

Beyond the Prison Walls: Relinkage and Retention 2.0

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify effective ways in linking inmates in care post release
2. Improve the collaboration between clinical and support staff for post-incarcerated clients ; while recognizing the value of comprehensive care.
3. Discuss patient outcomes post release.

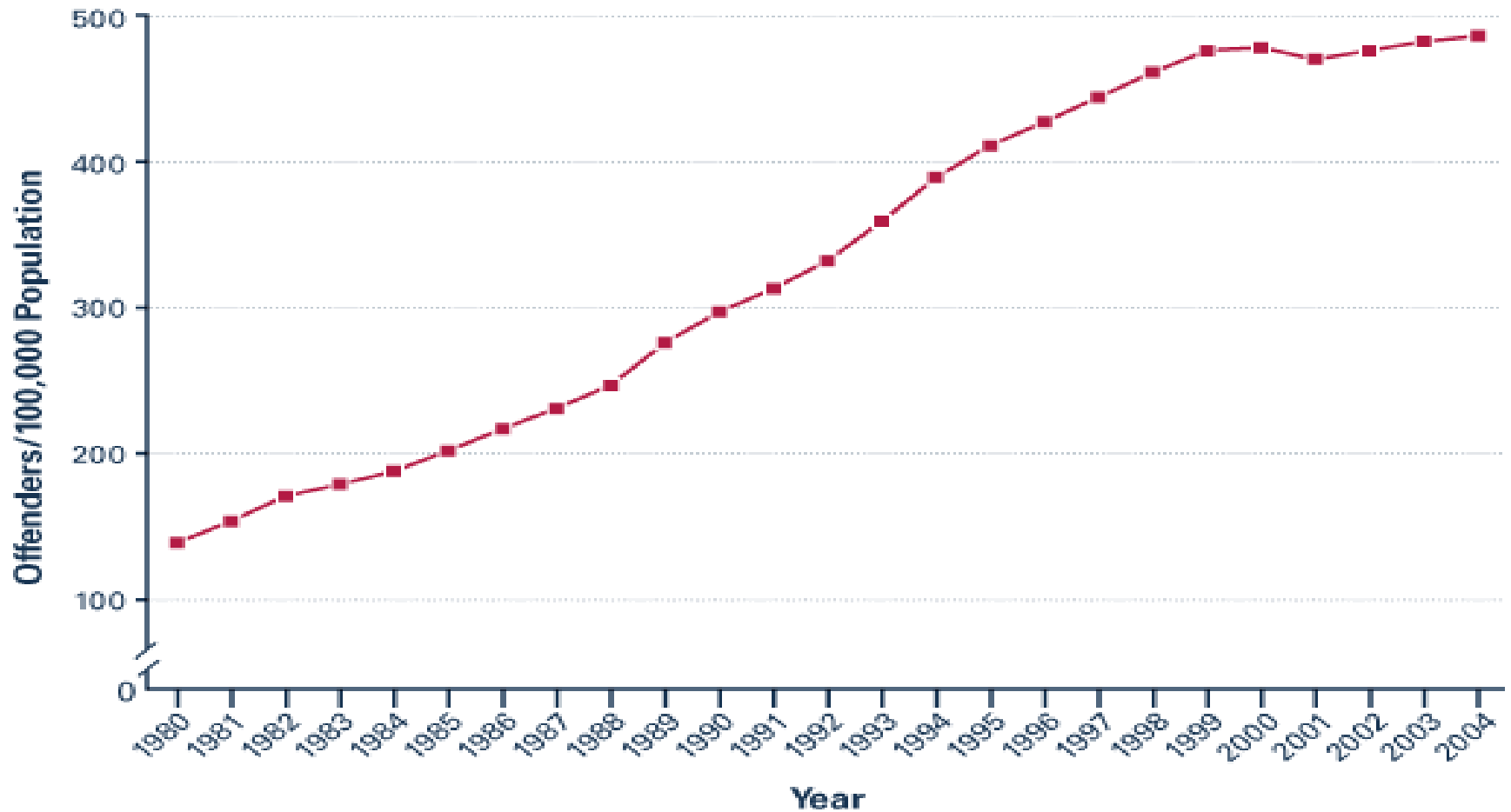


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Incarceration in America



HIV/AIDS and Incarceration

Table 1.

