

Transitioning the HIV-Positive Inmate from Prison to Community: The Power of Collaboration

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Disclosures

Marlene Matosky, MPH, RN

- Has no financial interest or relationships to disclose

Evelyn Torres, MBA

- Has no financial interest or relationships to disclose

HRSA Education Committee Disclosures

- HRSA Education Committee staff have no financial interest or relationships to disclose

CME Staff Disclosures

- Professional Education Services Group staff have no financial interest or relationships to disclose



Presenters

Marlene Matosky, MPH, RN

- HIV Care Quality Management Coordinator

Evelyn Torres, MBA

- Manager, Client Services Unit

Learning objectives

- Provide an overview of United States and Pennsylvania correctional systems
- Describe the Transitional Planning Initiative (TPI)
- Detail the responsibilities of the collaborating partners
- Share statistics and outcomes for inmates relocating to the Philadelphia EMA

The Correctional System



The mission of corrections

Confinement

- Punishment of the inmate: deprivation of liberty
- Safety of community, staff, and inmates

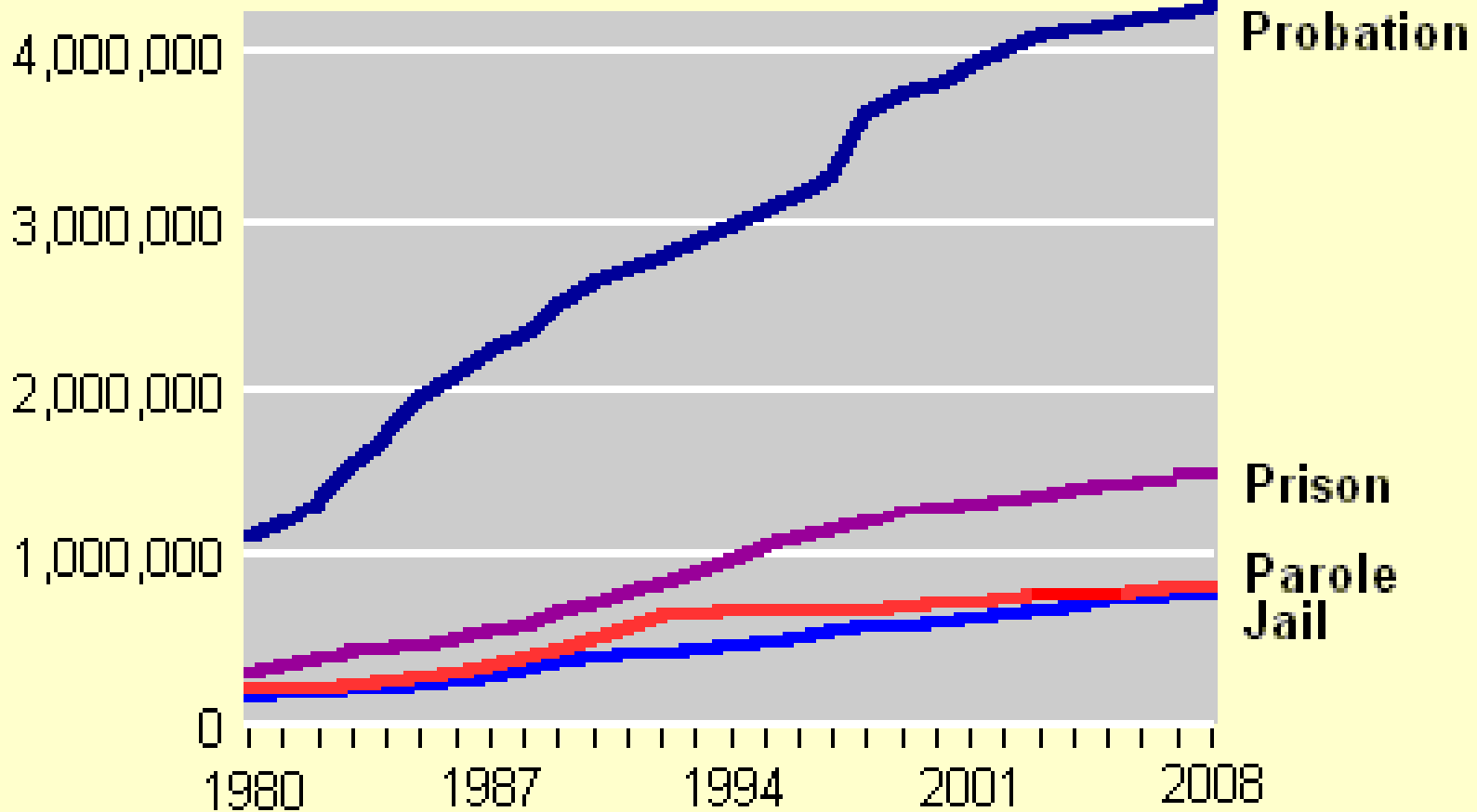
Custodial duty of care

- Health and safety of inmates, unable to provide for their own health because not at liberty
- Eighth Amendment obligation

