City Health Information

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New York City Department of Health and Mental Hygiene

PROVIDING PRIMARY CARE TO PATIENTS WITH A HISTORY OF CRIMINAL JUSTICE SYSTEM INVOLVEMENT

- A history of involvement with the criminal justice system is associated with experienced trauma, adverse physical and mental health outcomes, and challenges with housing, employment, education, and economic opportunity.
- For patients who disclose a history of involvement with the criminal justice system:
  - Adopt an empathetic, trauma-informed approach to care (see page 10).
  - Provide comprehensive screening for chronic diseases and associated risk factors, infectious diseases, mental health conditions, and substance use.
- Offer connections to services and community-based organizations that are familiar with the needs of people with a history of criminal justice system involvement.

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Criminal justice system involvement (CJI) can take many forms, including personal contact with police, arrest, court involvement, incarceration in jail or prison, probation or parole (community supervision), justice diversion to mental health or substance use treatment, or the involvement of and impact on family members.

A history of incarceration is associated with adverse health outcomes such as premature development of chronic conditions; increased rates of infectious diseases, drug overdose, and mental illness; and elevated levels of stress and trauma related to violence, injury, isolation, and social deprivation (**Box 1**).[1-10] Patients who have been incarcerated are particularly vulnerable to preventable premature mortality in the immediate weeks and months after reentry into their communities.[8] Patients with a history of CJI also face adverse social outcomes that may affect their ability to access or engage in care (**Box 2**).[11-16]

In 2018, New York City (NYC) had more than 205,000 arrests,[17] approximately 50,000 jail discharges, 19,000 people on parole, and over 19,000 people on probation.[18] Criminalization of communities of color has led to disproportionate numbers of Blacks and Latinos in the justice system, reinforcing structural racism.[19,20] In NYC jails, 57% of incarcerated individuals are Black, 33% are Latino, and 9% are White[21] compared with 26%, 29%, and 45% of the general NYC population, respectively.[22] Blacks and Latinos are also more likely to experience solitary confinement, which is associated with mental health conditions.[23] Women represent a small proportion of the incarcerated population as compared with men, but they experience high rates of trauma[24] and sexual victimization, with 86% of women in US jails reporting sexual violence in their lifetime.[25]

CREATE A SUPPORTIVE CLINICAL ENVIRONMENT

More than 40% of men released from state correctional facilities have reported discrimination by health care providers.[26] Fear or mistrust of institutional systems overall may affect a patient's readiness to access health care or willingness to volunteer information about their health and social history.[27]

For all patients, use an empathetic approach to ensure a safe, respectful space and foster a trusting clinician-patient relationship. If a patient feels comfortable enough to disclose a history of CJI, use a sensitive, nonjudgmental approach to the conversation (**Box 3**[28]).

Health care providers and staff who care for patients with multiple health and social challenges may experience stress. Ensure that you and your staff understand normal stress reactions and stress management and have access to self-care resources (**Resources for Providers**).

PROVIDE TRAUMA-INFORMED CARE

An estimated 80% of the US population have experienced one or more traumatic events,[29] and physical and/or emotional trauma is a nearly universal experience among people with a history of incarceration.[30] Trauma can cause significant mental health and substance use problems; it also has a negative effect on the neurologic, immune, and endocrine systems,[31,32] which can lead to many of the

BOX 1. HEALTH CONDITIONS COMMONLY ASSOCIATED WITH CRIMINAL JUSTICE SYSTEM INVOLVEMENT[1-10]

- Cardiovascular disease, including hypertension
- Diabetes
- Asthma
- Substance use disorder
- Hepatitis C infection
- HIV infection
- Traumatic brain injury
- Mental illness
- Premature mortality from all causes and specifically from drug overdose, violence, suicide, and cardiovascular disease

BOX 2. COMMON ADVERSE SOCIAL CONSEQUENCES OF CRIMINAL JUSTICE SYSTEM INVOLVEMENT[11-16]

