



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Transformative Strategies for Person-centered Care: Bridging Tobacco-related Disparities for Justice- involved Individuals

Tuesday, July 30th 3-5 PM ET

Welcome from The National Behavioral Health Network Team!



Alex Hurst, MHA
Director



Yoon Choi, PhD
Director



Youlim Song
Project Manager



Jasmine Feng
Project Coordinator

Housekeeping

This session is being recorded.

For audio access, participants can either dial into the conference line or listen through your computer speakers.

You can ask questions by typing them into the chat box or into the Q&A box.

Closed captioning can be accessed by turning on the closed captioning feature on the zoom dashboard.



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

A Note on Language & Terminology

- **Mental wellbeing:** Thriving regardless of a mental health or substance use challenge, which may also be referred to as a mental illness, substance use disorder, addiction or dependence.
- **Commercial tobacco use/tobacco use:** The use of commercial tobacco and nicotine products (including electronic nicotine devices, otherwise known as ENDS).*
- ***All references to smoking and tobacco use is referring to commercial tobacco and not the sacred and traditional use of tobacco by some American Indian and Alaskan Native communities.**



National Behavioral Health Network for Tobacco & Cancer Control

Jointly funded by CDC's *Office on Smoking & Health & Division of Cancer Prevention & Control*

Provides resources and tools to help organizations reduce tobacco use and cancer among individuals experiencing mental health and substance use challenges

1 of 9 CDC National Networks dedicated to eliminating cancer and tobacco disparities in priority populations

Visit www.BHtheChange.org and Join Today!

Free Access to...

Toolkits, training opportunities, virtual communities and other resources

Webinars & Presentations

State Strategy Sessions

Communities of Practice



Smoking Cessation
Leadership Center



University of California
San Francisco

**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Networking2Save: A National Network Approach to Promoting Tobacco and Cancer-Related Health Equity in Special Populations

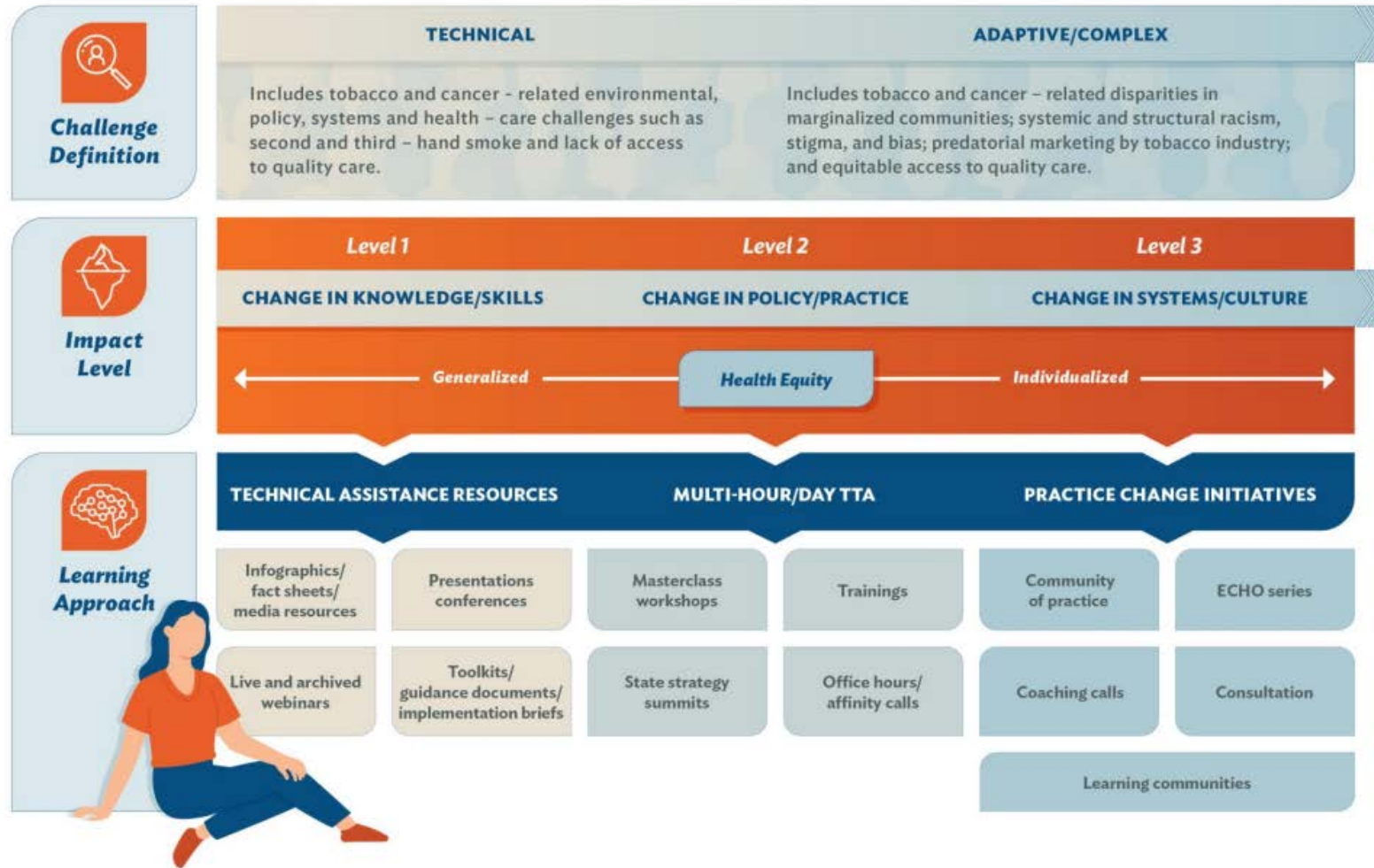


- A consortium of nine national networks sponsored by the CDC's Office on Smoking and Health and Division of Cancer Prevention and Control.
- Our partnership provides leadership on and promotion of evidence-based approaches for preventing commercial tobacco use and cancer for priority populations on a national, state, tribal and territorial level.
- <https://www.cdc.gov/cancer/ncccp/related-programs/Networking2Save.htm>



National Behavioral Health Network for Tobacco & Cancer Control

Learning Agenda





National Behavioral Health Network

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR MENTAL WELLBEING

NBHN's learning agenda is designed to advance health equity by...



Reducing tobacco and cancer-related disparities among individuals with mental health and substance use challenges.



Addressing social and political that influence tobacco and cancer-related disparities.



Strengthening, supporting and mobilizing communities and partnerships in tobacco control, cancer control and behavioral health.



Building, championing, and implementing tobacco-free policies, plans and laws.



Improving the availability, accessibility and effectiveness for cessation and counseling services.



Implementing trauma-informed resilience oriented prevention and cessation messaging.



Building a diverse and skilled tobacco control, cancer control and behavioral health workforce.



Promoting the improvement, access, and utilization of tobacco, cancer and behavioral health data.

Learning Objectives

- Increase their understanding of how tobacco-related disparities intersect with the mental health and substance use challenges justice-involved individuals face.
- Explore policy levers that can expand access to evidence-based approaches for tobacco control and treatment within carceral settings.
- Identify practical steps for engaging justice-involved individuals in tobacco cessation.