Source: Pennsylvania Dept. of Corrections
Bureau of Health Services



Adult correctional populations, 1980-2008



<http://www.bjs.ojp.usdoj.gov/content/glance/corr2.cfm>

Adult corrections

- In 2008 over 7.3 million people were involved in corrections (parole, probation, jail, or prison)
- 1 in every 31 adults in the U.S. is involved in corrections

	1980	2008
Parole	220,438	828,169
Probation	1,118,097	4,270,917
Jail	183,988	785,556
Prison	319,598	1,518,559

<http://www.bjs.ojp.usdoj.gov/content/glance/corr2.cfm>

HIV in adult corrections

- State or federal prisons as of 12/31/2008
 - ❖ 21,987 with HIV or AIDS
 - 20,075 (1.5%) Males
 - 1,912 (1.9%) Females

- HIV Testing in 2008
 - ❖ 24 states tested all inmates at admission or during custody
 - ❖ 50 states and federal system tested inmates with clinical indications of HIV
 - ❖ 42 states and federal system tested if inmate was exposed to possible HIV transmission
 - ❖ 18 states and federal system tested if inmate belonged to a specific “high-risk” group

<http://www.bjs.ojp.usdoj.gov>

Prisons & Jails

Prisons – federal, state, and military

- Felony convictions
- Longer sentences – generally two years to life
- Death sentences

Jails – counties and municipalities

- Awaiting arraignment, trial, or sentencing
- Convicted of lesser crimes, misdemeanors
- Shorter sentences, generally less than 2 years
- Holding inmate for other agencies (ICE and others)

Re-Entry

- Re-entry is the process of transition that individuals make from prison or jail back to the community
- Number of people released from prison has increased 350% over the last twenty years
- Nearly 650,000 people are released from prisons in U.S. annually
- Approximately 2 out of every 3 people released from prison in the U.S. are re-arrested within 3 years of their release

