

**Ending the Epidemic Task Force
Committee Recommendation
CR18**

Recommendation Title: Comprehensive Discharge/Post-Release Planning by the Department of Corrections and Community Supervision (DOCCS) for Persons with HIV (PWH) Leaving Prison

1. **For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1, 2 and 3**

2. **Proposed Recommendation:** Persons with HIV (PWH) re-entering the community from prison who lack stable housing, insurance coverage and other basic necessities are at great risk of becoming disconnected from HIV care, worsening their own health and increasing the risk of transmitting HIV to others. Lack of comprehensive discharge planning that includes housing and connection to services, including Medicaid and public benefits, remains a significant barrier to successful community reintegration for PWH in New York State (NYS), jeopardizing their health, wellbeing, mental stability and reconnection to family.

Research shows that HIV health gains achieved as a result of HIV treatment during incarceration are often lost upon return to the community because of social and economic determinants affecting adherence, including housing instability. Stable housing and access to mental health services have been found to be the primary unmet needs of returning prisoners with HIV, for whom release from incarceration is strongly associated with interruption of HIV health care, decreased access to antiretroviral therapy, poor virological and immunological outcomes, and high rates of engagement in behaviors that can transmit HIV infection.

The NYS Department of Corrections and Community Supervision (DOCCS) should develop and implement a comprehensive plan to provide a true continuum of care for PWH leaving incarceration that includes placement in stable housing in the community, connection to HIV health and services providers, and activation of necessary public benefits upon release, including Medicaid and cash assistance. Effective and timely discharge planning by NYS DOCCS with inmates slated for release who do not have a stable housing situation to which they can return, must include concrete housing assistance as described in CR34 and CR44, including placement as needed in a supportive housing program designed to meet the unique needs of recently incarcerated persons. A secure housing placement will increase the likelihood of a successful transition from prison, consistent engagement in HIV care and reduced risk behaviors.

Every PWH should be engaged in pre-release planning that assesses individual and family needs, such as the need for housing, cash assistance, Medicaid coverage, and linkage to necessary health care providers including HIV primary care and needed mental health and/or substance use services. NYS DOCCS staff should begin post release planning approximately one year prior to an inmate's Parole Board hearing, to develop and implement a detailed post-release plan that includes placement upon release in appropriate housing, including supportive housing for those



who are eligible and in need, parole navigation, a “warm hand-off” to medical and behavioral health care providers, activation of public benefits, employment assistance, educational resources and other vital links needed to maintain connection to care and reduce high risk behaviors.

The goal of this program is to ensure that PWH leave prison with necessary services and benefits in place and with the tools and resources required to navigate the external systems necessary for a successful transition from prison to the community.

To this end, we urge development of more low-threshold, high-engagement housing programs for formerly incarcerated PWH as part of the expansion of housing assistance and programs described in CR34 and CR44, but specially targeted to meet the unique needs of the formerly incarcerated.

List of key individuals, stakeholders, or populations who would benefit from this recommendation

- Current and formerly incarcerated PWH
- Community Members
- NYS Department of Corrections and Community Supervision (DOCCS)
- Service Providers
- Health care providers
- Criminal justice advocates

List of measures that would assist in monitoring impact

- The number and % of PWH leaving prison with a comprehensive written discharge plan
- The number and % of PWH leaving prison with a stable housing placement at the point of re-entry
- The number and % of eligible PWH leaving prison with an active Medicaid case
- The number and % of eligible PWH leaving prison with an active public assistance case and/or disability benefits
- The number of PWH leaving prison with an appointment scheduled with a community-based HIV medical provider and the % of these person who keep the HIV primary care appointment within 60 days of release
- The number and % of PWH discharged from prison re-incarcerated within one year

Footnotes or References

Baillargeon, J.G., et al. (2010). Predictors of reincarceration and disease progression among released HIV-infected inmates. *AIDS Patient Care STDS*, 24(6): 389-94.

Luther, J.B., et al. (2011). An Exploration of Community Reentry Needs and Services for Prisoners: A Focus on Care to Limit Return to High-Risk Behavior. *AIDS Patient Care and STDs*, 25(8): 475-481.



National Minority AIDS Council (2013). Mass Incarceration, Housing Instability and HIV/AIDS: Research Findings and Policy Recommendations. Report prepared by Ginny Shubert for NMAC and Housing Works. At: http://nmac.org/wp-content/uploads/2013/02/Incarceration-Report-FINAL_2-6-13.pdf

Nunn, A., et al. (2010). Linking HIV-positive jail inmates to treatment, care, and social services after release: Results from a qualitative assessment of the COMPASS Program. *Journal of Urban Health*, 87(6): 954-968.

Rich, J.D., et al. (2001). Successful linkage of medical care and community services for HIV-positive offenders being released from prison. *J Urban Health*, 78(2): 279-89.

Springer, S.A., et al. (2011). Public health implications for adequate transitional care for HIV-infected prisoners: five essential components. *Clinical Infectious Diseases*, 53(5): 469- 79.

3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** This intervention does not require statutory change.
4. **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)?** In the near-term, NYS should improve, redeploy and target existing NYS DOCCS discharge planning efforts to ensure public benefits (Medicaid, etc.), housing, care and services for PWH as they transition to the community. Likewise, some existing HIV-specific housing and services resources should specifically target formerly incarcerated PWH as this model builds upon existing NY/NY III and Medicaid Redesign Team (MRT) housing models and the Office of Alcoholism and Substance Abuse Services (OASAS) Reentry program. Development of additional housing will likely require longer.
5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF141, TF272.

