



HIV Correctional Health Care & Transitional Planning: Issues for the Community Provider

Cynthia Miller, MD
Assistant Professor of Medicine
Albany Medical College
Division of HIV Medicine
Faculty, NY/NJ AETC
Albany, New York





Learning Objectives

1. Discuss the epidemiology of HIV among incarcerated populations.
2. Describe the distinction between jail and prison custodial settings and how discharge planning services differ.





Learning Objectives

3. Outline the challenges that HIV-infected inmates face upon release.
4. List strategies for community providers who are receiving released, HIV-infected inmates into their care to best ensure continuity of health care.





About this presentation

- This presentation based on AMC's expertise in HIV correctional care in New York
 - Other state systems will vary

For additional information about New Jersey's system

- Download the supplemental NJ slides
- Request NJ specific AETC correctional training
 - Garden State Infectious Disease Associates
 - ID CARE
 - UMDNJ





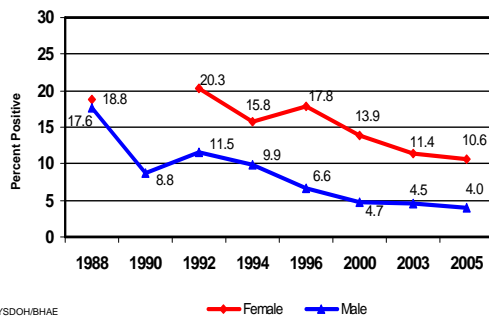
NYS Epidemiology

- 64,000 inmates in the NYS prison system
- Many with histories that place them at risk of HIV infection
- NYS consistently detains the largest number of HIV+ inmates nationally

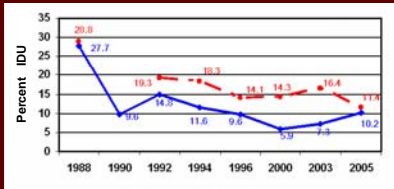
NYS DOCS Central Office, Jan. 2008 & Bureau of Justice Statistics, Sept. 2007



HIV Seroprevalence Among Incoming Inmates Entering NYS DOCS: 1988 through 2005



Trends in Self-Reported Injection Drug Use by Gender



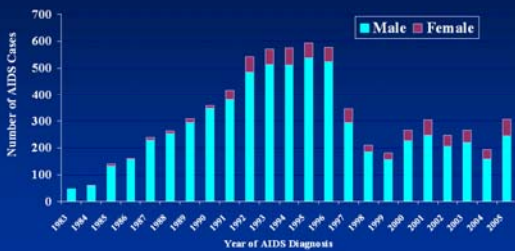
•Self-reported injection IDU among incoming inmates shows a downward trend over the years

Hepatitis C Seroprevalence by Gender Among Inmates Entering NYS Prison System: 2000 - 2005



NYSDOH/BHAE

AIDS* in Prisoners by Gender And Year of Diagnosis New York State



*Data as of February 2007

NYSDOH/BHAE

NY/NJ AETC ON-DEMAND

Connecting the correctional system and community providers

NY/NJ AETC ON-DEMAND

NY/NJ AETC ON-DEMAND

Who is Being Released?

United States

- ~150,000 HIV+ inmates released annually

New York State

- ~450 HIV+ inmates released annually
- 66% return to the NYC area

NY/NJ AETC ON-DEMAND


NYS DOCS Central Office, Jan. 2008

NY/NJ AETC ON-DEMAND

HIV+ Releasees Race/Ethnicity
2007 NYS DOCS


Race/Ethnicity	Percentage
African American	50.9
Hispanic	40.6
White	7.7
Other	0.2
Unkown	0.2


NY/NJ AETC ON-DEMAND

 **Gender**
2007 HIV+ Inmates NYS DOCS

- Greater # of HIV+ males (1,503) than females (155)
- Greater % of HIV+ females (5.7%) than males (2.5%)


NYS DOCS Central Office, Jan. 2008





 **Age: NYS DOCS' Releasees**

- Avg age of inmate in custody is 35 yrs
- Avg age of an HIV+ releasee is 45 years
 - Makes continuity of care more challenging for community providers