Today's Speakers



Chad Morris, PhD
Director
Behavioral Health and
Wellness Program

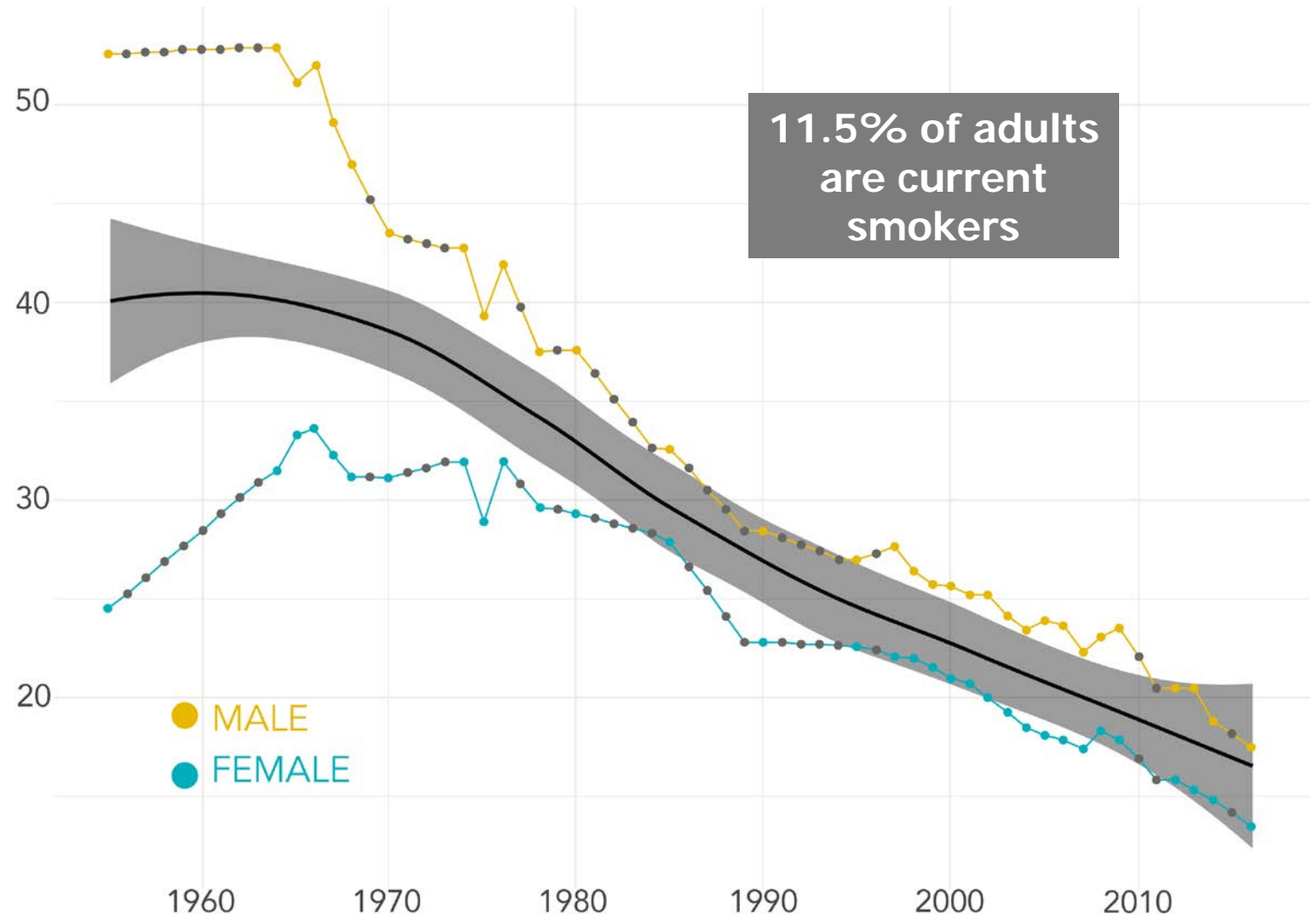


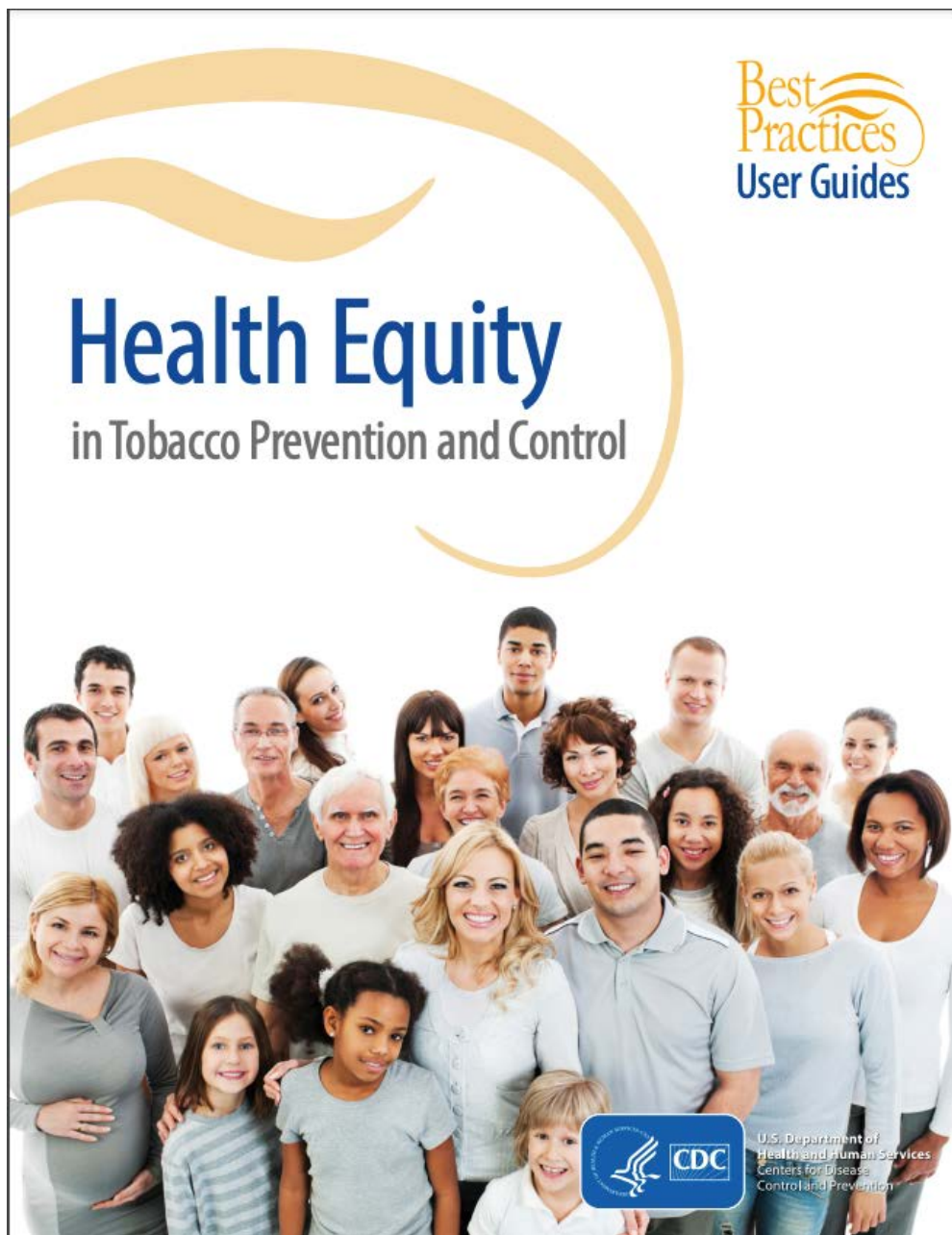
Olga Bakun, PT, DPT, MPH
National Specialist, Health
Policy
American Lung Association



Nicotine Use & the Justice Involved: A Social Justice Issue

Trends in U.S. Adult Smoking





- All people should be valued equally
- Health has a particular value for individuals
- Nondiscrimination and equality
- Rights to health and to a standard of living adequate for health

