



# Providing RWHAP Services to People who are Justice Involved

2020 National Ryan White Conference on HIV Care and Treatment

*August 11, 2020*

**Melinda Tinsley, Connie Jorstad, & Amy Griffin**  
HIV/AIDS Bureau (HAB)

**Vision: Healthy Communities, Healthy People**



# Health Resources and Services Administration (HRSA)

## Overview

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- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care



# HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

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## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.



# HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
  - Funds grants to states, cities/counties, and local community based organizations
    - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)



# Learning Objectives

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- Explain why providing RWHAP services to people with HIV who are justice involved is necessary in Ending the HIV Epidemic.
- Distinguish between HAB policy on provision of RWHAP core medical services and support services in state and/or federal prisons vs other correctional settings.
- Describe the approach taken by two RWHAP recipients to improve access to RWHAP services to people with HIV who are justice involved.



# Session Overview

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- **Working with and in correctional settings**
  - Background and overview of correctional settings and people with HIV who are justice involved
- **HRSA HAB policies on providing RWHAP services to people with HIV who are justice involved**
  - HRSA HAB Policy Clarification Notices 18-02 and 16-02
- **HRSA HAB activities to support RWHAP services to people with HIV who are justice involved**
  - Technical Expert Panel and ongoing activities
- **Recipient presentations**
  - Cynthia Quinn – Maricopa County, Arizona
  - Dr. Alysse Wurcel – Tufts Medical Center, Massachusetts



# Working in and with Correctional Settings

Background and overview of correctional settings and people with HIV who are justice involved



# Mission of Corrections

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- **Custody and security**
- **Ensure public safety**
  - Theoretically, to separate alleged and/or convicted perpetrators from society
  - In reality, corrections is not an island





# The Difference between Jails and Prisons

## Jails

- **Administered by:**
  - Local municipalities
- **Houses people who:**
  - Have been newly arrested
  - Awaiting trial or sentencing
  - Have pled to or been convicted of misdemeanors
  - Have been sentenced to serve a small amount of time (less than a year)

## Prisons

- **Administered by:**
  - States or Federal Bureau of Prisons
- **Houses people who:**
  - Have pled to or been convicted of felonies
  - Have been sentenced to terms greater than one year

# People who are Justice Involved

- **Population**
  - Justice involved populations are predominately minority and male, ages 25-29
- **Jails**
  - ~740,000 (6/30/2018) in jails; ~10.7 million annual admissions<sup>1</sup>
- **Prisons**
  - ~1.4 million (12/31/2018) in state and federal prisons<sup>2</sup>
- **Probation/Parole**
  - ~4.5 million people were on probation or parole at yearend 2016<sup>3</sup>
- **Releases**
  - Approximately 12 million releases each year, mostly from jails
- **People with HIV, Justice Involved**
  - ~17,150 people with HIV were prisoners in state and federal correctional facilities<sup>4</sup>

1. Zeng, Zehn. [Jail inmates in 2018](#). March 31, 2020. Bureau of Justice Statistics.

2. Carson, E. Ann. [Prisoners in 2018](#). April 2019. Bureau of Justice Statistics.

3. Kaeble, Danielle. [Probation And Parole In The United States, 2016](#). Bureau of Justice Statistics.

4. Marushak, Laura and Bronson. [HIV in Prisons, 2015](#). August 27, 2017. Bureau of Justice Statistics.



# Justice Involved Populations and HIV

- **People at-risk for and with HIV<sup>1</sup>**
  - ~1 in 5 people with HIV is imprisoned in a jail or prison in any given year
  - Populations experiencing HIV disparities also disproportionately imprisoned in jails and prisons
  - People who are justice involved may also engage in HIV risk behaviors
- **HIV among people who are justice involved**
  - Prevalence of HIV is 3 - 5 times higher than the total US population<sup>2</sup>
  - In one state, ~33% of HIV infected persons in the state learned their status in a jail<sup>3</sup>

1. Beckwith C, Zaller N, et al. [Opportunities to Diagnose, Treat, and Prevent HIV in the Criminal Justice System](#), *J Acquir Immune Defic Syndr* 2010; 55: S49-55

2. Harawa N, Adimora A. [Incarceration, African Americans and HIV: advancing a research agenda](#). *J Natl Med Assoc.* 2008;100(1):57-62. doi:10.1016/s0027-9684(15)31175-5  
Accessed at

3. Spaulding A, Stephenson B, Macalino G, et al. Human immunodeficiency virus in correctional facilities: a review. *Clin Infect Dis.* 2002;35: 305–312

**Social  
Determinants  
of Health**

**1 in 5 People  
with HIV  
Incarcerated**

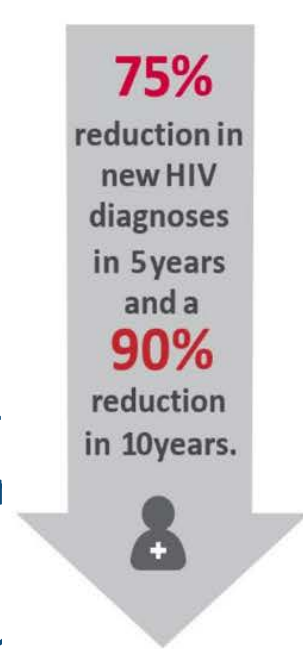
**3-5x Higher HIV  
Prevalence**

# Why RWHAP Recipients Should Get Involved



# Ending the HIV Epidemic: The Case for Serving Justice Involved

- **Facilitate access to and delivery of HIV care and treatment**
  - For some, incarceration is the first or only source of health care
- **Break the cycle of addiction, incarceration, and disease transmission**
  - Many of the factors that contribute to HIV risk and poor health outcomes are factors for incarceration
- **Address HIV as a public health issue**
  - Most people who are justice involved return to their community



## Diagnose

All people with HIV as early as possible.



## Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



## Prevent

New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



## Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

# HRSA HAB Policies on Providing RWHAP Services to People with HIV who are Justice Involved

HRSA HAB Policy Clarification Notices 18-02 and 16-02



# HRSA HAB PCN #18-02

The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved



# HRSA HAB PCN 18-02: Background and Definitions

- Replaces HRSA HAB PCN #07-04 *Use of Ryan White HIV/AIDS Program Funds for Transitional Social Support and Primary Care Services for Incarcerated Persons*
- **Definitions:**
  - **Incarceration:** involuntary confinement of an individual in connection with an alleged crime
  - **Transitional basis:** time-limited provision of core medical and support services to ensure linkage to and continuity of care for incarcerated people with HIV that will be eligible for HRSA RWHAP services upon release, *when such release is imminent*
  - **Short-term basis:** time-limited provision of core medical and support services that are not prohibited by the statutory payor of last resort requirements



HRSA HAB PCN [18-02 The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#)





# HRSA HAB PCN 18-02: Federal/State Prison Systems

HRSA RWHAP recipients may provide RWHAP core medical services and support services to people with HIV who are incarcerated in Federal or State prisons on a transitional basis

- HRSA HAB defers to recipients/subrecipients to define the time limitation, generally  $\leq 180$  days
- HRSA RWHAP recipients and subrecipients work with corrections to define nature of services
  - HIV-related needs (which services) and
  - Anticipated release date (duration of services)



HRSA HAB PCN [18-02 The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#)



# HRSA HAB PCN 18-02: Other Correctional Systems

**HRSA RWHAP recipients may provide HRSA RWHAP core medical services and support services to people with HIV who are incarcerated in other correctional facilities on a short-term and/or transitional basis**

- HRSA HAB defers to recipients/subrecipients to define the time limitation
  - In some instances, the time limitation may be the same as the duration of incarceration
- HRSA RWHAP recipients and subrecipients work with corrections to define nature of services
  - HIV-related needs (which services) and
  - Anticipated release date (duration of services)
- If recipient provides HRSA RWHAP core medical or support services short-term, HRSA HAB recommends they also provide services on a transitional basis

HRSA HAB PCN [18-02 The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved](#)



# Administrative Entity and Payor of Last Resort

**Administrative Entity  
Or Funding Source**

**RWHAP Payor of Last  
Resort**

**Prisons**

**Federal or State**

**Applies**

**Jails**

**Local**

**Does Not  
Apply**

However,  
RWHAP  
cannot  
duplicate  
existing  
services



# HRSA HAB PCN #16-02

Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds



# HRSA RWHAP Core Medical Services

1. AIDS Drug Assistance Program Treatments
2. AIDS Pharmaceutical Assistance
3. Early Intervention Services (EIS)
4. Health Insurance Premiums and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient and Ambulatory Health Services
13. Substance Abuse Outpatient Care



# HRSA RWHAP Support Services

1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)



# HRSA HAB Activities to Support RWHAP Services to People with HIV who are Justice Involved

Technical Expert Panel



# Technical Expert Panel (TEP)

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- **Goal**
  - Explore the HIV care needs of people with HIV in state prisons and local jails and the role the RWHAP can play in addressing these needs
- **Purpose**
  - Identify supports and barriers to HIV care and treatment in correctional facilities, as well as community re-entry
  - Discuss current approaches and guidance under PCN 18-02
- **Format**
  - One-day in person meeting
  - Facilitators
  - Note taker
  - HAB staff participation





# TEP Participants

- **RWHAP Recipients**
  - Part A
  - Part B
  - Part C
  - Part F, SPNS
- **Medical Providers**
  - Hospital Systems
  - Departments of Corrections
  - Departments of Health
- **Researchers**
  - HIV
  - Correctional Health
- **Technical Assistance & Advocacy Agencies**
  - Ryan White HIV/AIDS Program Advocacy Organizations
- **Federal Partners**
  - CDC
  - NIH
  - SAMHSA
  - U.S. Department of Justice



# Considerations for Improving HIV Treatment for People who are Justice Involved

- **Addressing Stigma**
  - While incarcerated – HIV stigma
  - Post-release – HIV & incarceration stigma
- **Treating Co-morbidities**
  - Mental illness
  - Substance use disorder
  - Hepatitis C
- **Providing Services**
  - Need holistic services
  - Patient-centered care
  - Peer support



# Issues Related to Providing HIV Care in Correctional Settings

## Challenges Described by Participants

- Access to medication
- Access to specialty care
- Training for staff

## Potential Solutions

- Keep on Person medication
- Treatment of co-morbidities
- Multidisciplinary teams
- Use of telehealth for specialized care
- Harm reduction framework
- Training staff
- Build coalitions



# Issues Related to HIV Care During Re-Entry

## Challenges Described by Participants

- Release Date Known
- Community Provider Connection
- Medication Access
- Patient Follow Up
- Health Information Exchange

## Potential Solutions

- Warm handoff
- Peer navigators
- First medical appointment in place upon release
- Access to insurance/medication established upon release
- Established relationships with RWHAP and other service providers



# Contact Information

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# Maricopa County Jail Project

Providing services to people with HIV who are  
justice-involved

Cynthia Quinn MSN, FNP- BC

Maricopa County Jail Project medical case manager

# Maricopa County Jail Project Overview

- Maricopa County Jails started the HIV Opt Out Jail testing project in 2011.
- Maricopa County Jail system is the 4<sup>th</sup> largest jail system in the country. Approximately 110,000 arrestees are booked into jail each year.
- In 2019 there were 9,816 test completed in Opt Out HIV testing.
- Opt Out testing identified 84 HIV positive individuals in 2019.



# How Can Ryan White Engage in the Justice Systems?



# Strategies and Approaches: Know Your Audience

- Jails vs. Prisons.
- Need buy in from the clinic people AND the finance people.
- Clinic reporting structure vs. Justice system reporting structure.
- What are their priorities?
  - Providing Healthcare.
  - Keeping Cost to a minimal.

