

**Initiation of a Community Re-entry Healthcare Program
for
Chronically-Ill Georgia State Prison Inmates:
Role of the Correctional Healthcare Provider**

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Introduction

- Reintegration of the prisoner into the community presents a public health challenge due to multiple interactive factors
- Few established programs that consistently facilitate transition

Introduction

- Fewer than one-third of US correctional facilities report making follow-up appointments for releases
- 93% of ex-offenders eventually return home
- 2001 report: approximate 66% recidivism rate within three years

Introduction

- Plans for discharge back to the community should be comprehensive and begin at the time of incarceration
- Participation of correctional healthcare providers is important in facilitating this process

Challenges to Correctional Institutions

- Long been regarded as reservoirs of physical and mental illness
- Management of a variety of psychosocial problems, most of which flow back into the community upon release of the inmate
- Control and treatment of multiple infectious diseases with potential public health impact

Challenges to Correctional Institutions

- Many inmates tend to be impoverished, poorly educated, and of minority origin
- Many individuals come from communities with limited access to medical care
- Primary care, prevention, early detection and treatment essentially nonexistent prior to incarceration

Barriers to Smooth Transition

- There are both internal and external barriers
- Lack of consistent correctional health care provider involvement in the transition process is a concern
- Limited post-release access to health care
- Many return to socially disorganized communities

Areas in Need of Review

- **Discharge Planning**
- **Adherence to treatment regimens**
- **Availability of transitional housing**
- **Quick access to health benefits, such as Medicaid**
- **Addressing individual needs of higher acuity patients**

- **The successful reintegration of inmates from prison to the community with regards to continuity of health care begins with pre-release planning.**
- **If correctional healthcare providers are supplied with adequate information and resources, then a greater effort would be made to refer released inmates for appropriate continuation of health care.**

Project Goal

Establish current provider trends and barriers to the referral process for which corrective actions can be implemented to facilitate the transition process.

Project Objectives

- **Examine the Georgia prison correctional health care provider role in current discharge planning process**
- **Examine health care provider knowledge about resources available in the Georgia communities**
- **Examine willingness to participate in forming a consistent referral base**

Georgia Department of Corrections

- **Responsible for over 200,000 adult offenders in the form of prisoners, probationers, and parolees**
- **During fiscal year 2004, over 18, 000 individuals were released, most back into the community**
- **FY 2004: System consisted of 37 prisons, 3 private prisons, 24 county prisons, 53 various centers of detention, and 120 probation offices**

Georgia Department of Corrections Health Care Providers (FY2004)

- **51.20 FTEs for physicians and 51.15 FTEs for clinical practitioners involved in the delivery of physical health;**
- **21.70 FTEs for psychiatrists, 20.50 for psychologists, and 2.00 for clinical practitioners involved in mental health.**

Statement of the Problem

- **For successful transition of the medically challenged inmate pending release, healthcare providers involved in their care, should take a more active role in the planning and implementation of the referral of the patient to community-based services at the time of discharge from the institution.**

Methodology

- **Survey questionnaire regarding referral practices and attitudes to be mailed to physician and clinical practitioners that provide primary care in the Georgia state correctional system**



QUESTIONS?