

WEBINAR

# Supporting Individuals with HIV and OUD following Incarceration Webinar

## COMPANION GUIDE

JANUARY 14, 2021

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# Introduction

This webinar, **Strengthening Systems of Care: Supporting Individuals with HIV and OUD following Incarceration**, will provide participants an opportunity to learn about and discuss promising practices for supporting individuals with HIV and opioid use disorder (OUD) upon release from the correctional system. Guest speakers from the Mountain West AIDS Education and Training Center and the Massachusetts Department of Health will highlight different systems-level approaches to establishing supportive services upon reentry.

By the end of this webinar, participants will be able to:

- **Summarize current policies** that result in disproportionate incarceration of persons with HIV and OUD
- **Explain the risks** associated with reentry for persons with HIV and OUD
- **Identify at least three promising practices** for supporting persons with HIV and OUD at a systems level following incarceration
- **Compare state approaches** for supporting reentry among persons with HIV and OUD

The HRSA-funded initiative *Strengthening Systems of Care for People with HIV and Opioid Use Disorder (OUD)* project provides technical assistance (TA) to enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive.

JSI Research & Training Institute, Inc. (JSI) is working with the following nine states participating in the initiative: Arizona, Iowa, Louisiana, Massachusetts, New Jersey, Rhode Island, Utah, Virginia, and Washington. JSI is partnering with NASTAD to implement this initiative, with subject matter expertise from Boston Medical Center. All state partners are invited to attend quarterly cross-state webinars.


# Presenters

**LARA STRICK, MD, MSc**, is the statewide Infectious Disease Physician for the Washington State Department of Corrections where she educates residents and students. She has been seeing patients who are incarcerated living with HIV since 2004. She oversees a program to transition patients living with HIV back into the community. She is also a UW Clinical Associate Professor and works at the Ryan White HIV Clinic in Seattle where she sees many of her patients from prison post-release. Dr. Strick is the Corrections Program Director at the Mountain West AETC and travels throughout the Mountain West region to educate correctional and community providers about HIV care and prevention.

**DENISE SANDERSON, MPH**, is a Contract Manager in the Office of HIV/AIDS in the Bureau of Infectious Disease and Laboratory Sciences at the Massachusetts Department of Public Health (MDPH). Prior to coming to MDPH, she spent 10 years at Lowell Community Health Center as an HIV/AIDS Adherence Coordinator. Denise has an MPH in Health Behavior/Health Education from the University of Michigan.

**SOPHIE LEWIS** has worked in the field of infectious disease for 30 years, with over 20 years at the Massachusetts Department of Public Health. Sophie has extensive experience with program development and implementation in clinical and non-clinical settings including correctional facilities. Much of Sophie's recent work is focused on assessing agency capacity building needs and providing capacity building opportunities.


# Slides





**SPNS** | SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE  
STRENGTHENING SYSTEMS OF CARE FOR PEOPLE WITH HIV & OPIOID USE DISORDER

## Strengthening Systems of Care: SUPPORTING INDIVIDUALS WITH HIV AND OPIOID USE DISORDER FOLLOWING INCARCERATION


JANUARY 14, 2021







## How to ask a question or share a comment

- Please unmute your zoom computer audio or phone line to ask a question.
- You can also use the chat box on the right-hand side of your screen to chat a question or comment to us.
- If you dialed in by phone, please be sure to enter your participant ID.





## SLIDES 3-4

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### LEARNING OBJECTIVES

By the end of the webinar, participants will be able to:

- **Summarize** current policies that result in disproportionate incarceration of persons with HIV and opioid use disorder (OUD)
- **Explain** the risks associated with reentry for persons with HIV and OUD
- **Identify** at least three promising practices for supporting persons with HIV and OUD at a systems level following incarceration
- **Compare** state approaches for supporting reentry among persons with HIV and OUD



# SLIDES 5-6

## AGENDA

- Introductions
- Project and Content Background
- Mountain West AIDS Education and Training Center
- Massachusetts Department of Public Health
- Questions and Discussion