CDC, 2015

Tobacco Use Inequity



Race/Ethnicity

22.6% American Indian/
Alaska Native
15% White



Education Level

36% GED
3.7% Graduate degree



Annual Household Income Health Insurance Coverage

21.3% <\$35,000
7.3% ≥\$100,000

23.9% Uninsured
23.9% Medicaid
10.5% Private
9.4% Medicare



Disability/Limitation

19.2% Yes
13.1% No



Sexual Orientation

20.6% Lesbian/Gay/Bisexual
13.5% Heterosexual



Serious Psychological Distress

31.6% Yes
13.0% No

Source: CDC MMWR Jan 2018



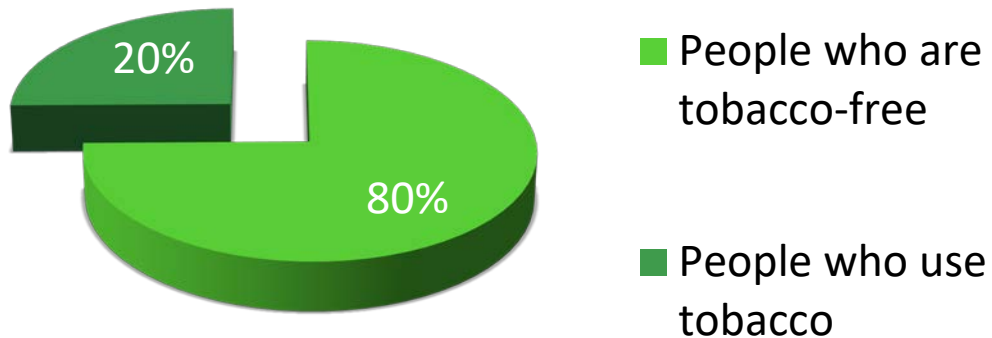
UW-CTRI

UW Center for Tobacco Research and Intervention

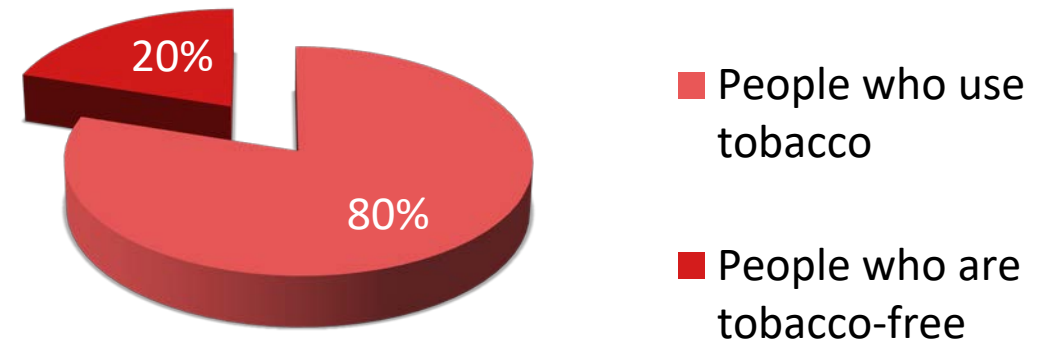


Individuals Who Are Justice Involved: Any Tobacco Product

General Population

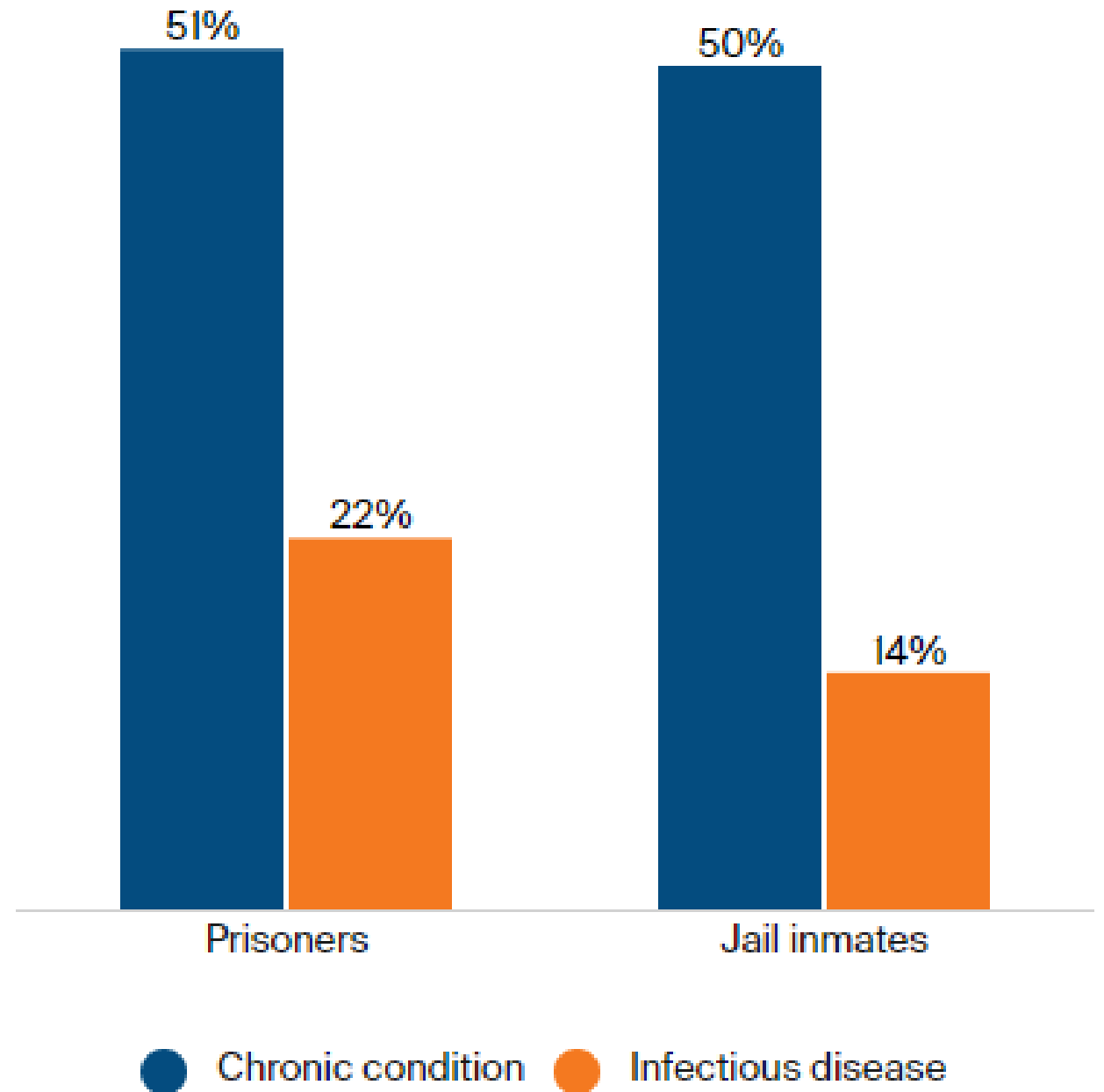


Criminal Justice Population



The smoking rate among the justice-involved population is approximately **4-5 times** higher than the general population

Chronic Disease Disparities in Correctional Facilities



Natasha Camhi, Dan Mistak, and Vikki Wachino, [Medicaid's Evolving Role in Advancing the Health of People Involved in the Justice System](#) (Commonwealth Fund, Nov. 2020)

Trauma Defined

Trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

ACEs Can Increase Risk for Disease, Early Death, and Poor Social Outcomes

Research shows that **experiencing a higher number of ACEs** is associated with **many of the leading causes of death** like heart disease and cancer.



CHRONIC HEALTH CONDITIONS

- Coronary heart disease
- Stroke
- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Cancer
- Kidney disease
- Diabetes
- Obesity



MENTAL HEALTH CONDITIONS

- Depression



HEALTH RISK BEHAVIORS

- Smoking
- Heavy drinking or alcoholism
- Substance misuse
- Physical inactivity
- Risky sexual behavior
- Suicidal thoughts and behavior

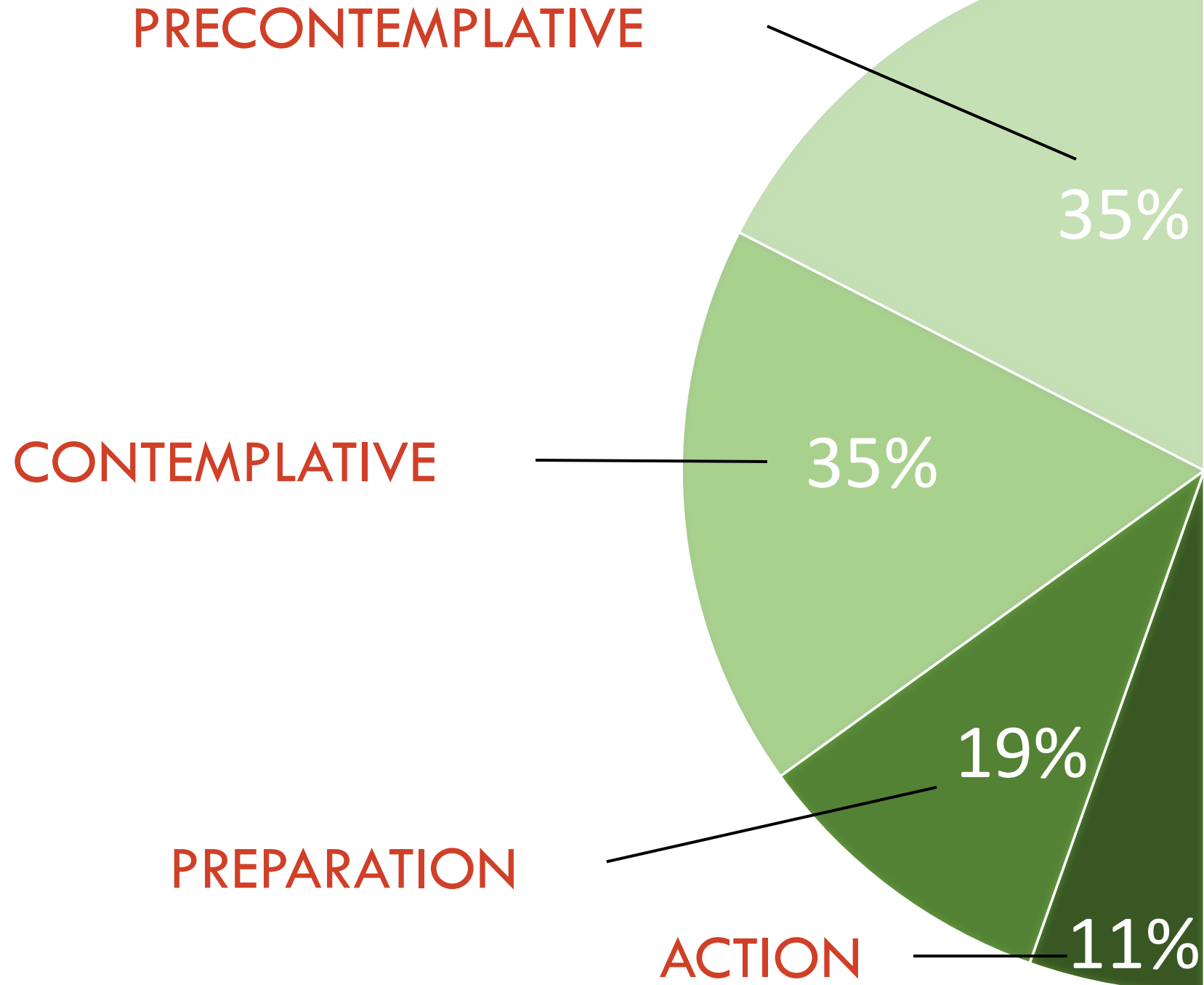


SOCIAL OUTCOMES

- Lack of health insurance
- Unemployment
- Less than high school diploma or equivalent education

Interest in Quitting

Drug Court
Participants,
Florida, 2015



Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Health- Home- Purpose- Community

SAMHSA

“The objectives of health and medical services program for prisoners must include promotion of health, the prevention of disease and disability, the cure or mitigation of disease, and the rehabilitation of the patient...To achieve these goals set down above, medical care programs for prisoners must be equivalent in quality to the care which is available in the community.”

