



NATIONAL CENTER FOR
INNOVATION IN HIV CARE

Incarceration, HIV, and the Continuum of Care

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THE BRIDGING GROUP



Outline:

- Conclusion
- Introduction (brief) to U.S. Correctional System
- Epidemiology of HIV/Health & Corrections
- Public Health and Public Safety
- Prevention & Testing
- Linkages: Continuity of Care
- Big Picture Context
- Q & A

Project START for People with HIV

- RCT
 - Individual and Ecosystem
 - Jail and Prison
- Medication use
- Medication adherence
- Recidivism
- Sexual behavior

Project START+ Adaptation Pilot Results (N=28)

- 100% received their supply of medications upon release
- 75% received prescription for their medication
- 93% filled their prescription post release
- 96% linked to HIV care
- At one site:
 - 100% reenrolled (or reinstated) into ADAP
 - 58% enrolled in Medicaid
 - 53% enrolled in insurance.

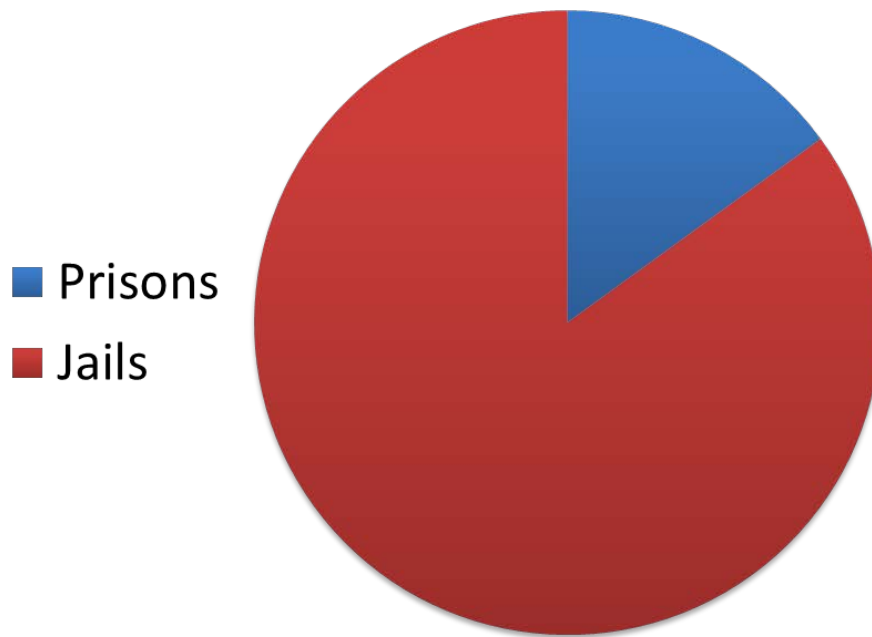
US Criminal Justice System

- Law enforcement
 - Police, sheriff, highway patrol, troopers, FBI, and others
- Adjudication
 - Courts
- Corrections
 - Jails and Prisons
 - Community supervision
 - Probation and Parole

Jail vs. Prison

- Jail
 - Operated by local law enforcement agency (e.g. County Sheriff's Department)
 - Pre-Trial, Trial, Short Term Sentences (usually up to one year)
 - Range of offenses (e.g., misdemeanor & felony)
- Prison
 - Typically operated by State DOC or Federal BOP
 - Tried and convicted
 - Felony offenses
- Private Jails and Prisons: local and state agencies may also contract these operations to a private entity

Jails in the United States



- 85% of incarcerated individuals pass solely through jails
- Each year this accounts for nearly 13 million jail admissions—representing 9 to 10 million unique individuals—in the United States.
- This equates to approximately 4% of the U.S. adult population passing through a jail in a given year.

Security Levels

- Minimum
 - Not considered a serious risk to the safety of staff, peers or to the public
 - Many facilities have transitional/re-entry programs
- Medium
 - May present a risk of escape or pose a threat to peers or staff
 - May have programs but may be based on individual's conforming behavior with institutional rules and regulations
- Maximum
 - Maximum control and supervision through the use of high security parameters, internal physical barriers and check points
 - Present serious escape risks or pose serious threats to themselves, peers, or staff
 - May have limited access to programs

United States Incarceration Rates

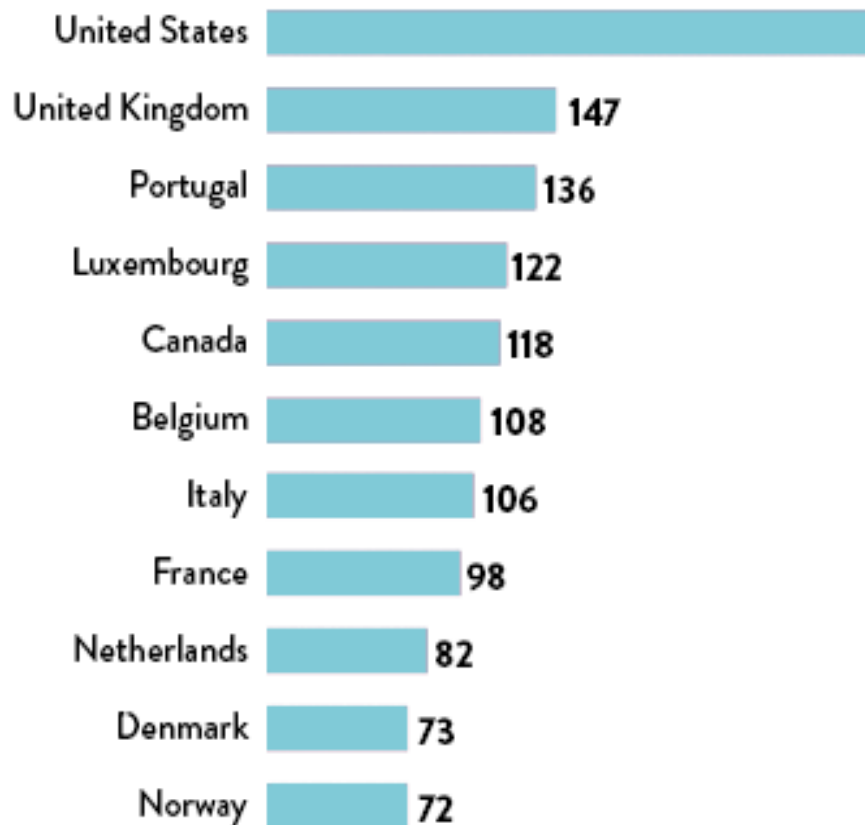
- Approximately 1 in every 107 adults was incarcerated in prison or jail at year end 2011.
- About 2.9% of adults in the U.S. (or 1 in every 34 adults) were under some form of correctional supervision at yearend 2011.
- US has over 25% of all people incarcerated worldwide.
- Approximately one in every 18 men in the US is behind bars or being monitored.

