

Deliverable E1

Engaging African Americans with Mental Illness in Research on Post-incarceration Health

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Research Agenda and Patient-Centered Outcomes

For this deliverable, we have synthesized findings from our Delphi panel, literature review and HOPE Coalition input to produce a research agenda for comparative effective research for African Americans with serious mental illness who are transitioning from incarceration, in order to comprehensively address physical and mental health needs.

Research Agenda
Comparative Effectiveness Research

Priority Topic 1: Housing

Comparator 1	Comparator 2	Comparator 3	Patient-Centered Outcomes
Permanent Supported Housing	Supported Accommodations	-	Housing stability Quality of life Symptom management Symptoms and substance use Travel/ transportation Personal goal attainment Safety Satisfaction Recidivism Physical health Hospitalization

Priority Topic 2: Case Management

Comparator 1	Comparator 2	Comparator 3	Patient-Centered Outcomes
Critical Time Intervention	Forensic Assertive Community Treatment	Intensive Case Management	Housing stability Confidence in illness self-management Hospitalization Independence Quality of life ER visits Sleep quantity and quality

Priority Topic 3: Mental Health and Substance Use

Priority diagnosis/ experience: trauma/PTSD

Comparator 1	Comparator 2	Comparator 3	Patient-Centered Outcomes
Integrated Dual Diagnosis Treatment	Illness Management and Recovery	-	Symptom management and confidence in symptom management Quality of life Independence Symptoms and substance use Sleep

			Personal goals Positive beliefs Recidivism Emotional control Cognitive functioning Better relationships with family and friends Less stigma
Motivational Interviewing	Cognitive Behavioral Therapy	-	Same as above
Integrated Dual Diagnosis Treatment plus MAT	Integrated Dual Diagnosis Treatment	-	Same as above
Medication Monitoring	Medication Assisted Treatment (MAT)	-	Same as above
Trauma-Informed Care	Psychotherapy	-	Same as above
Virtual psychotherapy	In-person psychotherapy	-	Same as above

Priority Topic 4: Physical Health and Health Access

Physical Health Condition Priorities: HIV, Hypertension, Diabetes, Cancer, Arthritis, COVID-19

Comparator 1	Comparator 2	Comparator 3	Patient-Centered Outcomes
Self-Management	Peer/ Patient Navigation	Transitions Clinics	Illness self-management and confidence Hospitalization Independence Medication adherence ER visits Pain and physical symptoms, mobility Health and wellness goals Psychiatric symptoms and substance use Reduced need for medications and services Access to services and care More energy Better relationships with my doctors

Interventions: Summary of Existing Evidence by Priority

Intervention	Description	Studies (method)	Population	Outcomes	Notes
Housing					
Permanent Supported Housing	Housing accompanied by support services such mental and substance use disorder treatment, case management, in least restrictive environments with few rules.	Rogers et al., 2010 (SR)	Serious Mental Illness (SMI) Homeless Substance Abuse	Housing stability Hospitalization Quality of life Satisfaction	Most effective when paired with intensive case management Housing vouchers/ funding needed Rapid entry into housing produces best results Quality of housing important
		Leff et al., 2009 (MA)	SMI	Housing stability Hospitalization, Substance abuse, Satisfaction	Produces highest satisfaction levels of all housing interventions Little reduction in psychiatric symptoms
Supported Accommodations	Known as “halfway house.” Transitional housing between jail/prison to community	Growns et al. 2018 (SR)	People recently released from prison	Re-conviction and re-incarceration in some studies (mixed results)	No studies reported health outcomes
Housing First	Type of supported housing based on principles of harm reduction. Support obtain permanent housing quickly and keep housing to prevent return to homelessness	LeClair et al., 2019 (SR)	SMI Homeless Justice-involved	Criminal-justice involvement	
		Baxter et al., 2018 (SR & MA)	Homeless	ER visits Hospitalization Housing stability	No impact on substance use Mixed on impact on mental health, quality of life and physical health
		Woodhall-Melnik & Dunn, 2016 (SR)	Homeless SMI Substance use disorder (SUD)	Housing stability	Mixed effectiveness for SUD

		Fitzpatrick-Lewis et al. 2011 (SR)	Homeless SMI	Housing at hospital discharge Health outcomes for HIV Substance use Health utilization	If abstinent housing, better outcomes for psychiatric symptoms and substance abuse
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Case Management