- American Correctional Association, Manual of Correctional Standards 1966



It's time to invest in cessation



THE GLOBAL
INVESTMENT CASE

FOR TOBACCO
CESSATION

Why Cessation?

- Fastest route to justice in health outcomes
- Only route to health justice overall
- Fastest route to the elimination of commercial tobacco sales
- Mitigates the development and growth of illicit markets
- Reduces the necessity of complicated policy solutions directing smokers to alternative products
- Reduces the need for extensive enforcement mechanisms



July 30, 2024

Opportunities to Improve Tobacco Cessation Coverage for the Justice-Involved Population

Olga Bakun, DPT, MPH

Please note: References to tobacco refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some Tribal communities.

Learning Objectives

- Identify strategies to advance health equity through policies that increase access to care for the justice-involved population.
- Describe how 1115 Reentry Waivers could be used to improve Medicaid coverage of tobacco cessation treatment for the justice-involved population.

Agenda

- Background
- Access to Healthcare
- New Guidance
- Opportunities to Improve Coverage
- Issue Brief

Background

- Most people want to quit
- Quitting reduces risk of premature death and chronic diseases like cancer, chronic obstructive pulmonary disease and stroke
- Evidence shows that comprehensive coverage of smoking cessation treatments increases the rate of successful quitting

Background

Comprehensive Tobacco Cessation Coverage

Medications:

- Nicotine Replacement Therapy Gum*
- Nicotine Replacement Therapy Patch*
- Nicotine Replacement Therapy Lozenge*
- Nicotine Replacement Therapy Inhaler
- Nicotine Replacement Therapy Nasal Spray
- Bupropion
- Varenicline

Counseling:

- Individual
- Group
- Phone

*Available over-the-counter; need a prescription for no cost-sharing

Access to Healthcare

- Correctional facilities are required to provide healthcare services
- Delivery of healthcare services varies among facilities
 - Provision of tobacco cessation treatment varies
- Evidence indicates many individuals go without necessary healthcare services in correctional facilities
- “Inmate Exclusion” policy bars Medicaid from covering healthcare costs during incarceration and results in individuals losing coverage – even when incarcerated for a short period of time

Access to Healthcare

- All federal facilities have smokefree policies and many states have passed smokefree laws
- Up to 90% of individuals who quit tobacco use during incarceration relapse during community reentry
- Access to healthcare is important during community reentry – about 80% of individuals who were formerly incarcerated are uninsured
- Forty states and D.C. have expanded Medicaid
 - Most individuals who are incarcerated in these states would otherwise be eligible

CMS Guidance

- The SUPPORT Act passed in 2018
- CMS released guidance on reentry section 1115 demonstration waivers describing how states can use them to provide Medicaid coverage 30-90 days before release from a correctional facility
 1. Case management
 2. Medications and counseling for substance use disorders
 3. Thirty-day supply of prescribed medications
- 1115 waivers could be used to provide Medicaid coverage of comprehensive tobacco cessation treatments for individuals who are incarcerated

2024 Consolidated Appropriations Act

- Requires states to suspend, rather than terminate, Medicaid coverage for individuals upon incarceration
 - Effective January 1, 2026
- Directs the Secretary of Health and Human Services (HHS) to support states working to improve continuity of care for Medicaid-eligible individuals who are incarcerated
 - Grant funding to improve Medicaid enrollment and renewal processes
 - Guidance on Medicaid requirements, best practices and funding

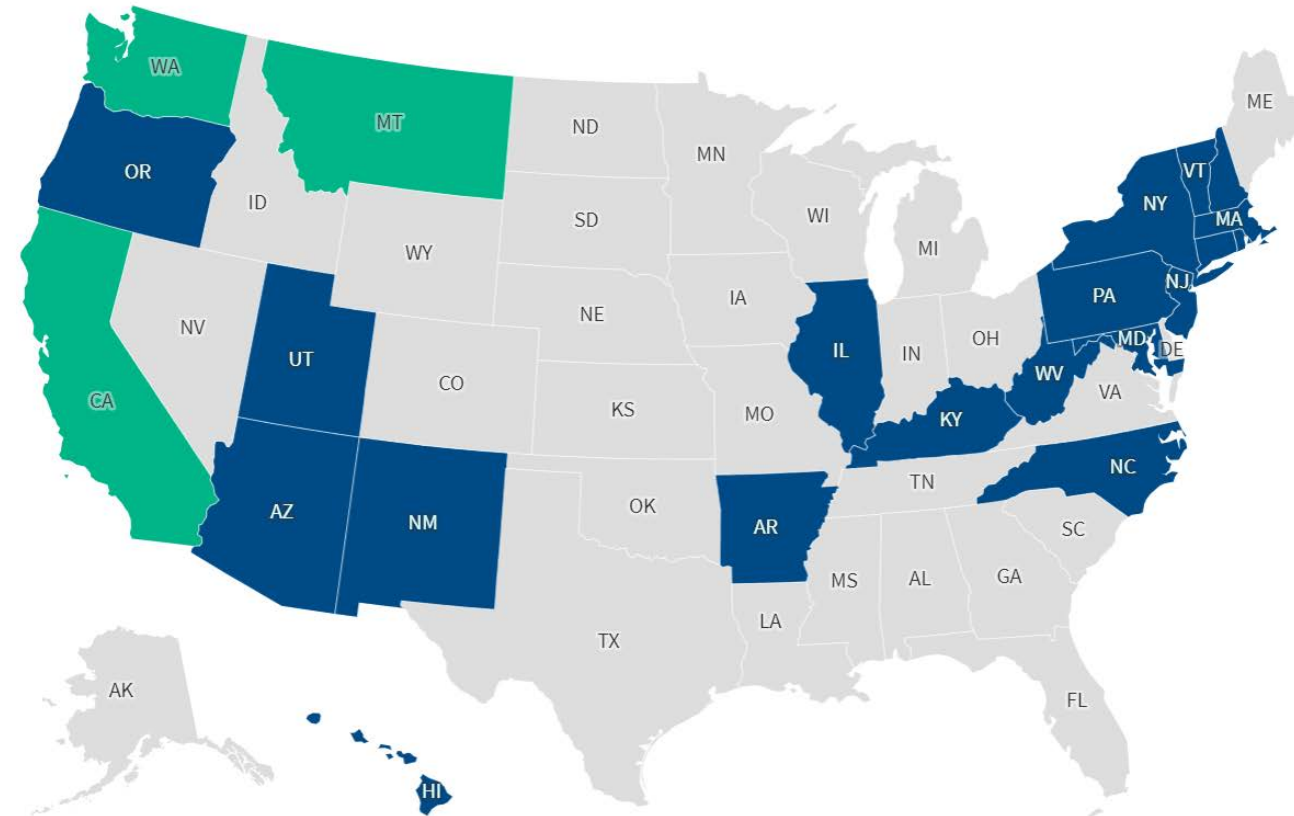
Opportunities to Improve Coverage

- Establishing data exchanges between correctional facilities and state Medicaid agencies to improve access to care in transition to the community
 - States can receive Medicaid funding through 1115 waivers to improve data exchanges
- Suspending, not terminating, Medicaid coverage during incarceration
 - This is a condition of the 1115 waivers
- Beginning the Medicaid application process early
 - Per 1115 waiver guidance, this process should begin no later than 45 days prior to release

1115 Reentry Waivers Progress

Section 1115 Waivers Requesting Waiver of Inmate Exclusion Policy, as of April 16, 2024

■ Approved (3 states) ■ Pending (19 states)



Source: KFF Analysis of Section 1115 Waivers posted to Medicaid.gov • [Get the data](#) • [Download PNG](#)

KFF

American Lung Association

Issue Brief



THE UNITED STATES JUSTICE-INVOLVED POPULATION & TOBACCO USE

Notes to Reader: References to tobacco in this issue brief refer to commercial tobacco and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by some Tribal communities. For definitions of key terms, please refer to the glossary on page nine.