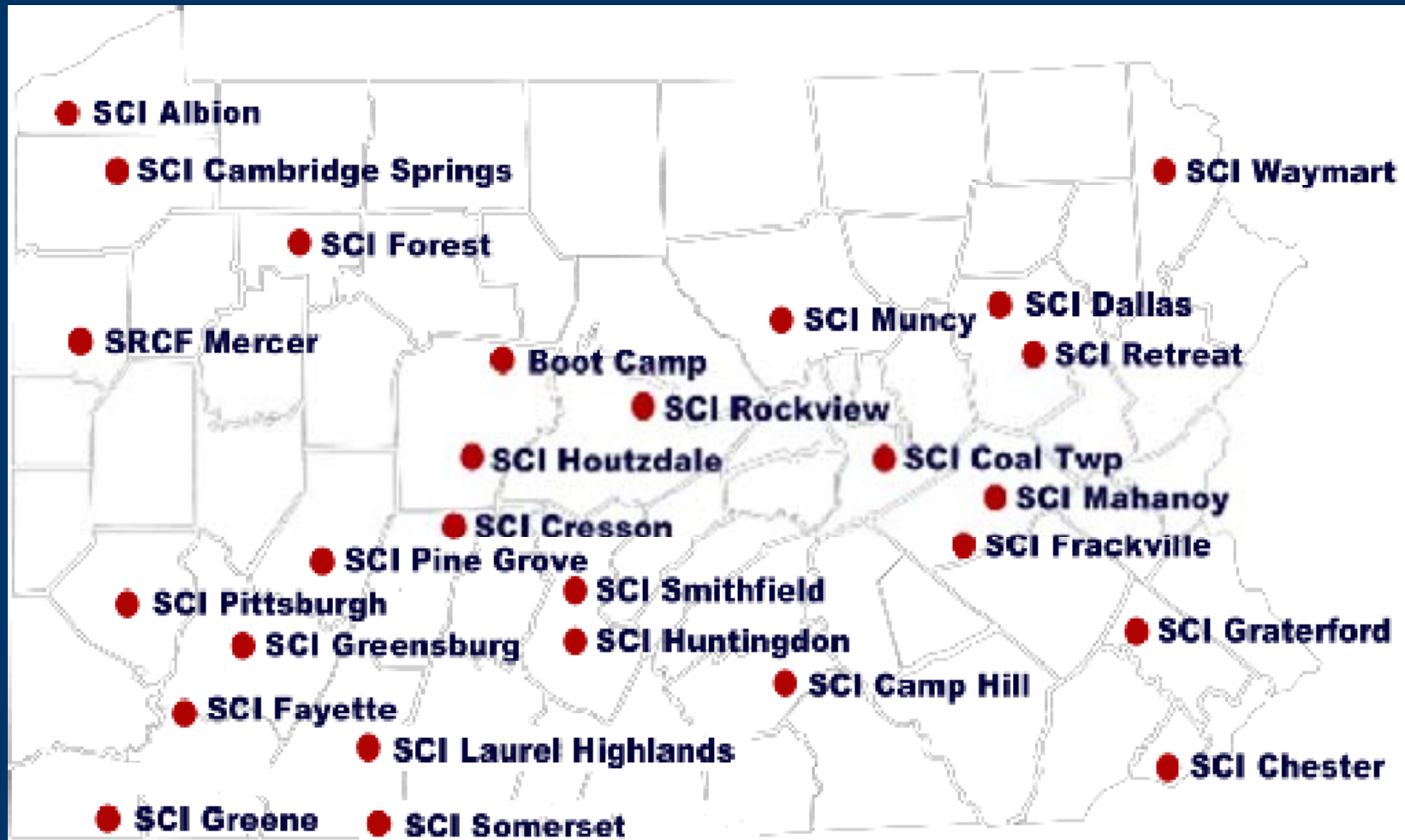
Source: <http://www.reentrypolicy.org>

Correctional system in Pennsylvania

- 26 state correctional institutions (SCIs)
- Budget of over \$1 billion
- 16,000 employees
- 51,487 incarcerated as of 12/31/2009
 - ❖ 48,656 males
 - ❖ 2,831 woman
- Over 90% of inmates will be released back to their communities (re-entry)

Source: <http://www.cor.state.pa.us>

SCIs in Pennsylvania



HIV and the SCI's

- Approximately 1.7% of inmates are HIV-positive
- HIV testing is voluntary, about half of the 1.7% agree to be tested
- Condoms are not available, having sexual intercourse is considered a punishable offense
- HIV-positive inmates are released with a 30 day supply of HIV and non-HIV medications

Source: PA Dept of Corrections
Bureau of Health Services





Transitional Planning Initiative (TPI)

Impetus for TPI

- TPI was developed in 2004 responding to Pennsylvania Governor's Office of Policy and the establishment of the Governor's Offender Re-Entry Task Force
 - ❖ Series of initiatives focused on safely returning offenders to their communities
 - ❖ Emphasized the notion that the offender is not simply a part of the corrections system, but a consumer of other services such as education, health, welfare, labor, etc.
 - ❖ Improve the likelihood of successful integration of the offender in the community and reduce recidivism rate

Model for change

- *“Report of the Re-entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community”*
 - Issued by the Council of State Governments, Reentry Policy Council in January 2005
 - Reentry Policy Council was established by the Council of State Governments to develop bipartisan recommendations to be used to improve the chances for those inmates re-entering their communities
 - The product of two year’s work and more than a dozen meetings among key leaders in communities and state, local, and federal governments
 - Blueprint for addressing the re-entry of incarcerated inmates

History of TPI

- Collaboration between the:
 - ❖ Pennsylvania Department of Corrections
 - ❖ Pennsylvania Department of Health
 - ❖ Pennsylvania Ryan White Part B Regional Planning Coalitions

- TPI planning workgroup included:
 - ❖ Pennsylvania Department of Corrections
 - Director of the Bureau of Health Services
 - Chief of Clinical Services
 - Infection Control Coordinator
 - ❖ Pennsylvania Department of Health
 - ❖ Pennsylvania Ryan White Part B Regional Planning Coalition representatives

History of TPI

- TPI was launched in 2006 after the protocols were developed and agreed upon by all the collaborating partners
 - ❖ Series of meetings by the workgroup
 - ❖ Review of best practices through out the United States
 - ❖ HAB policies issued by HRSA on the use of funds for services for incarcerated persons

What is TPI?