State or federal prison inmates reported to be HIV positive or to have confirmed AIDS, 2006-2008

	Total HIV/AIDS cases ^a			Percent of custody population ^b		
	2006	2007	2008	2006	2007	2008
U.S. total						
Comparable reporting ^c	21,985	21,615	21,462	:	:	:
Reported ^d	21,985	21,644	21,987	1.7%	1.5%	1.5%
Federal ^e	1,530	1,679	1,538	0.9	0.9	0.8
State	20,455	19,965	20,449	1.8	1.6	1.6

Note: For jurisdiction-level data see appendix table 1.

:Not calculated.

^aCounts published in previous reports may have been revised.

^bThe custody population is defined as all inmates held in state or federal public prison facilities, inmates held in privately operated facilities, and inmates held in local jails regardless of length of sentence and state holding jurisdiction.

^cExcludes data from Illinois, Indiana, Alaska, and Oregon for all 3 years due to incomplete reporting.

^dExcludes inmates in jurisdictions that did not report data.

^eCounts for 2008 may not be comparable to previous year counts due to implementation of a new record-keeping system.

Quote

“Recognizing that over 700,000 former inmates returned to our communities last year alone further raises the urgency to address this crisis. As this report so clearly demonstrates, being HIV positive unquestionably exacerbates the problems faced by men and women who have left prison or jail and are trying to reenter society.”

Hilary Shelton, Director of the NAACP Washington Bureau and Senior Vice President for Policy and Advocacy

Prison vs General Population HIV burden

- State and federal prisons (2004)
 - 4-5 times the general population ~ 1.9%
 - AIDS cases among prison population was greater than 4 times the general population
inmates= 0.5%
General population= 0.15%
- Other factors that might influence care and treatment behind bars
 - Length of prison term
 - Prior treatment or lack thereof
 - Medication timing
 - Other comorbidities
 - Hep C
 - Lack of follow up post release
 - Limited medication upon release
 - Increased risk of transmission
 - ARV resistance