This issue brief was developed to highlight challenges that impact the justice-involved population's access to tobacco cessation treatments and outline options to address some of those challenges. It has been updated to include recent guidance from the Centers for Medicare and Medicaid Services (CMS) and new policies passed as part of the 2024 Consolidated Appropriations Act. Both give states new opportunities to improve access to care and tobacco cessation coverage. The following topics will be covered:

- An overview of health inequities experienced by the justice-involved population, as they relate to tobacco use and smoking in particular.
- A brief background on tobacco cessation treatment and access to healthcare in U.S. correctional facilities.
- Opportunities for states to increase access to tobacco use treatment and improve healthcare for the justice-involved population.

Sources

- Kang-Brown, J., Montagnet, C., & Heiss, J. (2021, January). *People in Jail and Prison in 2020*. Vera Institute of Justice. <https://www.vera.org/downloads/publications/people-in-jail-and-prison-in-2020.pdf>.
- Nellis, A., & Mistrett, M. (2019, January 10). *The color of Justice: Racial and Ethnic disparity in state prisons*. The Sentencing Project. <https://www.sentencingproject.org/publications/color-of-justice-racial-and-ethnic-disparity-in-state-prisons/>.
- Zimring, F. (2010). The scale of imprisonment in the United States: Twentieth Century patterns and Twenty-First Century prospects. *The Journal of Criminal Law and Criminology* 100(3): 1225-1241.
- Bonczar, Thomas P., and Allen J. Beck. "Lifetime Likelihood of Going to State or Federal Prison." *U.S. Department of Justice*, <https://bjs.ojp.gov/content/pub/pdf/Llgsfp.pdf>. Accessed 12 Feb. 2024.
- Clark-Moorman, Kyleigh, and Tracy Velázquez. "Racial Disparities Persist in Many U.S. Jails." *PEW Charitable Trust*, https://www.pewtrusts.org/-/media/assets/2023/05/racial_disparities_persist_in_many_us_jails_brief_digital.pdf. Accessed 12 Feb. 2024.
- "U.S. Census Bureau QuickFacts: United States." *United States Census Bureau*, <https://www.census.gov/quickfacts/fact/table/US/RHI225222>. Accessed 16 Jan. 2024.
- "Jail Inmates in 2021 – Statistical Tables." *U.S. Department of Justice Bureau of Labor Statistics*, <https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/ji21st.pdf>. Accessed 17 Jan. 2024.
- "Inmate Ethnicity." *The Federal Bureau of Prisons*, https://www.bop.gov/about/statistics/statistics_inmate_ethnicity.jsp. Accessed 17 Jan. 2024.
- Valera, P., Reid, A., Acuna, N., & Mackey, D. (2019, January 9). *The smoking behaviors of incarcerated smokers*. Health psychology open. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6328956/#bibr23-2055102918819930>.
- Cropsey K, Eldridge G, Weaver M, et al. (2008) Smoking cessation intervention for female prisoners: Addressing an urgent public health need. *American Journal of Public Health* 98: 1894–1901.
- Ives K, Christiansen B, Nolan M, Kaye JT, Fiore MC. Nine years of smoking data from incarcerated men: A call to action for tobacco dependence interventions. *Prev Med Rep*. 2022 Jul 22;29:101921. doi: 10.1016/j.pmedr.2022.101921. PMID: 35911575; PMCID: PMC9326308.
- Cornelius ME, Loretan CG, Jamal A, et al. [Tobacco Product Use Among Adults – United States, 2021](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982806/). *Morbidity and Mortality Weekly Report*, 2023. Volume 72(issue18); pages475-483.
- Samuels, C.E. (2015, January 7). Smoking/No Smoking Areas. https://www.bop.gov/policy/progstat/1640_005.pdf
- [Spaulding, A. C., et al. \(2018, June 1\). Smoking in Correctional Settings Worldwide: Prevalence, bans and interventions. Epidemiologic reviews. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982806/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982806/)
- Larney S, Kopinski H, Beckwith CG, et al. Incidence and prevalence of hepatitis C in prisons and other closed settings: results of a systematic review and metanalysis. *Hepatology*. 2013; 58(4): 1214-1223
- Davis LM, Williams M, Derose KP, et al. Understanding the public health implications of prisoner reentry in California: State of the state report. 2011. <http://www.rand.org/pubs/monographs/MG1165.html>
- Davis MA, Lin LA, Liu H, et al. (2017) Prescription opioid use among adults with mental health disorders in the United States. *Journal of the American Board of Family Medicine* 30: 407–417.
- Kauffman RM, Ferketich AK, Murray DM, Bellair PE, Wewers ME. Tobacco use by male prisoners under an indoor smoking ban. *Nicotine & Tobacco Research*. 2011;13(6):449–456. doi: 10.1093/ntr/ntr024.
- Frank, M. R., Blumhagen, R., Weitzenkamp, D., Mueller, S. R., Beaty, B., Min, S.-J., & Binswanger, I. A. (2016, March 16). *Tobacco use among people who have been in prison: Relapse and factors associated with trying to quit*. Journal of smoking cessation. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5807014/>.
- Substance Abuse and Mental Health Services Administration's public online data analysis system (PDAS). National Survey on Drug Use and Health, 2019.
- Tobacco Products Scientific Advisory Committee, U.S. Food & Drug Administration, Menthol cigarettes and Public Health: Review of the Scientific Evidence and Recommendations (2011)
- ["Menthol and Other Flavors in Tobacco Products."](https://www.fda.gov/oc/ohrt/menthol-cigarettes-and-public-health-review-of-the-scientific-evidence-and-recommendations) U.S. Food & Drug Administration, July 20, 2018.
- Valera, P., Reid, A., Acuna, N., & Mackey, D. (2019, January 9). *The smoking behaviors of incarcerated smokers*. Health psychology open. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6328956/#bibr23-2055102918819930>.
- Kauffman RM, Ferketich AK, Murray DM, Bellair PE, Wewers ME. Tobacco use by male prisoners under an indoor smoking ban. *Nicotine & Tobacco Research*. 2011;13(6):449–456. doi: 10.1093/ntr/ntr024.
- U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.
- Assessment of effectiveness of smoking cessation intervention among male prisoners in India: A randomized controlled trial. Naik S, Khanagar S, Kumar A, Ramachandra S, Vadavadagi SV, Dhananjaya KM *J Int Soc Prev Community Dent*. 2014 Dec; 4(Suppl 2):S110-5.
- Office on Smoking and Health (US). The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta (GA): Centers for Disease Control and Prevention (US); 2006. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK44324/>
- James S. Marks, et al. (2014, March 1). *The critical link between health care And Jails: Health Affairs Journal*. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.1350>.
- U.S. Department of Health and Human Services. Smoking Cessation. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2020.
- The Pew Charitable Trusts. (2017, October). *Prison Health Care: Costs and Quality*. https://www.pewtrusts.org/~media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf.

