



Ryan White HIV/AIDS Program Part B and ADAP Coverage of Treatment & Services for Justice-Involved People Living with HIV (PLWH)

July 2017

This fact sheet outlines key considerations for Ryan White HIV/AIDS Program (RWHAP) Part B Programs and AIDS Drug Assistance Programs (ADAPs) as they support access to medications and related services for justice-involved individuals (e.g., currently incarcerated, formerly incarcerated, under community supervision). It also provides a summary of Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) guidance related to the provision of services for justice-involved populations as well as a summary of the results of NASTAD's RWHAP Part B and ADAP Provision of Services to Justice-Involved Populations Request for Information (RFI).

Key Considerations for the Provision of RWHAP Part B and ADAP Services to Justice-Involved Populations

[HIV disproportionately impacts justice-involved populations and justice-involvement disproportionately impacts PLWH](#)

HIV prevalence is [higher](#) among individuals incarcerated in state prisons than in the national population and an estimated [one in seven](#) PLWH are incarcerated at some point in their lives. As 95% of current state prisoners [will be released into the community](#) and experiences of incarceration and homelessness [impede viral suppression](#), it is acutely important for HIV public health programs to evaluate the structural interventions that could be enacted to address [recidivism among PLWH](#) for justice-involved individuals.

[Justice-involved populations have unique care and service needs](#)

Justice-involved individuals, including those living with HIV, are highly impacted by [behavioral health conditions](#) (i.e., mental health, substance use) and other chronic infectious disease (e.g., hepatitis C (HCV)). They often have [multiple risk factors](#) associated with initial incarceration and recidivism, including injection drug use. Per the

[National Hepatitis Corrections Network](#), an estimated 17.4% of individuals currently incarcerated have chronic HCV. Meanwhile, it is estimated that [over half of prison and jail inmates](#) meet criteria for mental illness. Taken together, this illustrates the needs for comprehensive care among justice-involved PLWH that addresses the totality of their comorbid conditions. RWHAP Part B programs and ADAPs are well-poised to leverage their expertise and infrastructure to support justice-involved clients as they seek necessary care and treatment services.

RWHAP Part B program and ADAPs should work in concert with other entities, including departments of corrections and community supervision (e.g., parole), to determine the appropriate approach to HIV care and treatment service for their justice-involved clients.

[HRSA/HAB policy provides guidance to RWHAP Part B Programs and ADAPs on supporting justice-involved PLWH's access to care and treatment](#)

As noted in September 2007, HRSA [policy](#) supports the use of RWHAP funds for incarcerated persons as they prepare to exit the correctional system as part of effective discharge planning or when they are in the correctional system for a brief period, which would not include any discharge planning. In providing services to these individuals, RWHAP Part B programs and ADAPs must ensure that they meet the payer of last resort requirement (i.e., that service(s) are not provided by the correctional system). Within the overall RWHAP guidelines, including payer of last resort requirement, in operationalizing this policy, RWHAP Part B programs and ADAPs may use their discretion in determining:

- What constitutes a “brief period of time” for the individual to be incarcerated and receive a RWHAP Part B/ADAP service while incarcerated (e.g., 0 – 14 days), provided it is no more than 180 days
- If the RWHAP Part B/ADAP service provided is a part of “effective discharge planning,” how long the client is eligible to receive service(s) upon release from incarceration (e.g., 30 – 45 days) with no specified limit
- How “linkage to care” to community-based systems of care is defined for clients leaving incarceration (e.g., client receives an HIV-related medical visit)
- What existing RWHAP Part B program and ADAP service(s) individuals currently incarcerated and recently released from incarceration can be targeted and/or prioritized to receive

Under HRSA/HAB policy, RWHAP Part B programs and ADAPs have the flexibility to develop policies and infrastructure to address the needs of justice-involved populations in their state/territory within their jurisdiction's broader programmatic and funding landscape.