# Steps for RWPA recipients to engage justice systems, where engagement is not already happening

- Start with identifying and asking to meet with clinic/healthcare leadership. They may be different people from jail/prison leadership.
- Justice systems don't have many additional funds, identify what Ryan White can pay for and support.
- Provide funding for HIV tests that can be done at same time with blood draws or same method as existing tests. Assuming there is no other payer.

# Strategies or Steps for RWPA recipients to engage justice systems, where engagement is not already happening?

- Consider cost impacts for justice systems. Help connect County Jails to Public Health departments for 340B status, to help offset additional HIV medication costs.
- Understand the "payer of last resort" differences between jails and state prisons. Learning the difference between jails and prisons and how it impacts timeframes. Learn about how HIV is being paid for treated in the system.

# Strategies and Approaches: Service Delivery Questions

- How do the different facilities report or identify individuals living with HIV?
  - Self reporting
  - Public Health
  - Lab testing
- What does your existing HIV services look like?
  - Chronic Care Condition assessments
  - Medications
  - Lab work
  - Request of Information

# Sample questions to ask when learning about the justice system?

- Does your system do an initial health assessment? When does that happen and what types of health screenings are included? Would the systems be open to adding an HIV test at that time?
- How is HIV already being treated in your system?
- Are people living with HIV housed separately?

# Challenges in serving people with HIV who are justice-involved

- Buy in of Judicial facility
- Lack of institutional policies or protocols that guide providers
- Medication cost
- Cost for medical staffing
- HIV tests
- Confidentiality
- Education

# Sample questions to ask when learning about the justice system? (cont.)

- Do you have a 340B status for your pharmacy?
- Does the justice system health care program have clinicians with HIV treatment experience? Or that are willing to provide HIV treatment?
- Post buy-in discussion:
  - Workflow
  - How to protect confidentiality in the justice system environment



# Cost for Medical Staff

- Medical
  - Providers
  - Lab technicians

# Medication Cost

- Who will cover the cost of ART?
- Will the patients have a co-pay for the medications?
- Can outside medications be brought in?
- Can the patient when released take their ART with them?

# Confidentiality



- How we address in the clinic:
  - Pre-intake
  - Health assessment
  - Clinic visits
  - Medication dispensing

# Education

- Medical providers
- Officers
- Patients

# Maricopa County Jail Project Model



# Booking process for Individuals living with HIV

- Pre-intake
- Health assessment
- HIV medical case manager visit
- Continuation of care while incarcerated
- Discharge planning

# Newly diagnosed individuals while incarcerated at Maricopa County Jails

- HIV Testing
  - HIV-Opt out testing
- Preliminary Test result
  - Medical Case manager visit
  - Early Intervention education initiated
- Final Test results
  - Notification
- Plan of Care
  - Safety Labs
  - Initiation of ART

# Challenges and How Ryan White Can Help

- Medication Cost
- Medical staff
- Labs
- Education
- Commitment



# Conclusion

- People living with HIV/AIDS that are incarcerated, are entitled to the same evidence based care as individuals receiving HIV/AIDS care from the community.
- Currently not all criminal justice systems in the United States provide HIV/AIDS care for incarcerated individuals. This could be due to the cost and not knowing of additional resources for assisting with keeping the cost down.
- It is imperative that individuals living with HIV/AIDS are identified to ensure they receive optimal healthcare.

# Conclusion cont.

- Strategies need to be identified to help identify undiagnosed or untreated HIV patients. This can be done through utilizing an OPT-OUT testing program for all individuals that are incarcerated.
- By identifying newly diagnosed individuals with HIV | AIDS while incarcerated can help reduce new HIV infections.
- By acknowledging that the criminal justice system has a huge role in HIV | AIDS care they can be instrumental partner with ending the HIV epidemic initiatives.

# References

- Westergaard, R. P., Spaulding, A. C., & Flanigan, T. P. (2013). [HIV among persons incarcerated in the USA: a review of evolving concepts in testing, treatment, and linkage to community care](#). *Current opinion in infectious diseases*, 26(1), 10–16.
- DiPrete BL, Pence BW, Golin CE, Knight K, Flynn PM, Carda-Auten J, Groves JS, Powers KA, White BL, Napravnik S, Wohl DA. (Sep 2019) Antiretroviral Adherence Following Prison Release in a Randomized Trial of the impACT Intervention to Maintain Suppression of HIV Viremia. *AIDS and behavior*, 23(9): 2386-2395