- Discrimination in gaining or advancing in employment
- Loss of New York City Housing Authority eligibility and other housing discrimination
- Discontinuity of care due to delays in reactivation of Medicaid benefits after reentering the community
- Increased financial hardship due to debt from cash bail, attorney's fees, court fees, fines, and other expenses
- Postrelease supervision requirements such as frequent visits to probation or parole office, making clinical follow-up challenging
- Voting restrictions for persons with felony convictions

BOX 3. TALKING TO PATIENTS WHO DISCLOSE A HISTORY OF CRIMINAL JUSTICE SYSTEM INVOLVEMENT

- Use a nonjudgmental, empathetic approach
- Ensure your patient that you will provide them with high-quality care[28]
- Explain that your clinician-patient relationship means that the care you provide is confidential and not connected with the criminal justice system
- Address only information that has been volunteered; refrain from probing for details of the reason for charge/conviction, unless directly important for medical care (eg, information about injuries, diagnoses made, or care received at a correctional facility)[28]
- Explain that a comprehensive family, medical, and social history is taken for all patients to ensure you have the information you need to address the individual's health care needs

See Using Effective Communication to Improve Health Outcomes for the RESPECT model of communication.

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medical conditions that disproportionately impact patients with a history of CJI. Patients who have been incarcerated may have experienced additional trauma such as long sentences, solitary confinement, and assault, with important short- and long-term impacts on health. A history of trauma can also impact a patient's readiness to engage in care and to share their concerns openly in the clinical setting.

Providing trauma-informed care (**Box 4**[31]) can positively affect patients' experience of care.[31] For example, explaining standard physical examination procedures and asking permission to perform them can make a patient who has perceived loss of control over their bodies in an institutional setting feel more comfortable with physical contact.[31] Ensure that clinical and nonclinical staff understand the principles of trauma-informed care.

BOX 4. PROVIDING TRAUMA-INFORMED CARE[31]

Trauma-informed care emphasizes collaboration, patient empowerment, sensitivity to the patient's lived experience and its impact on their health and well-being, and the flexibility to respond to each patient's unique needs. Providing trauma-informed care can positively affect patients' experience of care

1. **Create a safe environment** for both staff and patients that includes personal interactions built on respect and dignity. Listen carefully and actively
2. **Explain clinical procedures beforehand**, especially those that involve touching
3. **Elicit expressed consent** before touching the patient to ensure they feel in control of their own bodies and do not feel anxious or threatened during the visit
4. **Engage in collaborative decision making** with your patient
   - ensure that they fully understand and are in agreement with the therapeutic plan
   - offer choices and opportunities for them to exercise agency in treatment planning, including medication preferences and selection of referral locations
   - Be aware it may take more time/visits than usual for a patient to feel comfortable and establish a connection with a provider
   - Offer the opportunity for the patient to invite third parties to the clinical encounter
5. **Respect the patient's voice and choice**. Ask your patient about what is most important to them and confirm that you have understood the needs they hope to address with their visit
6. **Respect the patient's cultural, historical, and gender context**
7. **Offer connections to services and community-based organizations** that are familiar with the needs of people with a history of CJI, especially during the immediate reentry period after incarceration (**Resources for Patients**)

ADDRESS IMPLICIT BIAS

Implicit racial or ethnic bias among physicians is significantly associated with differences in patient-provider interactions and in medical decision-making for Black patients compared with White patients.[33,34] Implicit bias can also affect a patient's willingness to return for care. Because of the racial disparities embedded in the criminal justice system, it is important to consider the role that implicit bias has played in the lived experience of your patients with a history of CJI.

Assess your own personal limitations and biases to more effectively manage them (**Box 5**[34,35]), especially regarding patients with a history of CJI, who are disproportionately people of color.

USE CLEAR COMMUNICATION

As with all your patients, clear communication and active listening are central to providing care and support (**Box 6**[36-38]). Ensure that your patient feels their needs are acknowledged and offer choices and opportunities for them to exercise agency in treatment planning such as medication preferences and referral locations.

VACCINATE AGAINST COMMON INFECTIONS

Ensure your patient is up to date with indicated vaccinations, including hepatitis B, hepatitis A, influenza, Tdap, herpes zoster, meningococcal disease, and pneumococcal disease. See ACIP Vaccine Recommendations and Guidelines for information.

