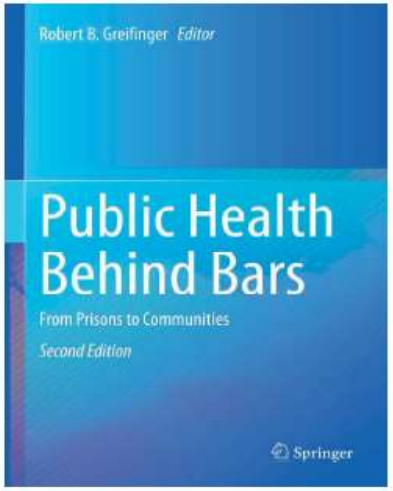
Correctional Health is Public Health is Community Health: Collaboration is Essential



2nd ed. 2022. XXIII, 520 p. 11 illus., 9 illus. in color.

Printed book
Hardcover
€ 111,99 | £ 99,99 | $ 139.99
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- Alison O Jordan MSW LCSW CCHP
- Thomas Lincoln MD CCHP-P FASAM
- John R. Miles, MPA

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Baystate Health
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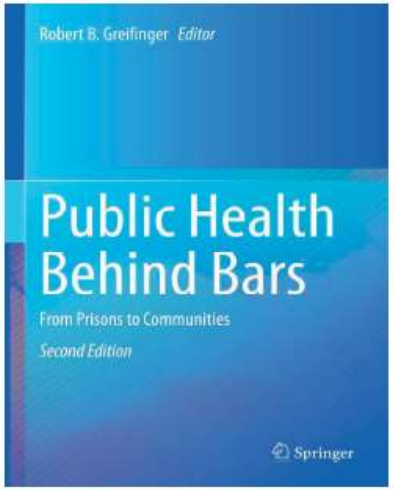
NCCHC NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

Citation: Jordan A.O., Lincoln T., Miles J.R. (2022) Correctional Health Is Public Health Is Community Health: Collaboration Is Essential. In: Greifinger R.B. (eds) ***Public Health Behind Bars***. Springer, New York, NY

https://doi.org/10.1007/978-1-0716-1807-3_33



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Robert B. Greifinger (Ed.)

Public Health Behind Bars

From Prisons to Communities

- Is the sole scholarly treatise on the interface of public health and public policy with incarcerated people
- Updates the first edition and adds discussion of relevant topics, with authorship of more than 60 contributors drawn from public health, correctional health, civil rights law, and sociology
- Examines the burden of illness in the growing prison population and analyzes the considerable impact on public health as prisoners are released
- Makes a timely case for correctional health care that is humane for those incarcerated and beneficial to the communities they re-enter, with authors offering affirmative recommendations toward that evolutionary step
- Identifies the most compelling health problems behind bars

This contributed volume takes a comprehensive look at factors that impact correctional health care and the related implications for public health and public health policy. It identifies the most compelling health problems behind bars (including communicable and chronic diseases, mental illness, addiction, and suicide), pinpoints systemic barriers to care, and explains how correctional medicine can shift from emergency or crisis care to primary care and prevention. It also discusses the impact of public policy on correctional populations and analyzes the impact on public health as prisoners are released. In this new edition, the multidisciplinary authorship continues to make a timely case for correctional health care that is humane for those incarcerated and beneficial to the communities they re-enter. Keeping in mind that the United States of America leads the world in the percentage of its population that is incarcerated, the book grapples with whether crime in our communities is diminished by incarcerating more and more people and whether health care behind bars could improve the health status of our communities. Special concerns arise when there are prisoners with physical or mental disabilities, who have spent long periods in segregation, and others who are simply growing old.

Meet the Authors

Views our own.

Alison O Jordan serves as governing councilor and represents the American Public Health Association on the board of the National Commission on Correctional Health Care, and is a JCHC editorial board member. She is a partner at ACOJA Consulting LLC.

Tom Lincoln is a primary care physician at Baystate Brightwood Health Center, the medical director for the Hampden County Correctional Center, a long-standing member of the American College of Correctional Physicians and the JCHC editorial board.

John R. Miles is Editor-in-Chief of the Journal of Correctional Health Care, the. Official Journal of the National Commission on Correctional Health Care. He previously served over 30 years at the Centers for Disease Control and Prevention.

Learning Objectives

1. **Describe** the six core components of a Community / Public Health Model for Correctional Health.
2. **Discuss** the three phases and five core components of Transitional Care Coordination.
3. **Compare** these integrative approaches to current practice and identify action steps needed for local implementation.

Photo courtesy of: Impact Marketing + Communication

Acknowledgement / Disclaimer

Several of these projects are / were supported by the Health Resources and Services Administration (HRSA)) of the U.S. Department of Health and Human Services (HHS):

- Enhancing Linkages to HIV Primary Care and Services in Jail Settings, 2007-2012
- Culturally Appropriate Interventions of Outreach, Access and Retention among Latino(a) Populations, 2013-2018
- System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings, 2014-2018
- The HIV Housing & Employment Project, 2017-2021

This slide set is a companion guide to Chapter 33 of 2nd Ed. of Bob Greifinger's Public Health Behind Bars.

Abstract

When considering the implications of public health behind bars, comprehensive correctional, public health and community collaborations are essential to address the myriad health and social needs of people entering and exiting correctional facilities including the high rates of chronic and communicable disease, including COVID19, associated with socioeconomic and racial disparities found due to overrepresentation of Black, Indigenous and People of Color (BIPOC) in U.S. jails and prisons.

Proven public health approaches and resources to provide correctional health services that are connected to community health and focused, from admission and through connection to the larger community, on facilitating access to health care and essential services. Evidence-informed interventions using integrative approaches include A Correctional/Public Health Model of Correctional Health Care and Transitional Care Coordination which offer guidance, strategies and approaches for successful implementation. Teams of physicians, nurses, social workers and case managers, based in both correctional and community settings, facilitate continuity of care and services using a warm transition approach for people returning home after incarceration.

Approaches to and benefits of establishing strong corrections, correctional health, public health, and community health and social service collaborations are detailed. Recommendations for a more comprehensive system through a national strategy are discussed.

Overview

Correctional, public health and community collaborations are essential to address the myriad health and social needs of people entering and exiting U. S. correctional facilities:

- High rates of chronic and communicable diseases, including COVID-19
- Socioeconomic and racial disparities

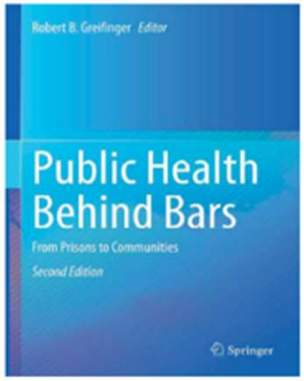
Collaborations Essential: approaches to and benefits of establishing strong corrections, correctional health, public health, and community health and social service collaborations

Evidence-informed interventions using integrative approaches include:

- A Community/Public Health Model of Correctional Health Care
- Transitional Care Coordination

Teamwork: Physicians, nurses, social workers and case managers, based in both correctional and community settings, facilitate continuity of care and services

- "Warm Transition" approach for people returning home after incarceration.
- Functional Assessment Tool to identify gaps and align local practices with proven approaches




Transitions
A Public
Health
Model
Assessment
Populations
Warm
Community
Coordination
Assessment
SPNS
Correctional
Healthcare
Disparities
Camden
ACOJA
Education
Jail
Clinic
Prison
Vulnerable
NYC
Baystate
Collaborative
Hampden County
DEII
Raleigh
LVNV
Network
Continuity
Employment
Transitional
Housing
Reentry
Planning
Equity
Access
Engagement
http://www.edwordle.net/index.htm
Care
Coordination

ACOJA Consulting

ACOJA Consulting LLC owners created, implemented and adapted Transitional Care Coordination, an evidence-informed intervention that facilitates correction to community linkages through collaborations.

Skilled in strategic planning and guidance for health and human services, public health research, and government programs.

Alison O Jordan & Jackie Cruzado

Tom Lincoln

Baystate Health

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Thomas Lincoln MD, CCHP-P, FASAM

- Associate Professor of Medicine at University of Massachusetts Medical School – Baystate
- Primary care physician at Baystate Brightwood Health Center in Springfield, MA
- Medical director for the Hampden County Correctional Centers
- Longstanding commitment to integrating community and correctional health care, HIV care, and addiction treatment.

JOHN R MILES

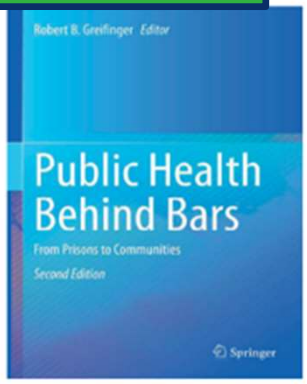
- Editor in Chief - Journal of Correctional Health Care - the only national, peer-reviewed scientific journal to focus on this complex and evolving field. Targeting clinicians, allied health practitioners and administrators, it is the primary resource for the latest research and developments in clinical care for chronic and infectious disease, mental health care, substance abuse treatment, health services management, quality improvement, medical records, medical-legal issues, discharge planning, staffing, cost analysis and other topics as they relate to correctional health care. Coverage includes empirical research, case studies, best practices, literature reviews and letters, plus NCCHC position statements.
- He served over 30 years at the Centers for Disease Control and Prevention in Chicago, Ohio, Indiana, New York City and Atlanta.

Editor-in-Chief
Journal of Correctional Health Care

Correctional Health is Public Health is Community Health*

- U.S. has the world's highest incarceration rate.
- Disproportionately impacts the poor, people of color, and those with behavioral health problems.
- Inconsistent scope and quality of care - often directed by security leadership, not health professionals.
- Vital information needed to coordinate care with community providers / consider alternatives to incarceration.

