NR #8068

Abstract (updated)

The U.S. imprisons more people than any other country in the world. Within the U.S., Louisiana has the highest incarceration rate, with twice the average state per capita rate. Formerly incarcerated persons (FIPs) are sicker and have significantly higher rates of mental illness than the general population. They are more likely to have experienced trauma as children and adults, and incarceration itself is a traumatic stress capable of causing posttraumatic stress reactions following release. Regular counseling in particular has been largely unavailable to this population due to a lack of available, affordable services for uninsured and Medicaid patients in the New Orleans area. The FIT clinic was started in 2015 by Tulane professor Anjali Niyogi, MD, MPH, and medical student William Vail to provide free transitional healthcare and case management services for individuals recently released from prison in Louisiana. Funding from the 2016-2017 and 2017-2018 Helping Hands Grants enabled the FIT Clinic to start a bi-monthly peer support group, facilitated by FIPs, focused on the emotional and practical aspects of reentry. Thirty-seven sessions have been held since September 2016 with a median attendance of 15 participants per session. As a component of program evaluation for the first year, 16 formerly incarcerated participants completed anonymous demographic and satisfaction (CSQ8) surveys in September, 2017. Participants were 87.5% male, 100.0% black, and 56.3% age 55 or older. They were incarcerated for an average of 21.6 years and released an average of 6.6 years ago. Two-thirds were referred via word of mouth. Median CSQ8 scores among survey participants was 30.5, indicating high satisfaction. Participant engagement during the second year is currently being evaluated, including return rates. The program began receiving direct referrals in March 2018 from Louisiana State Penitentiary to provide peer support and counseling services to individuals involved in their re-entry court, which provides rehabilitative mentorship, education, vocational training, and substance abuse treatment to nonviolent offenders to increase the chance of successful reentry. The program is also sponsoring Peer Support Specialist training and certification through the Louisiana Department of Health for two formerly incarcerated participants — their applications were accepted and training begins October 25th. Funding from the 2018-2019 Helping Hands Grants will be used to sponsor certification and training for additional group participants. This will provide participants with more ownership of the group, allow them to work full or part-time as certified peer support specialists, and enable the program to hold sessions more frequently.

FIT Clinic Peer Support Group, Year Two: Easing the Burden of Reentry in Louisiana

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Background

- The U. S. imprisons more people than any other country in the world. Within the U.S., Louisiana has the highest incarceration rate – twice the average state per capita rate.1
- Formerly incarcerated persons (FIPs) are sicker and have significantly higher rates of mental illness than the general population. They are more likely to have experienced trauma as children and adults. ² Incarceration itself is a traumatic stress capable of causing post-traumatic stress reactions.3
- FIPs are 12.7 times more likely to die within the first two weeks of release. Drug overdose and suicide are among the most common causes of death.4
- Regular counseling in particular has been largely unavailable to this population due to a lack of available services for uninsured and Medicaid patients in the New Orleans area.

Formerly Incarcerated Transitions (FIT) Clinic

- Started in 2015 by Tulane School of Medicine faculty and students.
- Within FQHC, provides transitional healthcare and case management services for men and women recently released from prison in Louisiana.
- Medical student case managers, community partnerships.
- Awarded 2016-2017 Helping Hands Grant to develop peer support group, grant was renewed for 2017-2018 and 2018-2019.

Program Description

Peer Support Group

- Discussions are led by FIPs. Work with FIP-led community organizations. Planning sessions are held the Sunday before each session.
 - Participant ownership of, investment in the group.
 - Building credibility, trust
 - Lived experience of those who have completed re-entry process is most valuable asset
- Referrals to Total Sentencing Alternatives Program (TSAP) for one-on-one counseling and pharmacologic treatment.
- Referred to group via word of mouth, outreach via discussion leaders, community partners, local hospitals/clinics, DOC.
- No inclusion criteria, friends/family encouraged to attend.
- Direct referrals from Louisiana State Penitentiary Reentry Court starting in March 2018
- Peer Support Specialist training for two participants starting October 25th

Methods

Program Evaluation

- Anonymous, voluntary feedback to assess feasibility of program Participant characteristics
- Satisfaction (Client Satisfaction Questionnaire CSQ8)
- Emphasis on building community during first year; avoided "over-testing" and invasive screening that could diminish trust
- Validity of results limited by selection bias, lack of comparison group and pre-intervention data.
- Reach and engagement evaluated by number of participants per session

Participant Characteristics

Table 1a: Participant Characteristics

Characteristic	Overall (n=16)	
	n (%)	
Age ≥ 55	9 (56.3)	
55 > Age ≥ 35	7 (43.8)	
Male	14 (87.5)	
Female	2 (12.5)	
Black	16 (100.0)	
Other race	0 (0.0)	
Some college	7 (43.8)	
Less than college	9 (56.3)	
Other PSG since release	9 (56.3)	
No other PSG since release	7 (43.8)	
Word of mouth referral Other referral	10 (66.7) 5 (33.3)	