Key Findings: RWHAP Part B/ADAP Provision of Services to Justice-Involved Populations Request for Information (RFI)

NASTAD asked states/territories that reported providing RWHAP Part B and/or ADAP services to justice-involved individuals within the 2016 National ADAP Monitoring Project Survey to complete an online RFI regarding their programs' provision of services to these individuals. Of the 21 states/territories that provide RWHAP Part B and/or ADAP services to justice-involved individuals, 19 responded to this RFI. **All responses to the RFI were reported as of April 28, 2017.**

RWHAP Part B/ADAP outreach and utilization among justice-involved populations:

Among clients served via RWHAP Part B programs in calendar year (CY) 2015, an estimated 774 (0.4%) were incarcerated at any point during CY2015. Among ADAP clients served in CY2015, 780 (0.4%) were incarcerated at any point during CY2015.

Twelve RWHAP Part B programs/ADAPs reported that they conduct and/or fund outreach activities that specifically address currently incarcerated or recently released individuals. The most common funding sources used to support these outreach activities were RWHAP Part B base and supplemental awards (including ADAP) (7) and rebates/wholesaler credits (6). State general revenue funding was used by two jurisdictions while ADAP emergency relief funding was used by one.

Specific RWHAP Part B/ADAP services provided to individuals recently released from incarceration:

RWHAP Part B programs/ADAPs were asked to identify the services they provide to individuals recently released from incarceration within the following service categories: Early Intervention Services (EIS); Health Insurance Premium and Cost Sharing Assistance for Low Income Individuals (not ADAP); Substance Use Outpatient Care; and Substance Use Services – Residential. EIS was the most frequently reported service provided to these individuals (18 RWHAP Part B programs/ADAPs) while Substance Use Services – Residential was the least frequently reported service provided (4 RWHAP Part B programs/ADAPs). Health Insurance Premium and Cost-Sharing Assistance for low-

income individuals (not ADAP) and Substance Use Outpatient Care were reported to be provided by 10 and 13 RWHAP Part B programs/ADAPs, respectively.

The following is a summary of the individual services from these four service categories that RWHAP Part B/ADAP programs reported providing to individuals recently released from incarceration:

Service:	Number of RWHAP Part B Programs/ADAPs:
Linkage Component of Early Intervention Services (EIS)	
Linkage to Outpatient/Ambulatory Health Services	17
Linkage to Medical Case Management	17
Linkage to Substance Use Outpatient Care	12
Linkage to Substance Use Services - Residential	8
Linkage to Other Treatment Services	13
None of the above	1
Health insurance premium and cost-sharing assistance for low-income individuals (not ADAP)	
Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits for HIV medication access	10
Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients	3
None of the above	9
Substance Use Outpatient Care	
Screening, assessment, and/or diagnosis	12
Pretreatment/recovery readiness program	4
Harm reduction	7
Behavioral health counseling associated with substance use disorder	10
Outpatient drug-free treatment and counseling	7
Medication assisted therapy	6
Neuro-psychiatric pharmaceuticals	3
Relapse prevention	3
None of the above	6

Service:	Number of RWHAP Part B Programs/ADAPs:
Substance Use Services - Residential	
Screening, assessment, and/or diagnosis	4
Pretreatment/recovery readiness program	1
Harm reduction	1
Behavioral health counseling associated with substance use disorder	2
Outpatient drug-free treatment and counseling	2
Medication assisted therapy	1
Neuro-psychiatric pharmaceuticals	1
Relapse prevention	0
Detoxification, if offered in a separate licensed residential setting	0
Other	1
None of the above	15

Operationalizing HRSA policy regarding RWHAP Part B/ADAP provision of services to justice-involved populations:

As previously stated, HRSA/HAB policy supports the use of RWHAP funds for incarcerated persons as they prepare to exit the correctional system as part of effective discharge planning or when they are in the correctional system for a brief period, which would not include any discharge planning. Of note, this policy does not generally permit the use of RWHAP funds in state and federal prisons, as these settings are responsible for providing health care services to all individuals held in their facility. This limitation does not apply, however, to individuals about to be released into the community and who are receiving health-related services when living outside of the prison (e.g., home detention and half-way house programs).