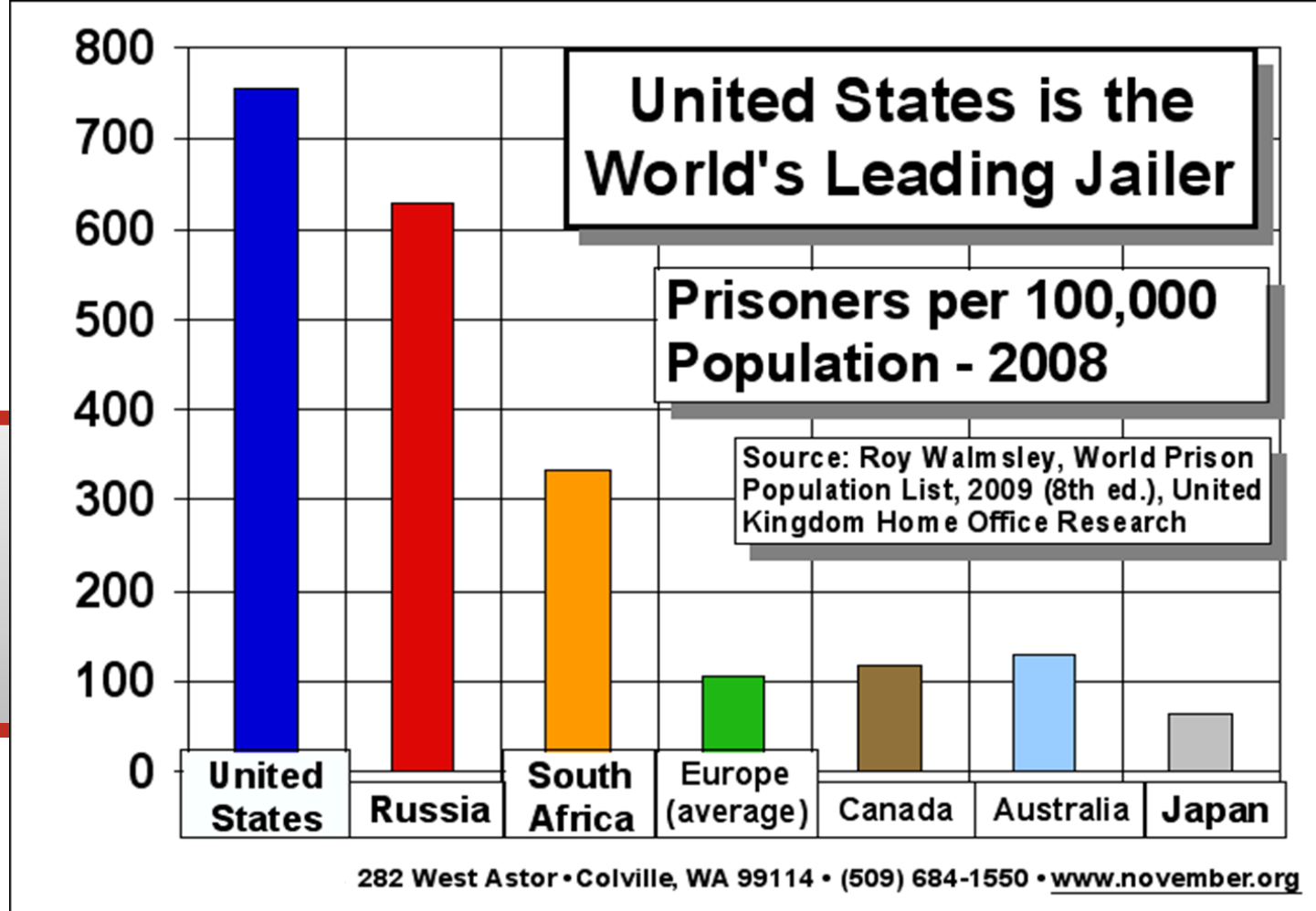


INCARCERATION RATES

AMONG FOUNDING NATO MEMBERS

INCARCERATION RATE
(per 100,000 population)





The United States is the World's Leading Jailer.

Criminogenicity ...