Programs make safer correctional facilities and communities at large through partnerships with key stakeholders.



*Collaboration is Essential

Ten Essential Public Health Services

Ten Essential Public Health Services

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
4. Strengthen, support, and mobilize communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

LEADERSHIP

"with the highest incarceration rate in the world – where persons of color are disproportionately represented and have a higher incidence of chronic and communicable diseases, and where the recidivism rate is unacceptably high – are we successfully accomplishing the ostensible social goals of punishment or rehabilitation?"

Correctional Health Care, Carmona 2018

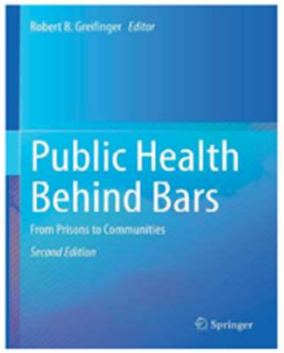
DISPARITIES

Table 33.1 Incarceration Rates by Race and Ethnicity based on U.S. 2010 Census.

Race/Ethnicity	% of U.S. population[2]	% of U.S. incarcerated population[2]	National incarceration rate (per 100,000)[2]
White (non-Hispanic)[1]	64%	39%	450 per 100,000
Hispanic	16%	19%	831 per 100,000
Black	13%	40%	2,306 per 100,000

1. *"Whites" refers to white non-Hispanics throughout this report and the accompanying figures. Because the Census Bureau does not publish non-Hispanic data for any other race in correctional or detention facilities, all other racial categories in this report are that race alone without distinguishing ethnicity.*
2. *Figures calculated with Census 2010 SF-1 table P42 and the PCT20 table series*

Reprinted/adapted with permission from Prison Policy Initiative https://www.prisonpolicy.org/reports/rates.html



COVID-19 Health Equity Task Force

OASH / OMH Subcommittee Interim Recommendation May 28, 2021

PROBLEM STATEMENT 5

The health outcomes of people in jails, prisons and other carceral settings are not tracked or addressed in real time or by our public health agencies and structures, contributing to preventable death. This failure to measure the health and health outcomes of incarcerated people is a potent and harmful example of racism in health.

1. The CDC and State Departments of Health should establish efforts to track and report in real time, the health and health outcomes of incarcerated people, and develop evidence-based programs to protect and improve their health.

2. The federal government should promote research on the effectiveness of interventions to prevent death in carceral settings during COVID-19, such as early release.

Data, Analytics, and Research: Chair: Joneigh Khaldoun
Attendees: James Hildreth, Andy Imparato, Victor Joseph, Homer Venters
Staff: Josephine Nguyen, Martha Okafor, Catie Pennington, Minh Wendt

https://www.minorityhealth.hhs.gov/Assets/PDF/May%20COVID%2019%20HETF%20Subcommittees'%20Recommendations_Discrimination%20and%20Xenophobia_final.pdf

NCCHC: Use of Humanizing Language

February 3, 2021: NCCHC Board approves position statement

"We encourage adding:

'use person-first language such as person/people/individuals experiencing incarceration, incarcerated person/people/ individuals, the incarcerated, person living with HIV, person with substance use disorder.'

to your protocols along with:

'greet your patient with a warm smile and a handshake or bow.'" (or masked nod during COVID-19 pandemic).

https://www.ncchc.org/use-of-humanizing-language-in-correctional-health-care

Take away messages:

- Person-first approaches set the stage for a therapeutic relationship
- Mutual objectives are achievable despite the setting.
- Using person-affirming language creates a more positive environment for you and your team.

https://www.ncchc.org/blog/language-matters-ncchcs-new-position-statement-on-use-of-humanizing-language-in-correctional-health-care

ACADEMY OF CORRECTIONAL HEALTH PROFESSIONALS
YOUR PROFESSIONAL COMMUNITY FOR CORRECTIONAL HEALTH CARE

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

USE: PERSON, PEOPLE OR INDIVIDUAL	AVOID:	POPULATION-BASED ALTERNATIVES:
experiencing incarceration	Offender, Inmate, Felon, Criminal, Convict, Prisoner, Offender, Delinquent	The incarcerated
with incarceration history; prior criminal / legal system involvement; previously incarcerated;	ex-inmate, ex-offender, ex-convict, ex-prisoner, ex-felon, "incarceritis"	Formerly incarcerated; Incarceration history
under judicial supervision; detained	detainee	Held pending a hearing
supervised by parole or probation; under parole or probation supervision	parolee, probationer,	Under supervision
with sex offenses conviction; history of sex offense charges	Sex Offender	Formerly incarcerated; incarceration history
with mental health needs; history of mental illness	Mentally Ill, psychotic	Receiving mental health services
currently or previously experiencing homelessness; unstably housed	Homeless	Unstably housed; houselessness
Person with HIV; person with with diabetes	HIV/AIDS patient; HIV/AIDS infected; diabetic	People with diagnosed HIV
with a history of substance use or substance use disorder (if known); living on the substance use spectrum; who used / uses substances	Substance abuser; addict; drug user, illicit drug use	Substance use spectrum
USE: YOUNG PERSON / YOUNG ADULT	**AVOID:**	**POPULATION-BASED ALTERNATIVES:**
with criminal / legal system involvement; impacted by the criminal / legal system; under criminal / legal supervision; detained	Juvenile Offender, Juvenile Delinquent	Held pending a hearing; Under legal supervision

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Population Based Approach

Determine:

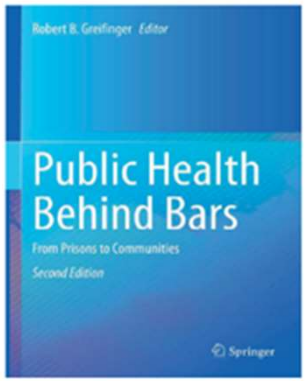
- Health-specific risks
- Perceived lowest safety-risk
- Survival needs (food, transport…)
- Critical services/programs needs (housing gaps)
- Case management/navigation
- Criminal / legal alternatives

Educate:

- Leadership and staff
- Health education

Community Collaborations:

- Leadership and planning
- Implementation cycle
- Share best practices / lessons learned



INFECTIOUS DISEASES
(STI TB HCV HBV HIV COVID19)

Opportunity for Public Health & Correctional Health Collaborations

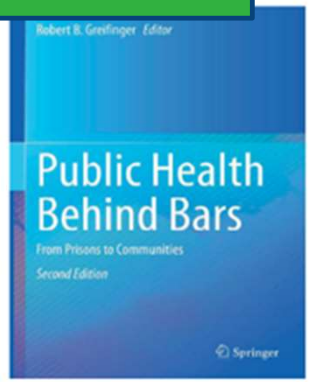
Surveillance:

- screening = identification
- identification = treatment
- treatment w/o insurance payer = cost shift to Correctional Health

Public Health benefits:

- Reduces community viremia and cost to treat
- Epidemiology requires
- Import to those with pre-existing conditions (MI, SU)
- Disease progression costs mitigated through early identification & treatment

Consider stationing Public Health Agency Disease Investigators / Surveillance staff at jail medical intake.



A Community Problem Needs a Community Solution

The Opioid Crisis Affects Everyone. Where to Start?

Identify Key Stakeholders and Champions in your Community?

Criminal / Legal Partners:

- Police
- Courts (District Attorney, Bar Association, Judges)
- Probate and Family Court
- Community Corrections (Probation, Parole, etc.)
- Jail & Prison Leadership
- Reentry Support
- Alternatives to Incarceration / Sentencing

Primary Care & Treatment:

- Hospitals
- Community Health Centers
- Behavioral Health Clinics
- Opioid Treatment Programs
- Outpatient Treatment
- Harm Reduction Agencies
- Recovery Homes

Community Services:

- Peer Recovery Centers
- Social Service Programs
- Concerned community / family members
- K-12 and post-secondary schools

Courtesy of Ed Hayes, Sheriff's Department, Franklin County, MA

Funding Sources

Since the 1980s…

federal, state and local agencies as well as foundations have supported:

- **Hampden County MA:** Public Health Model for Correctional Health (PHMCH)
  - led to **Community Oriented Correction Health Services (COCHS)** adaptions in other areas

HRSA Special Projects of National Significance (SPNS):

- 10 Correctional Health Linkage Initiatives (CHLI) sites (**Hampden County MA, NYC …**)
- Workforce Capacity and Latino Initiatives (**NYC and Puerto Rico**)
- 14 Housing & Employment demonstration sites (**Chicago; Paterson NJ**)
- 3 Dissemination of Evidence Informed Intervention TCC sites (**Camden, Raleigh, Las Vegas**)