Currently Incarcerated Individuals: The following is a summary of how RWHAP Part B programs/ADAPs reported defining a “brief period of time” for an individual to be incarcerated and receive a RWHAP Part B/ADAP service:

Number of days individual incarcerated:	Number of RWHAP Part B Programs/ADAPs:
0 – 14 days	5
15 – 30 days	4
30 – 45 days	2
45 – 60 days	1
60 – 180 days	7

Individuals Recently Released from Incarceration: The following is a summary of how RWHAP Part B programs/ADAPs reported determining that a linkage to HIV care and treatment services in community-based systems of care has occurred among individuals released from incarceration:

Linkage to Care metric:	Number of RWHAP Part B Programs/ADAPs:
Client receives a HIV-related medical visit	16
Client receives an antiretroviral (ARV) medication	14
Client receives any medication (e.g., ARV, hepatitis C (HCV) treatment medication)	8
Client is enrolled in non-Ryan White program payer source for which they are eligible (e.g., Medicaid, Medicare)	12
Other	4

The following is a summary of how long clients were reported as eligible to receive RWHAP Part B program/ADAP service(s) upon release from incarceration as a part of “effective discharge planning”:

Number of days individual eligible to receive services:	Number of RWHAP Part B Programs/ADAPs:
0 – 14 days	4
15 – 30 days	2
30 – 45 days	1
45 – 60 days	0
60 – 90 days	0
3 – 6 months	4
6 – 12 months	1
≥ 12 months	7

Process to Identify/Monitor Linkages for Eligible Clients Currently Incarcerated and/or Due to be Released: The following is a summary of how RWHAP Part B programs/ADAPs

reported determining that a linkage to HIV care and treatment services in community-based systems of care has occurred among individuals currently incarcerated and/or due to be released from incarceration:

Process to Identify/Monitor Linkage:	Number of RWHAP Part B Programs/ADAPs:
Communications and/or data exchanges with departments of correction	15
Communications and/or data exchanges with Medicaid/Medicare	2
Communications and/or data exchanges with community supervision (i.e., parole officers)	2
Communications and/or data exchanges with medical providers (e.g., primary care, substance use treatment) outside of correctional settings	7
Communications and/or data exchanges with non-medical providers (e.g., housing services) outside of correctional settings (not including case management)	3
Medical/non-medical case management outreach and monitoring	14
Other	7

Key Partnerships: The following is a summary of the key partnerships RWHAP Part B programs/ADAPs reported as enabling their provision of services to currently incarcerated individuals or individuals recently released from incarceration:

Process to Identify/Monitor Eligible Clients:	Number of RWHAP Part B Programs/ADAPs:
Departments of correction	15
Law enforcement (e.g., police)	1
Medicaid/Medicare	1
Community supervision (i.e., parole officers)	3
Medical providers (e.g., primary care, substance use treatment) outside of correctional settings	5
Non-medical providers (e.g., housing services) outside of correctional settings (not including case management)	4
Medical/non-medical case management	15
Other	8

Staff RWHAP Part B Program/ADAP Staff: The following is a summary of the health department staff reported to have oversight over RWHAP Part B programs/ADAPs provision of services to justice-involved individuals:

Type of Staff:	Number of RWHAP Part B Programs/ADAPs:
Part B coordinator	12
ADAP coordinator	10
Case managers	14
Other	5
None	1

Resources:

- NASTAD (National Alliance of State & Territorial AIDS Directors) www.NASTAD.org
 - [NASTAD – Health Care Access](#)
 - [National ADAP Monitoring Project Annual Report](#)
 - [National ADAP Monitoring Project Formulary Database](#)
- [HRSA Policy Clarification Notice 07-04](#)
- [HRSA HIV/AIDS Bureau](#)
- [HRSA TARGET Center](#) – technical assistance for the Ryan White community
- [Ryan White HIV/AIDS Treatment Modernization Act](#) (2009)

NASTAD is funded under HRSA Cooperative Agreement U69HA26846 to provide States with technical assistance on RWHAP Part B program and ADAP program administration. RWHAP Part B grantees and ADAPs may also obtain technical assistance through their HRSA project officer.

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