BOX 5. TECHNIQUES TO REDUCE IMPLICIT BIAS[34,35]

Awareness of implicit bias can help to limit its effect

- Acknowledge racial inequities, as well as the impact and power of implicit bias
- Strive to become aware of your own biases
- Don't stereotype your patient; get to know them as individuals
- Build partnerships in which you frame your interaction with your patient as one between collaborating equals
- Familiarize yourself with the history and cultural heritage of groups represented in your practice

See Resources for Providers for more information

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PROVIDE APPROPRIATE SCREENING

Explain that screenings for both physical and mental health are routine in your practice. Be aware that screenings for trauma and sexual history may evoke a greater emotional reaction relative to patients without as significant a trauma history.

Physical Health

Screen for health conditions and behaviors (**Box 7**[6,39-44]). People aged 50 years and older who have been incarcerated are more likely to develop one or more chronic health conditions or disability earlier than their counterparts in the general population (accelerated aging)[44]; consider screening earlier for certain age-related chronic diseases.

In addition, screen for traumatic brain injury[6,44] or other signs of physical trauma.

Mental health and substance use

As with all your patients, screen for depression; generalized anxiety; and tobacco, alcohol, and drug use (**Box 8**[1,8,45-50]).

Trauma and safety

Screen all your patients for exposure to trauma, posttraumatic stress disorder, and intimate partner violence (**Box 9**[51,52]). There is some agreement on instruments and approaches used to assess experience of traumatic events in research studies, such as the Adverse Childhood Experience (ACE) Study Questionnaire,[53] and among pediatric patients, such as the Center for Youth Wellness ACE Questionnaire,[54] but there is currently no consensus on approaches to routine trauma screening for adults in primary care settings.

Sexual health

Explain that sexual health is an integral part of overall health and that you routinely ask all patients about their sexual behavior and pregnancy intention (see Making the Sexual History a Routine Part of Primary Care). Refer patients who disclose relationship concerns to counseling services (**Resources for Patients**).

ADOPT A HARM-REDUCTION APPROACH

Harm reduction emphasizes quality of life and well-being rather than perfect adherence to a treatment plan.[55] Patients with a history of CJI may face social, economic, or behavioral challenges that make adherence to the agreed-upon treatment plan difficult.

BOX 6. ACTIVE LISTENING AND CLEAR COMMUNICATION[36-38]

- Display comfortable body language
- Use plain language
- Listen actively and be responsive to the issues the patient raises
- Ask open-ended questions
- Elicit your patient's perspective
- Encourage questions
- Confirm that you have communicated effectively by asking the patient to restate the information you provided in their own words (teach-back method)

See Using Effective Communication to Improve Health Outcomes and Plain Language Materials and Resources for guidance

BOX 7. PHYSICAL HEALTH SCREENING AND MONITORING FOR PEOPLE WITH A HISTORY OF CRIMINAL JUSTICE SYSTEM INVOLVEMENT

Consider comprehensive screening and follow-up for[6,39-44]

- Hypertension
- Diabetes
- Overweight/obesity
- Breast and cervical cancer
- HIV
- Hepatitis C
- Tuberculosis[a]
- Sexually transmitted infections
- Traumatic brain injury[b]

Address diet and physical activity

Address substance use

- Tobacco
- Alcohol
- Other drugs

For patients aged 50 years and older[c]

- Functional, sensory, and cognitive status[d]

[a]Routine for people who have lived in high-risk congregate settings such as homeless shelters or correctional institutions.

[b]Screens include the HELPS Brain Injury Screening Tool and the Brain Injury Screening Questionnaire (BISQ).

[c]People aged 50 years and older who have been incarcerated are more likely to develop one or more chronic health conditions or disability than their counterparts in the general population (accelerated aging).[44]

[d]See Age-Friendly Primary Care.