Other federal and Foundation funding

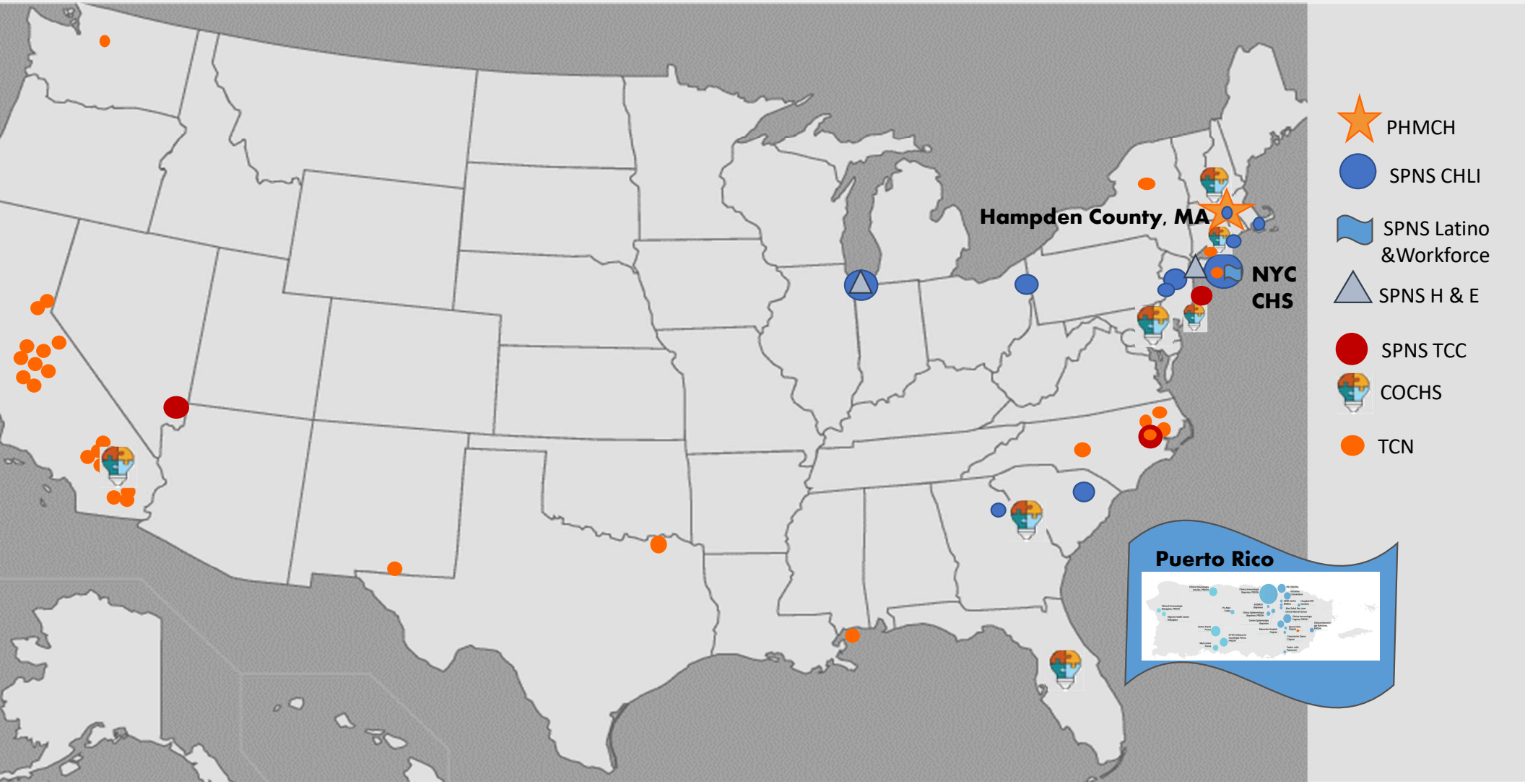
HIV Prevention: Health Education / Risk Reduction & Condom Distribution (**CDC**)

NYC Correctional Health Service [NYC CHS] Transitional Care Coordination model (**CDC/RW**)

NYC HIV testing model adapted from **Project Start** seeded by (**ELJ, MACAIDS, Robin Hood**)

- **Transitions Clinic Network (TCN):** over 30 community health centers; collaborate with **TCC**

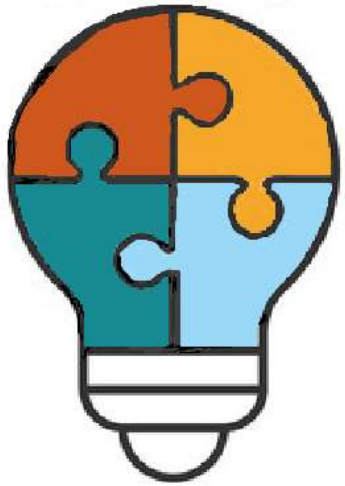
Locations


Hampden County, MA
NYC
CHS
Puerto Rico
PHMCH
SPNS CHLI
SPNS Latino
&Workforce
SPNS H & E
SPNS TCC
COCHS
TCN

Benefits of Collaborations Across Systems

Achieve Mutual Objectives

- Leadership required
- Health IT solutions
- Cost saving on a societal level



Improve health outcomes

- Vulnerable Populations
- Reduce housing instability
- Address mental health and SUD

Requires Ongoing Support

- Training, Technical Assistance
- Guidance
- Collaborators

Education & Awareness

- Overdose Prevention
- Peer leadership
- Visitor Outreach

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Creating a Jail Linkages Program

Expect the Unexpected

Client Level:

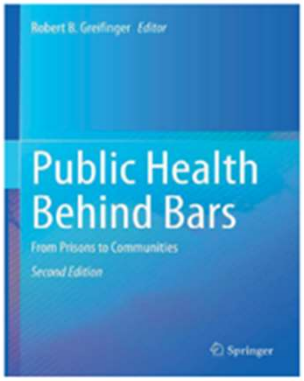
- Begin Where the Client is; harm reduction approach
- Plan for both options: Stay or Go; treat each session as last

Program Level:

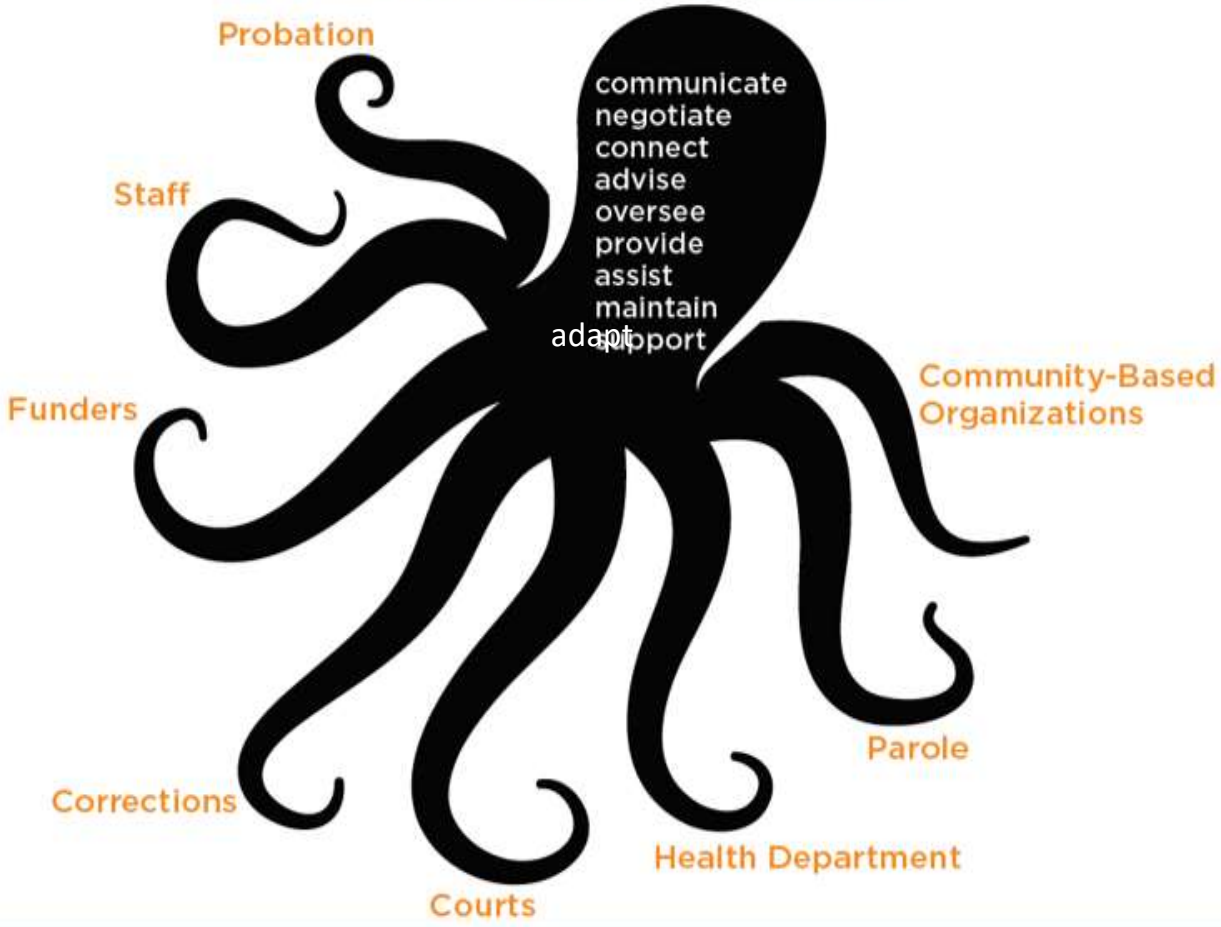
- Train staff: Motivational Interviewing & stages of engagement in care
- Hire those who care AND
  - Meet correction agency requirements (no community supervision, no recent charges)
  - Demonstrate cultural competency and understanding of system impact
  - Use humanizing language; clients' primary language, when possible

Systems Level:

- Track outcomes (linkage to care and follow up after incarceration)
- Arrange transitional services (continuity of medication, after care letter, medical summary, lab reports, transportation, and accompaniment)
- Ask community health centers to help; set aside walk-in hours



CRITICAL SKILLS



COMMUNICATE | NEGOTIATE | CONNECT | ADVISE | OVERSEE | PROVIDE | ASSIST | MAINTAIN | SUPPORT

TOOLS + TIPS FOR PROVIDING TRANSITIONAL CARE COORDINATION

HANDBOOK

Synthesizes program planning, implementation, and lessons learned, offering strategic approaches to:

- implement, expand, and refine care coordination work.
- negotiate and form partnerships to improve health outcomes.
- identify medical alternatives to incarceration.
- improve continuity from jail to community healthcare.
- benefit health and hospital care, public health, HIV services, substance use and mental health, and jail health.