Incarceration & Community Health

- **Each year, approximately 17%** of all people with HIV in the US spend (some) time in prison or jail
- People come into facilities with higher rates of infectious diseases
 - In general, this is not a healthy population
- Studies have shown poor health outcomes follow release from incarceration
 - Viral loads after viral suppression
- Many individuals have access to health care only when incarcerated
 - Very different in jails and prisons
 - Medication availability and distribution methodologies (dot, kop, etc.)

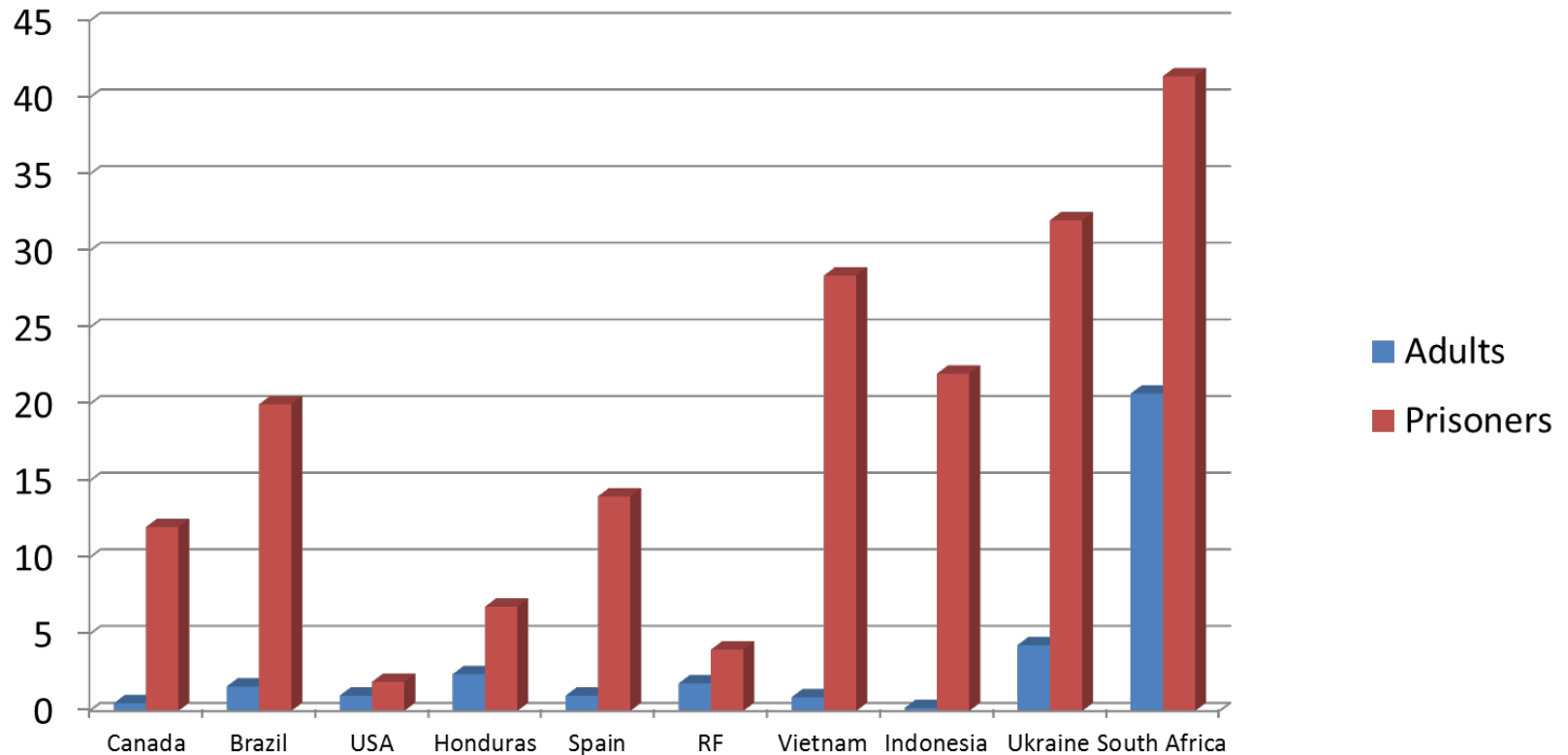
Incarceration & Community Health

- Incarcerated **does not occur in a vacuum**. People move in and out of prisons and jails and likewise move in and out of communities and relationships
- Most people (over 90%) in correctional facilities will **return to the community**
- Correctional medical care and health programs represent access to a population to improve community health
- Promoting health during incarceration promotes health in communities
 - San Francisco Dept. of Public Health found a decrease in prevalence of Chlamydia among young women attending a neighborhood clinic from 16.1% to 7.8% after the introduction of jail screening

Local Health Departments & Jail/Prison

- Surveillance
 - HIV
 - TB
 - Reportable STDs
- HIV Testing
- Other / Sub-contracting to CBOs
 - Examples: education, testing, linkages...