## SPEAKERS

**Adelaide Murray, JSI**

**Jennifer Flannagan, NASTAD**

**Dr. Lara Strick, Mountain West AETC**

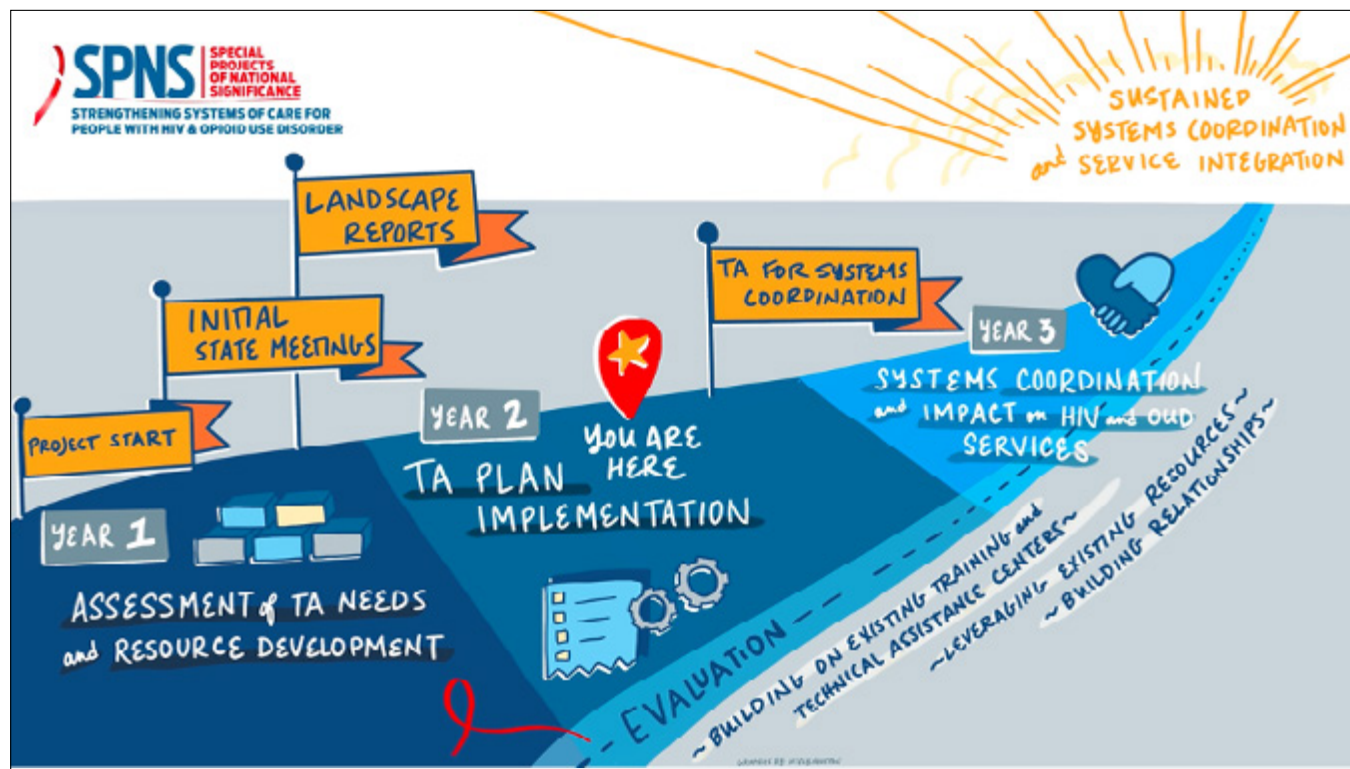
**Denise Sanderson, Office of HIV/AIDS,  
Massachusetts Department of Public Health**

**Sophie Lewis, Office of Health Care Planning,  
Massachusetts Department of Public Health**

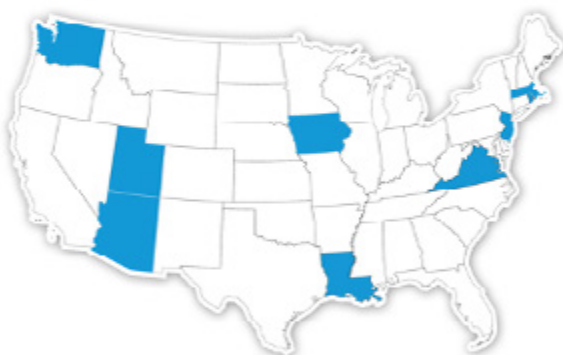




## SLIDES 7-8



## STRENGTHENING SYSTEMS OF CARE INITIATIVE



- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHP) recipients and other federal, state, and local entities
- Ensure that people with HIV and OUD have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- HRSA HIV/AIDS Bureau Special Projects of National Significance (SPNS)
- Nine state partners
- Three year project (2019-2022)



# SLIDES 9-10

## LANGUAGE CHECK

### Corrections System

- The network of agencies that supervise individuals in a state of incarceration, rehabilitation, parole or probation.
- The term "corrections" is purposefully broad
- It includes oversight for a wide array of programs including:
  - Persons experiencing incarceration
  - Persons who are conditionally released (parole)
  - Persons issued penalties that do not require imprisonment but who still require legally prescribed supervision (probation)

Source: <https://www.correctionalofficer.org/us-correctional-system>

### People with HIV/OD

- We will affirm and respect the varied and intersectional identities of persons with HIV and OUD.
- By placing the person first we affirm that an individual is not defined by their diagnosis. HIV and OUD are both clinical diagnoses.
- We will acknowledge that not all persons that use opioids have a diagnosed use disorder, however we affirm and respect their right to autonomy, dignity, and service supports.