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BOX 8. ROUTINE MENTAL HEALTH AND SUBSTANCE USE SCREENING[1,8,45-50]

Condition	Screen	Next Steps	Resources
Depression	Screen with the PHQ-9	Take action according to PHQ-9 score	Detecting and Treating Depression in Adults
Generalized anxiety disorder	Ask about persistent, excessive, uncontrollable worry and anxiety about daily life and routine activities; myalgia, trembling, jumpiness, headache, dysphagia, gastrointestinal discomfort, diarrhea, sweating, hot flashes, and feeling lightheaded and breathless	If GAD is suspected, screen with the GAD-7	Diagnosing and Managing the Mental Health Needs of Adults Exposed to Disaster
Tobacco use	Ask about tobacco use	Advise smokers to quit; prescribe pharmacotherapy	Tobacco Quit Kit
Alcohol use[a]	Ask: How many times in the past year have you had X or more drinks in a day? (X=5 for men; X=4 for women and for everyone aged >65 years)	If ≥1, assess severity with a validated tool, such as the AUDIT	Addressing Alcohol and Drug Use—An Integral Part of Primary Care
Drug use	Ask: How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?	If ≥1, assess severity with a validated tool, such as the DAST-10	Addressing Alcohol and Drug Use—An Integral Part of Primary Care

[a]Guidance is limited regarding evidence-based application of these thresholds to transgender, gender nonconforming, and intersex individuals.

Note: Opioid use after periods of abstinence, such as after incarceration, can result in loss of tolerance with substantially increased risk of overdose—a leading cause of death after incarceration. If you identify patients recently released from incarceration with current or previous opioid use, offer naloxone for prevention of fatal overdose (see Naloxone for Overdose Prevention). For patients with opioid use disorder, offer medication (ie, buprenorphine or methadone) to reduce drug use and death from opioids, keep patients in treatment, and improve health and social outcomes (see Buprenorphine—An Office-Based Treatment for Opioid Use Disorder).

BOX 9. SCREENING FOR TRAUMA AND SAFETY[51,52]

Condition	Screen	Resource
Exposure to trauma	Life Event Checklist for DSM-5 (LEC-5)	US Department of Veterans Affairs National Center for PTSD
Posttraumatic stress disorder	Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)	
Intimate partner violence	Abuse Assessment Screen	Intimate Partner Violence: Encouraging Disclosure and Referral in the Primary Care Setting

See US Department of Veterans Affairs National Center for PTSD: Trauma Exposure Measures and PTSD Screening Instruments

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Meet your patients where they are as challenges arise.[55] If your patient has trouble following the plan, understand that competing concerns such as conditions of community supervision, employment status, and access to stable housing, food, transportation, and insurance,[56] may interfere with adherence. Always offer the opportunity to restart or change the plan to meet these challenges. A patient and flexible approach will ultimately be the most successful.

OFFER CONNECTIONS TO RESOURCES

Offer to link your patient to community health and support services, especially through organizations that work with and on behalf of people who have been involved in the criminal justice system (**Resources for Patients**). These organizations offer specially tailored programs to support social needs, including employment services. Have your staff make the contact if the patient agrees, schedule appointments for your patient, and ask whether the patient's needs were met in routine follow-up.

SUMMARY

Involvement in the criminal justice system is associated with poor health outcomes. In particular, a history of incarceration has been associated with premature mortality, increased and early risk for chronic and infectious diseases, and mental health and substance use disorders. Because physical and emotional trauma is common among persons who have been involved with the criminal justice system, adopt an empathetic, trauma-informed approach to care. Provide comprehensive screening for physical and mental health and indicated vaccinations. Offer connections to services and community-based organizations that can meet the patient's individual needs and recognize that clinicians and staff who care for patients with a history of CJI need ongoing support as they learn new tools and methods of care.