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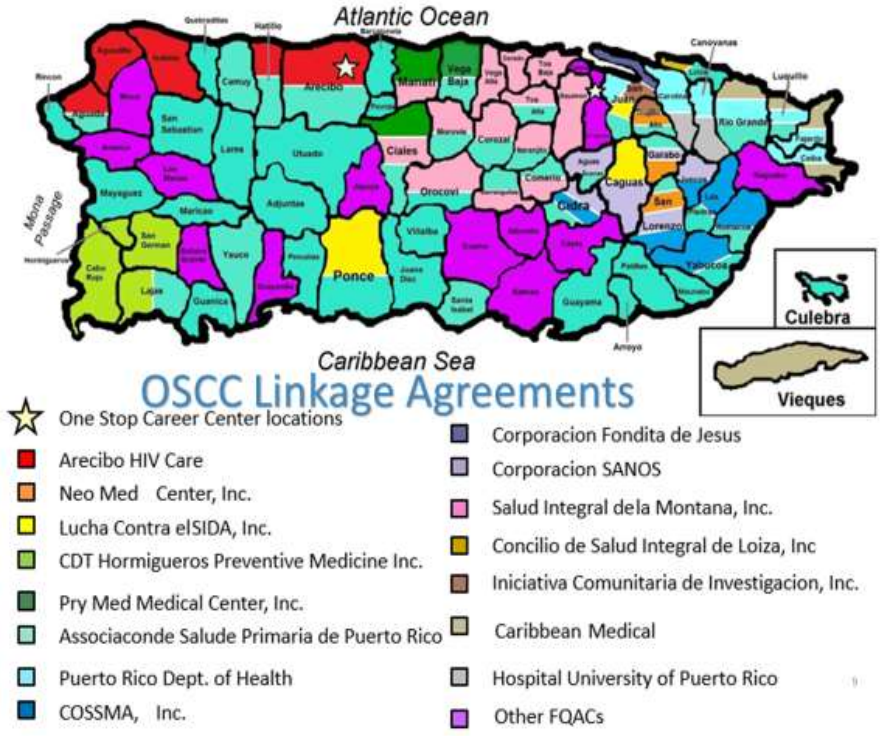
Collaboration Outcomes

- Over **60 MOUs** with service providers across PR to address housing, primary care, employment, and other social services
- Government and community partners launched Island-wide consortium to address needs of HIV+ clients transitioning to community after incarceration
  - **Community providers** – medical care, including HIV Primary Care, housing, substance use treatment, syringe exchange, support services, care management.
  - **Federal agencies** – Ryan White, US DOJ
  - **PR Department of Correction and Rehabilitation**



HIV Primary Care in PR

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Hampden County Correctional Center
Ludlow, MA

Correctional Centers

Western Mass Regional Women's
Correctional Center Chicopee, MA

HAMPDEN COUNTY, MA

Community Health Centers

Baystate Health

baystatehealth.com

Hampden County
Community Integrated Correctional Health Care

Since 1992…

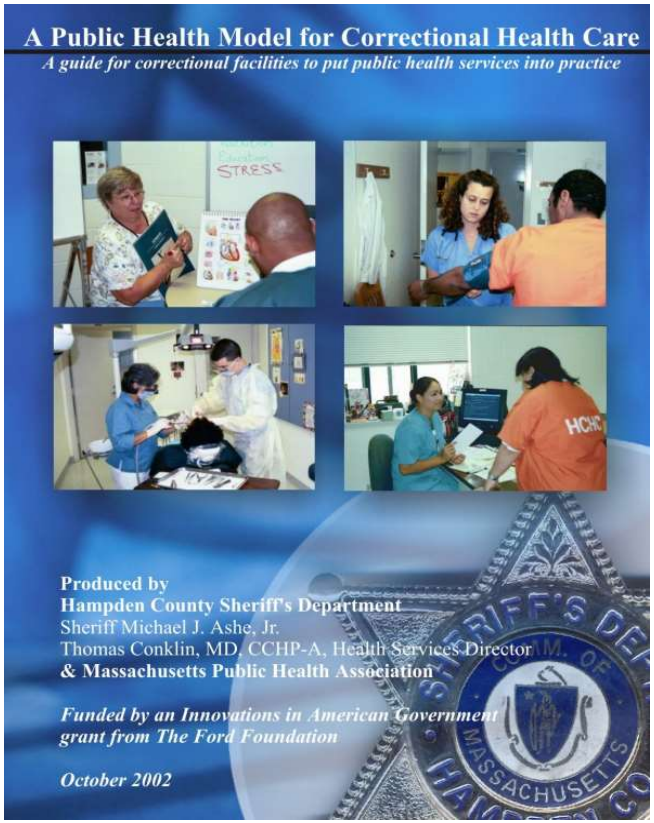
Dually-based care for chronic health conditions: hepatitis c, asthma, hypertension, HIV, depression, SUD and more

- Patients: assigned to one of four healthcare teams by residential zip code or health center primary care during jail stay.
- Team staff: a primary nurse, a physician, a nurse practitioner or physician assistant, and a case manager.
- Physicians and case managers are “dually-based.”