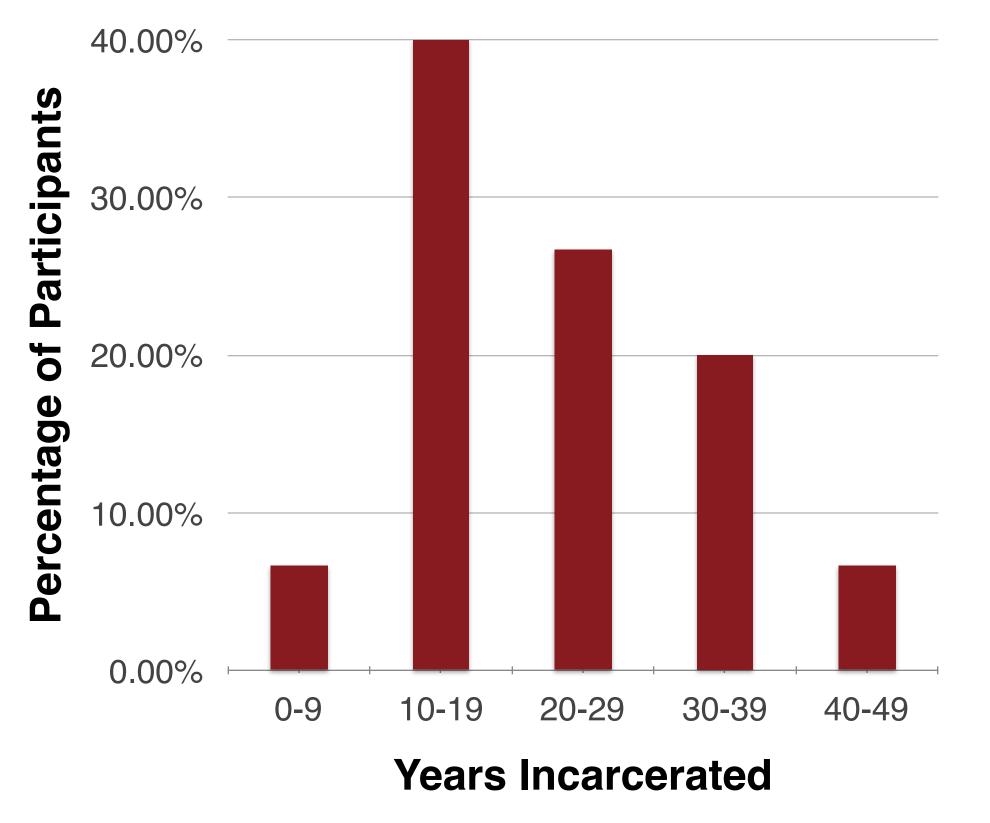
Table 1b: Participant Characteristics

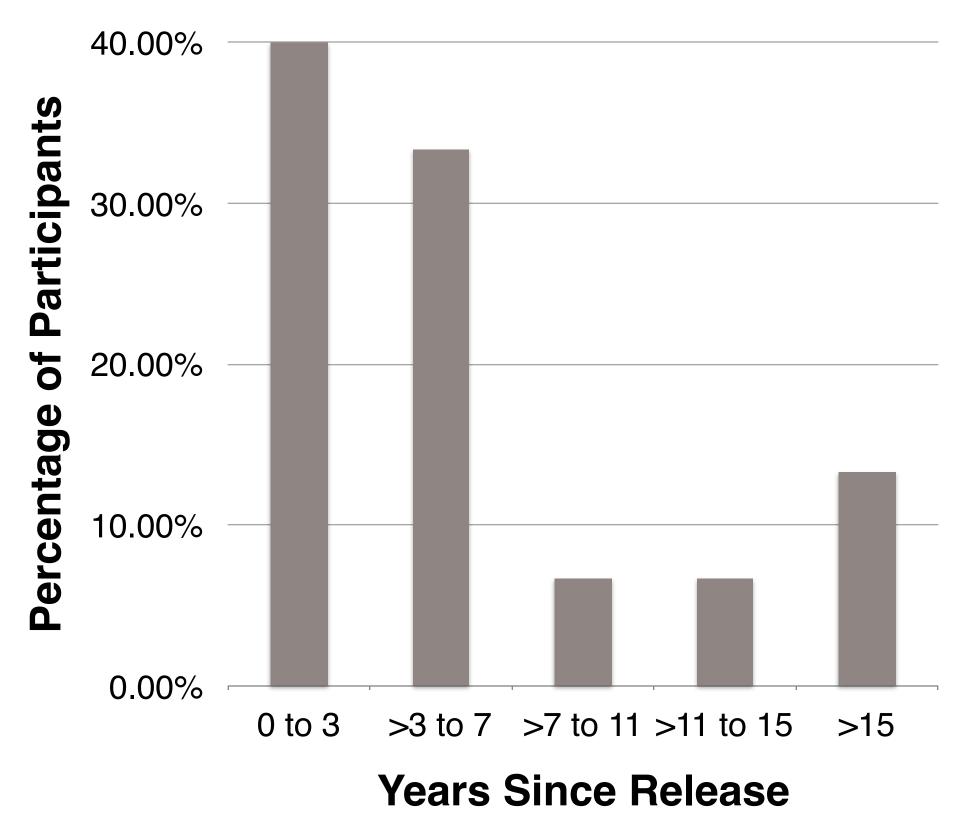
Characteristic	Median	Mean (SD)
Years incarcerated	20	21.6 (10.9)
Years released	5	6.6 (6.2)
Sessions attended	4	5.9 (4.7)
Last session attended (weeks)	2	3.3 (2.9)

