



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Criminal Justice Initiative: Addressing the Continuum of Care for PLWH and/or Hepatitis-C From Incarceration to Re-Entry

Arianne Watson, Associate Director, Alliance for Positive Change

Jennifer Lee, CJI Program Manager, ACR Health

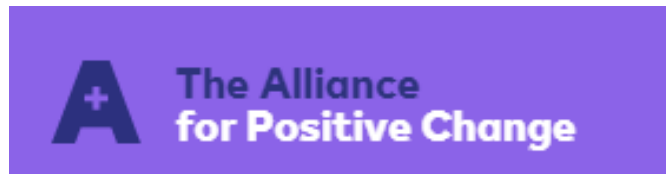
Eugene Epps, Community Linkage Specialist, Alliance for Positive Change

Introductions



- **Arianne Watson**, Associate Director, The Alliance for Positive Change
- **Jennifer Lee**, CJI Program Manager, ACR Health
- **Eugene Epps**, Community Linkage Specialist, The Alliance for Positive Change

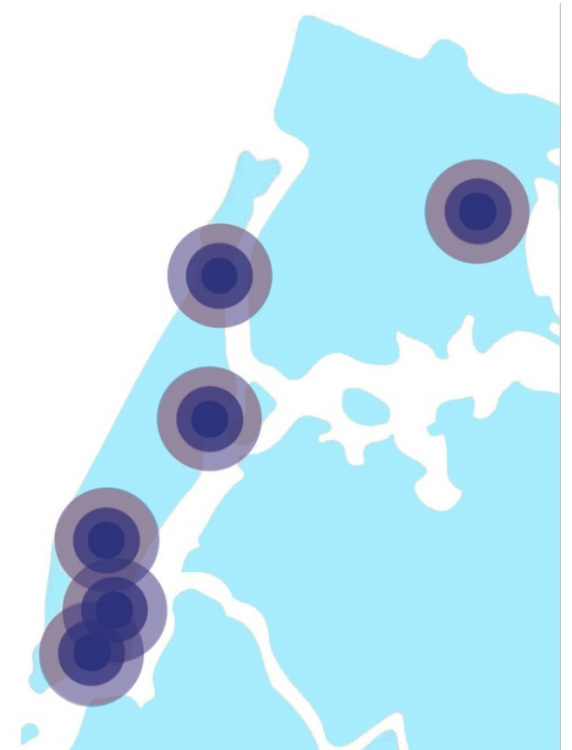
Thank you to our panelist for making time to be at this 2020 National Ryan White Conference on HIV Care and Treatment and for being an invaluable partner in the New York State Department of Health AIDS Institute (NYSDOH AI) Criminal Justice Initiative (CJI).



The Alliance for Positive Change



- The Alliance helps New Yorkers affected by HIV and other chronic illnesses make lasting positive changes towards health, housing, recovery, and self-sufficiency.
- Each year, we help New Yorkers:
 - Get tested for HIV and HCV
 - Overcome addiction
 - Train individuals to become Certified Peers
 - Access medical care to get their health back on track
 - Escape homelessness
 - Rejoin the world of work
 - Replace isolation with community
 - And lead healthier and more self-sufficient lives.



The Alliance's **individualized, full-service approach** gives each person the unique mix of support he or she needs to **feel better, live better, and do better.**

- ACR Health is a not-for-profit, community-based organization providing an array of support services to individuals affected by a wide range of chronic diseases, including HIV/AIDS, with the goal of positive health outcomes. Serving 9 counties in central, Northern and Mohawk Valley regions of New York
- **LGBTQ youth services (Q-Center)**
- **Prevention Services(in office and outreach)**
 - **RAPID HIV, hepatitis C and syphilis testing, three site STD Testing (oral and rectal swab, urine), PrEP Prescription (pre-exposure prophylaxis)**
- **Syringe Exchange Program(in office and outreach)**
- **On-site medical clinic**
 - **Hepatitis C & STI treatment, BRIDGE suboxone program**
 - **NARCAN Training**
- **Insurance navigators**
- **Ryan White Care Management**
- **Health homes**
- **Housing and HOPWA programs**
- **Employment**
- **Nutrition**
- **Food and diaper pantry**

The goal of this training is to provide information and skills to attendees about the Criminal Justice Initiative (CJI).