## CRIMINALIZATION OF CLINICAL DIAGNOSES

### Opioid Use Disorder

- Many persons experiencing incarceration in the US with an OUD do so as a result of their drug use or associated behaviors.
- **Significant racial disparities**
- Data from 2007-2009\* showed that more than half of individuals in state prisons or those with jail sentences met the criteria for a non-alcohol and nicotine-related substance use disorder (SUD).
- In 2019, only 5% of people with opioid use disorder in jail and prison settings received medication treatment

\*most recent available

### HIV

- Each year, approximately 17% of all people with HIV in the US will spend some time in prison or jail.
- HIV prevalence among those in state and federal prisons is more than three times higher than in the general population (1.3% compared to 0.4%).
- During the early years of the HIV epidemic, many states implemented HIV-specific criminal exposure laws. As of 2020, 37 states still have laws that criminalize HIV exposure.

Sources: <https://www.powtrusts.org/en/research-and-analysis/issue-briefs/2020/04/opioid-use-disorder-treatment-in-jails-and-prisons>, <https://www.prisonpolicy.org/reports/pie2020.html>, <https://hivethiv.org/sites/default/files/supporting-files/6814Zack.pdf>, <https://www.drugabuse.gov/publications/drugfacts/criminal-justice-ref>, <https://www.cdc.gov/hiv/policies/law/states/exposure.html>



# SLIDES 11-12

## CONSEQUENCES OF OUD AND HIV CRIMINALIZATION

- Within the first 2 weeks after release from incarceration, the risk of death from drug overdose is 12.7 times higher than the general population.
- Individuals with HIV who have been incarcerated are more likely to use emergency department services, and to have been hospitalized, and less likely to have achieved viral suppression.
- Racial and ethnic disparities of incarceration, drug use, and HIV are worsened.
- Disruption in medical and social service supports during incarceration and following release.

Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7349469/>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5036350/>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3701159/>

## REENTRY SUPPORT PROGRAMS NEED TO...

- Include collaboration and partnership building between corrections, community providers, public health, and most importantly, incarcerated individuals
  - Success of the collaboration relies heavily on the commitment of those in leadership positions (wardens and medical directors)
- Be holistic and address and prioritize social issues participants face
- Consider myriad policies that affect transition into the community

Source: <https://iargathiv.org/sites/default/files/file-upload/resources/HIV%20and%20Incarceration%20Brief.pdf>

# SLIDES 13-14

## PROMISING PRACTICES TO SUPPORT REENTRY

- Providing HIV and OUD medications during incarceration
- Maintaining Medicaid throughout incarceration
- Corrections Health Homes; providing pre-release reach-in transitional services
- Establishing diverse teams of social workers, case managers, and peers to provide services
- Recovery support innovations
- Collaborating with a major health center to establish a weekly clinic
- Developing a transitional housing program for three months of post-release housing
- Forming a partnership with shelters and transitional housing programs to ensure access to safe shelter.
- Data sharing and exchange to support care continuity

Source: <https://targethiv.org/sites/default/files/file-upload/resources/HIV%20and%20Incarceration%20Brief.pdf>

## EFFECTIVE MODELS FOR REENTRY SUPPORTS...

### Used a combination of health services including:

- HIV and other disease testing
- Medical and Behavioral Screening
- Bio, Psycho, Social Assessments
- Prevention and harm reduction education and counseling
- Primary healthcare
- Dentistry and ophthalmology
- Referral linkages

### Included activities such as:

- Peer education
- Counseling and testing
- Staff development and training
- Discharge planning
- Continuity-of-care case management
- Prevention case management

Source: <https://targethiv.org/sites/default/files/file-upload/resources/HIV%20and%20Incarceration%20Brief.pdf>

# SLIDES 15-16



## HIV Release Planning

Lara Strick, MD, MSc

Corrections Program Director, Mountain West AETC

Infectious Disease Physician, WA Dept of Corrections

Clinical Associate Professor, University of Washington



SSC Webinar

Jan 14, 2020

## Disclosures

No conflicts of interest or relationships to disclose



# SLIDES 17-18

## MAXIMIZING ADHERENCE AFTER RELEASE

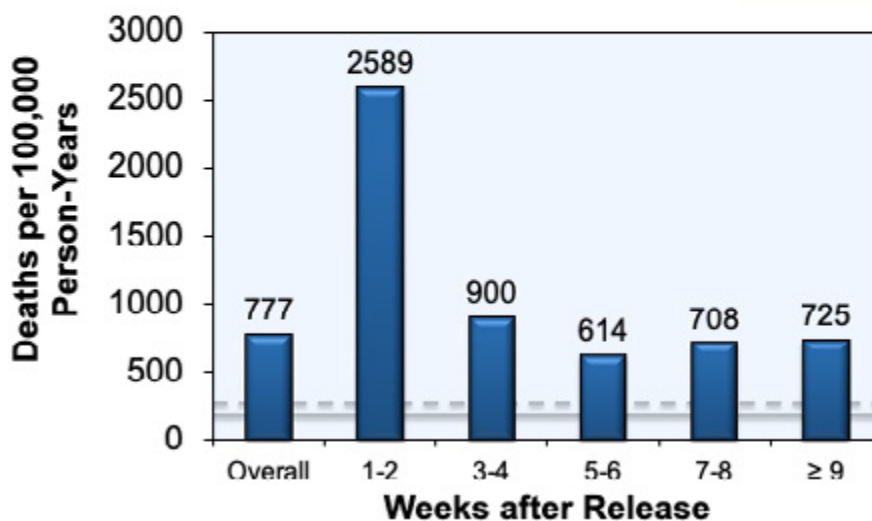
### Release Issues

- Date & time of release often unknown
- Need for approved address for some violent offenses
- Anxiety about re-entering 'old stomping ground' vs. starting over
- Desire to celebrate (risk for over-dose & re-arrest)