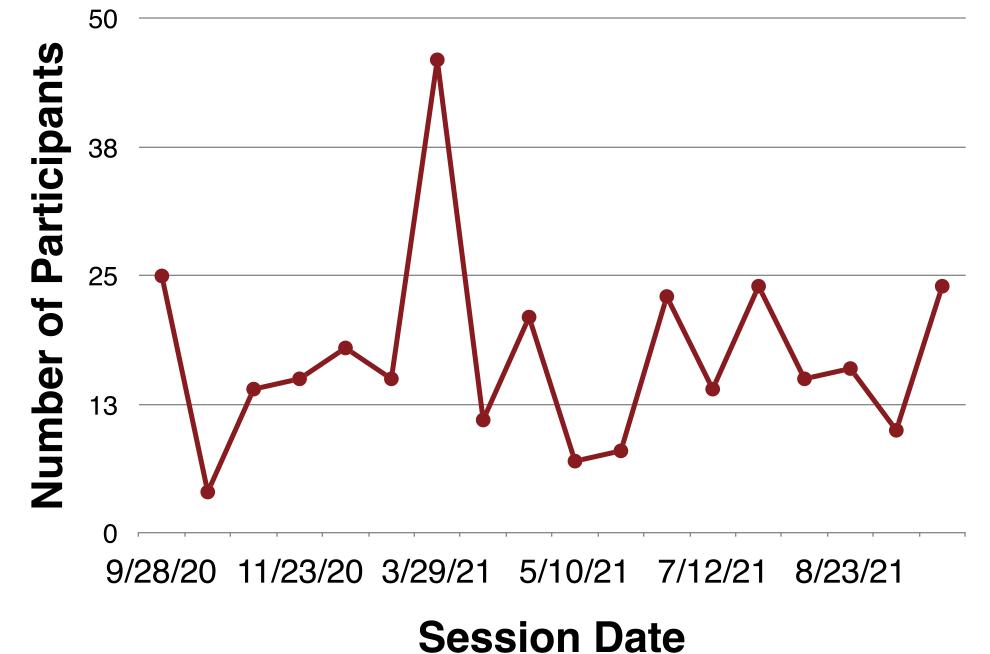
Program Evaluation (Year One)

Table 2: Client Satisfaction Questionnaire (CSQ8)

Question (n=16)	Median (max 4)	Mean (SD) (max 4)
Quality of group	4	3.69 (0.48)
Kind of service	4	3.56 (0.73)
Extent needs met	3	3.06 (0.77)
Recommend to friend	4	3.94 (0.25)
Satisfied with help	4	3.50 (0.63)
Helped me deal with problems	3	3.38 (0.62)
Overall satisfaction	4	3.69 (0.48)
Would come back	4	3.81 (0.40)
Total Score (max 32)	30.5	28.63 (3.5)







Number of sessions: Mean participants per session: Median participants per session:

What have you gotten out of the Peer **Support Group?**

"I received help from people who understand what I've been through in and out of prison, people whose upbringing was just like my own."

"Patience and understanding as to how to cope with society."

Is there anything you would change about the group?

"Add 30 minutes more, allow more time for experience sharing, meet more often."

"More participants."

Discussion

- Evaluation is limited by selection bias, lack of comparison group and pre-intervention data
 - Intentionally avoided "over-testing"/invasive screening while developing program
- However, high satisfaction levels, number of participants referred for individual counseling/psychiatric care, and turnout suggest peer-led support groups may build community and improve mental health outcomes for FIPs.

Future Directions

Peer Support Specialist Credentialing

- Sponsoring training/credentialing through the Louisiana Department of Health for two group participants
 - Two applications accepted, training October 25th
 - Billable through medicaid, less grant dependent, career for participants, more frequent sessions & participant ownership
- Plan to sponsor additional application 2018-2019
- Aim to start a separate women's group

Improving Evaluation Metrics

- Attendance log to calculate reach and engagement: total number reached, return and drop-out rates.
- Pre/post PTSD and depression questionnaires

- Tsoutis, A., & Minton, T. (2015). Correctional populations in the United States, 2014.
- N., & Shi, J. (2012). Childhood and adult trauma experiences of incarcerated persons and their nship to adult behavioral health problems and treatment. *International journal of environmental research* and public health, 9(5), 1908-1926.
- Haney, C. (2003). The psychological impact of incarceration: Implications for post-prison adjustment. Prisoners once removed: The impact of incarceration and reentry on children, families, and communities, 33, 66.
- Binswanger, I. A., Stern, M. F., Deyo, R. A., Heagerty, P. J., Cheadle, A., Elmore, J. G., & Koepsell, T. D. (2007). Release from prison—a high risk of death for former inmates. N Engl J Med, 2007(356), 157-165.