Sources

- Wilper AP, Woolhandler S, Boyd JW, Lasser, KE, McCormick D, Bor DH, et al. The health and health care of US prisoners: results of a nationwide survey. *American Journal of Public Health*. 2009; 99(4):666-72.
- Kerry Cork, Public Health Law Center, Tobacco Behind Bars: Policy Options for the Adult Correctional Population, Appendix A (2012).
- Kauffman, Tobacco Use by Male Prisoners, supra note 131, at 360; see also Health Educ. Council, Tobacco Policy, Cessation, and Education in Correctional Facilities 5 (2010), available at <http://healtheducouncil.org/breakfreealliance/pdf/ncchc.pdf> (summarizing a 2003 national survey of correctional facilities, which found that “smoking cessation is not a priority in correctional facilities” and that “very little tobacco cessation programming occurs” in them) Cal. Code Regs. tit. 15, §§ 3187-3189 (2011), available at http://www.cdcr.ca.gov/Regulations/Adult_Operations/docs/2011%20Title%2015%20English.pdf.
- See generally Hillel Alpert et al., A Prospective Cohort Study Challenging the Effectiveness of Population-based Medical Intervention for Smoking Cessation, 21 *Tobacco Control* 1 (2012) (advance online publication)
- Scotti, S. (2017, September 1). *Former Inmates Struggle if They Have No Health Coverage After Being Released*. Health care in and out of prisons. <https://www.ncsl.org/bookstore/state-legislatures-magazine/health-care-in-and-out-of-prisons.aspx>.
- Ives K, Christiansen B, Nolan M, Kaye JT, Fiore MC. Nine years of smoking data from incarcerated men: A call to action for tobacco dependence interventions. *Prev Med Rep*. 2022 Jul 22;29:101921. doi: 10.1016/j.pmedr.2022.101921. PMID: 35911575; PMCID: PMC9326308.
- Beck, A. (2020, February 20). *Medicaid enrollment programs offer hope to formerly incarcerated individuals and savings for states: Health affairs blog*. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hblog20200218.910350/full/#:~:text=Yet%20upon%20release%20from%20prison,treatments%20they%20received%20while%20incarcerated.>
- Centers for Medicare & Medicaid Services. (2016, May 3). *Incarceration and the Marketplace: Frequently Asked Question*. <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Incarceration-and-the-Marketplace-FAQs-05-03-2016.pdf>.
- Status of state medicaid expansion decisions: Interactive map*. KFF. (2023, September 26). <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>.
- Becerra, Department of Health and Human Services., Xavier. “Annual Update of the HHS Poverty Guidelines.” *Federal Register*, 19 Jan. 2023, <https://www.federalregister.gov/documents/2023/01/19/2023-00885/annual-update-of-the-hhs-poverty-guidelines>. Accessed 3 Oct. 2023.
- Tsai, Daniel. (2023, April 17). “SMD# 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” *Centers for Medicare and Medicaid Services*. Government Accountability Office, Letter from Carolyn L. Yocum to Hon. Fred Upton and Hon. Joseph Pitts, “[Medicaid: Information on Inmate Eligibility and Federal Costs for Allowable Services](#),” GAO, Sept. 5, 2014.
- “State of Tobacco Control 2024 Report.” *American Lung Association*, 24 Jan. 2024, <https://www.lung.org/content/sotc/2024/ala-sotc-2024.pdf>. Accessed 2 Feb. 2024.
- “FAQs About Affordable Care Act Implementation (Part XIX).” *Centers for Medicare & Medicaid Services*, 2 May 2014, https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs19. Accessed 12 Feb. 2024.
- Tsai, Daniel. (2023, April 17). “SMD# 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” *Centers for Medicare and Medicaid Services*.
- Tsai, Daniel. (2023, April 17). “SMD# 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” *Centers for Medicare and Medicaid Services*.
- Tsai, Daniel. (2023, April 17). “SMD# 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” *Centers for Medicare and Medicaid Services*.
- “North Carolina Medicaid Reform Section 1115 Demonstration Renewal Application.” *Medicaid.gov*, 31 Oct. 2023, <https://www.medicaid.gov/sites/default/files/2023-11/nc-medicaid-reform-extns-req-pa.pdf>. Accessed 9 Jan. 2024.
- “H.R.4366 - Consolidated Appropriations Act, 2024.” *Congress.gov*, <https://www.congress.gov/bill/118th-congress/house-bill/4366>. Accessed 26 Mar. 2024.
- JUSTICE-INVOLVED populations: The central role of Medicaid*. Health Care for Justice-Involved Populations: Role of Medicaid | Commonwealth Fund. (2019, January 11). <https://www.commonwealthfund.org/publications/issue-briefs/2019/jan/state-strategies-health-care-justice-involved-role-medicaid>.
- Scotti, S. (2017, September 1). *Former Inmates Struggle if They Have No Health Coverage After Being Released*. Health care in and out of prisons. <https://www.ncsl.org/bookstore/state-legislatures-magazine/health-care-in-and-out-of-prisons.aspx>.
- Tsai, Daniel. (2023, April 17). “SMD# 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” *Centers for Medicare and Medicaid Services*.
- Tsai, Daniel. (2023, April 17). “SMD# 23-003 RE: Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated.” *Centers for Medicare and Medicaid Services*.
- [States Reporting Corrections-Related Medicaid Enrollment Policies in Place for Prisons or Jails](#). KFF. (2019). <https://www.kff.org/medicaid/state-indicator/states-reporting-corrections-related-medicaid-enrollment-policies-in-place-for-prisons-or-jails/?currentTimeframe=0&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22asc%22%7D>.
- U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014.
- Jones, A., & Sawyer, W. (2019, August). Arrest, release, repeat: How police and jails are misused to respond to social problems. <https://www.prisonpolicy.org/reports/repeatarrests.html>.
- Peter Wagner and Leah Sakala. Mass Incarceration: The Whole Pie. Prison Policy Initiative. www.prisonpolicy.org/reports/pie.html. Accessed September 2, 2014.
- “Terms & Definitions: State And Federal Prison Facility Characteristics.” *Bureau of Justice Statistics (BJS)*, <https://www.bjs.gov/index.cfm/content/glance/index.cfm?ty=tdtp&tid=133>. Accessed 9 Jan. 2024.

Thank You

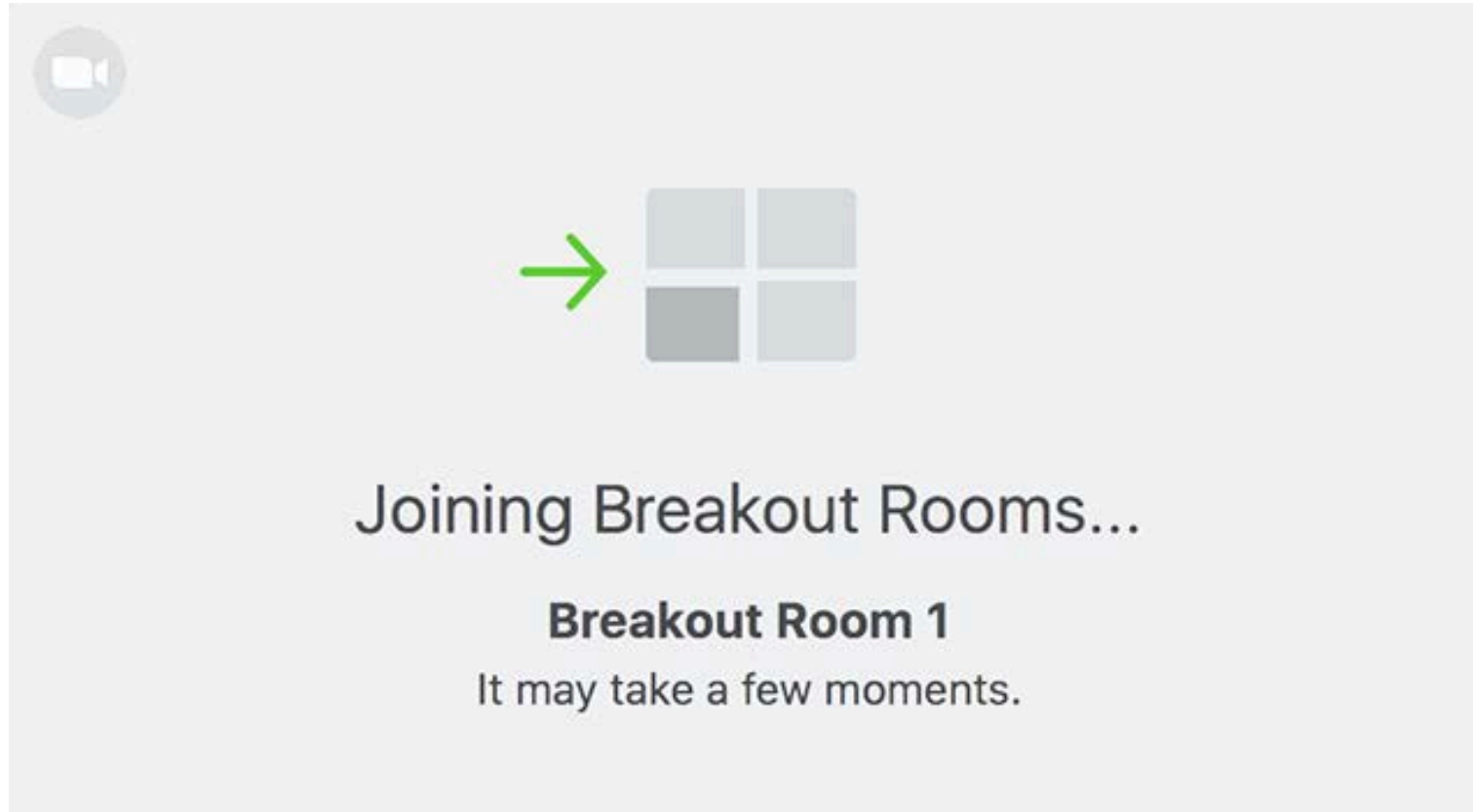
Policy Engagement Activity

Introductions: name, title, organization

Engagement Questions:

1. In what capacity do you work or plan to work with justice-involved population during reentry?
2. How does, or would, healthcare coverage for tobacco cessation treatment during the reentry period impact your work with the justice-involved population?
 - a. How does, or will, suspension, rather than termination, of healthcare coverage during incarceration impact this work?
 - b. How would improved data sharing between state Medicaid agencies and correctional facilities impact this work?
 - c. How will best practices guidance on Medicaid enrollment and renewal processes impact this work?