NYS DOCS Central Office, Jan. 2008



 **Background:**
Jail versus Prison
Custodial Settings





Jails Versus Prisons

- Terms “jail” & “prison” often used interchangeably
- Helpful to note the distinction
 - Services inmates receive vary greatly






Jails Versus Prisons


Prisons <ul style="list-style-type: none"> ▪ State or federally operated ▪ Longer-term confinement ▪ More likely to have tx & discharge plans for HIV+ inmates ▪ ↑ likely have firm release date in adv 	Jails <ul style="list-style-type: none"> ▪ Locally operated ▪ Short-term confinement ▪ Challenging: longer-term tx plans ▪ Challenging: continuity of health care
--	--







Correctional Health Care

- 1st time accessing health care
- unique health care challenges
- opportunity to optimize HIV care for difficult to reach populations





HIV-related services in correctional settings





NYS HIV Services

- Prevention
 - Safer sex
 - Drug Use
- Education
 - AETC training
- HIV Testing
 - Offered to all at entry
- Medication Administration
 - DOT v KOP
- HIV Care Delivery






Prevention Services

Criminal Justice Initiative

- Part of the NYS DOH's AIDS Institute
- Oversees prevention activities in jails & prisons

CJI Activities include

- Safer sex & drug use education
- Contact Tracing





Prevention-related Policies

- Condoms are not permitted in jails & prisons
 - Unless conjugal visits: in the state prisons for legally married heterosexual couples
- Sex is also prohibited
 - Condoms are contraband





Policies—con't

- Condoms are permitted in larger metropolitan jails in NYC (e.g. Riker's Island) & also in LA, San Francisco, Philadelphia & Washington D.C.
- No correctional system in the United States provides clean needles as a part of a prevention program.






Services: Clinical Staff Training


- Important part of ensuring HIV care quality
 - NYS DOC & Riker's Island HC providers receive accredited HIV training regularly
- Albany Medical College, NY/NJ AETC's Regional Resource Center for Correctional Education
 - Provide training in New York and New Jersey






Clinical Education-cont'd

- Lectures, case discussions, mini-residencies, clinical consultations, telemedicine, & 24-hour hotline
- Train on HIV treatment & management
- Majority of trainings are on:
 - HIV medications
 - Adherence
 - Co-morbidities/Hepatitis C







HIV Testing Policies

- Same as in the community
 - Testing = voluntary & requires written consent
 - Jails and Prisons
- **NO** mandatory HIV testing upon entry or release
 - Federal Bureau no longer conducts routine exit testing
- 80+% have been tested prior to entering
 - Majority who test positive already knew


Wright, L. HIV in Corrections: Looking Back and Moving Forward. Presentation on October 10, 2007 at the Conference "HIV and Corrections: Building Partnerships Inside & Out." Albany, NY.





Medication Policies

- Can be complex
- Nationally, 2 main medication distribution policies
 - Directly Observed Therapy (DOT)
 - Keep on Person (KOP)
- In NYS, it depends on the medication
 - DOT for narcotics, etc
 - For HIV meds: Most KOP but liquid & injectables typically DOT





DOT

Going to medical unit or pharmacy for each dose


Advantages

- More frequent interactions w health care team
- Earlier id of inmate concerns & adverse events
- Greater adherence

Disadvantages


- Frequent visits may be a barrier to tx
- Logistically challenging
- Patients do not accept it





DOT

- In most facilities, it's the patient's choice to go to the medical unit
- Confidentiality concerns
 - Problem w ARVs in general
 - Consider low pill burden regimens





KOP

- Inmates keep meds in cells & take independently
 - Monthly supplies from medical unit / pharmacy
- **Advantages**
 - greater privacy and confidentiality
 - Fosters self-sufficiency
 - improve adherence upon release





KOP—Disadvantages

- Problems with refills can occur
 - Inmate usually needs to initiate the refill process
- Late or too early requests → delays & tx interruptions
- Many facilities lack onsite pharmacies
 - Rely on local pharmacies or a state’s regional/central pharmacy





Who operates the medical units?