- A re-entry program which provides planning for HIV-positive inmates being released from Pennsylvania SCIs
- Connects inmates to HIV medical care and supportive services utilizing HIV organizations funded through Ryan White Part B
- Designed to ensure a smooth, supportive transition for HIV-positive inmates being released back to their communities

Goals of TPI

- Prepare HIV-positive inmates for the process of community reintegration by developing a solid re-entry plan
- Engage communities in the process of transitioning inmates into needed services
- Coordinate effective health care and supportive services for HIV-positive inmates as they transition out of SCIs back into communities
- Monitor and evaluate the reintegration and collaborative processes and address reintegration obstacles after release

Long term significance of TPI

- Reduce recidivism
- Address public health concerns
- Ensure more efficient use of tax dollars

Roles and Responsibilities of TPI Partners



TPI partners

- Infection control nurses - Medical staff at SCIs throughout Pennsylvania who initiate the TPI process
- Ryan White Part B Planning Coalitions - Serve as the liaison between the SCI and HIV service providers
- HIV case managers - Assist inmates with accessing community services, in particular HIV medical care

The role of the infection control nurse

- Identifies the HIV-positive inmate who is being released from the institution
 - ❖ Inmates who are HIV-positive in SCI's medical facilities
- Offers TPI to inmate while stressing the importance of continuing HIV medical care and risk reduction
 - ❖ Obtains release of information for TPI allowing infection control nurse to contact Planning Coalition and share information with designated case manager
- Completes release planning form which includes medical information for designated case manager

The role of the infection control nurse

- Contacts Planning Coalition in area where inmate is being released
- Provides information to case manager, release of information and planning release forms
- Confirms inmate's release date with case manager
- Arranges for a 30 day supply of HIV and non-HIV medications