http://hcsdma.org/public-resources/public-health-model/

Baystate Health
baystatehealth.com

HAMPDEN COUNTY:
A PUBLIC HEALTH MODEL FOR CORRECTIONAL HEALTH



OCTOBER 2002

Learning Objective #1

1. Education
2. Prevention
3. Early detection
4. Treatment
5. Continuity of care →
6. Data

Community-integrated model

http://hcsdma.org/public-resources/public-health-model/

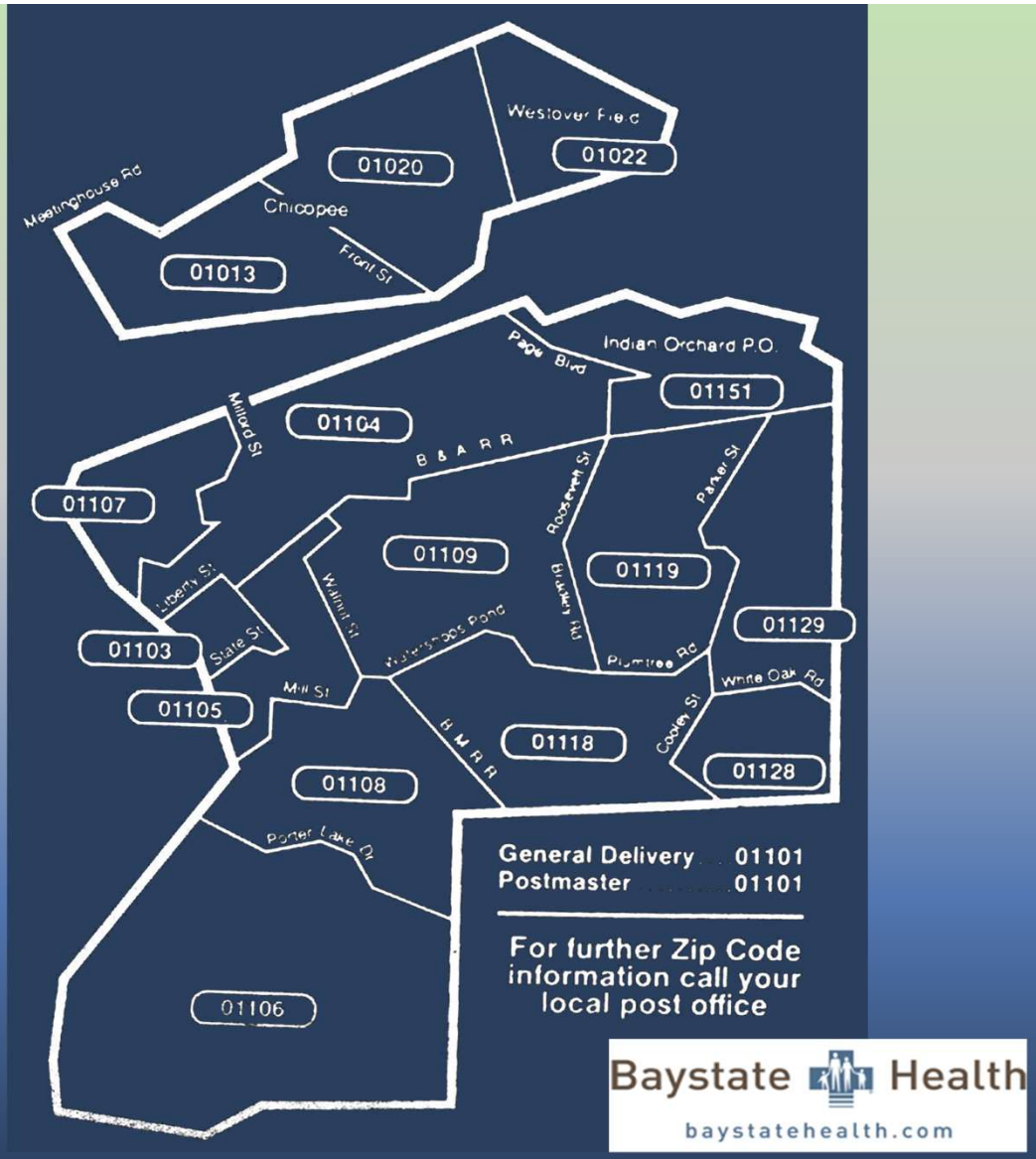
Baystate Health
baystatehealth.com

Community Integrated Correctional Health Care

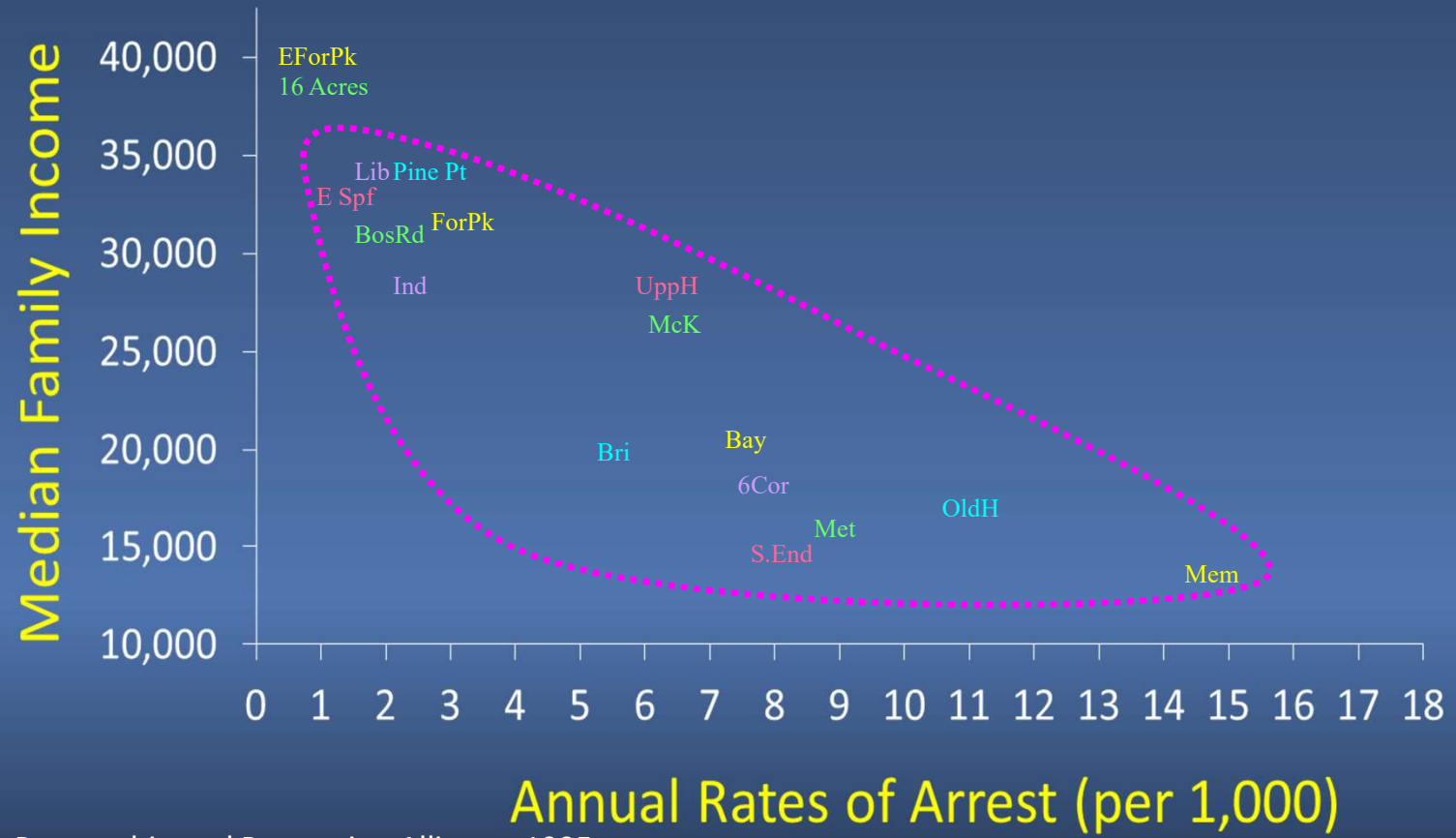
Hampden County MA: A Public Health Model for Correctional Health

2-3%

http://hcsdma.org/public-resources/public-health-model/



Drug-Related Arrests of Persons Residing in Specific Neighborhoods



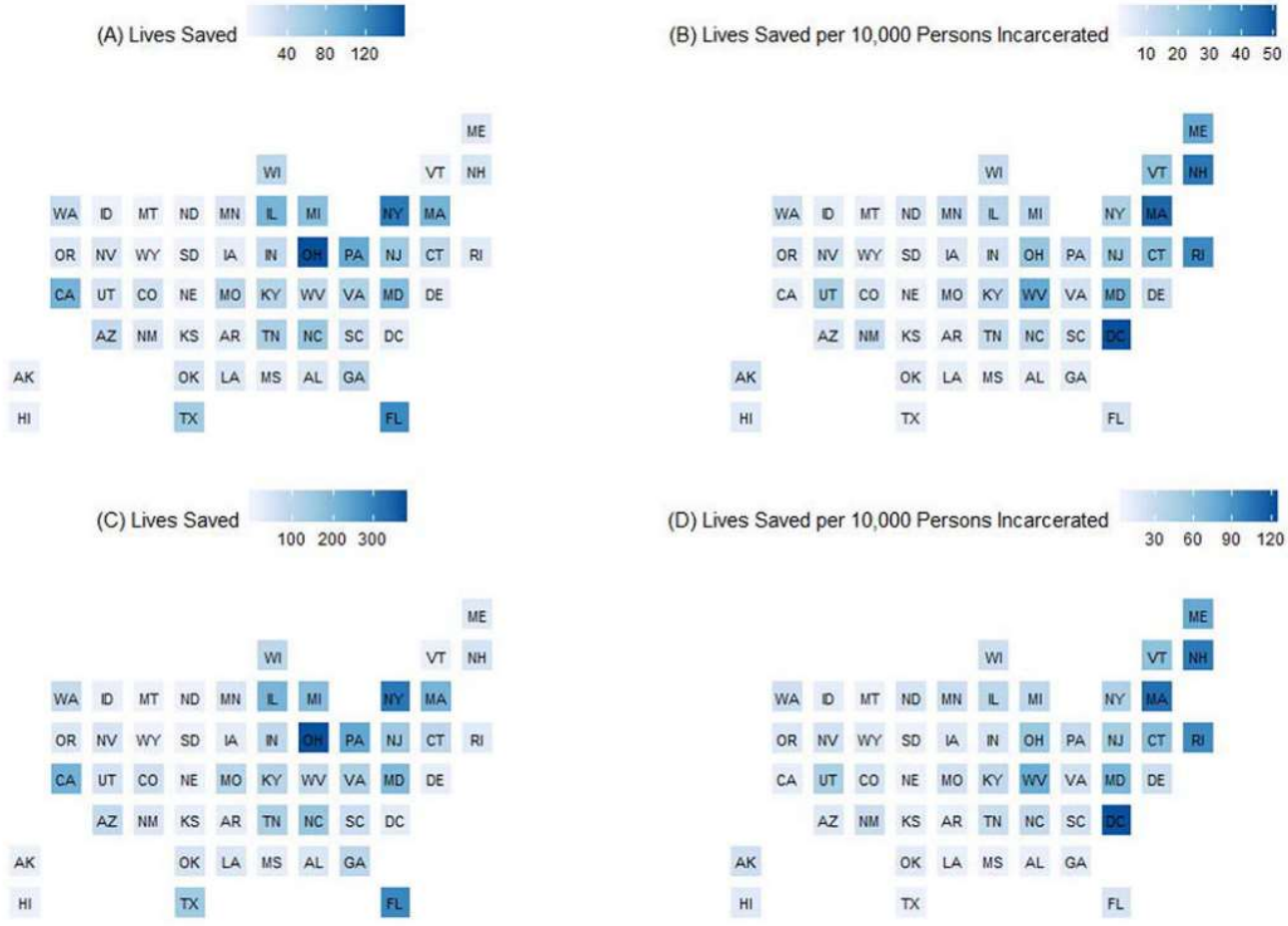
Springfield Community Partnership and Prevention Alliance, 1995

MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

in U.S. Prisons and Jails

Estimated impact of wide scale screening and medication to treat opioid use disorder (MOUD) in US prisons and jails in 2016:

- could have saved 1,840 lives (A)(B)
- 4,400 if retained in treatment after incarceration (C)(D)