## MAXIMIZING ADHERENCE AFTER RELEASE

### Mortality Rates Among Persons Formerly Incarcerated with the WA State DOC



Source:  
Binswanger I, et  
al. N Engl J Med  
2007;356:157-65

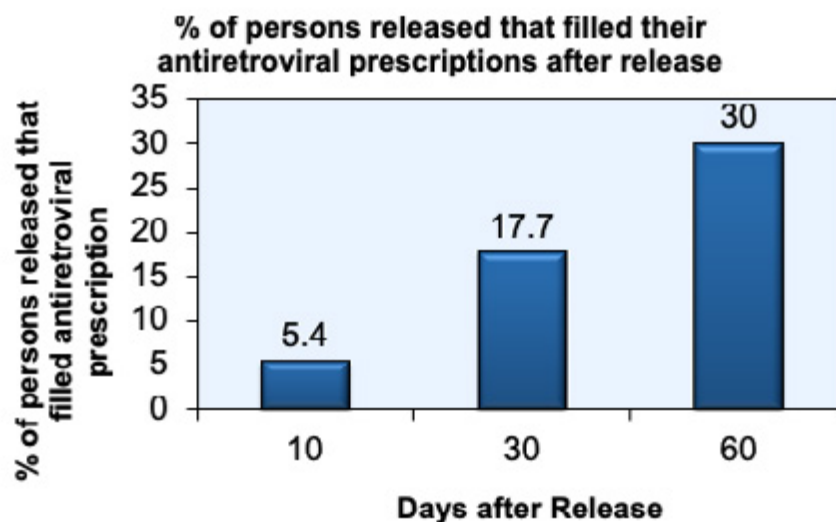




# SLIDES 19-20

## MAXIMIZING ADHERENCE AFTER RELEASE

### Prison Release & Antiretroviral Prescriptions

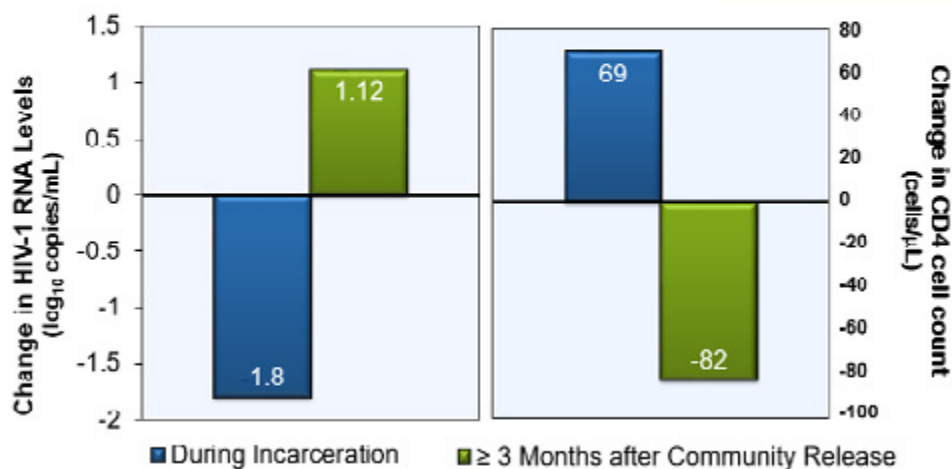


Source:  
Baillargeon J, et al.  
Clin Infect Dis.  
2000;31:1476-81



## MAXIMIZING ADHERENCE AFTER RELEASE

### Effect of Prison Release on HIV Control



Source: Springer SA, et al. Clin Infect Dis. 2004;38(11):1754-60.





# SLIDES 21-22

MAXIMIZING ADHERENCE AFTER RELEASE

## Benefits of Transitional Care

- Continuity of care
- Education regarding medical & social services available post-release
- Decrease costs associated with preventative medical events & duplication of services pre- & post-release
- Provides support around re-integration into the community



MAXIMIZING ADHERENCE AFTER RELEASE

## Post-Release Needs



# SLIDES 23-24

## MAXIMIZING ADHERENCE AFTER RELEASE

### Components of Release Plan

- Adequate discharge medications
- Adequate insurance coverage in the community
- Linkage to community providers:
  - Medical practitioner & case manager
  - Ideally meet & establish relationship prior to release
  - Need date and time of appointment in hand at time of release
  - Fax records
- Peer support
  - Stigma
  - Marginalization & Isolation
  - Adherence
- Special services based on need
  - Mental health follow-up
  - Substance use treatment