At the end of the training, attendees will be able to:

- Recognize how the CJI program works.
- Identify the role in- facility CBOs and in-community CBOs provide in the continuum of care for PLWH and/or HCV
- Ascertain information on challenges and barriers for clients incarcerated, and recently released from incarceration
- Identify changes and challenges for service delivery due to COVID-19

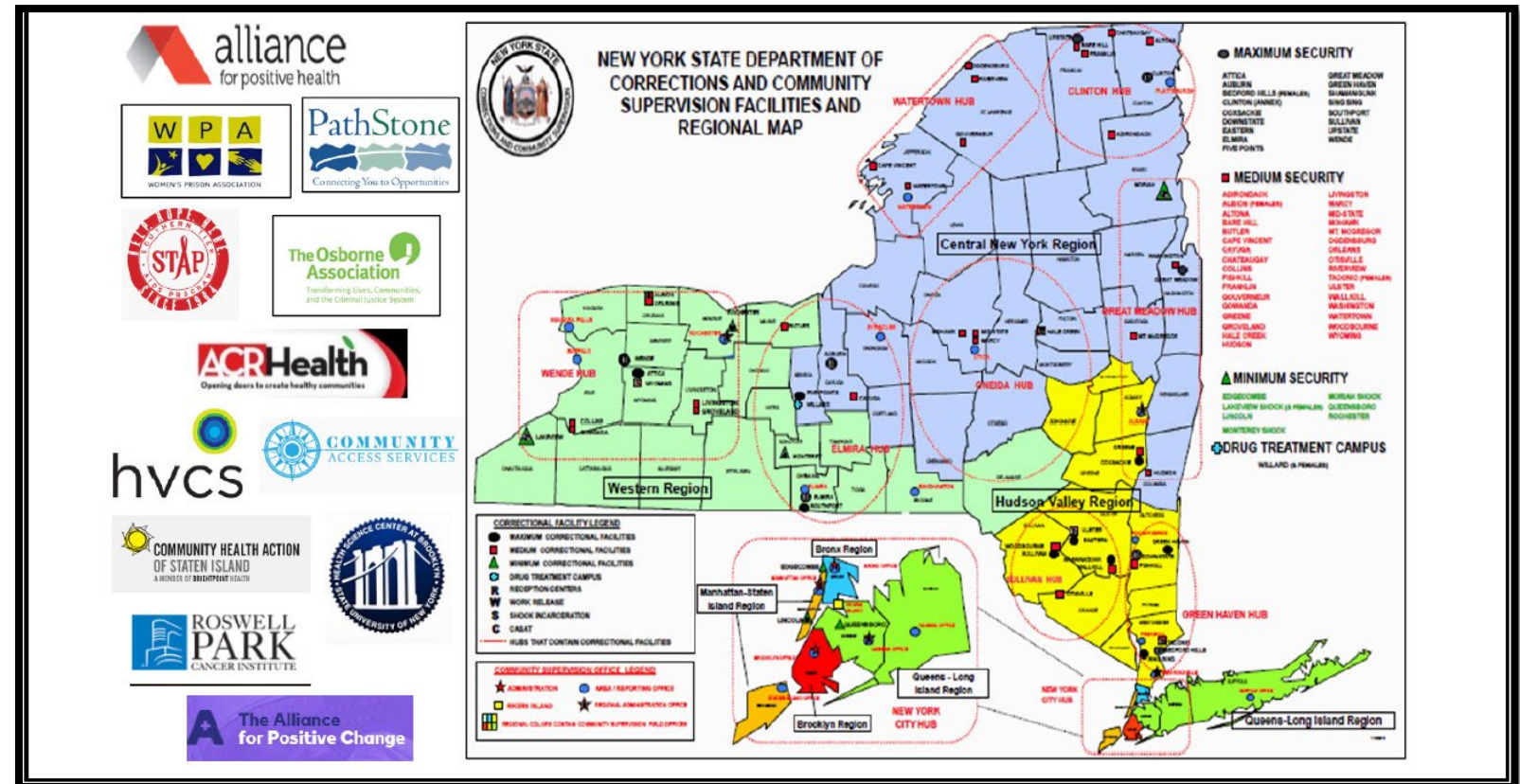
New York State Prisons



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- The New York State Department of Corrections and Community Supervision is responsible for the care, confinement, and rehabilitation of approximately 46,000 inmates.