HIV prevalence (%) in selected countries



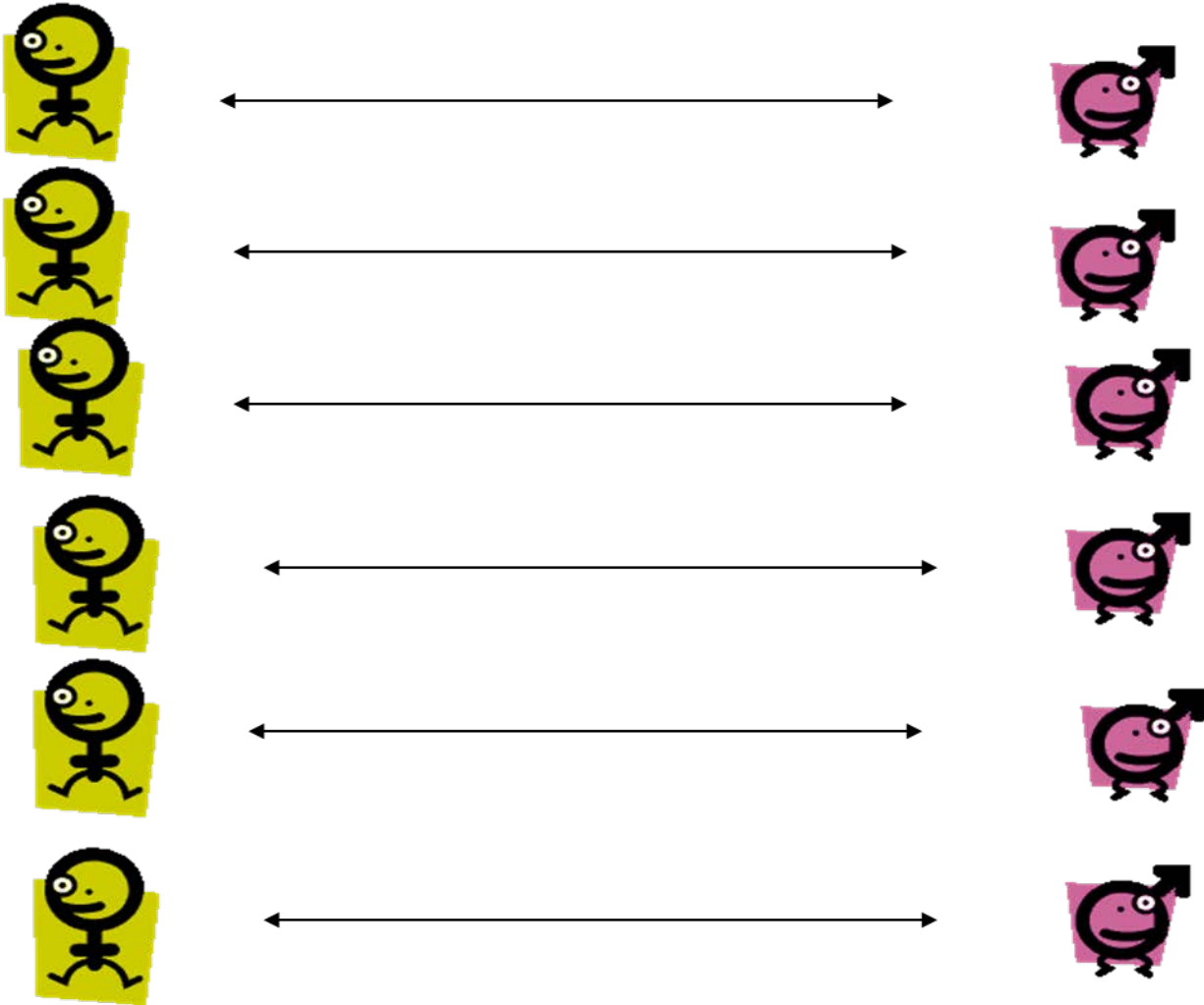
Health and Incarceration

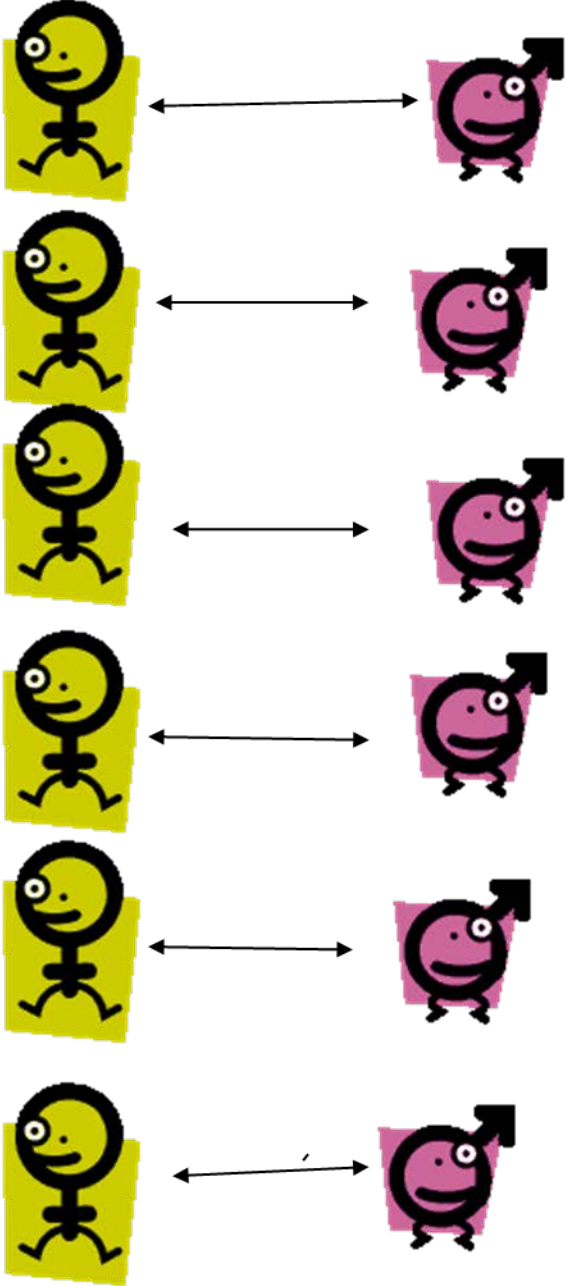
- Mental Illness - 45-64%
 - 10-17% SMI
- Substance Use – 43-69%
 - 30% have co-occurring SMI
- Aging related - significantly higher
 - Hypertension
 - Diabetes

