

SC Linkage Program for Inmates

University of South Carolina School of Medicine

Divya Ahuja, MD
Adrena Harrison, RN, MSN, ACRN
Mark Sellers, MSW
Monetha Gaskin, MPH, CHES



HRSA's Initiative on Enhancing Linkages to HIV Primary Care in Jail Settings

- In 2007 the Health Resources and Services Administration (HRSA) funded 10 sites across the nation to implement demonstration projects to:
 - Identify HIV-infected inmates.
 - Link HIV-infected inmates to HIV care and other services in jail and in the community.
 - Participate in a rigorous multi-site evaluation which is being conducted by Emory University, Atlanta



HIV in Corrections

- Rates of HIV among inmates are up to five times higher than the total US population.
- HIV testing in jails is often not systematic, even for inmates with longer lengths of stay.
- In one state roughly one third of HIV infected persons in the state learned of their HIV status while passing through jail.
- CDC issued new Recommendations for HIV Testing (2006)
Includes corrections



Desai AA, Ltaa ET, Spaulding, et al, AIDS Education and Prevention 2002

History of HIV/AIDS in Jails in SC

- Limited information on jails in SC
- Limited access to jails
- Testing voluntary
- 10% of inmates tested for HIV
- No discharge/referral program
- Limited substance abuse education programs
- Limited HIV/AIDS education programs



South Carolina HIV Facts

- For the two-year period Jan. 2008 – Dec. 2009, 1,200 new cases were diagnosed
- 14,600 people living with HIV (including AIDS)
- SC ranks 10th based on reported AIDS cases and annual rates per 100,000 population by area of residence
- Ranked 3rd in the country for proportion of people living with AIDS that were AA (72%)
- Columbia ranks 7th, Charleston-North Charleston ranks 20th and Greenville ranks 55th based on reported AIDS cases by MSA
- South Carolina Department of Health and Environmental Control, STD/HIV Surveillance Report, December 31, 2009



Current Program

The South Carolina Linkage Program for Inmates (SCLPI) provides HIV rapid testing, strengths-based case management (SBCM) intervention sessions, community referrals, HIV/AIDS education and Substance Abuse Education and group therapy to facilitate Linkage to HIV Primary Care.



Community Partners

- Correct Care Solutions (CCS)
- Alvin S. Glenn Detention Center (ASGDC)
- Wright State University (WSU), Ohio
- Department of Health and Environmental Control (DHEC)
- South Carolina HIV/AIDS Council (SCHAC)
- Lexington and Richland Drug Abuse Council (LRADAC)
- Midlands Care Consortium Clinic (MCC)



Alvin S. Glenn Detention Center

- Each year Alvin S. Glenn Detention Center in Richland County(ASGDC) books approximately 20,000 inmates. On a daily basis, the detention center houses 1200 inmates with approximately 35 currently living with HIV/AIDS.
- The demographic makeup is 85% black, 15% white and <0.5% of other races; 90% male and 10% female.
- 12% of inmates receive HIV rapid testing.
- < 1% HIV positivity rate at ASGDC (90 positives with 78 known and 12 new)



HIV Rapid Testing

- Male and female populations tested
- Males tested in holding dorm
 - Tested 3 days per week
 - Daily roster of males in dorm received by staff
 - Multi-purpose room used for testing
- Females tested in medical bay
 - Tested 1 day a week
 - Females brought to medical in groups from both dorms
 - DHEC standard testing no longer present in ASGDC



Testing

- 12-17 rapid test completed daily
- To date: 4478 tests performed, 89% acceptability rate
- Ninety (90) positive tests, 12 are newly diagnosed
 - 70 males
 - 20 females



Reasons for Refusals

- Recently tested, sure I'm not HIV+
- Not interested in participating in research
- I don't want to know
- Afraid other inmates might find out
- Afraid corrections officers might find out
- Don't participate in risk behaviors
- Going to prison
- No reason given
- Some participants identified more than one reason for test refusal