RESOURCES FOR PROVIDERS

Mental health and substance use referrals

- NYC Well
  - English: 888-NYC-WELL (888-692-9355), press 2
  - Español: 888-692-9355, press 3
  - 中文: 888-692-9355, press 4
  - Relay service for deaf/hard of hearing: 711
  - https://nycwell.cityofnewyork.us
    A 24-7 call, text, and chat line for people seeking crisis counseling, including but not limited to suicide prevention, substance use services, peer support, short-term counseling, assistance scheduling appointments or accessing other mental health services, and follow-ups to ensure connection to care. Interpreters available in 200 languages
- New York City (NYC) Health Department. Opioid addiction treatment with buprenorphine and methadone: https:// www1.nyc.gov/site/doh/health/health-topics/opioid- treatment-medication.page
- New York State (NYS) Office of Alcoholism and Substance Abuse Services. OASAS provider and program search: https://www.oasas.ny.gov/providerDirectory/index.cfm
- US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration
  - Behavioral health treatment services locator: http://findtreatment.samhsa.gov
  - Buprenorphine practitioner locator: www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- Syringe Service Programs: https://a816-healthpsi.nyc.gov/nychealthmap (under Drug and Alcohol Services)
- Stop OD NYC Mobile App: http://www1.nyc.gov/site/doh/services/mobile-apps.page
  To access overdose prevention education and locate naloxone

Mental health and substance use screening and assessment tools

- Alcohol Use Disorders Identification Test (AUDIT): https://www.integration.samhsa.gov/HealthTeamWorks_SBIRT_ AUDIT.pdf
- Patient Health Questionnaire (PHQ-9) for depression assessment: https://www.phqscreeners.com/select-screener/36
- Generalized Anxiety Disorder Screener (GAD-7): https://www.phqscreeners.com/select-screener/36
- Drug Abuse Screening Test (DAST-10): https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_ 2014Mar24.pdf

US Preventive Services Task Force screening guidelines

- Colorectal cancer: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal -cancer-screening2
- Lung cancer: https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening

Sexually transmitted infections guidelines

- NYC STD/HIV Prevention Training Center resources: www.nycptc.org/resources.html

Immunizations

- Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP): www.cdc.gov/vaccines/hcp/acip-recs/index.html

Traumatic brain injury screens

- HELPS Brain Injury Screening Tool: https://www.nashia.org/pdf/hotopics/pa-helps-screening-tool.pdf
- Brain Injury Screening Questionnaire (BISQ): https://icahn.mssm.edu/research/brain-injury/resources/screening

Implicit bias

- Project Implicit: https://implicit.harvard.edu/implicit
  Self-administered online Implicit Association Test (IAT)
- Institute for Healthcare Improvement. How to reduce implicit bias: http://www.ihi.org/communities/blogs/how-to-reduce- implicit-bias
- The ABCDs of Dignity in Care: http://www.dignityincare.ca/en/the-abcds-of-dignity-in-care.html

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RESOURCES FOR PROVIDERS (continued)

Plain language

- CDC. Plain language materials and resources: https://www.cdc.gov/healthliteracy/developmaterials/plainlanguage.html

Self-care

- Kaiser Permanente. 14 meditation and relaxation apps reviewed: https://wa-health.kaiserpermanente.org/ best-meditation-apps
- American Academy of Family Physicians. Physician burnout: https://www.aafp.org/about/constituencies/resources/new-physicians/burnout.html
- TheHappyMD. Physician burnout resources: https://www.thehappymd.com/physician-burnout-resources
- National Academy of Medicine. Action collaborative on clinician well-being and resilience: https://nam.edu/initiatives/clinician-resilience-and-well-being

City Health Information (CHI) archives: https://www1.nyc.gov/site/doh/providers/resources/city-health-information -chi.page
Guidance on substance use, buprenorphine treatment, care for men who have sex with men, sexual health, hepatitis C, intimate partner violence, and communicating with patients