# Contact Information

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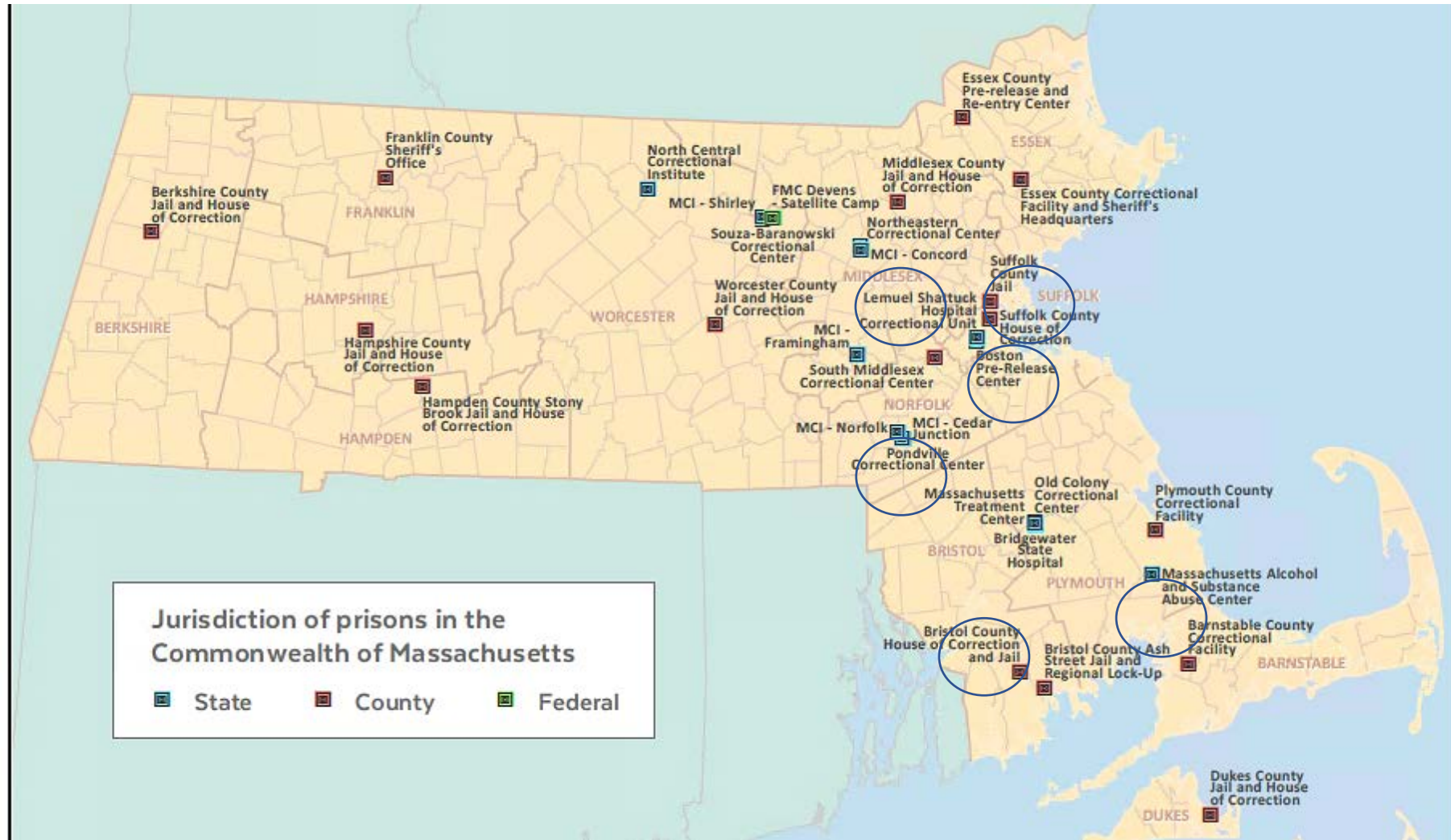
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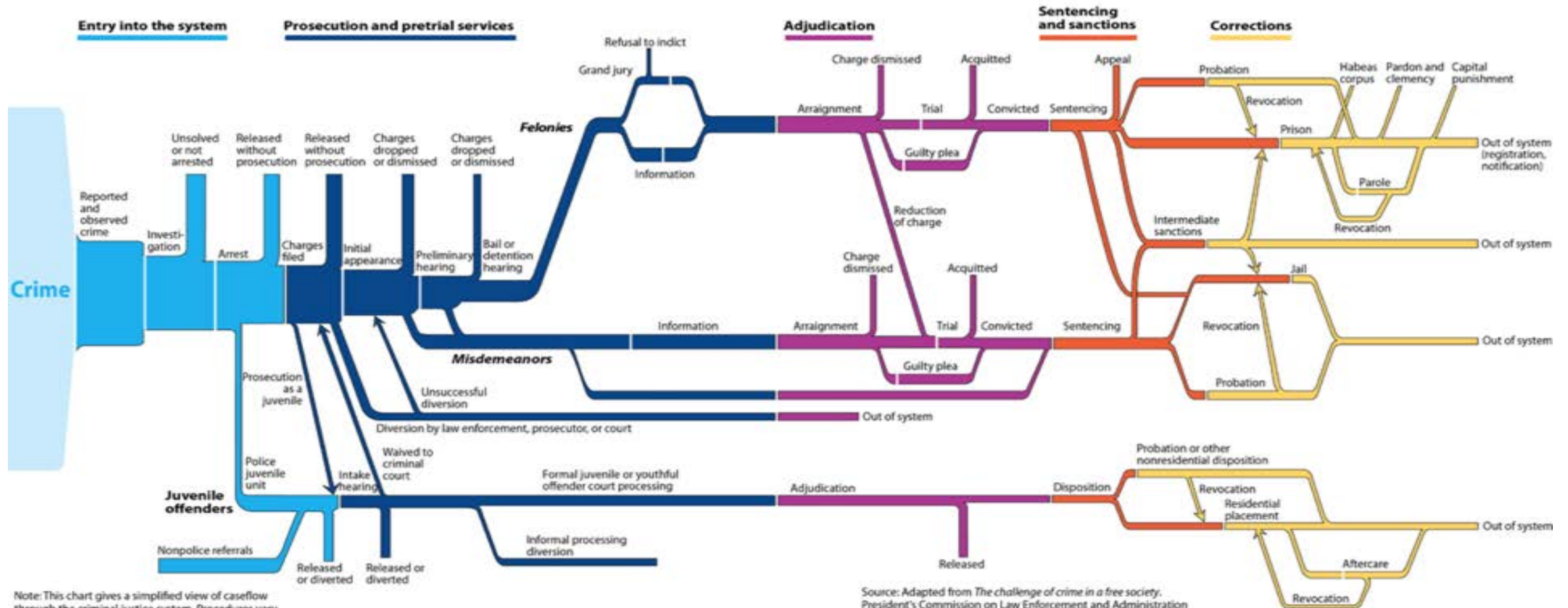
# Objectives

- (1) What are some of the challenges in serving people with HIV who are justice-involved, and how can the Ryan White HIV/AIDS Program (RWHAP) address those challenges?
- (2) What strategies/steps would you suggest to RWHAP recipients to engage justice systems, where engagement is not already happening?



I am the ID doctor in 6 county jails: Bristol, Essex, Middlesex, Norfolk Plymouth, & South Bay-Suffolk.