## MAXIMIZING ADHERENCE AFTER RELEASE

### Components of Release Plan

#### Housing!!

- Types of Housing
  - Emergency housing – hotel/motel
  - Shared/Group living
  - Independent apartment
- Funding
  - DOC
  - DOH
  - Ryan White
- DOC Case Management



## SLIDES 25-26

MAXIMIZING ADHERENCE AFTER RELEASE

### Medications for Opiate Use Disorder (MOUD)

- Relapse is one of the primary reasons for lack of adherence to HIV post-release
- Providing MOUD improves HIV clinical endpoints and reduces recidivism
- Pre-release MOUD for people living with HIV is an effective means of improving ART adherence and linkage to care in the community
- Co-located services in the community improves engagement in ongoing HIV care

Source: Kinlock TW, et al. J Subst Abuse Treat. 2009;37(3):277-85. Magura S, et al. Drug Alcohol Depend. 2009;99(1-3):222-30. Roux P, et al. Clin Infect Dis. 2009;49(9):1443-40.



## Correctional Health Services

Sophie Lewis  
Massachusetts Department of Public Health/JSI

Denise Sanderson  
Massachusetts Department of Public Health

## SLIDES 27-28



### Background

- MDPH Bureau of Infectious Disease & Laboratory Sciences has long history of working in county and state correctional facilities
  - Infectious Disease Coordinator and ID nurses in Dept of Corrections
  - HIV Coordinators in county Houses of Corrections (HOCs)
  - Services for people with HIV leaving HOCs
  - Assessment of Infectious Disease Services in HOCs
  - Correctional Linkage to Care
  - Infectious Disease Coordinator in Suffolk County



### Assessment of ID Services

- Numbers of HIV + individuals declined
- Delivered assessment to all county HOCs to understand impact of defunding coordinators, and understand ID testing, treatment, and release planning needs
- Major findings from majority of HOCs
  - Need for transition/release planning and support
  - Need for services for people with HCV
  - Needs of people with substance use disorder



## SLIDES 29-30



### Correctional Linkage to Care

- Short term intensive service for individuals transitioning out of county HOCS
- Eligibility includes people living with HIV and/or HCV (prioritizing those with current or past SUD)
- Services support individuals to successfully link to medical care and other essential health supports in the community
- Integrated ID testing is not component of CLTC but is supported in HOCs either through MDPH out-posting or through HOC



### CLTC

- 12 weeks *prior* to estimated date of release
  - Intake/assessment
  - Health education (HIV/HCV/STI/TB)
  - Identification of providers and appointment scheduling
  - Health insurance
- 12 weeks *following* release
  - Linkage to harm reduction (MAT, SSP, OEND)
  - Linkage to medical care (HIV, HCV, PrEP)
  - Linkage to other support services (e.g. MCM, housing, etc.)