Source: <http://www.ojp.usdoj.gov/bjs/abstract/hivp04.htm>

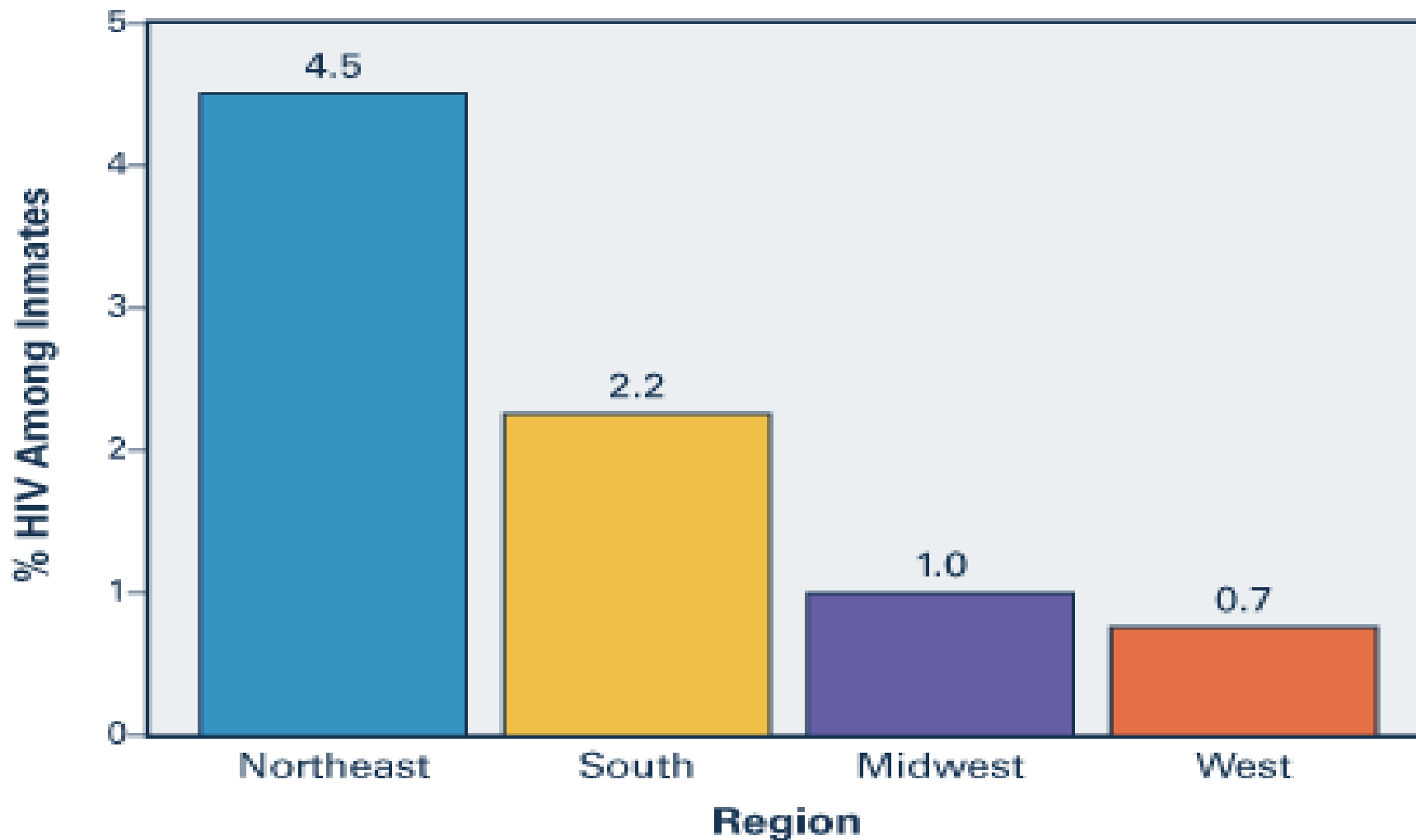


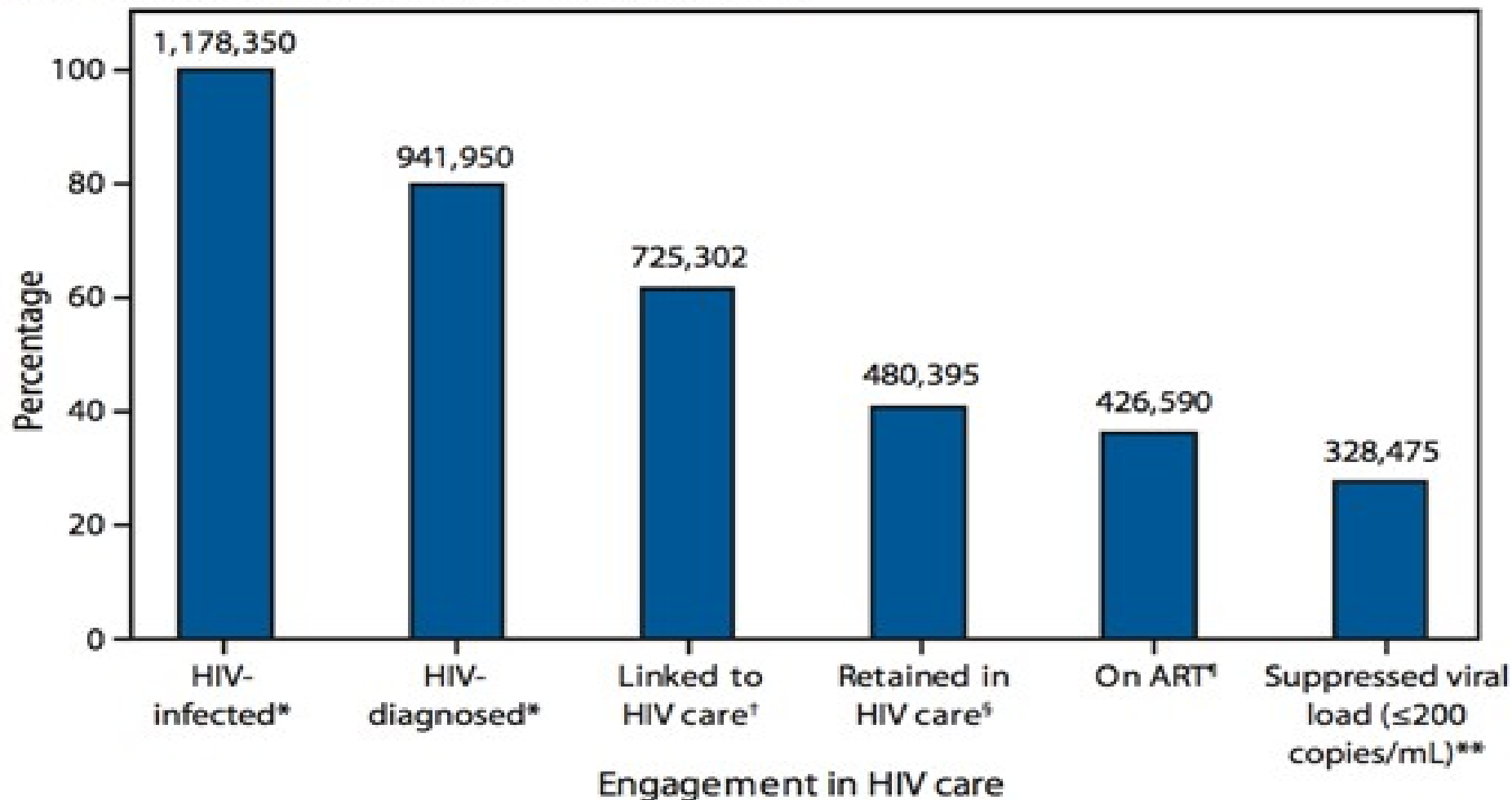
Figure 3. Prevalence of HIV Infection Among Inmates by Region of United States, 2003
From: Maruschak LM. Bureau of Justice Statistics Bulletin: HIV in prisons, 2003. Document NCJ 210344.