# The Criminal Legal System is Complicated.

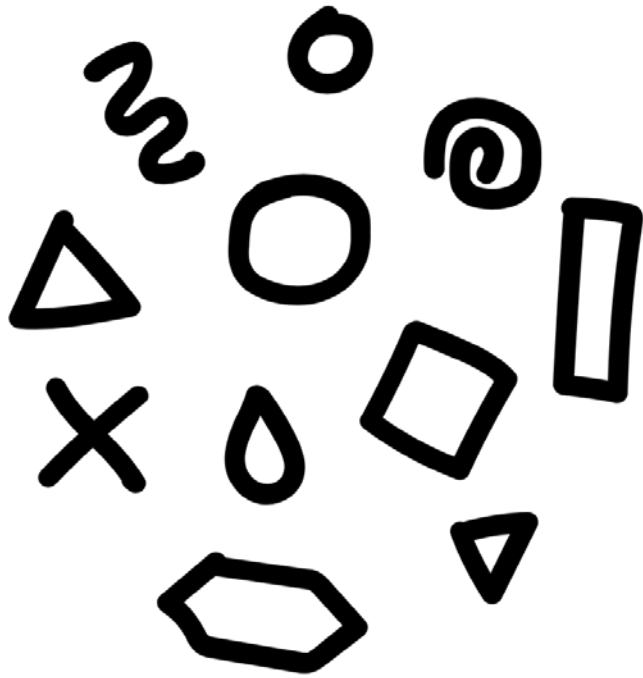


Note: This chart gives a simplified view of caseload through the criminal justice system. Procedures vary among jurisdictions. The weights of the lines are not intended to show actual size of caseloads.

Source: Adapted from *The challenge of crime in a free society*. President's Commission on Law Enforcement and Administration of Justice, 1967. This revision, a result of the Symposium on the 30th Anniversary of the President's Commission, was prepared by the Bureau of Justice Statistics in 1997.



People with HIV who are incarcerated in jail have *different needs from each other*.



They are not all the same people



They are not all on the same path.

# People who need HIV care in jail are not all the same

<b>Example</b>	Justin
<b>Description</b>	55, HIV dx in 1997. Same MD for 25 years. Never been in jail before, sentenced 2 years. Resistant HIV virus. 4 medications, several times a day. +Meth use disorder.
<b>Facilitators to HIV suppression</b>	Experienced with HIV.
<b>Barriers to HIV suppression in jail</b>	Getting meds to him consistently can be a challenge. High risks of missing doses.

# People who need HIV care in jail are not all the same (2)

<b>Example</b>	Justin	Brittany
<b>Description</b>	55, HIV dx in 1997. Same MD for 25 years. Never been in jail before, sentenced 2 years. Resistant HIV virus. 4 medications, several times a day. +Meth use disorder.	30, newly dx with HIV in jail. Opioid use disorder. Pre-trial.
<b>Facilitators to HIV suppression</b>	Experienced with HIV.	Ready to start meds, engaged in care.
<b>Barriers to HIV suppression in jail</b>	Getting meds to him consistently can be a challenge. High risks of missing doses.	Stigma, OUD treatment plan, management of mental health.

# People who need HIV care in jail are not all the same (3)

Example	Justin	Brittany	JC
Description	55, HIV dx in 1997. Same MD for 25 years. Never been in jail before, sentenced 2 years. Resistant HIV virus. 4 medications, several times a day. +Meth use disorder.	30, newly dx with HIV in jail. Opioid use disorder. Pre-trial.	30 with schizophrenia. 5 years ago dx with HIV. Frequent transfers to health unit (isolation) and psychiatric facility. Suppressed on EFZ/TDF/3TC.
Facilitators to HIV suppression	Experienced with HIV.	Ready to start meds, engaged in care.	Increased attention to his meds because of mental health.
Barriers to HIV suppression in jail	Getting meds to him consistently can be a challenge. High risks of missing doses.	Stigma, OUD treatment plan, management of mental health.	Frequent transfers, ordering/reordering meds. Med interactions, but patient does not want to switch medications.

# People who need HIV care in jail are not all the same (4)

Example	Justin	Brittany	JC	Christina
Description	55, HIV dx in 1997. Same MD for 25 years. Never been in jail before, sentenced 2 years. Resistant HIV virus. 4 medications, several times a day. +Meth use disorder	30, newly dx with HIV in jail. Opioid use disorder. Pre-trial.	30 with schizophrenia. 5 years ago dx with HIV. Frequent transfers to health unit (isolation) and psychiatric facility. Suppressed on EFZ/TDF/3TC	60, in and out of jail, dx with HIV was 10 years ago, presents with HIV VL of 400, intermitted HIV meds on outside on BIC/TAF/FTC. Cocaine Use Disorder.
Facilitators to HIV suppression	Experienced with HIV	Ready to start meds, engaged in care	Increased attention to his meds because of mental health	Knows the system, the doctors, well liked by the staff.
Barriers to HIV suppression in jail	Getting meds to him consistently can be a challenge. High risks of missing doses.	Stigma, OUD treatment plan, management of mental health	Frequent transfers, ordering/reordering meds. Med interactions, but patient does not want to switch medications	HIV VL wavering low level, not high enough for genotype, but concern for resistance.

# People who need HIV care coordination in the community have different facilitators and barriers

Example	Justin	Brittany	JC	Christina
Description	55, HIV dx in 1997. Same MD for 25 years. Never been in jail before, sentenced 2 years. Resistant HIV virus. 4 medications, several times a day. +Meth use disorder	30, newly dx with HIV in jail. Opioid use disorder. Pre-trial. Has been on methadone x 2 years in the past.	30, homeless man with schizophrenia. 5 years ago dx with HIV. Frequent transfers to health unit (isolation) and psychiatric facility. Suppressed on EFZ/TDF/3TC.	60, in and out of jail, dx with HIV 10 years ago, presents with HIV VL of 400, intermitted HIV meds on outside on BIC/TAF/FTC. History of OUD, but current issue is Cocaine. Use Disorder.
Facilitators to Linkage	Has a clinician in the community who is connected and responsive.	Motivated Tech savvy 2 year period of treatment.	Mental Health worker following him on the outside.	Has a clinician in the community.
Barriers to Linkage	No clear treatments for meth use disorder.	OUD; needs to trust a new clinician in the community, Fear of HIV disclosure to family and friends Pre-trial.	Homelessness; needs somewhere to leave his meds.	Clinician in the community overworked, unable to communicate by email.