- These individuals are living in 52 correctional facilities owned and operated by the State of New York (as of 2019).
- Prisons are statewide and New York organizes prisons into HUBS.
- In total New York has 9 (nine) different HUBS.
- Four receptions sites:
- classified by health, mental health and security needs
- Approximately 22,000 inmates are released annually from DOCCS facilities who are under supervision by parole throughout seven regional offices.

New York State Prison HUB map



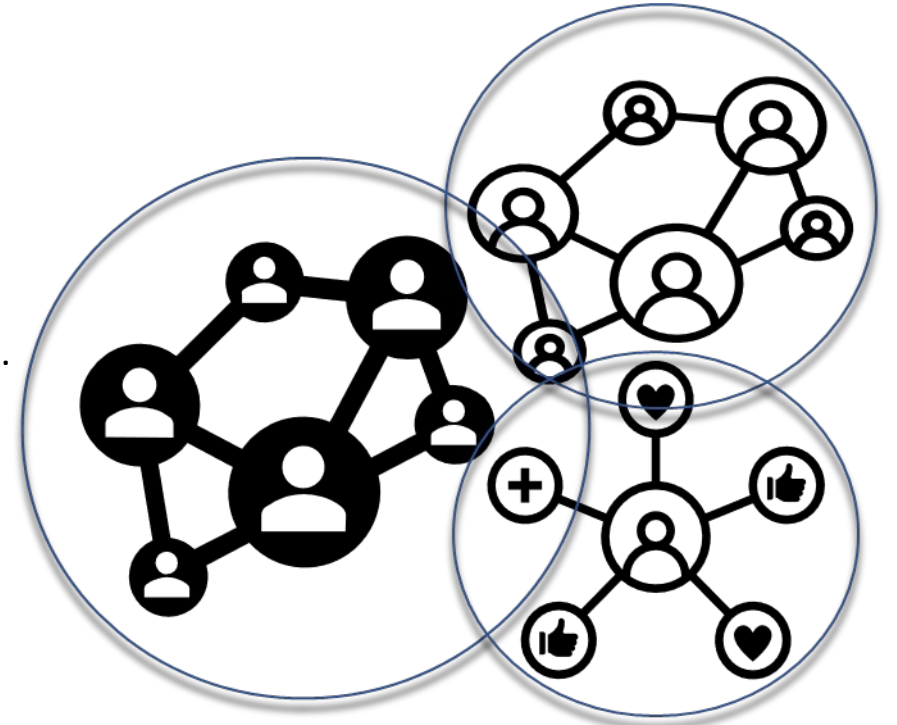
Criminal Justice Initiative (CJI)

