

*Engaging out of care  
populations:  
Targeting Services  
for Inmates*



# WHY HIV PROGRAMS IN JAILS?

- Yearly in US, 1:7 PLWHA (N=150,000) leave prison or jail
- On a given day, more offenders are in prison than jail



Prison  
N = 1.6 Million



- Most HIV programming in prisons

- However, 95% of correctional facility releaseses from jails



Jail  
N = 0.8 Million



# HIV in the Incarcerated Setting

- Nationwide
  - 2008: 21,987 inmates held in state or federal prisons were reported as confirmed HIV/AIDS, or 1.5% of the total custody population.
  
- Ohio
  - 2008: 414 inmates held in state or federal prisons were reported confirmed HIV/AIDS, or 0.8% of the total population

# Jails vs Prisons

## JAILS

- Hold defendants awaiting trial or sentencing
- Generally operated by the Sheriff's department, county governments or private corporations
- Average length of stay, on a national level, is 21 days

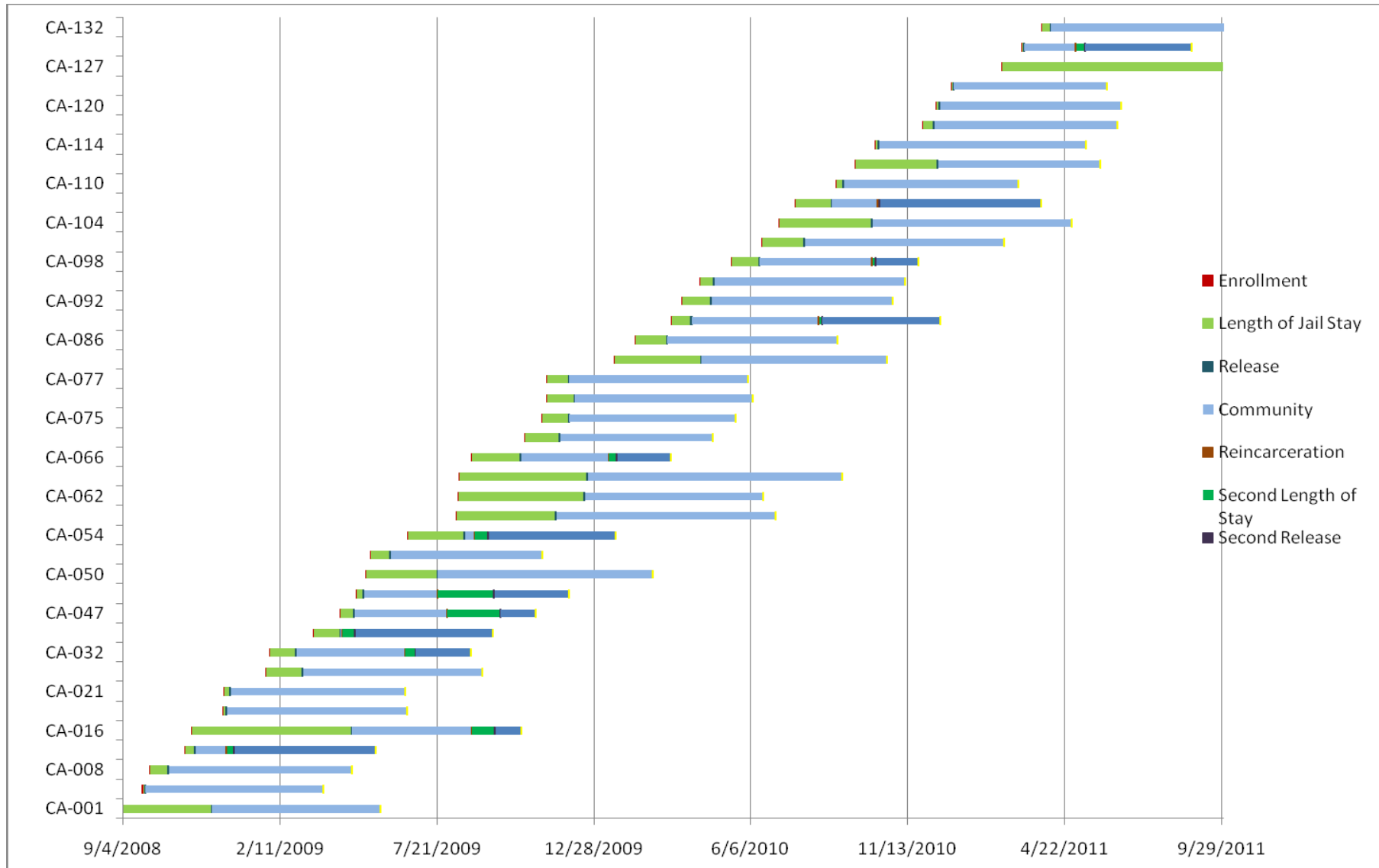
## PRISONS

- Generally hold sentenced offenders for longer periods
- Operated by state, federal, or private corporations.
- Release dates known
- In Ohio and others- discharge planning services