HIV Transmission in Correctional Settings

- Majority (>95+%) of people with HIV are infected **before** they're incarcerated
- HIV risk behaviors often **continue inside** the institution and include injecting drug use, tattooing, body piercing, and consensual, nonconsensual, and survival sexual activities
- Scarcity of sterile drug paraphernalia leads to syringe sharing in prison

6 Heterosexual Couples in the Community

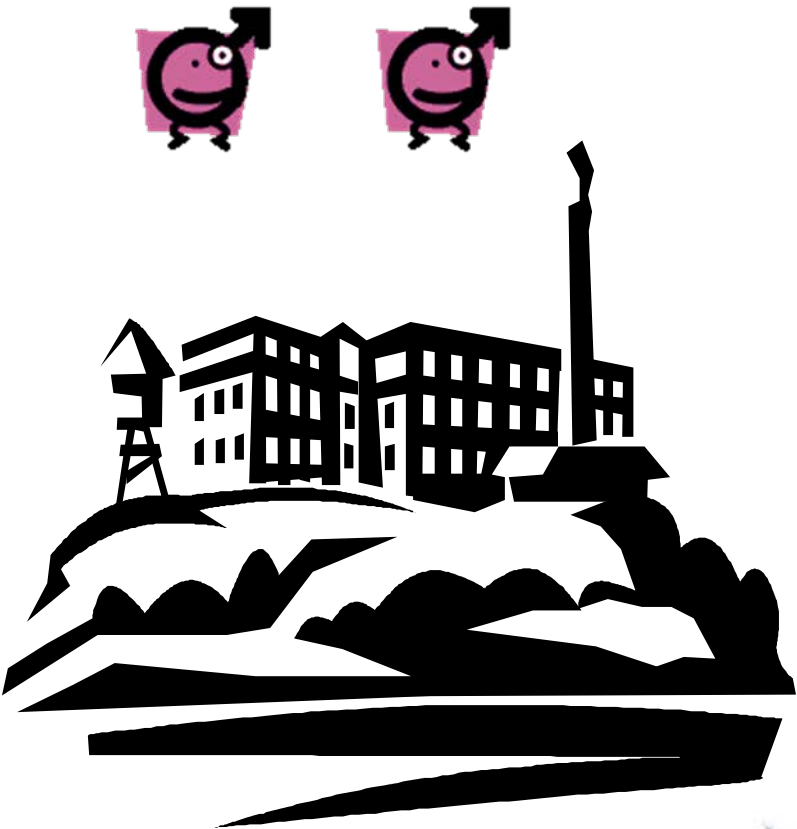
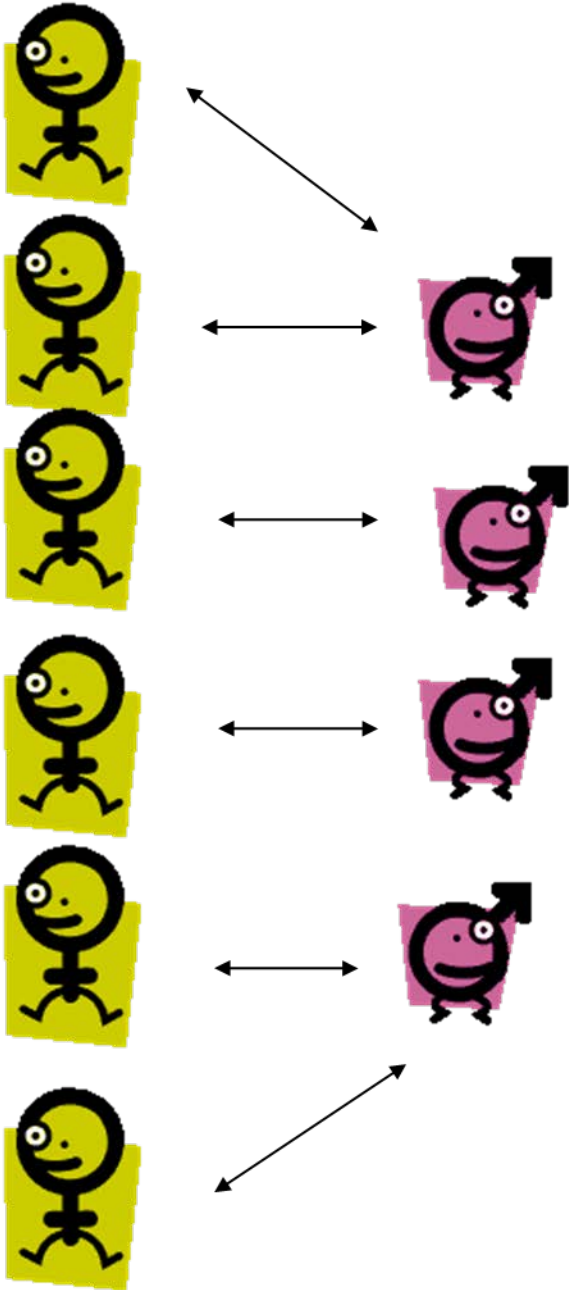