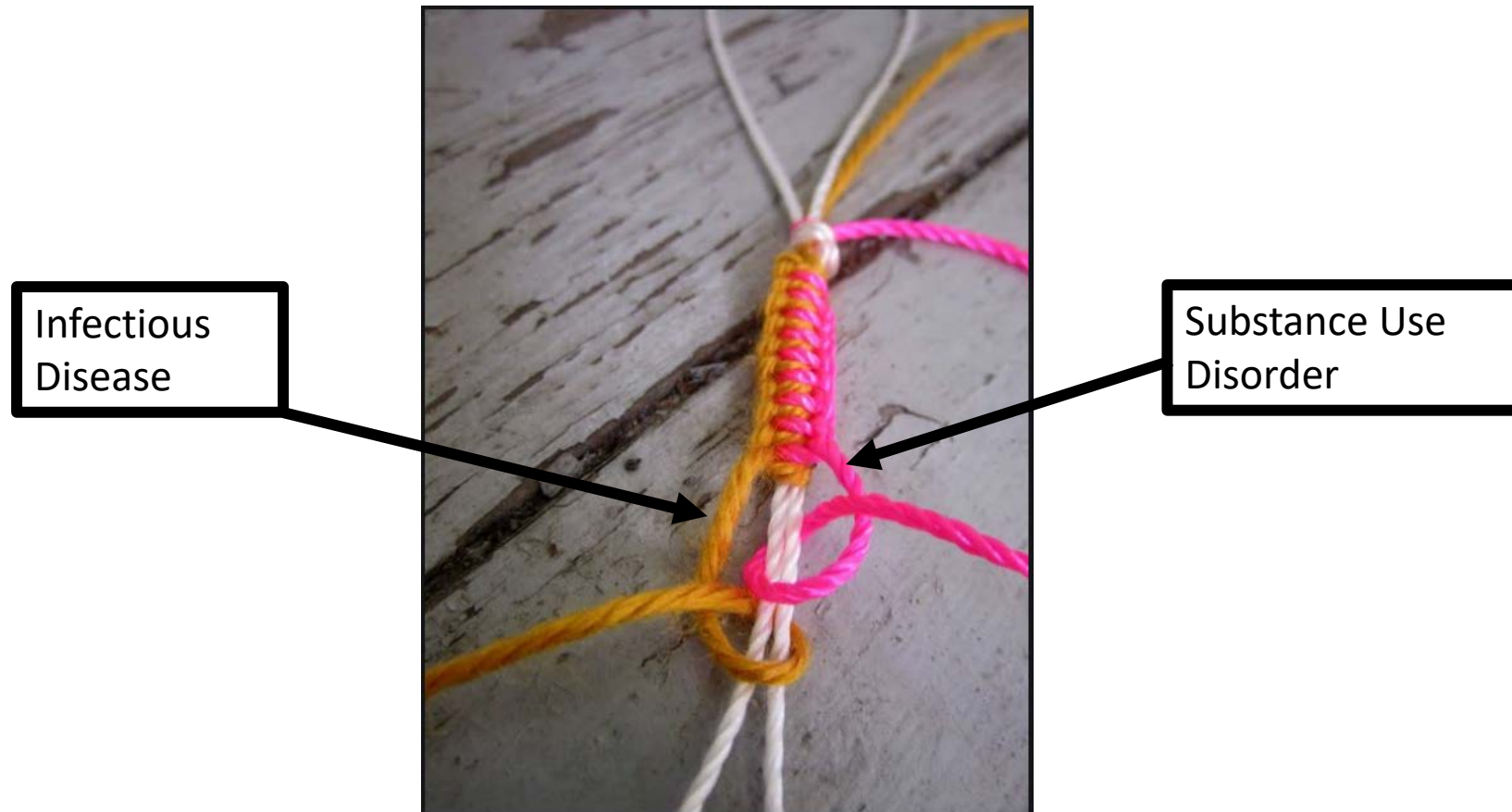
# STRATEGIES/STEPS

- Support mandates of Substance Use Disorder training of all clinicians
- End Medicaid Exclusion
- Support Criminal Justice Reform
- Increase PrEP access in jails/prisons and on release

People who use drugs and have infections are dying because of sub-optimal treatment of substance use disorder.