Intervention	Description	Studies	Population	Outcomes	Notes
Intensive Case Management or Forensic Intensive Case Management	Team-based approach that to help clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations.	Ponka et al., 2020 (MA)	Homeless	Housing stability Quality of life Mental health Substance use Hospitalization	
Assertive Community Treatment (ACT) and Forensic Community Treatment (FACT)	ACT: Team-based approach provided in the community; unlimited time and 24-7 availability. FACT: ACT focused on forensic population	Coldwell & Bender, 2007 (MA of ACT)	SMI Homeless	Homelessness Symptom severity	For ACT as compared to standard case management, no difference in hospitalization rates
		Kelly et al., 2017 (mixed method evaluation of FACT)	SMI Released from prison	Substance abuse, Parole violations	For FACT, first three months most important for recidivism Recidivism mostly drug and alcohol-related Lack of housing major problem,
		Ponka et al., 2020 (MA of ACT)	Homeless	Housing stability Mental health Substance use Quality of life Hospitalization	
		Marquant et al., 2016 (review)	SMI Released from prison	Lower arrest rates, no difference in	Literature very limited; poor methods; need to include SUD

				hospital admissions	treatment in FACT
Critical Time Intervention	Time-limited intervention focusing on times of transition. Use team approach, harm reduction and small caseloads, with decreasing intensity over time.	Ponka et al., 2020 (MA)	Homeless	Housing stability Some impact on hospitalization	Little effect on mental health No impact on quality of life or substance use
Mental Health and Substance Use					
Intervention	Description	Studies	Population	Outcomes	Notes
Trauma-informed Care	Care that recognizes how past trauma impacts current behavior and structures treatments and environments that avoid re-traumatization	Williams and Frey, 2018 (review)	Incarcerated	Lower recidivism and program completion (trend)	Only two studies
Medication Monitoring (MedTEAM)	Prescribers, mental health practitioners, and consumers collaborate to determine impact of medication	SAMHSA 2010	SMI	Symptoms Treatment quality Satisfaction Adherence	
Medication Assisted Treatment	Medication-assisted treatment is the use of medications in combination with counseling and behavioral therapies for opioid use disorders.	Moore et al., 2019 (SR and MA)	In prison and jail settings	Treatment engagement after release Illicit opioid use	No impact on recidivism
Illness Management and Recovery	Curriculum-based intervention to help people learn about mental illness, treatments, coping strategies, development or social support, and relapse prevention planning.	Gatens, 2019 (report)	SMI who are justice-involved	Knowledge of mental health Medication adherence Hospitalization	
Motivational Interviewing	Short-term counseling method that helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior.	McMurrin et al., 2009 (SR)	Offenders (not SMI, but SUD)	Treatment retention Motivation to change Offending	
		Cleary et al. 2009 (SR)	SMI and SUD	Motivational interviewing superior for SUD	CBT-only did not have evidence
Cognitive Behavior Therapy	Structured, time-limited therapy that helps people identify inaccurate or negative thinking to view	Yoon, Slade, Fazel (SR and MA)	Prisoners with SMI	CBT and mindfulness most effective for depression and anxiety	

	challenging situations more clearly and respond to them in a more effective way.				
Integrated Dual Diagnosis Treatment (IDDT)	Combines pharmacological (medication), psychological, educational, and social interventions to address the needs of clients and Also stable housing and employment are addressed.	Fontanarosa et al. 2013	SMI in transition	Hospitalization Service use	
Physical Health and Health Access					
Intervention	Description	Studies (method)	Population	Outcomes	Notes
Integrated Care	Combines primary health care and mental health care in one setting, addressing the whole person and his or her physical and behavioral health	Lemmens et al., 2015 (SR and MA)	Physical and mental comorbidity	Depression Satisfaction Emotional well-being	Studies mostly on comorbid depression Insufficient evidence for quality of life, medication adherence, or mortality
Self-Management Interventions	Interventions to help people manage and problem-solve around illness and health management	Cabassa et al., 2016 (SR)	SMI	Patient activation Service engagement	
Peer Health Navigation	Peers with mental health challenges help navigate complex healthcare system and solve health-related problems	Cabassa et al., 2016(SR)	SMI	Service engagement	
Expedited Medicaid Enrollment	States use existing information to quickly activate benefits for Medicaid eligible individuals upon release.	Cuddeback et al. 2016 (RCD)	SMI and released from prison, jail or psychiatric hospital	If approved, more likely to have used outpatient MH services in 90 days	
		Grabert et al. 2017 (RCD)	SMI and released from prison, jail or psychiatric hospital	At 36 months, more likely to use mental health and general medical services	No impact on recidivism
		Gertner et al., 2019 (RCD)	SMI and released from prison, jail or	Increased use of substance use services	

			psychiatric hospital		
Transitions Clinics	Clinics specific to recently released in order to provide quick access to care	Fox et al., 2014 (RCD)	Recent release from incarceration	HIV viral load Opioid use Diabetes control	

SR=systemic review; MA= meta-analysis, RCD=retrospective cohort design