Incarceration, HIV, and the Continuum of Care

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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
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 buy 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
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Incarceration Rate (per 100,000 population)</th>
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<tr>
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<td>Norway</td>
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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

- Canada
- Brazil
- USA
- Honduras
- Spain
- RF
- Vietnam
- Indonesia
- Ukraine
- South Africa

Adults
Prisoners
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

Community → Jail → Court → Prison → Community
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
All states test upon inmate request except NH, IA, AL, KY, UT, and NV.
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.
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

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

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

Vernon C. Bain Center, Bronx

Brooklyn Detention Center

Rikers Island Map

National Center for Innovation in HIV Care

The Bridging Group
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)

- 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
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
- CDC Correctional Health Website
  - [www.cdc.gov/correctionalhealth/](http://www.cdc.gov/correctionalhealth/)
- American Correctional Association (ACA)
  - [www.aca.org/](http://www.aca.org/)
- National Commission on Correctional Health Care
  - [www.ncchc.org/](http://www.ncchc.org/)
- Bureau of Justice Statistics
  - [www.ojp.usdoj.gov/bjs/](http://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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Thank you!

- You will find slides from today’s webinar on our website: www.nationalhivcenter.org
- Webinars are available on our website for on-demand viewing.
- Please complete the evaluation at the end of the webinar.
- Join us for our next webinar:

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  Presented by Staff from Bailey House
  Tuesday, May 10, 2016 @ 2:00 EDT