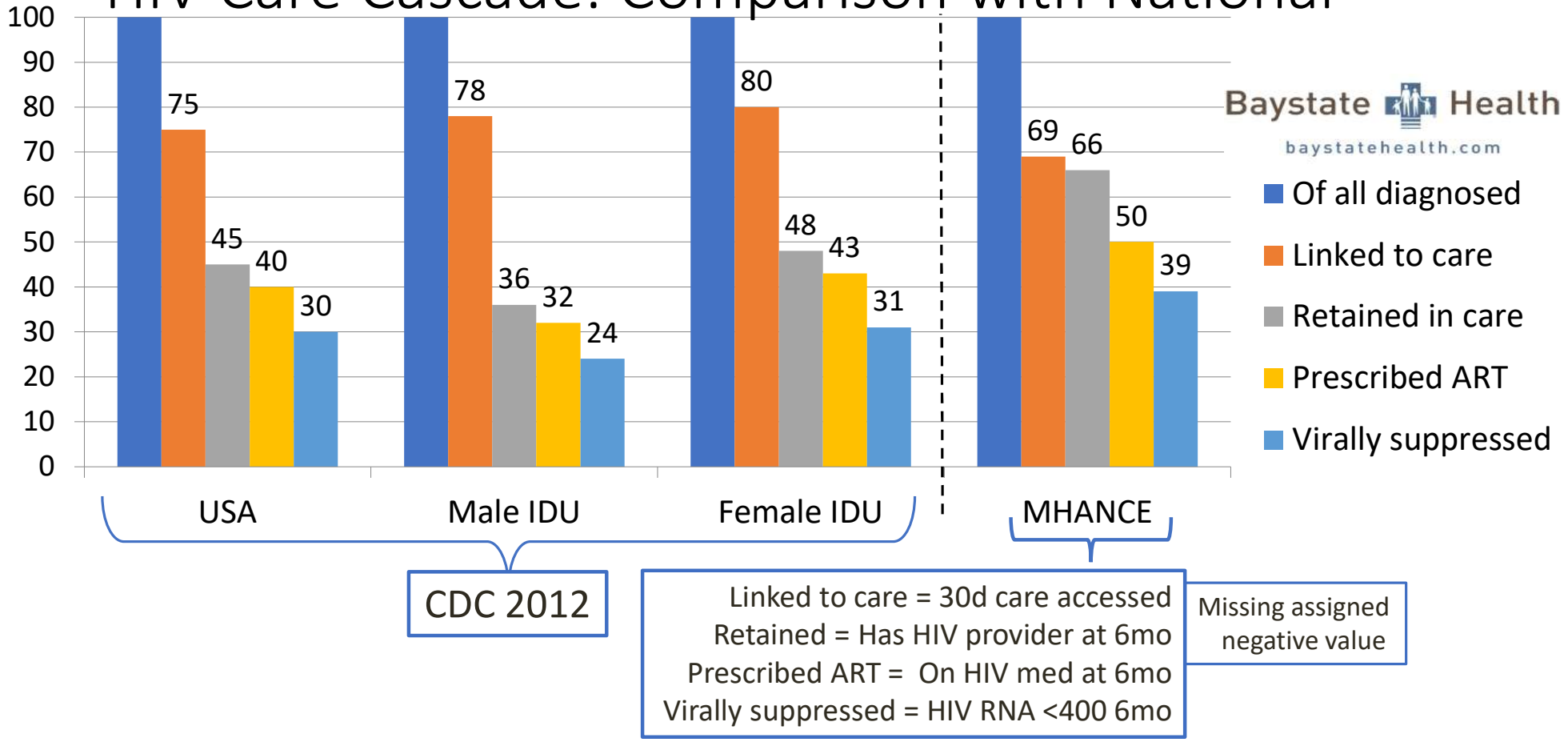


https://www.ncchc.org/blog/good-news-for-correctional-providers-prescribing-buprenorphine-just-got-simpler

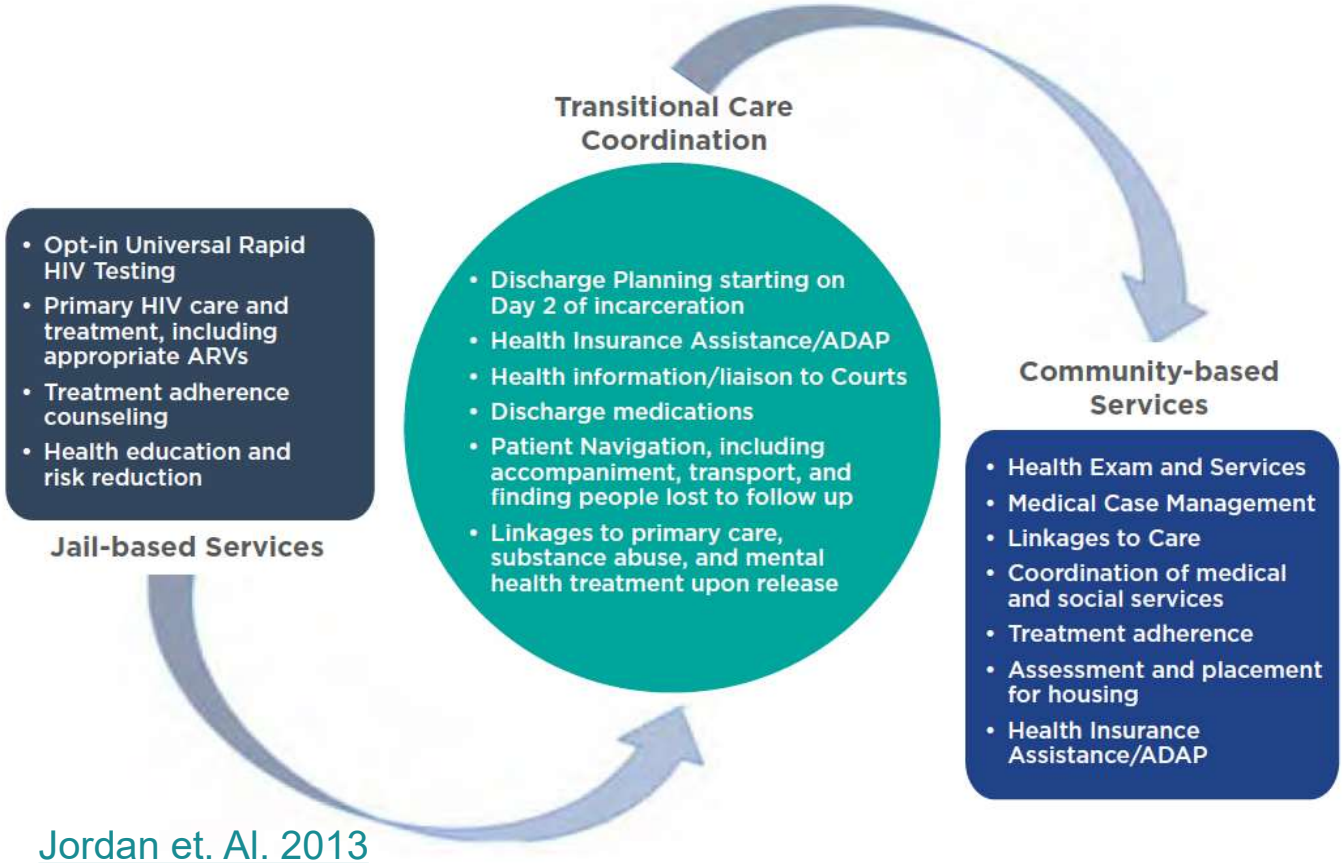
Macmadu A, Goedel WC, Adams JW, Brinkley-Rubinstein L, Green TA, Clarke JG, et. al. Estimating the impact of wide scale uptake of screening and medications for opioid use disorder in US prisons and jails. Drug Alcohol Depend. 2020, https://doi.org/10.1016/j.drugalcdep.2020.107858

SPNS CHLI: BAYSTATE LOCAL EVALUATION

HIV Care Cascade: Comparison with National



NYC Transitional Care Coordination



Jordan et. Al. 2013

Free download available at: https://targethiv.org/ihip/tools-tips-providing-transitional-care-coordination

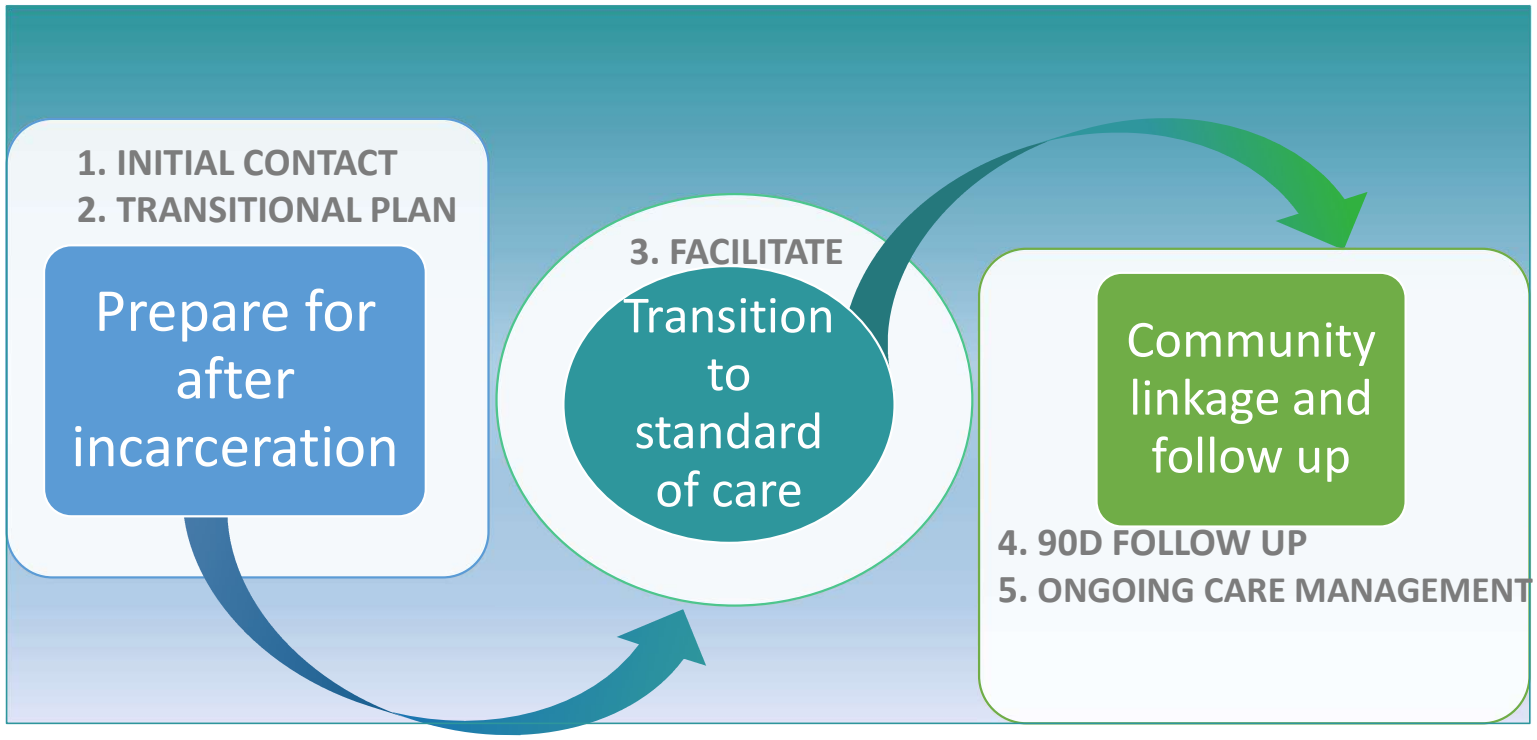
"It can take just one individual to initiate improvement and one team to sustain it," Jackie Cruzado