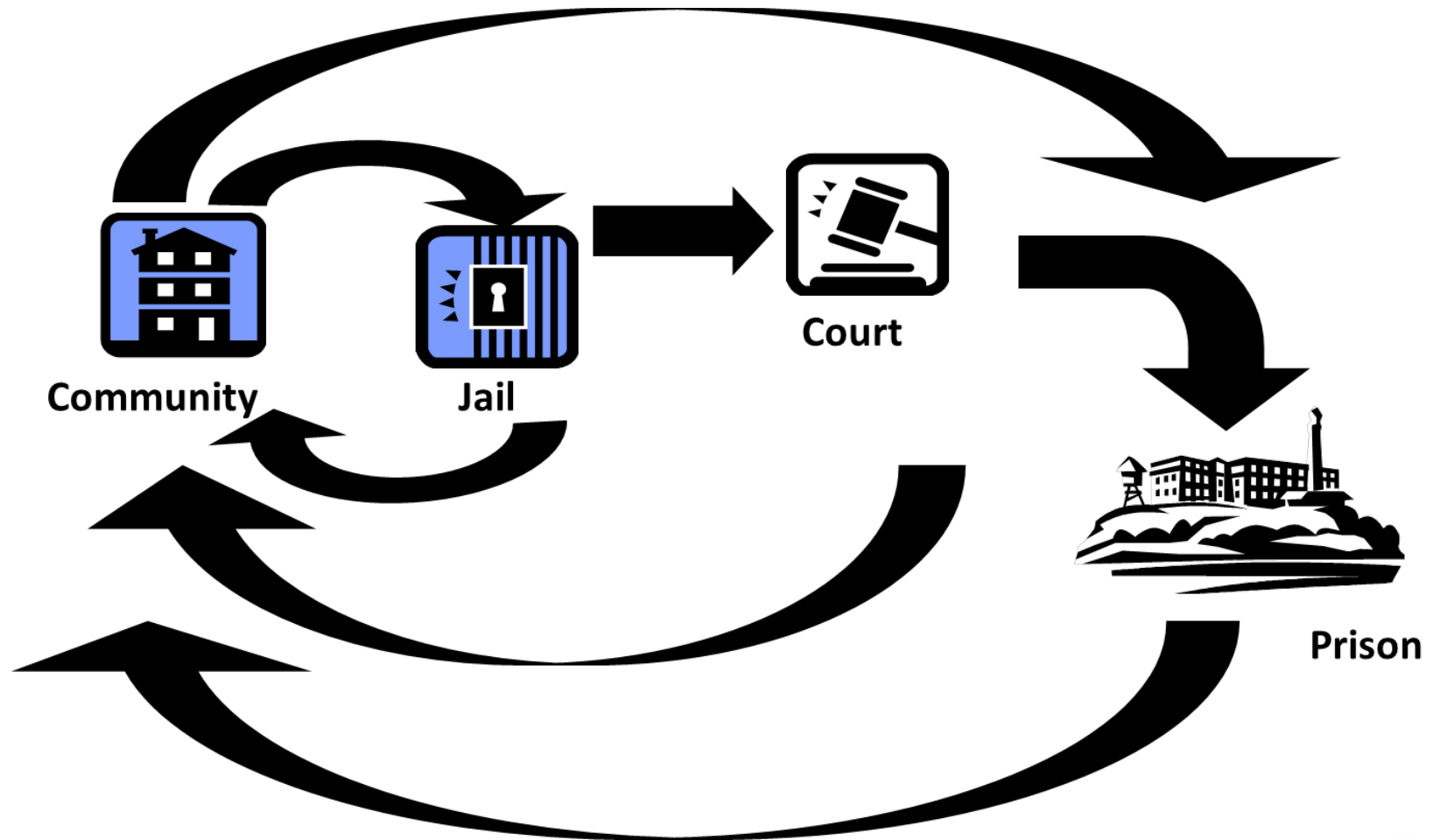
When Jail/Prison Enters the Picture



Concurrent Relationships in the Community



Cycle of Incarceration



Unique Access

- High turnover of people in prisons and jails creates a flow of individuals who may have access to health care only when incarcerated.
- The correctional setting may be the only place where people get care, treatment and support.

Issues to Consider

- Disconnect between Corrections and Public Health
- Different Cultural Identities
- Security= Safety First
- Operational Policies, Procedures and Relationships
- Confidentiality
- Ethical Considerations

The Disconnect

Public Health

- Mission = Public Health
- Orientation toward Change
- Humanitarian
- Dress code is (more) Informal
- Prevention/Screening/Care
- Client/Community-Centered
- Flexibility
- Creative

Jail & Prison

- Mission = Public Safety
- Orientation toward Order
- Para-Military
- Dress code is Uniform
- Punishment (rehabilitation....)
- Institution-Centered
- Rules
- Standard Operating Procedures

Addressing Public Health Supports the Mission of Public Safety

- Safety and security is the number one priority of every correctional facility.
- Evidenced based health education, prevention, screening and continuity of care, post release, can contribute to the safety and security mission of a detention setting.

“People, who are actively working to better themselves, are less likely to get into trouble on the inside. Thus, more programs make my prison safer.”

- Former Warden, San Quentin State Prison



HIV Services Continuum

- Prevention
- Testing
- Continuity of Care (CoC)

HIV Prevention

- Provide HIV information, education and/or skills building about preventing the spread of HIV
- Different types of programs include workshops, peer education programs, one-on-one outreach, health fairs, educational brochures, etc.
- Models
 - Peer based
 - Educational Services
 - Medical services

HIV Testing

- HIV and other disease screening
- Confirmatory test
- Models
 - Mandatory vs. voluntary
 - Timing (entry, during incarceration, at release)
 - Pre/post counseling
 - Connected to other HIV prevention programs

Testing Options

1. Voluntary vs. Mandatory

If Voluntary:

2. Opt-out vs. Opt-in

- Default is to test
- Test performed unless individual actively declines
- Permission is inferred

- Default is to not test
- Test can be routinely offered but not performed unless individual actively accepts

Continuity of Care (CoC) Inside & In the Community After Release

HIV Continuity of Care

- Discharge planning
 - Medications, benefits paperwork, medical records
- Linkages to HIV treatment providers in the community after release
 - Seamless medical care, including non-HIV
 - Video tele-conferencing
- Additional support services
 - Identification card, Housing, Income, Parole
 - PrEP (for partners), hormones,
 - Case managers, navigators, benefits counselors
- Access to other treatment providers
 - Substance use, mental health, etc.