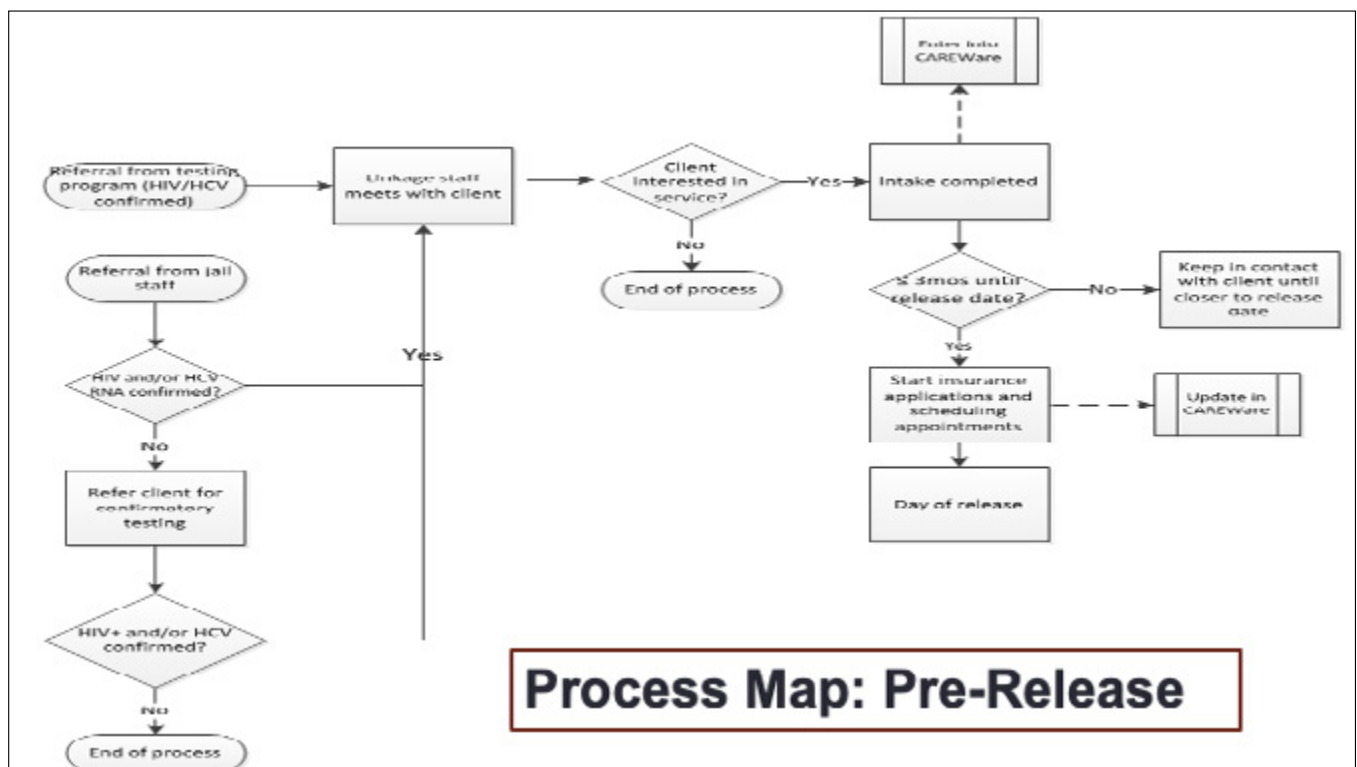


# SLIDES 31-32

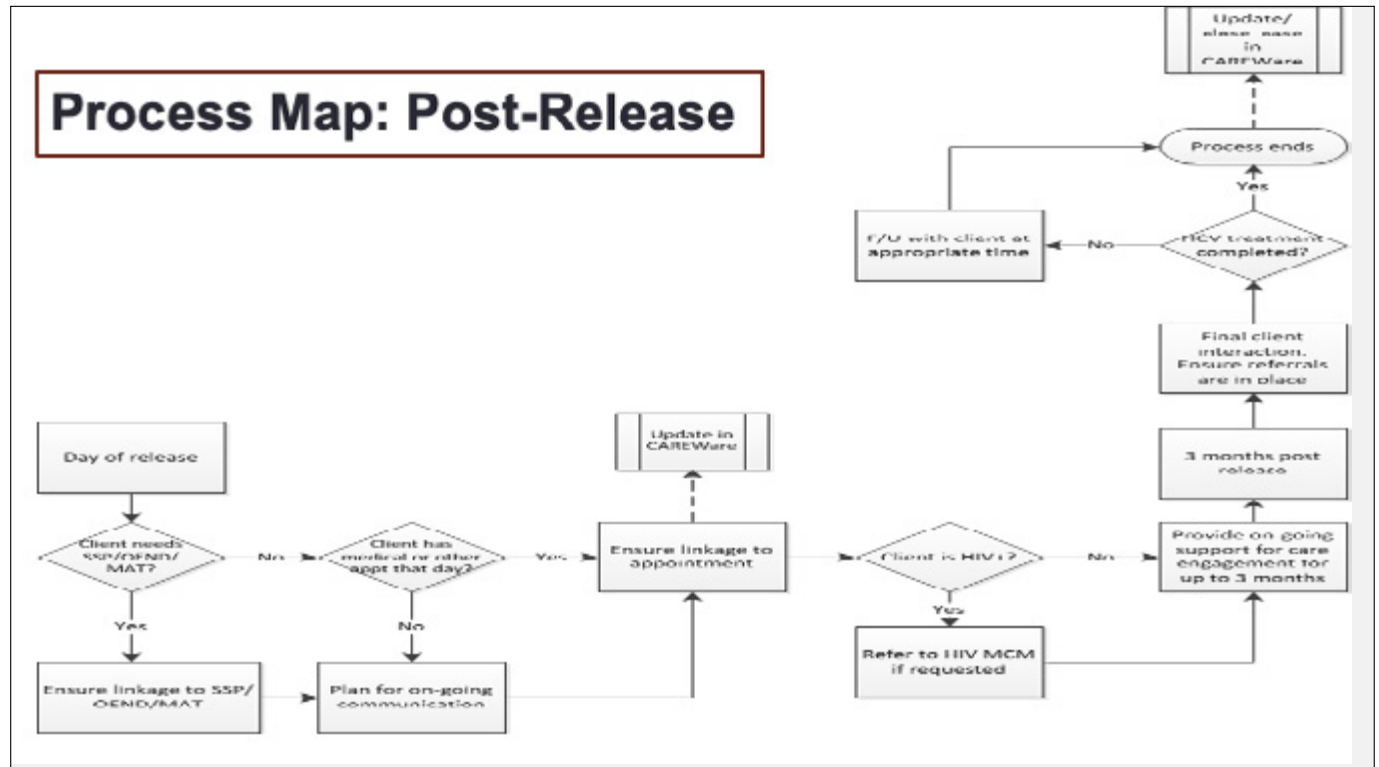


## CLTC Model

- Community-based agencies funded to outpost linkage staff in HOCs
- Most agencies also funded for integrated testing (although some HOCs do their own)
- Referral from either testing staff or HOC staff
- Prior to release: intake/assessment, education, medical appointments, insurance enrollment
- Following release: linkage to harm reduction, medical care, and other support services
- Accompaniment to appointments and/or reminders