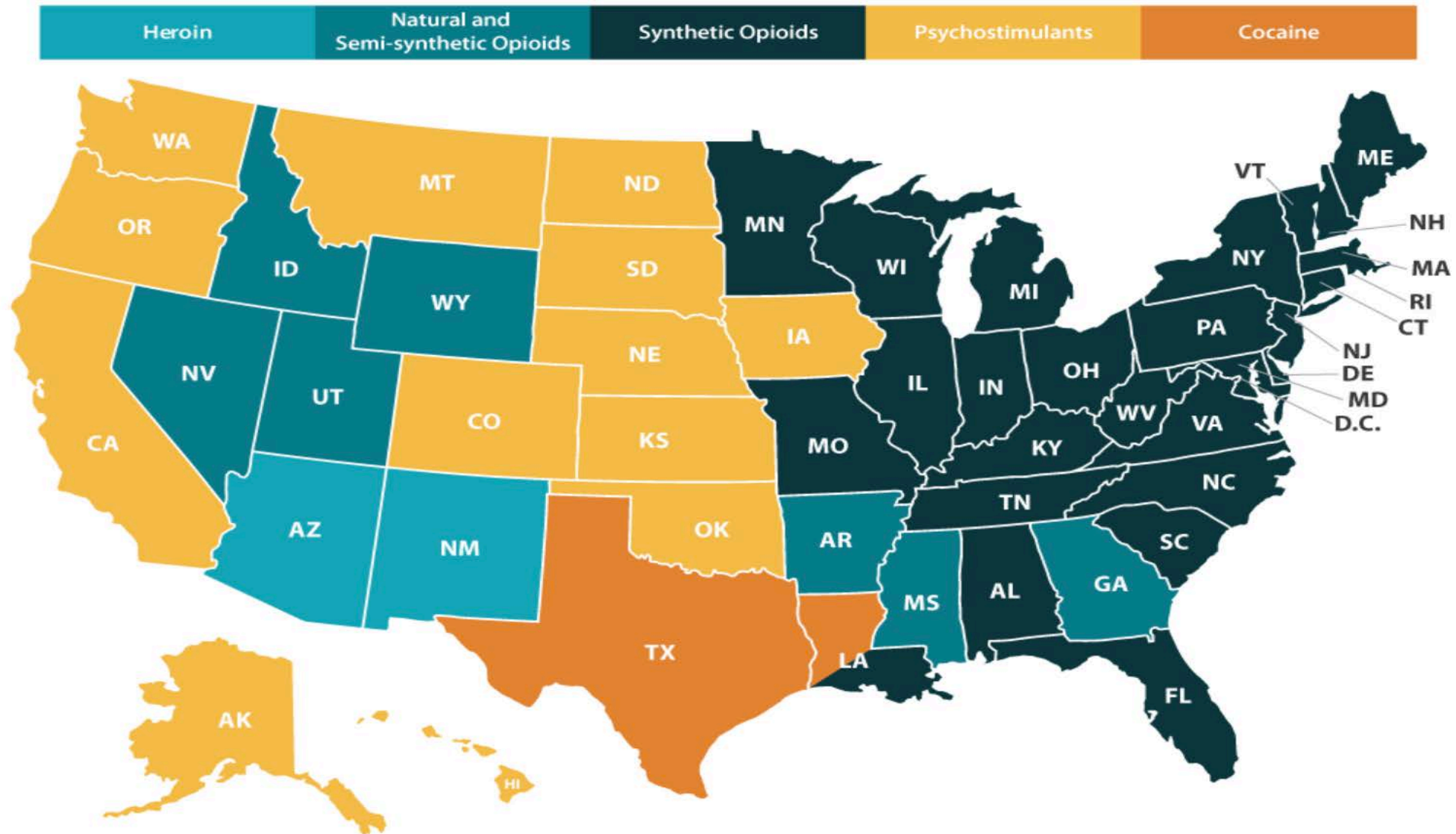


Co-management of infectious diseases and substance use disorder for criminal justice involved-populations is crucial.



#XtheXWaiver

## Type of Drug with the Highest Rate of Overdose Deaths among each State, 2017



State Health Access Data Assistance Center's webpage [The Opioid Epidemic in the United States](https://www.shadac.org/resource-opioid-epidemic-united-states)  
<https://www.shadac.org/resource-opioid-epidemic-united-states>

# End Inmate Medicaid Exclusion

## The Washington Post

The Post's View • Opinion

### It's time to end the callous policy of inmate Medicaid exclusion May 12 2019



(iStock)

By Editorial Board  
May 12

OBAMACARE GAVE most low-income people Medicaid coverage, extending the health-care plan to the poor and near-poor. But when they are jailed or imprisoned, an old federal law means their Medicaid coverage disappears. This callous policy must change.

The problem is not that those in custody would get no health care while locked up. The Supreme Court ruled that jails and prisons must provide health services to those they are holding, because

#### Most Read Opinions

- 1 Opinion  
As the whistleblower story gets worse for Trump, his corruption keeps spreading
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THURSDAY, AUG 15 2019

FULL ISSUE

### New York Aims To Give Medicaid To Some Inmates Suffering From Substance Abuse Before Jail Release

CMS would have to grant the first-of-a-kind waiver designed to save lives and keep inmates out of ERs soon after release. Other news on Medicaid looks at a failure to follow up on children who receive ADHD drugs.

#### POLITICO Pro: New York To Ask CMS To Expand Medicaid To Some Inmates

New York will ask the Trump administration to allow inmates with substance abuse diagnoses and certain other conditions to receive Medicaid 30 days before their release from state prisons and county jails, a move that Gov. Andrew Cuomo believes will help keep people from overdosing on the streets and out of emergency rooms. The first-of-its kind Medicaid waiver, now open for public comment, would be limited to inmates who have two or more chronic

## MassHealth

### External MEMO: MassHealth Expedited DOC/HoC Inmate Applications As of April 10, 2020

#### UPDATE:

In order to ensure a quick turnaround for the potential release of pre-trial inmates, during this state of national emergency MassHealth will protect the MassHealth coverage of any individual who is residing in a DOC/HoC with pre-trial status. As long as the individual had active MassHealth community benefits as of March 18, 2020, MassHealth will not suspend their coverage while they are residing in a facility as a pre-trial inmate.