Prison Health: A public Health Issue

- Common comorbidities
 - Mental health
 - Hepatitis C
 - 10 times the national average
 - Substance abuse
 - STDs
 - TB
 - Emotional, physical and sexual abuse histories
- Jails and prisons therefore pose an opportunity to test, diagnose, and treat high risk populations
- Challenge: how to maintain care post release?

HIV Care Continuum

FIGURE 3. Number and percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care — United States



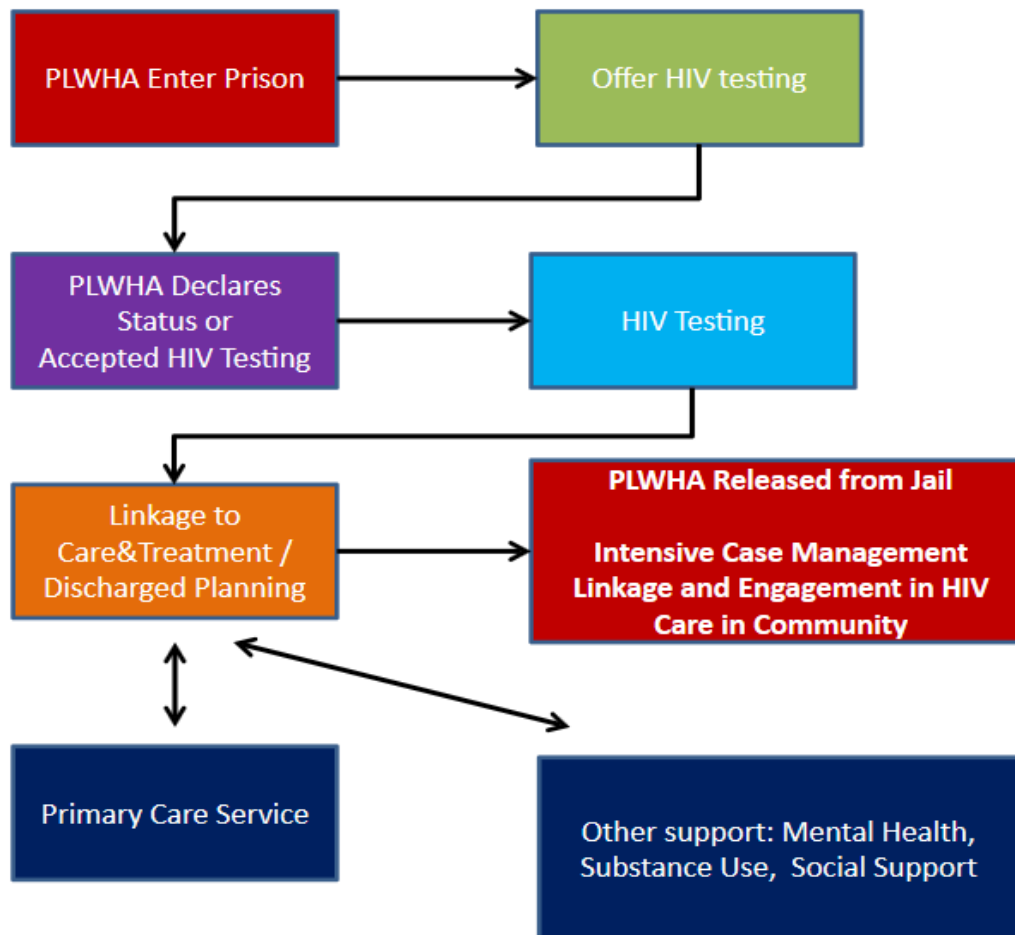
Project Start



Needs Assessment

- **AIDS Care Group services 4 of the top 6 counties affected living with HIV/AIDS in the state:**
Philadelphia County (1st): 17,862; Delaware County (3rd): 1,549; Montgomery County (4th): 1,017; and Berks County (6th): 939
- Delaware County had an increase in HIV infection from 1,066 in 2006 to 1,549 in 2012 (**a 28.05% increase**).
- High poverty, drugs, and incarceration rates

HIV intervention in Prison logic model (proposed)



History

- CDC grantee for high risk prevention from 2010- 2015
- In our final year, we transitioned into an EBI based intervention which became known as Project Start + to re-engage incarcerated people living with HIV/AIDS upon release
- 2 post release visits to determine eligibility
 - 60 days prior release
 - Follow up post release for medical appointments
- Despite the lack of continued grant funding we found other sustainable ways to continue on to link and retain this population back to care

Project Start Plus

- Since July 2014, we have enrolled 75 former inmates in the program
 - 52% are currently linked in care
 - 21% recidivism
 - 17% no reported linkage
 - 10% unknown whereabouts
- Of those linked to care
 - Median Baseline CD4: 458
 - Last 2016 CD4: 556
 - 79% viral suppression

Case 1

- 43 yr old African American female
 - Previously history of IDU and snorting cocaine
 - HIV Diagnosed in the 90s during prenatal visit
 - Hep A, B and C, abnormal paps
 - At intake (spring 2015);
 - pt was at DRC
 - CD4= 361, VL<20
 - Not on Hep C treatment
 - Last visit
 - Initiating Hep C treatment
 - CD4= 418, VL<20
 - Graduated DRC program and now stably housing in apt

The Motivated

- 55 year old AA male
 - HIV & Hep C co infection
- At intake (summer 2015);
 - CD4 count= 412, VL<20
 - Housed at DRC
 - Heavy smoker
- Most recent visit
 - Qualified for Hep C tx
 - Ready to quit smoking
 - Moved to transitional housing for men living with HIV
 - Actively seeking employment and continuing school
 - CD4 = 559, VL<20

Recidivism and HIV care continuum

- 56 yr old AA female
- Joined program fall 2014
 - Jailed for 2 years for burglary
 - History of crack cocaine and alcohol abuse
 - Intake CD4= 1139, VL<20
 - Worked at local supermarket
 - Transportation assistance from agency
- Back in jail 2016
 - Shameful feeling
 - Continuing care
 - Last known CD4= 1231 VL=30

Structural Interventions for Preventing HIV and Incarceration

In Communities:

- Sentencing reform
- Community policing
- Prison budget reinvestment
- Youth empowerment

In Jail/Prison:

- Harm reduction programs
- Treatment education and advocacy
- Good time earned time

At Reentry:

- Civic participation
- Community-led mentoring
- Job creation and retention
- Housing expansion

Successful Linkages Strategies

- Holistic needs assessment
 - Transportation assistance
 - Psychosocial evaluation
 - Drug and alcohol
 - Social support systems
 - Case management
- Collaborations with the community corrections facilities
- Empowering the client
 - Addressing the stigma of incarceration
 - Behavioral change
- HOUSING HOUSING HOUSING!!!

Challenges

- Bureaucracy of the justice system
 - Some structural change is a long term process
 - Little political will to change laws
- Recidivism
- Stigma
 - HIV and Incarceration
- Mental health and drug laws
- DOC and transgender population

Conclusion

- All people deserve an opportunity to reach their full potential.
- Project Start Plus is holistic approach to social reform, a scale up of the care continuum, and an empowerment strategy to improve life outcomes of former incarcerated populations.

Acknowledgements

- Staff and management team at our community corrections partners.
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