# SLIDES 33-34



## ID Coordinator

- CDC Ending the HIV Epidemic (EHE) funds allocated to support Infectious Disease Coordinator to provide additional prevention and care support at Suffolk County HOC in both facilities
- ID Coordinator will add capacity to optimize prevention and care services for incarcerated individuals living with or at risk of HIV and HCV, and those preparing to reenter the community including individuals diagnosed with substance use disorder

## SLIDES 35-36



### Challenges

- COVID
- Changing release dates
- Lack of information or misinformation about HCV treatment availability
- Overlapping services in HOCs



### Questions?

Sophie Lewis  
JSI Research & Training Institute, Inc.  
[sophie\\_lewis@jsi.com](mailto:sophie_lewis@jsi.com)

Denise Sanderson  
Office of HIV/AIDS  
MA Department of Public Health  
[denise.sanderson@mass.gov](mailto:denise.sanderson@mass.gov)

# SLIDES 37-38



## CONTACT INFORMATION

[ssc@jsi.com](mailto:ssc@jsi.com)

**Office of Health Care Planning**  
**MA Department of Public Health / JSI**  
**Sophie Lewis**  
[sophie\\_lewis@jsi.com](mailto:sophie_lewis@jsi.com)

**Mountain West AETC**  
**WA Department of Corrections**  
**University of Washington**  
**Dr. Lara Strick**  
[lbstrick@doc1.wa.gov](mailto:lbstrick@doc1.wa.gov)

**Office of HIV/AIDS**  
**MA Department of Public Health**  
**Denise Sanderson**  
[denise.sanderson@mass.gov](mailto:denise.sanderson@mass.gov)



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# Discussion Questions

As you reflect on the presentation content, the following prompts may serve to facilitate discussions and identify opportunities for collaboration across infectious disease, harm reduction, substance use, and correctional systems.

- What state, local, or service delivery level policies currently support reentry programs that provide care coordination?
  - How can your state leverage existing relationships and partnerships to strengthen support for individuals following incarceration?
  - What organizations provide medical care services that could support reentry in your state? What organizations provide additional support services (e.g., housing assistance, legal assistance, emergency financial assistance, etc.)? What types of services are provided? Where are they located?
  - How are these services and programs funded? What state-level financial assistance is provided to these programs?
- What efforts are currently underway to reduce stigma and discrimination related to incarceration, substance use, and HIV? Who is leading those efforts?
  - What training and education opportunities are available for service delivery providers and staff around incarceration and reentry? In what areas (e.g., cultural humility, reducing stigma, referring to services, etc.)?
  - What opportunities exist to strengthen reentry linkage to medical care and support service programs in the areas of policy, service delivery, workforce training, and partnerships?



# Glossary of Terms

**AIDS Education and Training**

**Centers (AETCs):** A network of regional and national centers funded under RWHAP Part F that provide targeted, multidisciplinary education and training programs for health care providers serving people living with HIV.

**Antiretroviral therapy (ART):** A combination of medications used to treat HIV. ART blocks HIV replication, decreasing the amount of HIV in blood and other bodily fluids.

**Bio, Psycho, Social Assessments:**

An assessment of questions that determines psychological, biological, and social factors that could be contributing to a person's problem or problems.

**Care Continuity (or continuity of care):** The process by which an individual and their care team are cooperatively involved in ongoing health care management toward the shared goal of high-quality, cost-effective medical care.

**Corrections System:** The network of agencies that supervise individuals in a state of incarceration, rehabilitation, parole or probation.

**Disparities:** A condition that is closely linked with social, economic, and/or environmental disadvantage. Disparities adversely affect groups of people who have historically and systematically experienced discrimination or exclusion.

**Disproportionate:** Having or showing a difference that is not fair, reasonable, or expected: too large or too small in relation to something.

**Health Homes:** A group of providers that integrate and coordinate all primary, acute, behavioral health, and long term services and supports to treat the whole person.

**Holistic:** A holistic approach means to provide support that looks at the whole person, considering their physical, emotional, social and spiritual wellbeing.

**Incarceration:** The state of being confined in a jail or prison.

**Intersectionality:** A framework for conceptualizing a person, group of people, or social problem as affected by a number of discriminations and disadvantages. It takes into account people's overlapping identities and experiences in order to understand the complexity of prejudices they face.

## Glossary of Terms cont.

**Marginalization:** Treatment of a person, group, or concept as insignificant or peripheral.

**Parole:** The conditional release of an individual before they complete their sentence. Individuals are supervised by a public official, usually called a parole officer.

**Persons Experiencing Incarceration:** Person-first language that assures we lead with dignity and respect and do not define individuals by their state of incarceration.

**Probation:** A sentence whereby an individual is released from confinement but is still under court supervision; a testing or a trial period. Probation can be given in lieu of a prison term or can suspend a prison sentence.

**Reentry:** The transition of individuals that have experienced incarceration from prisons or jails back into the community.

**Transitional Housing:** A supportive – yet temporary – type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, and in some cases, education and training.

**Viral suppression:** When ART reduces a person's HIV viral load to an undetectable level. Viral suppression does not mean a person is cured; HIV still remains in the body.