ACOJA CONSULTING
OPENING DOORS... MAKING A DIFFERENCE

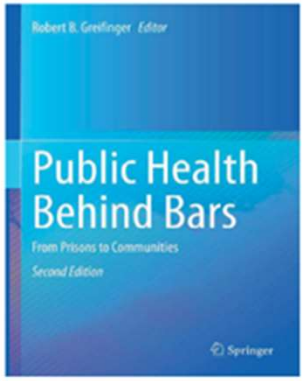
Transitional Care Coordination:
From Jail Intake to Community HIV Primary Care

Three Phases: Five Core Components

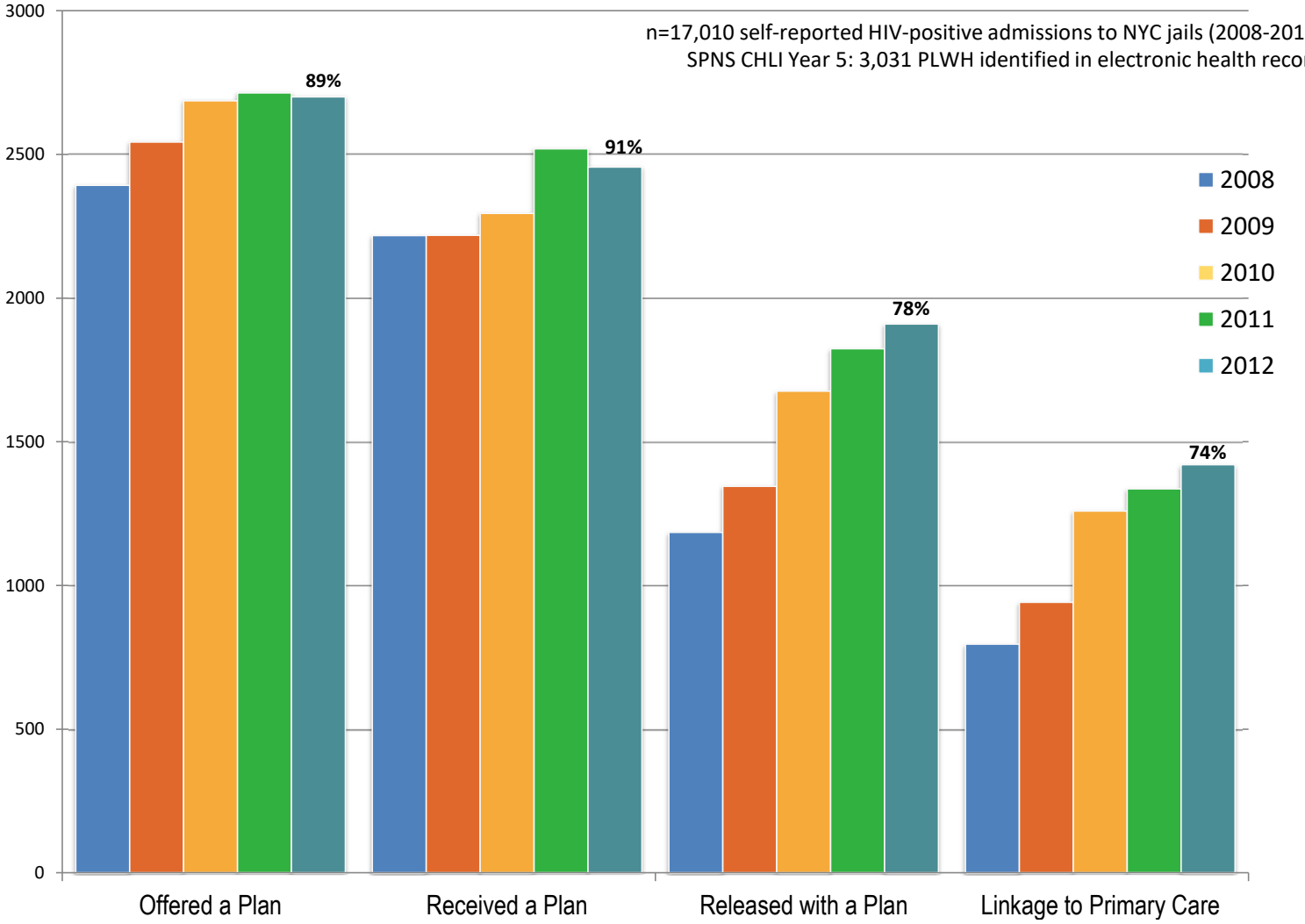
Learning Objective #2



DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS



NYC Transitional Care Coordination Cascade



SPNS Correctional Health Linkages Initiative

NYC Program Outcomes

- Along with primary medical care, NYC CHLI clients were also connected to:
  - Medical case management (53%)
  - Substance use treatment (52%)
  - Housing services (29%)
  - Court advocacy (18%)
- Approximately 65% of clients accept the offer of accompaniment and / or transport to their medical appointment.
- 85% of those who were not initially known to be linked to care were found through community outreach; 30% re-incarcerated.

Health Liaison to Courts

1. Obtain participant consent to contact defender.
2. Call during lunch or off tours.
3. Discussed planned approach.
4. Collaborate on the right first step – then stay in touch.

SPNS CHLI Outcomes

Indicator		NYC		All Sites
Clinical Care				
CD 4 (mean)	↑	(372 to 419)	↑	(416 to 439)
vL (mean)	↓	(52,313 to 14,044)	↓	(39,642 to 15,607)
Undetectable vL	↑	(11% to 22%)	↑	(9.9% to 21.1%)
1,021 (79%) linked to HIV primary care after incarceration*				
# Taking ART	↑	(62% to 98%)	↑	(57% to 89%)
ART Adherence	↑	(86% to 95%)	↑	(68% to 90%)
Avg. # ED visits p/p	↓	(.60 to .2)	↓	(1.1 to .59)
Survival Needs				
Homeless	↓	(23% to 4.5%)	↓	(36.2% to 19.2%)
Hungry	↓	(20.5% to 1.75%)	↓	(37.4% to 14.1%)

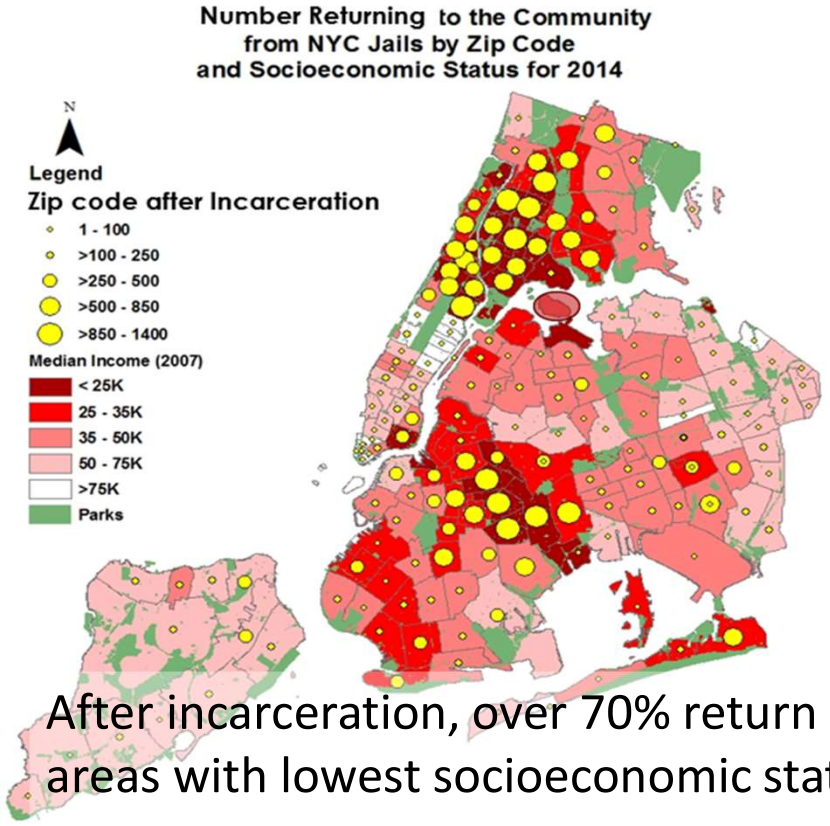
Improve community outcomes & reduce costs

from 6m prior to 6m after incarceration

**Linkage to HIV primary care measured at 30d after incarceration*

Making a Difference

New York, NY



After incarceration, over 70% return to areas with lowest socioeconomic status.