History and Purpose of CJI program

- The Criminal Justice Initiative (CJI) was developed in 1990 in response to the emerging prevention and service needs of HIV positive and at-risk detainees, incarcerated, and formerly incarcerated individuals in New York State.
- The goal was, and continues to be, to provide a comprehensive, seamless continuum of quality HIV/STD/HCV prevention and supportive services to individuals in a correctional setting and incarcerated individuals returning to their home communities.
- Services are designed to reduce HIV/STD/HCV transmission and improve the health and well-being of individuals living with HIV at any point during incarceration and after release.
- Discharge Planning- PLWH and/or Hepatitis C preparing for release from DOCCS custody will have continuity of care arranged through coordination between DOCCS Discharge Planning Unit (DPU) and NYSDOH AIDS Institute. They are educated about linkage to care services and encouraged to sign a Release of Information form (DOH-2557), then DPU makes a referral to NYSDOH funded Community Based Organization (CBO) providing continuity of care.

Successes

- CJI funded providers trained over 5,000 HIV/STD/HCV peer educators*
- Completed over 2,000 Transitional Plans for HIV positive, formerly incarcerated reentrants*
- The initiative also made anonymous HIV testing available in DOCCS settings
- Conducted over 135,000 anonymous tests since 1998



Criminal Justice Initiative (CJI) (cont.)



HIV Statistics in DOCCS

- In 2018, an estimated 773 incarcerated individuals were HIV positive, of which 234 were diagnosed with AIDS
 - 1.6% of population
- This is a decline from 2017, at which time there were 892 HIV infected incarcerated individuals, of which 269 were diagnosed with AIDS
 - 1.8% of population
- The vast majority of HIV positive inmates are known to DOCCS medical staff. Among those known to DOCCS medical staff, virtually all (99%) are engaged in care.
- The Criminal Justice Initiative (CJI) is a collaboration between New York State Department of Health (NYSDOH), Department of Corrections and Community Supervision (DOCCS), In-facility CBOs, in- community CBOs.

Community Based Organizations (In-facility CBOs, in- community CBOs) CJI Providers

- The Community Based Organizations are trained and have DOCCS clearance to be in facility. Trainings:
 - ARTAS (Anti-Retroviral Treatment and Access to Services)
 - Motivational Interviewing
 - Case Management
 - Trauma-Informed Care
 - HIV Confidentiality
 - etc.

In-facility and In-community Provider



- In-facility Provider
Jennifer Lee, CJI Program Manager, ACR Health
- In-community Provider
Eugene Epps, Community Linkage Specialist, Alliance for Positive Change

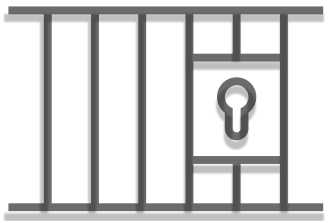


Role of DOCCS and In-facility CJJ Provider

Jennifer Lee, CJJ Program Manager, ACR Health



- Referral processes from DOCCS to In-facility provider
- Services
- Importance of linkage and communication in continuum
- What do you do for the incarcerated individual(s) through CJJ?
- What steps do you follow to refer clients to other partners in CJJ?
- How do you document outcomes from these referrals / linkages, including engagement in care, treatment adherence, viral suppression, and sustained virologic response?