You will now be put into breakout rooms

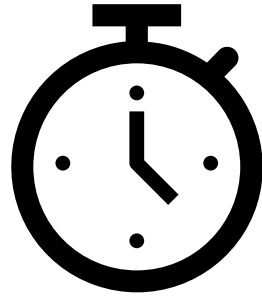


Welcome back!

Waterfall activity- lets discuss:

How would healthcare coverage for tobacco cessation treatment during the reentry period impact your work with the justice-involved population.





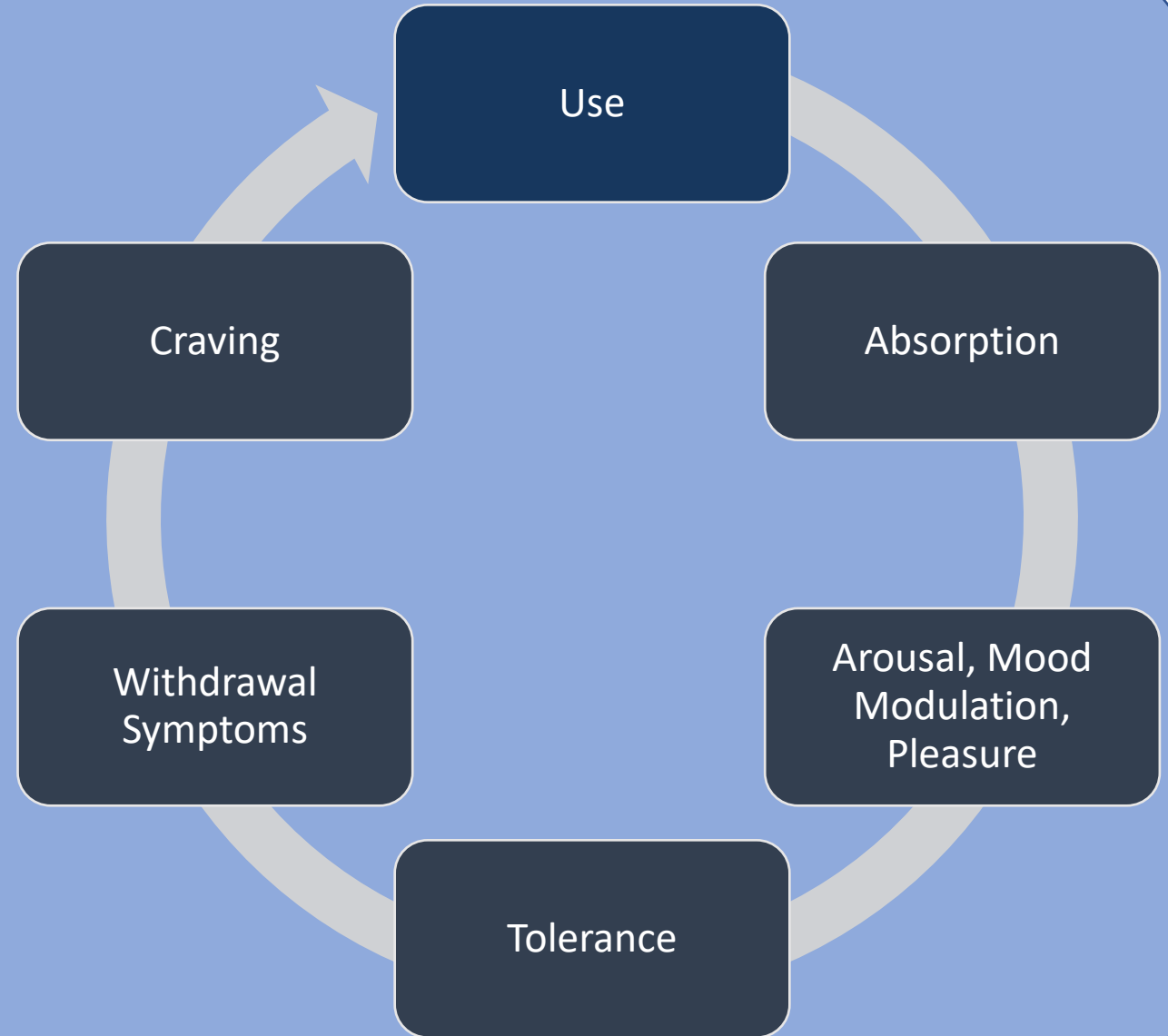
Break Time!





Tobacco Use Treatment: A Standard of Care

- Stigma & Implicit Bias
- Discrimination
- Poverty & Homelessness
- Trauma
- Chronic Stress
- Psychological Distress
- Criminal Justice Involvement
- Environmental Exposure
- Industry Targeting
- Biology
- Access to Adequate Treatment



Co-treatment is
the only adequate
solution



**FACING ADDICTION
IN AMERICA**

*The Surgeon General's Report on
Alcohol, Drugs, and Health*

U.S. Department of Health & Human Services

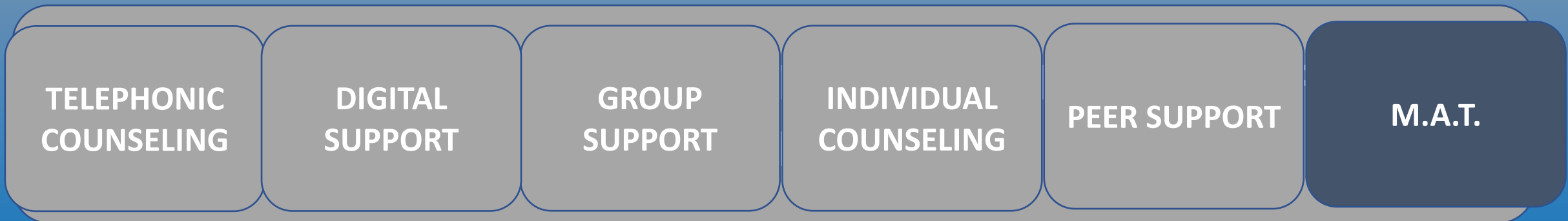
Motivational Interviewing in Justice Settings

Partnership

Acceptance

Compassion

Empowerment



Medication Assisted Treatment

- Combination of behavioral interventions and medications
- Highly effective treatment option for alcohol, opioid, or tobacco dependence
- Reduces illicit drug use and overdose deaths

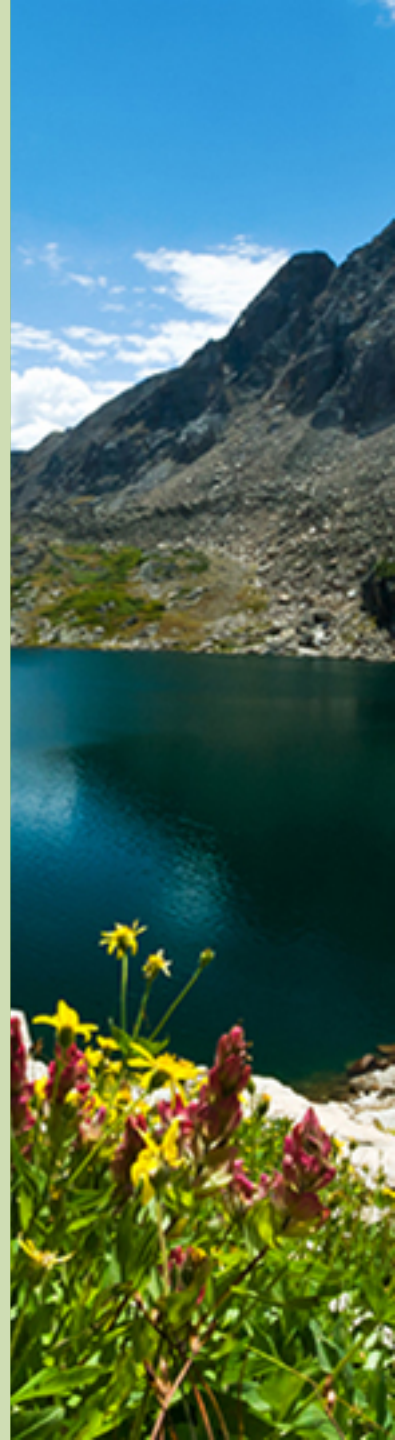


Cross-Cutting Interventions

Motivational
Enhancement

Cognitive
Behavioral Therapy
and Variants

Contingency
Management



Peer Support

A peer provider is a person who uses his or her lived experience, plus skills learned in formal training, to deliver services in health and public health settings to promote mind-body recovery and resiliency.