# SPNS Grant

- Enhancing Linkages to HIV Primary Care and Services in Jail Settings Initiative
  - *Goal: Evaluate effectiveness and feasibility of jail based HIV testing and linkage case management programs*
  - 2007-2012
  - 10 sites nationally
  - Local and Multi-site Evaluations

# Time in jail is unpredictable



# ATLAS Program

(Assess, Test, Link: Achieve Success)

- **Rapid HIV Testing**
  - *Voluntary Rapid Testing*
- **Linkage Case Management**
  - *Jail based case management*
- **Prevention: Education Sessions & Risk Reduction Counseling**
  - *Weekly education sessions*
  - *Individual prevention counseling*
- **Community Follow Up**
  - *Data collection Interviews*

# Current Services at Cuyahoga County Corrections

- HIV opt out testing- uses the EMR to determine who needs testing per CDC lifetime testing and risk behavior.
  - Point of care testing and lab based testing being compared
- Jail based case management
  - Staff member meets with clients to assess needs, complete paperwork and offer services to connect pts back to care
- Telemedicine for PLWH



# HIV Care Prior to Incarceration

- **89%** reported a usual healthcare provider in the 30 days prior to incarceration
- **But only 36%** had a CD4/VL drawn in 6 months prior to incarceration



# Medications Prior to Incarceration

- ◎ **64** clients reported taking meds prior to incarceration
- ◎ **Only 39 (61%)** of those clients reported 95% or greater adherence and most did not have undetectable viral load
- ◎ Reasons for Not Taking
  - **13%** cannot afford
  - **13%** did not want to take them
  - **7%** too many side effects



# Jails as an Opportunity to Increase Engagement in HIV Care: Observational Cross-Sectional Study

- 65% of enrollees (n=1203) reported significant mental health concerns
  - Depression and anxiety most common and more than half of population
- Substance use was common
  - 53% reported cocaine use in the 30d prior to incarceration
  - 27.5% reported heroin use in the 30d prior
  - 22.9% reported drinking to intoxication 3+ times in 30d prior
- 36% considered themselves homeless at least some of the last 30d
- 37% reported food insecurity in last 30d

# Jail based case management improves retention in care 12 months post release

132 enrolled in program and 74 released to community, 66 free at 12 months:

83% linked at 6 mo, 35% retained at 12 months

Coordinating care to one's Ryan White community-based case manager was significantly associated with being retained in care at 12 months at an OR = 9.39 (CI 1.11-79.12)

# Capacity and Needs

- Buy in from administration- medical and correctional
- Space to meet with clients
- Staff that can enter jail (meet clearance requirements)
- Connections to the community resources

# Successes

- Over 80% of clients released re-engaged with community HIV care immediately following release
- Community Ryan White providers reported greater awareness and connectedness to clients.
- HIV testing on a voluntary basis identified both new and previously diagnosed patients
- Correctional staff improved knowledge of HIV

# Challenges

- Longer term retention in care was much lower and additional strategies are needed
- Re-incarceration (often for same charge) was common
- Many clients were sentenced to prison
- Ongoing challenges to link patients to community based mental health and substance use programs
- HIV testing may be best served at intake by medical staff. The opt in model limits success of testing

# Staffing Model

- Jail based case management may be a part time job but ideally staff member is in the jail at least three times per week
- Cultural competency for jail based staff is essential



# Lessons Learned

## ➤ Flexibility

- Safety is the primary concern in correctional settings
- Usual items may not be allowed
- Movement limited periodically (counts, meals, lockdown)

## ➤ Privacy and Confidentiality

- Identify strategies to ensure both are maintained

# Summary

- Jails offer a unique opportunity to identify patients with HIV, at risk for HIV as well as HIV+ out care.
- Comprehensive HIV services from prevention, identification and engagement in care is feasible and jails should be a routine part of the HIV care continuum

# Contact information

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