Role of In-community CJI Provider

Eugene Epps, CLS, The Alliance for Positive Change



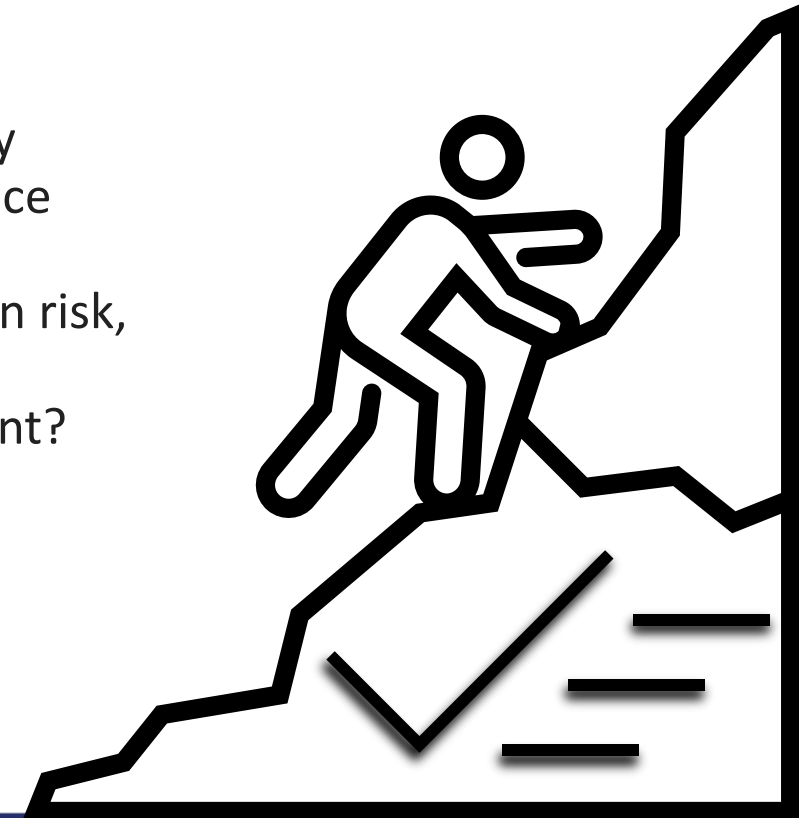
- Referral processes from In-facility provider to in-community provider.
- Services
- Importance of linkage and communication in continuum
What do you do for the incarcerated individual through CJI?
- What steps do you follow to refer clients to other partners in CJI?
- How do you document outcomes from these referrals / linkages, including engagement in care, treatment adherence, viral suppression, and sustained virologic response?



Success Story

- What worked? What didn't?
- Was the client enrolled in an programs both pre and post-release?
- How was the referral made and documented?
- What communication methods did the team use?
- What types of additional support provided to the patient addressing any identified barriers (i.e. peer education, housing, transportation, substance use, mental health)?
- What education did you provide (i.e., adherence, side effects, reinfection risk, etc.)?
- How did you support/empower the client to begin or complete treatment?

Success is not linear, and success is not defined by the provider



Challenges/ Barriers



- In-facility Provider

Jennifer Lee, CJI Program Manager, ACR Health

- Stigma/ Disclosure
- Last-minute transfers and discharges

- In-community Provider

Eugene Epps, CLS, Alliance for Positive Change

- Client self-management/ Medical Appointments/ Treatment Adherence
- Last-minute referral/discharge

- In-community Provider

Arienne Watson, AD, Alliance for Positive Change

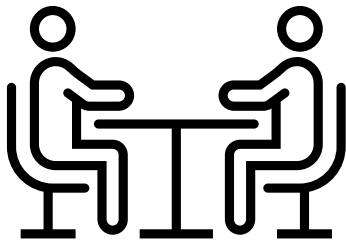
- Closing the referral loop



Service Delivery changes due to COVID-19

Pre-COVID-19

- Client service and engagement
- Communication
- Technology
- Treatment Adherence



COVID-19

- Client service and engagement
 - Closed offices and no civilian staff at DOCCS
- Communication
- Technology- Zoom, Cellphones, Computers
- Telemedicine - Medical Appointments/
Treatment Adherence
- Challenges and Barriers
- Any success stories?



- What can be improved to better serve the incarcerated and recently released individuals living with HIV and/or HCV in NYS?
- Testing in prison, how does it work, and how do you maintain confidentiality?
- How do we continue to help Criminal Justice Involved Populations?



Contact Information



- **Arianne Watson**, Associate Director, Alliance for Positive Change, Arianne@alliance.nyc
- **Jennifer Lee**, CJI Program Manager, ACR Health, JLee@ACRHealth.org
- **Eugene Epps**, Community Linkage Specialist, Alliance for Positive Change, Eugene@alliance.nyc

Thank you