Behavioral Health &
Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS:
Peer Support
Program Toolkit



Principles of Trauma-Informed Care

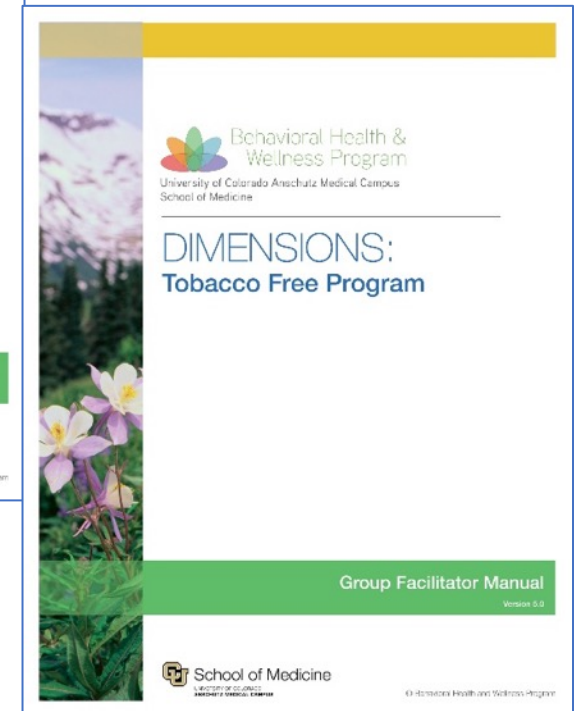
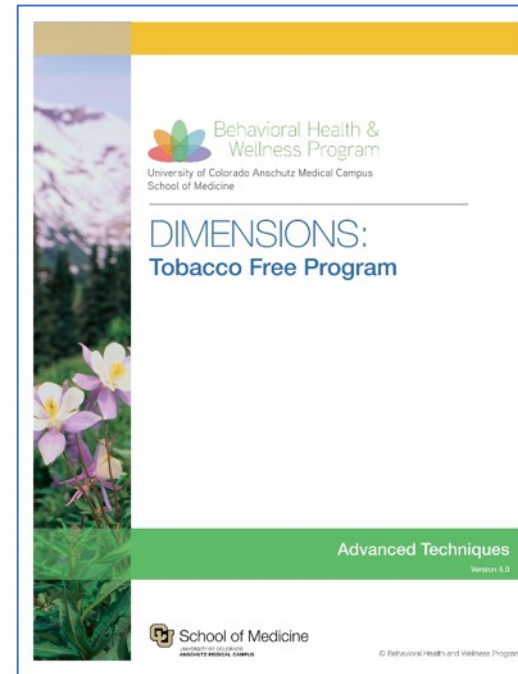
- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical & Gender Issues

SAMHSA



DIMENSIONS: Tobacco Free Advanced Techniques Program

- 6-session curriculum
- Open or closed structure
- Provider or peer led
- Individuals or groups



A scenic landscape featuring a range of mountains in the background, some with patches of snow. In the middle ground, there is a dense forest of evergreen trees. In the foreground, a calm lake reflects the surrounding scenery. The sky is clear and blue.

Nicotine-Free Policy Philosophy

Establishing nicotine-free policies and tobacco treatment services are essential components in offering health care services

**Health Care Transitions for Individuals
Returning to the Community from a
Public Institution: Promising Practices
Identified by the Medicaid Reentry
Stakeholder Group**

A Report to Congress

Required by Section 5032 of the Substance Use-Disorder Prevention
that Promotes Opioid Recovery and Treatment for Patients and
Communities Act (SUPPORT Act; Pub.L. 115-271)

U.S. Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation

January 2023

Institution and Community-Based Promising Practices

1. Universal screening for SUD during intake
2. Provision of SUD treatment medication and Cognitive Behavioral Therapy
3. In reach care coordination and discharge planning
4. 30-day supply of all prescription medication provided to beneficiaries upon release from correctional facility
5. Transitions Clinic Network
6. Peer support specialist

Sequential Intercept Model



<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>



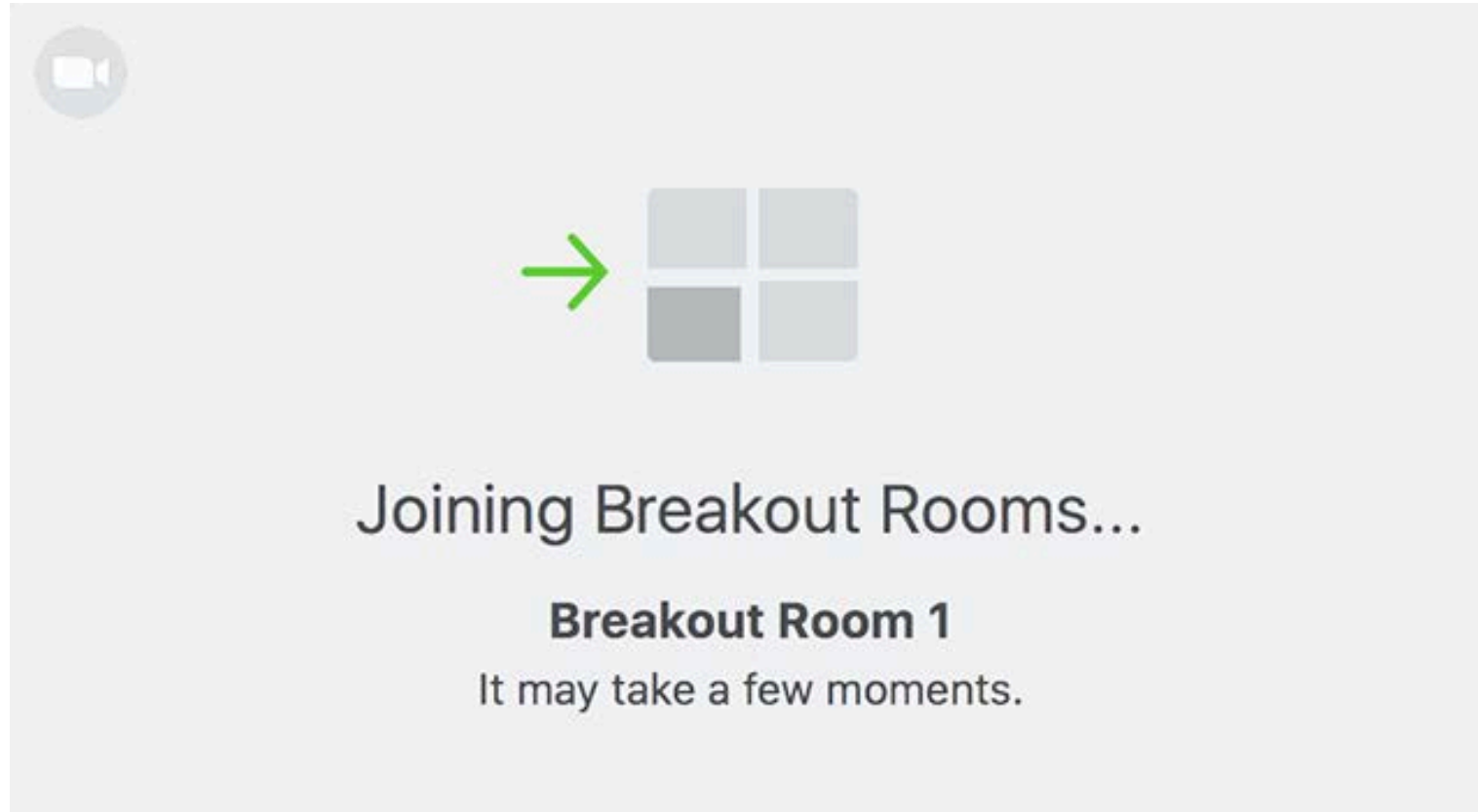
The Person-Centered Health Neighborhood



Treatment Engagement Activity

- Introductions: Who are you, what setting do you work in?
- Partnership “round robin”:
 - What criminal justice relationships could you start building or strengthen?
 - What motivates or might motivate this setting to provide nicotine use services?
 - What resources can you and your agency bring to this partnership?
- Identify a group recorder/reporter
 - Together decide an example to highlight.
 - Together decide what a next realistic step is toward further building this relationship

You will now be put into breakout rooms



Welcome back!

Waterfall activity- lets discuss:

Have either each group reporter or all participants use chat to share what setting they focused on and what resources they bring to an ongoing or potential partnership



NBHN-Closing



Questions?

Thank You for Joining Us!

Visit Bhthechange.org and Become a FREE Member Today!

A recording of this presentation and a copy of the slide deck will be sent to all participants in an email, and posted to our website, within 48 hours after the event.



**National Behavioral
Health Network**

for Tobacco & Cancer Control

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

Please take a moment to fill out our session survey!