## **The Reentry Act's Impact on Health Care and the Criminal Justice System: A Fact Sheet**

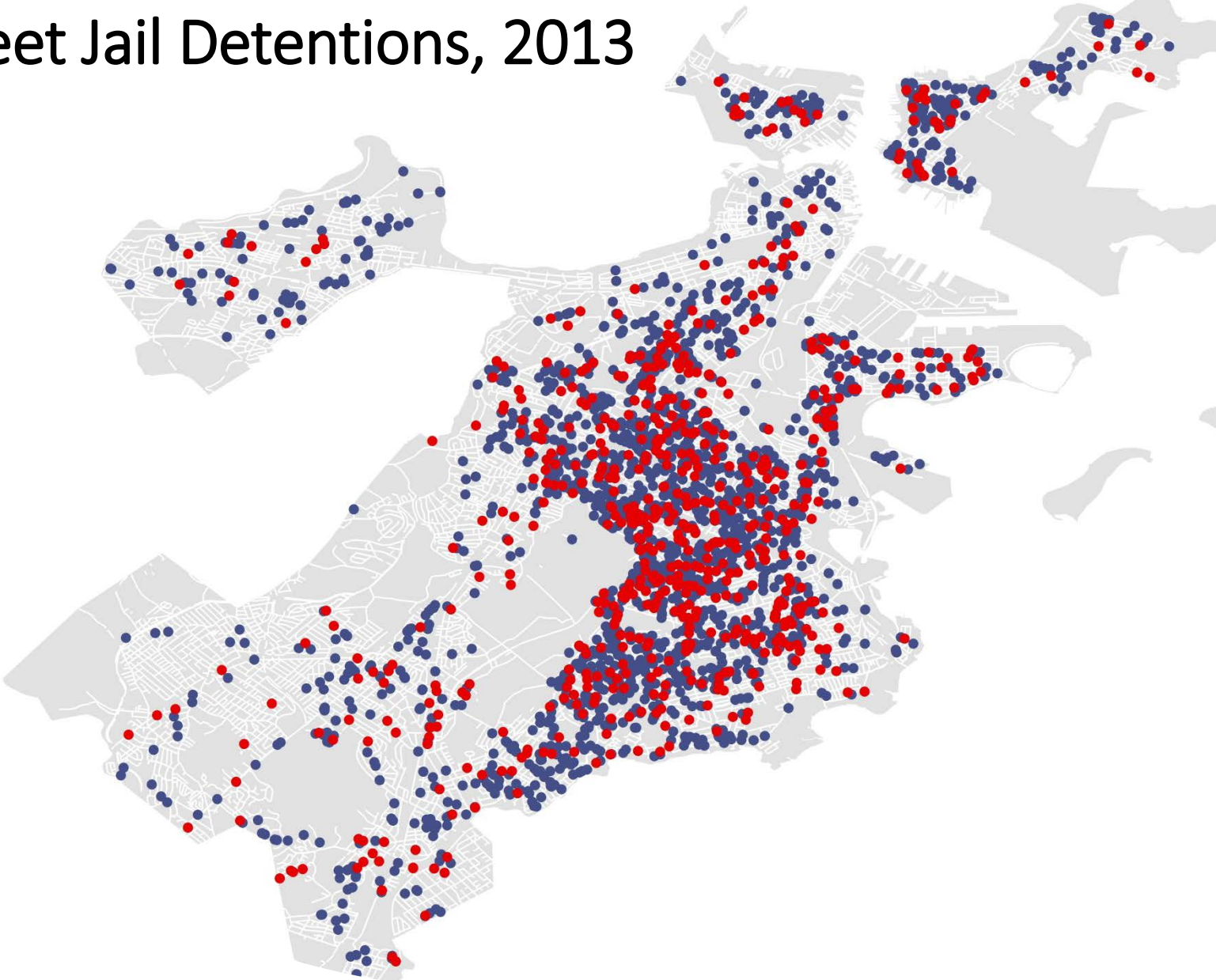
### **Key Takeaway**

In May, as part of COVID-19 response legislation, the House of Representatives approved a provision to better meet the health needs of people who are incarcerated as they prepare to leave prison or jail and return to their communities. This reentry provision would:

- allow Medicaid to cover services provided to incarcerated individuals during the thirty days preceding their release from prison or jail;
- advance the COVID-19 response by strengthening continuity of health care services for people who are incarcerated and preparing to return to their communities; and
- recalibrate fiscal responsibility for providing health care services at reentry by closing a longstanding gap in Medicaid coverage, relieving pressure on state and local budgets.

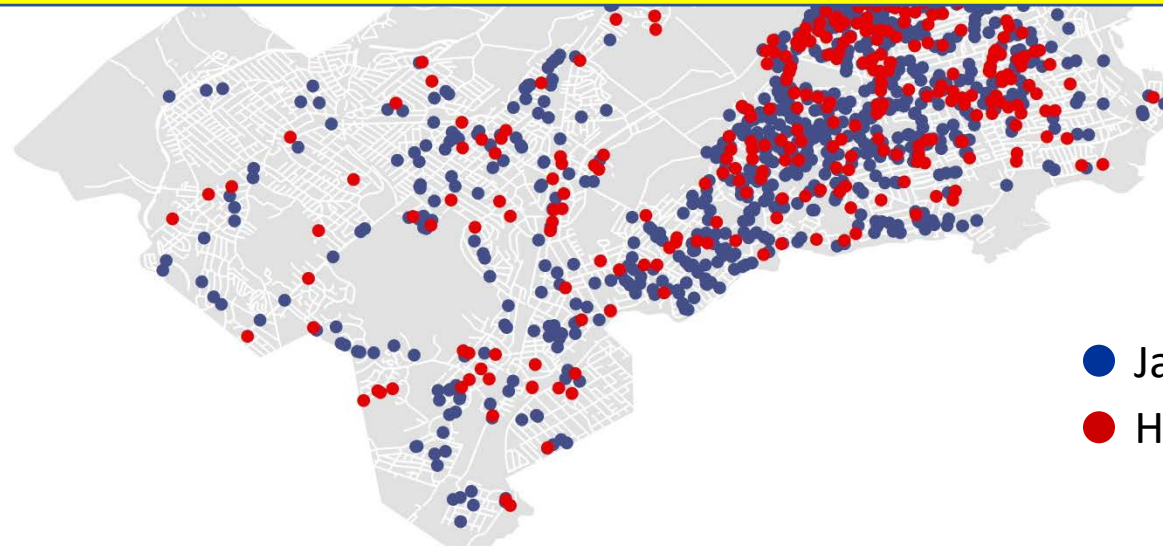
The Senate has not yet acted on this legislation. This fact sheet describes the provision and its potential impact, with a focus on the significant impact it would have on jails.

# Suffolk County House of Correction Commitments and Nashua Street Jail Detentions, 2013





We need criminal-legal  
reform.



- Jail detention
- HOC Commitment

**GOAL:**  
INCREASE PrEP  
ACCESS to  
PEOPLE in  
JAIL/PRISON





# Thank you!

- Always happy to collaborate! Please email me at [awurcel@tuftsmedicalcenter.org](mailto:awurcel@tuftsmedicalcenter.org)

Acknowledgements:

Thank you to Rubeen Guardado MPH and Emma Smyth for assistance in preparing this presentation.