supported

Essential Health Service # 3

Inform, Educate and Empower People about Health Issues

Essential Health Service # 4

Mobilize Community Partnerships and Actions to Identify and Solve Health Problems.

Essential Health Service # 7

Link People to Needed Personal Health Services

*Healthy People 2010 Goals and Objectives Supported*⁶

Goal: Clinical Preventive Care

1-3 Counseling about health behaviors

1-3b Diet and Nutrition

1-4 Source of ongoing care

1-6 Difficulties or delays in obtaining needed health care

7-8 (Developmental) Increase the proportion of patients who report that they are satisfied with the patient education they receive from their health care organization

Goal: Improve mental health and ensure access to appropriate quality mental health services

18-3 Serious mental illness (SMI) among homeless adults

18-6 Primary Care screening and assessment

18-9 Treatment for adults with mental disorders

18-10 Treatment for co-occurring disorders

The team will deliver information about continuity of care and the impact of physical and mental health maintenance throughout an individual's life to an inmate population. Emphasis will be placed on coordinating services prior to release from incarceration back into the free world. Resources in both environments will be highlighted in a twenty minute video format. The project will be completed when the video is on air at the Kentucky State Reformatory and distributed to facilities statewide for viewing beginning at the time of resident orientation. It will be shown repeatedly. Most KDOC facilities have their own closed circuit television channels dedicated to broadcasting pertinent institutional information as well as other selected programming. A start up viewing time frame for the video and promotional clip is March 2010.

In keeping with the theme of Reentry throughout the department the video will also be available on the KDOC website. As Reentry task forces continue to develop across the state networking will continue to post the video on their respective sites for informational purposes and nurture community partnerships in providing services.

METHODOLOGY:

Our team examined several approaches to developing a relevant deliverable to an inmate population contemplating reentry into their communities.

Eventually we settled on an idea from one of our original stakeholder contacts-a video. This is how we proceeded:

- Discussed continuity of care issues with mentor and content areas for video
- Met with EdTV* residents and staff supervisor to begin collaboration
- Created a story board
- Researched other state's reentry experiences with incarcerated individuals diagnosed with SMI and/or physical issues requiring follow up treatment in their communities
- Ongoing collaboration with EdTV regarding location shots, production, and editing

- Target March 2010 for first airing
- Video Review by Strategic Threat Gang (STG) Coordinator

*EdTV is a closed circuit television station housed in and serving the Kentucky State Reformatory. EdTV is staffed by residents with Correctional Staff supervision. Initially the goal was to provide instruction via television to those residents unable to attend classes held at the Academic school. It was a true benefit for those with limited mobility or other difficulties. It provided GED instruction in the dorms and cells. That was in 1999 when EdTV began.

Over the years EdTV has expanded considerably. It is 24/7 and includes wellness events, medical, psychological, and reentry announcements to highlight just a few of the areas that EdTV covers ⁸.

RESULTS:

An innovative video featuring KDOC Residents and Staff has been created. A two minute promotional video will precede the distribution to other institutions. The focus is the continuity of care issues to be considered by those challenged with chronic and acute health issues upon reentry. Availability of resources in and out of prison is addressed. The titular theme is *“How Healthy Can You Go?”*

CONCLUSIONS:

Re-integration into society is a daunting prospect even for those anxious to return from incarceration into the supportive arms of family and a receptive community. Those with continuity of care issues face barriers that can be anticipated and managed, in part, through treatment planning and community service partnership. In Texas, inmates released on parole had higher rates of filling antiretroviral therapy medications at 30 and 60 days than those with unsupervised release⁹. There was a coordination of education and services. Good health practices developed and maintained during incarceration partnered with community support can translate to a responsible, accountable, and successful transition to society. *“How Healthy Can You Go?”*

The expectations for this project are to heighten awareness of physical, psychiatric, and psychological needs in a temporarily separated segment of the population. Additional concepts are in discussion to continue disseminating additional pertinent information regarding reentry and health care issues via a video format on institutional television stations.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Alicia Bloyd

My experience with the Kentucky Public Health Leadership Institute has been career-changing and eye opening. I have been able to learn more about how my peers perceive me and how this differs from my personal perception. During these last few months, my communication skills have grown tremendously. Through KPHLI, I have been able to tweak my leadership skills and learn more effective ways to utilize my positive professional qualities. As a team we were able to not only learn more about our coworkers, but other agencies as well.

Cindy Gray

KPHLI has given us the chance the chance to not only identify and develop leadership skills it has afforded us the opportunity to interact and network with other public health professionals the experience has given us insight to the challenges other types of practices face and allowed us to brainstorm to come up with innovative solutions. We will continue to nurture these relationships as we expand the concepts we have learned through the KPHLI program.

Tanya Young

My KPHLI year has been a blessing. I particularly value the feedback I received from the Social Styles tool. It helped me conceptualize and interpersonal style of relating to others in a manner that finally made sense. This has given me a strategy to mature as a leader and an individual. The focus on becoming a more effective leader has opened an array of perspectives I'd only imagined. One of my initial goals was to find my location on a "leadership continuum" I have accomplished that goal and will enhance my skills as I continue my development.

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