Context

- Estimated 17-25% of persons with HIV in the United States were in a prison or jail the previous year.
- Most (known) individuals living with HIV receive care and HIV medications while incarcerated, (more often in prison than in jail)...however...

Context (con't)

- Many individuals fail to adhere to HIV treatment and care after being released *due to the lack of transitional planning*
- Working with individuals prior to release and continuing to support them in the community after release is *essential to helping facilitate a seamless transition into the community and continuity of care!*

The Linkages Challenge

Incarceration

Freedom

What are we doing?

- Screening
- Diagnosis
 - ID (HIV, HCV, HBV, STI, TB, etc.)
 - Mental illness
 - Substance abuse
- Treatment
- Pre-release planning



Making the transition work!

- Linkage to care and services
- Treatment
 - ID (HIV, HCV, HBV, STI, TB, etc.)
 - Chronic (hypertension, diabetes, etc.)
 - Substance Use & Mental Health
- Adequate community resources
- Addressing life's competing priorities

Reincarceration

How to break the cycle?

- Societal challenges (poverty, discrimination, etc.)
- Policy (sentencing, drugs, housing, sex offenders, etc.)

Continuity of Care Spectrum

- Inside Only Model
 - Planning begins near release with continuation of case management or referrals until release
- Released Focused Model
 - Brief planning happens near release with continuation of case management or referrals after release
- Inside/Out Model
 - Ongoing planning and case management occur inside and continues in the community after release

4 Models of Continuity of Care

- California DOC Transitional Case Management Program (TCMP)
- NYC Transitional Care Coordination
 - **Developed through HRSA's Enhancing Linkages**
- Hampden County Public Health Model of Care in Correctional Facilities
- Project START+

Know your local jail/prison:

- How do they identify people with HIV?
 - How can you make contact the potential clients?
- Will they accept your HIPAA forms? Do they have their own?
- How are medications distributed
 - DOT, KOP, med-line
 - Meds and prescriptions upon release
- How accurate are their release dates?
- How well do they collaborate with the community?
HD? CBOs? FQHCs?
- Who's your champion on the inside? Back-up?

California DOC (CDCR) Transitional Case Management Program (TCMP)



TCMP Activities: Pre-Release

- In-depth interview 90 days prior to release
 - Act as liaison between prison medical staff, community service providers, and parole officers
 - Conduct psychosocial needs assessment (immediate needs, id, housing, ADAP, SSI/medi-cal, substance abuse)
 - Develop care plan based on individual's needs upon release
- Care planning 60 days to release
 - Match needs with long-term community service provider
 - Discuss options from care plan
 - Provide information and referrals

RIKERS ISLAND



Rikers Island Map

Transitional Care Coordination

- Identify population – *use electronic health records*
- Engage client – *access to housing areas*
- Conduct assessment – *universal tool*
- Coordinate post-release plan – *Primary care, social service orgs, Courts, attorneys, treatment providers*
- Screen for Benefits – *DSS as a partner*
- Continuity of medications – *discharge meds 7 days + Rx*
- Facilitate continuity of care
 - *Transfer summary / use RHIOs / ePaces*
 - *Make appointments / walk-in arrangements*
 - *Arrange transportation / accompaniment*

“Warm Transition” Strategies

Expect the Unexpected

- Client Level:
 - Begin Where the Client is; harm reduction model.
 - Plan for both options: Stay or Go; treat each session as last
- Program Level:
 - Train staff: Motivational Interviewing & stages of engagement in care
 - Hire those who care &
 - Meet organizational requirements (i.e. no parole conflicts, no new charges)
 - Demonstrate cultural competency and understanding of CJ impact
 - Ability to communicate in clients’ primary language when possible
- Systems Level:
 - Track outcomes (i.e. post-release linkage to care and follow up)
 - Arrange transitional services (i.e. discharge medication, after care letter, medical summary / lab reports, transportation, and accompaniment)
 - Community health clinics set aside walk-in hours

Hampden County Public Health Model for Correctional Facilities

- Community Health Clinics provide medical care inside the correctional facilities
 - Providers are linked to clients by zip code
 - Medical providers inside are the same medical providers in the community
- One electronic medical record system
 - Medical providers have access to system while inside
- One medical appointment system



Project START+ (PS+)

- An HIV/STI/hepatitis *linkage to care* and risk reduction program *for people living with HIV returning to the community after incarceration.*”

Goal of PS+

To reduce **the risk of transmission** of HIV/sexually transmitted infections (STI)/hepatitis **for people living with HIV by prioritizing a successful linkage to care** while addressing the many other issues that a person faces during reentry from a correctional setting to the community.

Project START: A Bridge to Success

- A short-term, multi-session program that works one-on-one with individuals.
- *Serves as a “bridge” for clients* who are reentering to the community from a correctional setting.
- Begins before release and continues in the community after release:
 - 2 months pre-release
 - 3 months post-release
- Does not replace longer term comprehensive systems of care.