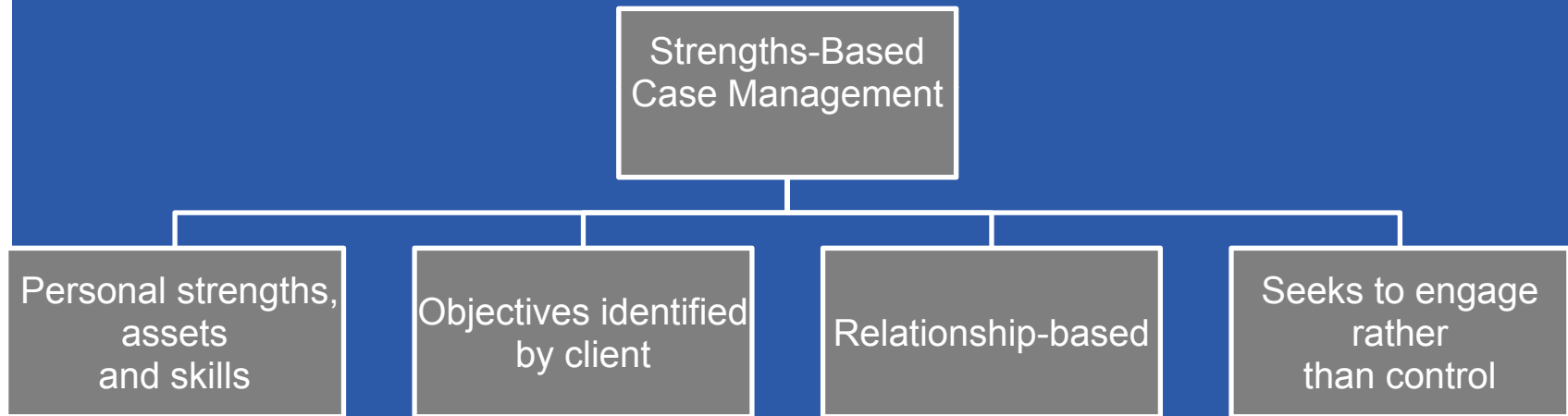


Challenges Upon Release

- Housing
- Substance Abuse Resources
- Mental Health Resources
- Financial Resources
- Partner Notification
- Transition from Jail to Community
- Medical/Medication Adherence



Principles of Strengths-Based Case Management



SBCM Session One

- Provide support to the inmate for deciding to be screened and undergo confirmatory testing
- Encourage inmate to discuss feeling about potentially being HIV positive
- Encourage Linkage with Primary HIV Care



SBCM Session Two

- Help inmate identify and resolve tangible barriers that directly affect linkage
- Identify and resolve system barriers that interfere with linkage
- Strengthen beneficial internal attributes such as confidence and motivation



SBCM Session Three

- Promote the Linkage Coordinator/Inmate relationship
- Encourage inmate to discuss their situation and goals
- Emphasize strengths, abilities, and assets
- Help inmate reduce tangible barriers to treatment such as transportation, scheduling or intake procedures



SBCM Sessions Four-Six

- Linkage Coordinator emphasizes the value of linking with primary HIV care and other needed services
- Linkage Coordinator continues to assist inmate in overcoming barriers to linkage
- Linkage Coordinator use inmate's stated needs as the platform for encouraging participation in services



SBCM Session Seven

- Client and Linkage Coordinator finalize disengagement process
- Linkage Coordinator and client will develop a outline for how to link with HIV care



Benefits of HIV Testing and Community Linkages

- Jails provide an opportunity to:
 - Identify new HIV-infections.
 - Treat HIV-infected inmates
 - Known and new positives.
 - Those already on treatment and treatment
 - Link HIV-infected inmates to HIV care in the community.



Questions?



20 Years of Leadership
A LEGACY OF CARE



2018 RYAN WHITE ALL GRANTEES MEETING AND 15TH ANNUAL CLINICAL CONFERENCE