# Acronym List

**AETC** - AIDS Education and Training Center

**AIDS** - acquired immunodeficiency syndrome

**ART** - antiretroviral therapy

**CLTC** - Correctional Linkage to Care

**DOC** - Department of Corrections

**DOH** - Department of Health

**DPH** - Department of Public Health

**EHE** - Ending the HIV Epidemic

**HAB** - HIV/AIDS Bureau (of HRSA)

**HCV** - hepatitis C virus

**HIV** - human immunodeficiency virus

**HOC** - Houses of Corrections

**HRSA** - Health Resources and Services Administration

**ID** - infectious disease

**JSI** - JSI Research & Training Institute, Inc.

**MAT** - medications for addiction treatment (also referred to as MOUD [medications for opioid use disorder] or medication)

**MCM** - medical case management

**MDPH** - Massachusetts Department of Public Health

**MH** - mental health

**MOUD** - medications for opioid use disorder (also referred to as MAT [medications for addiction treatment] or medication)

**OEND** - Overdose education and naloxone distribution

**ODU** - opioid use disorder

**RWHAP** - Ryan White HIV/AIDS Program

**Rx** - prescription

**SPNS** - Special Projects of National Significance

**SSC** - Strengthening Systems of Care for People with HIV and Opioid Use Disorder

**SSP** - syringe service program

**STI** - sexually transmitted infections

**SUD** - substance use disorder

**TA** - technical assistance

**TB** - tuberculosis

# Additional Resources

## Reentry Program Resources

### [Creating a Jail Linkage Program: Tools from the Integrating HIV Innovative Practices Program](#)

These training resources synthesize lessons learned from the federally funded, innovative *Special Projects of National Significance Enhancing Linkages to HIV Primary Care and Services in Jail Settings Initiative*, otherwise known as the EnhanceLink Initiative.

- [Creating a Jail Linkage Program: Curriculum](#)
- [Creating a Jail Linkage Program: Training Manual](#)
- [Creating a Jail Linkage Program: Webinar Series](#)
- [Best Practices for HIV Interventions in Jails: Pocket Guide](#)

### [Models for Improving Linkage to Care for People with HIV Released from Jail or Prison](#)

This is a resource guide for RWHAP-funded organizations to provide care to people with HIV who are leaving prisons and jails and reentering society after incarceration. It describes proven models for linkage to care programs.

### [Promising State Strategies to Improve Continuity of Substance Use Disorder Treatment following Incarceration](#)

To address the range of physical and behavioral health care needs during reentry, states are working to streamline enrollment and re-enrollment in Medicaid, provide care management and support, and better address social determinants of health.

## HIV Care and Supports in the Corrections System

### [HRSA's RWHAP Discusses Engaging the Criminal Legal System to End the HIV Epidemic](#)

Identifies issues related to provision of HIV care in correctional settings and others specific to reentry as well as general issues to consider in improving HIV treatment and care for people who are incarcerated.

## Medication for Addiction Treatment in the Corrections System

### [Big Ideas: Correctional Institutions as an Intervention Point for Opioid Use Disorder Treatment](#)

This brief report was developed as an accompanying document to the *O'Neill Institute: Applying the Evidence Summer Series*.

## Additional Resources cont.

### [COVID-19 and Treating Incarcerated Populations for Opioid Use Disorder](#)

In response to the COVID-19 pandemic, The Franklin County Sheriff's Office in Greenfield, Massachusetts implemented comprehensive mitigation policies and adapted MOUD programming. The article discusses two major challenges for implementation and their implementation model during the COVID-19 pandemic.

### [Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#)

The National Council and Vital Strategies toolkit provides correctional administrators and health care providers the information necessary to plan and implement MAT programs within jails and prisons.

### [O'Neill Institute: Applying the Evidence Summer Series](#)

Speakers highlight best practices, challenges and the opportunities they face as they implement the standard of care for opioid use disorder - medication-based treatment - in correctional facilities.

### [Opioid Use Disorder Treatment in Jails and Prisons](#)

This brief by the PEW Charitable Trusts examines what policymakers should consider when exploring how to best manage OUD in populations experiencing incarceration.

### [Three Approaches to Opioid Use Disorder Treatment in State Departments of Corrections](#)

The National Academy for State Health Policy talked to leaders from three states – Kentucky, Maine, and Pennsylvania – about their approaches to SUD treatment within their state prison populations and how these approaches are evolving.

## **Additional System Supports**

### [Toolkit: State Strategies to Enroll Justice-Involved Individuals in Health Coverage](#)

Implementing processes to enroll justice-involved individuals in health coverage on a large scale is a new endeavor for states and their efforts are in the early stages. This toolkit provides detailed information on selected states' efforts to enroll justice-involved individuals in health coverage.



# Next steps

Interested in learning even more? Email us at [ssc@jsi.com](mailto:ssc@jsi.com) or contact your JSI or NASTAD TA Lead to explore opportunities to discuss this topic with other state partners during in-depth conversations.

**Thank you for your participation!**