RESOURCES FOR PATIENTS

Services for people with criminal justice system involvement

- NYC Health Justice Network (NYC HJN): nychjn@health.nyc.gov
  Reentry program that links people returning to the community to holistic primary care and wraparound social services. NYC HJN consists of a partnership of 3 primary care sites and 3 reentry service organizations in northern Manhattan; community health workers with lived experience of the justice system provide vital navigation to program participants
- The Fortune Society: https://fortunesociety.org; 29-76 Northern Boulevard, Queens, NY 11101; 212-691-7554
  Reentry services, alternatives to incarceration (ATI), mental health services, employment services, education, family services, care coordination, housing, substance use treatment, transitional services, benefits eligibility screening, obtaining identification, meals, and recreation (no appointment necessary); online directory of reentry resources
- The Osborne Association: http://www.osborneny.org; 809 Westchester Avenue, Bronx, NY 10455; 718-707-2600
  Reentry and discharge planning, education, employment services, substance use treatment, housing, parenting and relationship programs, mentoring, video visiting for families, HIV and AIDS prevention, and ATI. Locations in the Bronx, Harlem, Newburgh, and Brooklyn
- Women's Prison Association: http://www.wpaonline.org; 110 Second Avenue, New York, NY 10003; 646-292-7740
  Prerelease planning, transitional case management, transitional temporary housing, ATI, child reunification legal services, HIV counseling and screening, PrEP and PEP access, employment readiness training, and mentoring, and assistance accessing healthcare, housing, and benefits
- Center for Alternative Sentencing and Employment Services (CASES): https://www.cases.org/reentry-services; 2090 Adam Clayton Powell, Jr. Boulevard (7th Ave), 8th Floor, New York, NY 10027; 212-553-6606
  Education and housing programs
- Harlem Community Justice Center/Center for Court Innovation: https://www.courtinnovation.org/programs/harlem-community-justice-center; 170 East 121st Street, New York, NY 10035; 212-360-4100
  Programs to increase housing stability, engage young people in their community, and help individuals returning from prison transition home

Entitlements and benefits

- ACCESS NYC: https://access.nyc.gov
  Find help in NYC with food, money, housing, work, and more

Housing

- NYC Housing: https://www1.nyc.gov/site/housing/resources/resources.page

Nutrition

- Find a food pantry or soup kitchen: https://www1.nyc.gov/nyc-resources/service/1083/find-a-food-pantry-or-soup-kitchen

Mental health and substance use

- NYC Well:
  - English: 888-NYC-WELL (888-692-9355), press 2
  - Español: 888-692-9355, press 3
  - 中文: 888-692-9355, press 4
  - Relay service for deaf/hard of hearing: 711
  - https://nycwell.cityofnewyork.us
    A 24-7 call, text, and chat line for people seeking crisis counseling, including but not limited to suicide prevention, substance use services, peer support, short-term counseling, assistance scheduling appointments or accessing other mental health services, and follow-ups to ensure connection to care. Interpreters available in 200 languages
- Stop OD NYC Mobile App: http://www1.nyc.gov/site/doh/services/mobile-apps.page
  To access overdose prevention education and locate naloxone
- National Suicide Prevention Lifeline (24 hours a day/7 days a week): 800-273-TALK (800-273-8255)
- NYC Health Department. Opioid addiction treatment with buprenorphine and methadone: https://www1.nyc.gov/site/doh/health/health-topics/opioid-treatment-medication.page
- US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration
  - Behavioral health treatment services locator: https://findtreatment.samhsa.gov
  - Buprenorphine practitioner locator: https://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator
- Syringe Service Programs: https://a816-healthpsi.nyc.gov/nychealthmap (under Drug and Alcohol Services)
- NYS Office of Alcoholism and Substance Abuse Services. OASAS provider and program search: https://www.oasas.ny.gov/providerdirectory/index.cfm

Abuse/violence victim services

- LGBT Anti-Violence Project Hotline: 212-714-1141
- NYC Domestic Violence 24-Hour Hotline: 800-621-4673
- National Sexual Assault Hotline: 800-656-4673

Physical activity

- NYC Office of the Mayor. Shape Up NYC: https://www1.nyc.gov/nyc-resources/service/2441/shape-up-nyc
- BeFitNYC: https://www.nycgovparks.org/befitnyc

Self-care

- Kaiser Permanente: 14 medication and relaxation apps reviewed: https://wa-health.kaiserpermanente.org/best- meditation-apps

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New York City Department of Health and Mental Hygiene.
Providing primary care to patients with a history of criminal justice system involvement. *City Health Information*. 2019;38(2):9-16.

ASK CHI

Have questions or comments about care for patients with justice system involvement?

Email

AskCHI@health.nyc.gov

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