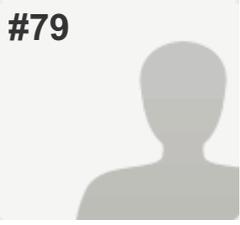


Ending the Epidemic Task Force Recommendation Form

#79



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Q2: Title of your recommendation

Improve Transitional and Post-Release Services for People Leaving Jail/Prison

Q3: Please provide a description of your proposed recommendation

Persons leaving New York correctional facilities encounter substantial barriers in accessing adequate information prior to their release about their current medical status, documentation of their treatment while incarcerated, health insurance options and, most importantly, the healthcare resources available in the community to which they will be returning. All correctional facilities and other agencies involved in providing services to persons involved in the criminal justice system should be required to develop a transitional health program to educate soon-to-be-released persons and other criminal-justice-system-involved persons about how they can engaged in the healthcare systems they will encounter once discharged and to provide them with the necessary documentation they will need to promptly enroll in care. In addition, efforts are need to expand the enrollment of soon-to-be-released persons in Medicaid from all state prisons and jails and to provide similar enrollment services to persons engaged with other agencies involved in the criminal justice system, such as specialized courts, alternative to incarceration programs, parole and probation. A recent analysis of persons released from NYS prisons in 2013 demonstrates that more than 80% of these persons eventually enroll in Medicaid and therefore it is essential that this happen prior to release to ensure prompt engagement in community care. For HIV-infected patients in jails and prisons who are about to be released, it is crucial that there be mechanisms to connect them to community providers prior to their release. This should include resources to: assistance with discharge planning to identify community healthcare agencies who will provide care to the patient once released and schedule an appointment with such providers prior to discharge; facilitate communication between the correctional facility medical systems and community providers to supply the latter with necessary medical information to determine eligibility for care and ensure continuity of care; and install IT equipment and implement protocols in both the correctional facilities and community agencies to facilitate communication between incarcerated patients and community providers prior to the persons release to increase the likelihood of patients promptly engaging in community care when they come home. For persons who are receiving medication in the correctional facility, including PrEP, they must be provided with a 30-day supply of the drugs when they are discharged and prescriptions they will need to be filled once they are in the community to ensure continuity of treatment. In order to accomplish this continuity in treatment, these patients must have insurance to pay for the medications, have appropriate identification documents and the prescriptions must be ones which the community pharmacies will honor.

The community providers engaging formerly incarcerated patients must have the training and resources to both recruit these patients into community care and to support these patients so that they can retain them in care. In order to accomplish this, the community providers should be encouraged to hire care coordinators and other support staff experienced in dealing with the formerly incarcerate population and who can understand the barriers these patients experience in trying to get medical care both while incarcerated and in the community.

The federally funded, three-year Positive Pathways Project coordinated by the AIDS Institute is a pilot program at 18 prisons primarily using CJI contractors to educate security and health staff and the incarcerated population about the benefits of HIV testing and treatment and to sensitize staff about barriers to patients' agreeing to be tested or enter care due to issues of stigma, lack of confidentiality and skepticism about prison healthcare. The program includes an effort to have interventions with any person about to leave prison whose HIV status is unknown, to urge them to be tested. Finally, it includes a six-month post-release support program to get formerly incarcerated HIV-infected persons to enter and stay in community care. We strongly support this program but urge that peer educators be included and that the testing intervention not be limited only to those about to be released from incarceration. The Positive Pathways Project should be expanded by deploying the project at more facilities, publicizing the curriculum for security and medical staff trainings, and encouraging DOCCS and CJI to adopt project materials and activities that prove effective.

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Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)

Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grant-funded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?

New program

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?

Permitted under current law

Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?

Within the next three to six years

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Q9: What are the perceived benefits of implementing this recommendation?

A comprehensive transitional program, including discharge planning and continuity of care elements, would result in more HIV-infected persons being promptly engaged in community care once released. In addition, the program would educate the incarcerated population how seek appropriate healthcare when they return home to their communities. Finally, promptly engaging recently released patients in care will prevent transmission of HIV in our communities as people are discharged from correctional facilities.

Q10: Are there any concerns with implementing this recommendation that should be considered?

One major barrier to implementation such a program is having adequate resources both for the criminal justice agencies and the community-based health agencies engaging this patient population. In order to facilitate communication between criminal justice agencies and community providers additional mechanisms must be developed to permit the exchange of data and healthcare information.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Not known

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

Not known

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

The incarcerated population and the communities to which they will return would greatly benefit by having adequate transitional program, discharge planning and post-release services for persons being discharged from a correctional facility.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

The contractors funded by the Criminal Justice Initiative of the AIDS Institute, who likely would provide some of these services, would be in an excellent position to monitor the implementation of parts of this program. More importantly, the AIDS Institute (AI) is required to monitor HIV and hepatitis C care in state prisons and local jails pursuant to the DOH Oversight Law, Public Health Law section 206(26), and thereby AI should be able to obtain information about implementation of these recommendations and to assess their effectiveness in engaging soon-to-be-released persons in enrolling in care and the adequacy of communication among correctional facility providers, community providers and patients being released from incarceration.

Q15: This recommendation was submitted by one of the following Ending the Epidemic Task Force member