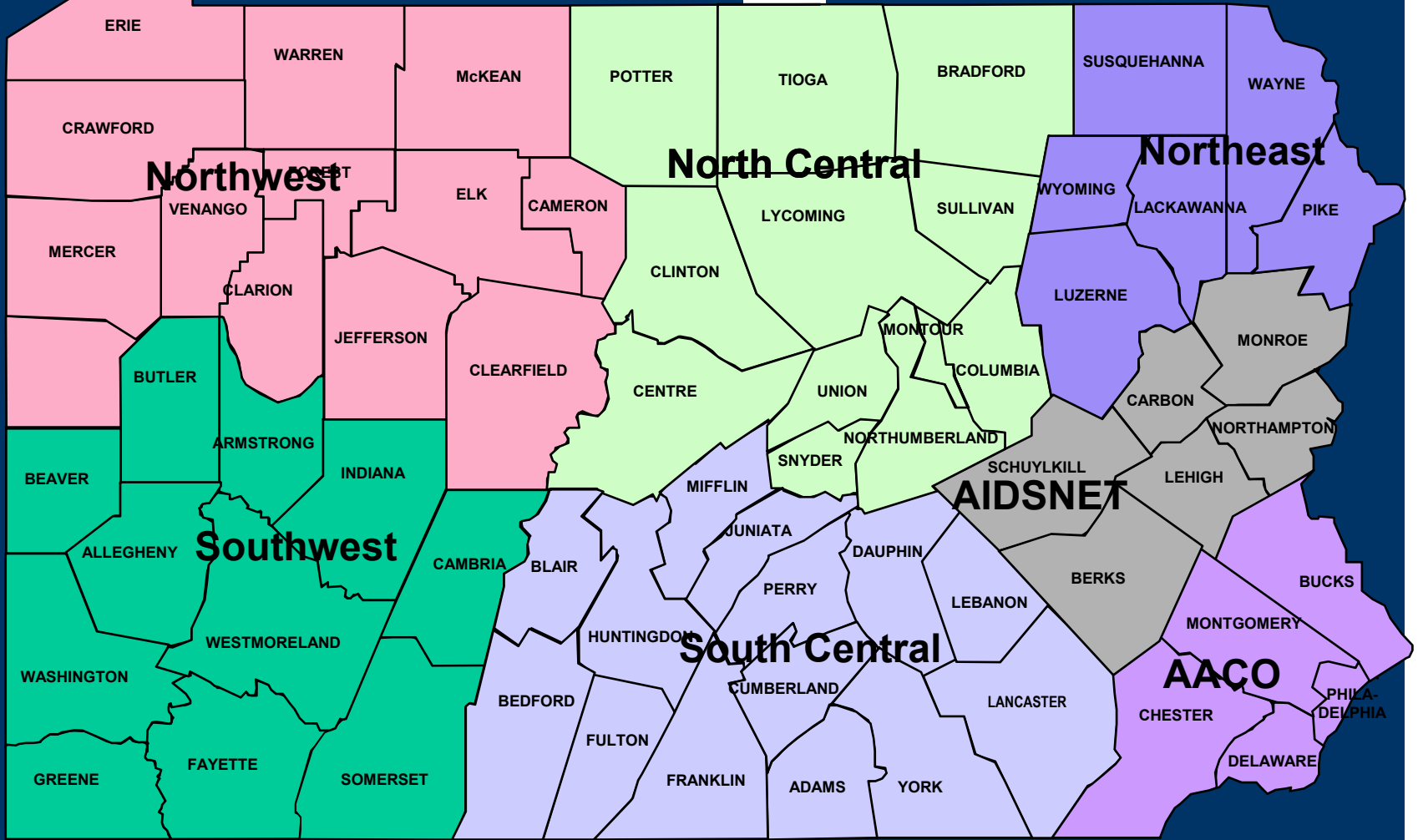
The role of the infection control nurse

- Begins Medicaid enrollment and physician signs employment assessment form
- Submits completed TPI Survey to infectious disease coordinator
- Notifies case manager if release date is changed

Ryan White Part B Planning Coalitions

- Acts as liaison between the infection control nurse and case management provider
- Assigns the case management provider to follow-up with infection control nurse and inmate
- Assures that contact has been established with inmate
- Responsible for the evaluation of the program
 - ❖ Case management evaluation form
 - ❖ Client evaluation form

RW Part B Planning Coalitions



Role of the case manager

- Establish contact with inmate either face-to-face or by phone
- Responsible for comprehensive assessment of inmate following release
- Connect inmate with HIV medical provider
- Make other appropriate referrals
- Adhere to Part B case management standards
- Complete case management evaluation and follow-up regarding client evaluation

TPI in Philadelphia



The Philadelphia Twist

Client Services Unit (CSU)

- Centralized intake unit since September 2001
- Handles all calls for HIV-positive individuals wishing to access medical case management services
- > 17,000 intakes since 2001
- Retention in case management and HIV medical care is tracked for all case management clients

The Philadelphia Twist

Inmates and CSU

- Infection control nurse contacts CSU manager or SW supervisor
- Inmates assigned to CSU staff
- CSU database is checked to ascertain if inmate received prior case management services
- Staff completes intake with inmate via phone or gathers information from infection control nurse
- Schedule first appointment for HIV medical care and case management services

The Philadelphia Twist

- CSU staff notifies infection control nurse of inmate's appointment dates
- CSU staff obtains HIV-related release of information forms
- Inmates are given priority status for case management openings
- Retention in HIV medical care and case management is tracked

Philadelphia TPI data

Number of client intakes		
	SCI	CSU
Jan. – Dec. 2008	23	1,963
Jan. – Dec. 2009	67	2,165
Jan. – July 2010	38	1,208



Philadelphia TPI data

All client intakes		
	SCI (2008-2010)	CSU (CY2009)
Number	129 client	2,165 clients
Female	9%	35%
Male	88%	63%
Transgender	3%	2%
Hispanic	17%	13%
White	18%	15%
Black	63%	68%
≤24 years	3%	10%
25-44 years	48%	46%
45-64 years	49%	43%
≥65 years	<1%	1%

Philadelphia TPI data

Clients assigned to case management		
	SCI (2008-2010)	CSU (CY2009)
Number	111 client	2,127 clients
Case mgmt. appt.	75%	81%
HIV med. care appt.	85%	84%

SCI clients not assigned to case management (n=18)	
Lost to follow-up after release from SCI	5
Status change while in SCI	11
Declined TPI services	2

Keys to success

- Bring decision makers to the table
- High level of commitment
- Strong relationship between the infection control nurses and case managers
 - ❖ Ongoing training
 - ❖ One-to-one contact
- Ongoing evaluation of the program
 - ❖ Standing committee
 - ❖ Ryan White Part B Planning Coalitions
- Don't reinvent the wheel - Many programs to emulate
 - ❖ HRSA CARE ACTION - July 2007
- *“Report of the Re-entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community”*. Council of State Governments. Reentry Policy Council. New York: Council of State Governments. January 2005.