The Original Project START

- Only HIV prevention evidenced-based intervention (EBI) specially developed by and for prisons/jails
- **Research Outcome:** Participants in the multi-session intervention group (Project START) were less likely to have unprotected vaginal or anal intercourse at 6 months after release from prison compared to those in the single session group
- **Overall Goal:** Risk reduction in context of competing life priorities
- **Community Implementation:** Over 30 CBOs in US and in 9 countries

Adaptation Pilot Results (N=28)

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- 75% received prescription for their medication
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Pre Release Sessions

- HIV Linkage to Care Assessment
- HIV, STI, Hepatitis Behavioral Risk Assessment
- Reentry Needs/Essential Support Services Assessment
- Goal Sheets
 - linkages, behavioral risk, reentry needs
- Immediate Release Checklist

Immediate Release Checklist

- HIV Care
- **Transportation** from the correctional facility
- **Housing** for first night out
- **Money** from personal account at facility
- **Identification**
- **Basic needs** (e.g., medications, clothing, toiletries, food)
- Required appointments (e.g., parole, medical)
- **Connecting with family/partners/kids**
- **HIV/STI/hepatitis risk reduction supplies** (e.g., condoms, clean drug using paraphernalia)
- *Plan A & Plan B*

Post Release Sessions

- Session 3 ideally within 48 hours of release **at the community medical provider location**
- **Assure medications obtained in community**
- Ongoing facilitated referrals to treatment and other social service needs
- Review and update goal sheets
- Provide risk reduction materials
- Linkage to longer-term system of care

HIV Linkages to Care

- Linkages to HIV treatment providers in the community after release
 - Seamless medical care
- Additional support services
 - Case managers, navigators, benefits counselors
- Competing Life Priorities
 - Income, housing, family/children
 - Conditions of probation and parole
- Access to other treatment providers
 - Substance treatment, mental health, etc.

Lessons Learned

- Project START+ is an effective and feasible intervention to recruit, intervene and retain people with HIV into care and treatment after release from prison or jail
- Critical to get “buy-in” from the correctional facility, staff/client relationships are key
- Medical appointments should be made a pre-release goal and pre-release incentives should be given at the first post release medical appointment

Lessons Learned

- An innovative practice is for community medical clinics to create weekly “PS+” slots.
- Along with the risk & linkage to care assessments, **MUST** identify and address **competing priorities** in the PS+ reentry needs assessment:
 - Housing
 - Mental and substance use treatment
 - Income
 - Longer term support with other social services.

New & Ongoing Issues to Consider:

- ACA
 - Major CJ implications: time of enrollment and eligibility to coverage of mental health and substance use treatment
- Criminogenicity
- Electronic Medical/Health Records
 - HIPAA, consent
- Multi-lingual / cultural competency
 - Context of CJ and Medical Care
 - Conditions of Probation and Parole
- Patient's life competing priorities
 - Income, housing, family, etc.
- Trust & Relationships & Linkages
 - Medical, Healthcare and CJ systems

Critical Issues for a Successful CoC Programs

- Collaboration with the right community partners
 - Network of community providers for medical & life needs
 - Organizational capacity to work with population and/or in a correctional facility.
 - Good access and location
- Strong recruitment and referral systems
 - Obtain accurate information on release date
- Successful staffing pattern
 - Hire the right staff and support them/limit staff turnover
 - Same staff work with the client both before and post release

Critical Issues, cont.

- Effective program design
 - Conduct face-to-face meetings before and after release
 - Have an immediate release plan for the first 24-48 hours
 - Make specific medical, treatment and social service appts
 - First post release session within 24-48 hours/meet at gate
 - Confirm housing upon release
 - Escort individuals to initial appointments
- Comprehensive planning
 - ADAP application
 - Release of information; HIPAA
 - Treatment: HIV, substance use, mental health
 - Competing priorities: housing, income, family/social
 - Be aware of the conditions of parole and/or probation

Critical Issues, cont.

- Prioritize staff safety
 - Crisis protocols
 - Safety plan for field work
- Active retention strategies
 - Comprehensive locator information
 - Use of incentives
 - Outreach and/or field locations
- Address reincarceration
 - Continue services as able

ACA and Incarceration

- ACA extends Medicaid eligibility to low-income people regardless of disability status
- Covers both mental health and substance use treatment (upon release), which would improve post-release healthcare and treatment outcomes
- Costs related to out-patient services (during incarceration)
 - If more than 24 hours
- Unique to every jurisdiction
 - Is Medicaid terminated or suspended upon incarceration?
 - Enrollment
 - DOC, Sheriff, DPH, other
 - Can enroll while still pending disposition of charges
 - Can enroll prior to release, for post release care
- People incarcerated are exempt from the insurance mandate

Correctional Resources

- HRSA Enhancing Linkages to HIV Primary Care
 - <http://hab.hrsa.gov/about/hab/special/carejail.html>
- CDC Correctional Health Website
 - www.cdc.gov/correctionalhealth/
- American Correctional Association (ACA)
 - www.aca.org/
- National Commission on Correctional Health Care
 - www.ncchc.org/
- Bureau of Justice Statistics
 - www.ojp.usdoj.gov/bjs/

In conclusion:

- Most people in jail will return to the community
- People coming into jail (as a population) are relatively unhealthy
- The burden of disease is much greater than in the general population
- Critical to comprehend the context of the criminal justice system to pro-actively work with systems and patients

In Conclusion:

- The prison and jail setting represents access to a population to improve community health including HIV linkage to care post-release from jail & prison.

Thank you and Q&A



For more information:

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- Webinars are available on our website for on-demand viewing.
- Please complete the evaluation at the end of the webinar.
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