(Jordan et al 2013)

NYC Transitional Care Coordination Outcomes:

- **Fewer visits to the emergency department,** from 0.60 per person in the 6 months prior to baseline to .20 visits at follow-up
- **Housing instability** and **food insecurity decreased** from over 20% at baseline to less than 5% at follow-up.
- Individuals also self-reported **feeling in better general health.**

(Teixeira et al 2015)

Enhancements / Expansions

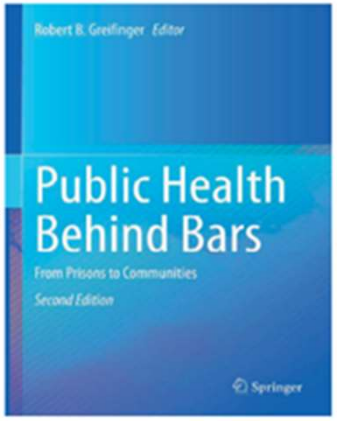
Evidence based outcomes led community integrated correctional health collaboratives to expand / enhance approaches to include:

- Other populations:
  - Substance use disorders including MOUD
  - Geriatric & Complex Care
  - Chronic and communicable disease interventions
  - Universal HCV screening, treatment and linkages
  - Visitor Outreach & Education
  - Young Adult Initiatives
- Legal & Social Services
  - Housing & Employment Services
  - Alternatives to Incarceration
  - Leveraging networks of care + collaborations
  - SPNS Latino Cultural Appropriateness Curricula

- Other locations:

From Hampden County to
- 10 SPNS CHLI sites
- COCHS sites
- Transitions Clinic Network

From NYC CHS to
- OSCC-PR
- 3 SPNS DEII sites
- 14 Housing & Employment sites



Visitor Opiate Overdose Prevention Training

https://www.ny1.com/nyc/bronx/criminal-justice/2016/06/24/volunteers-conduct-training-at-rikers-visitor-center-to-teach-people-how-to-use-heroin-overdose-antidote

NYC Collaborators:

DOC: security, space
DOHMH: kits, training, researchers
CHS: program operations, staff, reports
Health Career Connections: interns
SEP partners: training
H+H: health insurance enrollment

4/14 to 1/20:

75,000 doses distributed to 29,000 NYC jail visitors.

Study Outcomes (n=283)

14% witnessed overdose
10% administered naloxone at least once

(Huxley-Reicher et Al. 2019)
https://doi.org/10.1016/j.addbeh.2017.11.029

SPNS Latino Initiative Training

NYC Transnational Case Study: People of Puerto Rican Ancestry with Histories of Incarceration

Key Topic Areas

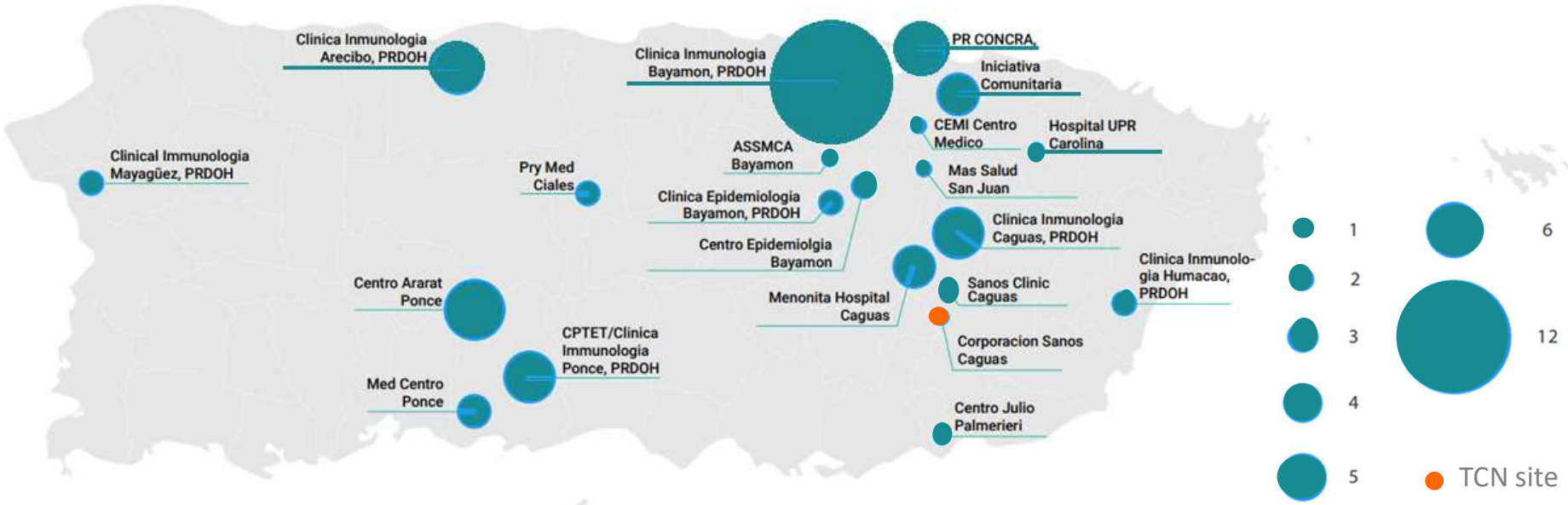
- Transnationalism
- Puerto Rican & Latino Culture
- Cultural Competency
- Strategies for Improving Care
- Also: Interactive activities

Available at www.ACOJAconsulting.com

Learning Objectives:

1. Describe the factors associated with **health care utilization** among Latino(as) / Puerto Ricans
2. **Identify strategies** for improving health care utilization among Latino(as) / Puerto Ricans
3. Describe an overview of the HIV care continuum for Latino(as) / Puerto Ricans in the U.S.
4. Describe the **epidemiological profile** of HIV/AIDS among Latino(as) / Puerto Ricans
5. Describe the use of a **transnational framework** relevant to Latino(as) / Puerto Ricans impacted by incarceration
6. Describe the connection between **incarceration and HIV**
7. Identify **relationships between patient and practitioner** knowledge, attitudes, beliefs, and behaviors, and use information to design pharmaceutical care plans.

SPNS Latino Initiative Training
Mapping Linkages to Care in Puerto Rico



94% of people returning home with a transitional care plan linked to care after incarceration (n=79).

DISSEMINATION OF
EVIDENCE-INFORMED
INTERVENTIONS

SPNS Dissemination of Evidence-Informed Interventions: Transitional Care Coordination

Implementation in Camden, Raleigh & Las Vegas

AIDS United & Boston University

Training/Technical Assistance & Translational Research

2015-2020

n=268 identified; 229 community return

Patient Outcomes

180d after incarceration:

- 53% linked to care
- 76% virally suppressed

Suggested citation: Dissemination of Evidence-Informed Interventions. Transitional Care Coordination: From Jail Intake to Community HIV Primary Care (2020).
Available at: https://targethiv.org/deii/deii-transitional-care

TRANSITIONAL CARE COORDINATION

Functional Assessment Instructions

- Assess roles and responsibilities for each function associated with the five **CORE ELEMENTS.**
- Determine organization that will perform each function and adjust font colors on each listed function using the Functional Assessment Tool to reflect:
  - Performance Site
  - Performance Site Partners
  - Community Standard of Care
  - To be determined
- Identify gaps as well as inconsistencies and any strategic adjustments that may facilitate:
  - Start up
  - Integration of model
  - Maintenance of model
- Use Goal Setting Tool to reflect changes or updates that are needed for Implementation

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

TRANSITIONAL CARE COORDINATION

DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

KEY:
Performance Site
Performance Site Partners
To be determined
Community Standard of Care

Functional Assessment Tool
[Your Site]

CORE ELEMENTS

- ❑ Medical Intake (Day 0)
  - ○ ID Screening
- ❑ Primary care and treatment
- ❑ Treatment adherence counseling

INITIAL CLIENT CONTACT

- ❑ Intake Assessment
- ❑ Health Insurance Assistance
- ❑ Health education and risk reduction

TRANSITIONAL CARE PLAN

- ❑ Health Liaison to Court
- ❑ Identify community resources

Prepare for community return

Transition

FACILITATE A WARM TRANSITION

- ❑ Discharge medication|ePrescribing
- ❑ Accompaniment / transport
- ❑ Verify linkages to:
  - ○ primary care,
  - ○ treatment (substance use/mental health)
  - ○ housing & employment

Linkage and follow up

APPROPRIATE FOLLOW UP AFTER LINKAGE TO CARE

- ❑ Implement Transitional Care Plan (TCP)
- ❑ Linkages to care and services
- ❑ HIV Primary Care
- ❑ Treatment adherence, as needed
- ❑ Health education / promotion
- ❑ Housing assistance and placement
- ❑ Health Insurance Assistance / ADAP
- ❑ Patient Navigation:
  - ○ accompaniment,
  - ○ home visits, and
  - ○ re-engagement in care

ONGOING MEDICAL CASE MANAGEMENT 90+ DAYS AFTER LINKAGE TO CARE

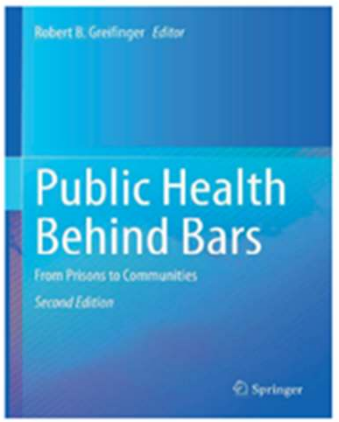
Discussion

Learning Objective #3

Reentry planning, discharge planning and continuity of care collaborations involve:

- people with criminal legal system involvement
- correctional and community health providers
- legal representatives
- medical, substance use and mental health treatment providers
- housing, employment and social service providers
- skilled nursing facilities
- treatment courts and
- care management teams

Evidence-informed public health approaches include a Public Health Model for Correctional Health (PHMCH) and Transitional Care Coordination (TCC) which have been successfully adapted, implemented and replicated using translational science.



What's Next?

Call to Action:

National leadership to support correction to community integration.

National standards, public payer healthcare and jurisdictional regulations to eliminate the Medicaid exception and

- Build safer communities
- Reduce disparities

Chapter 33. Correctional Health is Community Health is Public Health: Collaboration Essential

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Thank you!

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Baystate Health
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NCCHC
NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

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