- city or county governments
- state or federal department of corrections
- managed care organizations
 - Smaller county jails & Riker’s Island





HIV Care Quality

- Varies with facility and staff
- In facilities with physicians onsite
 - Limited formal training in HIV medicine
 - Primary care & non-HIV specialty backgrounds
- Consultations w/ HIV specialists available
 - Formal contracts
 - NY/NJ AETC

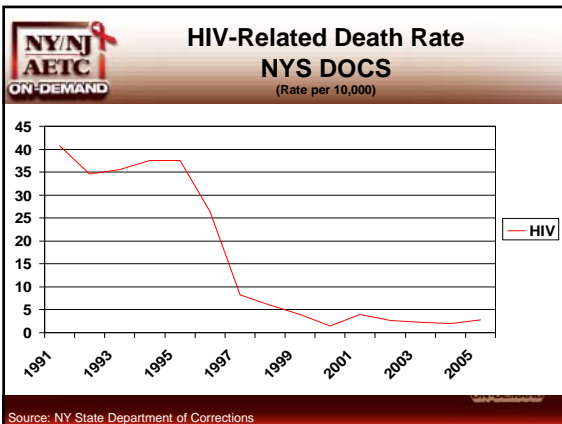


NY/NJ AETC ON-DEMAND

HIV Meds

- HIV+ inmates have access to all FDA-approved medications
- As a result, there has been a rapid decrease in HIV-related deaths


NY/NJ AETC ON-DEMAND



NY/NJ AETC ON-DEMAND

HIV-related transitional planning services


NY/NJ AETC ON-DEMAND




Pt concerns when released

- Health care not the most pressing pt concern
 - Housing
 - Food
 - Employment
 - Reunification
 - Drug use

Rich J et al. *Urban Health* 2001;78:279-288.
Helping inmates return to the community. CDC fact sheet, August 2001.







Pt concerns when released

- Lack of support systems
 - No family or chaotic family life
 - Transitional housing: SRO's or shelters
- Transition from dependence to independence
- When basic needs not met, adherence & tx compromised

Rich J et al. *Urban Health* 2001;78:279-288.
Helping inmates return to the community. CDC fact sheet, August 2001.





Medical Considerations

- Medications or means to obtain them
- Medical coverage
- Contact numbers
- Medical follow-up, preferably an appointment
- Link to aftercare esp if hx of substance use

NY/NJ AETC ON-DEMAND



New York State Transitional Services

- Provided by Dept of Health AIDS Institute
 - MOU with NYS DOCS
- Links HIV+ inmate w. community based hcp
- Called the Criminal Justice Initiative (CJI)
- Developed in response to needs of HIV+ inmates/ex-offenders
- Prior to CJI, transitional planning fragmented





CJI Transitional Services

- In county and state systems
- County jail services are not as consistent when compared to state system
 - limited resources
 - unique policies/procedures






CJI Transitional Services-Forms

Comprehensive Medical Summary (CMS)


- NYS DOCS' form
- Lists known medical history
 - diagnosis of HIV infection
 - HIV treatment and care
- Required to process social service entitlements
- If status was not disclosed, will not have a CMS form





Forms: M11Q

- New York City Department of Social Services, HIV/AIDS Service Administration (HASA) form
- Contains similar information to CMS
- Used to determine social service entitlements and housing eligibility
- Nursing staff completes forms with assistance of CJI staff as need






Transitional Planning: Begins at entry


- Patients assessed for:
 - Housing situation
 - Medical needs
 - Psychological health
 - Identification
 - Education
 - Family/reunification needs
 - Job training/readiness
 - Other training/programs






Pre-Release Planning Overview

- Start several months prior to release
- CBOs & peer advocates helpful
- Best :clinic/office identified & appointment made
- Patient should be involved in clinic selection
- Identify potential barriers in advance
 - Transportation
 - Directions
 - Language/culture
 - Communication of plans with patient
 - Barriers vary depending on destination, urban vs rural



Grinstead O et al. Criminal Justice Behav 1999;26:453-465



Case Management

- Definition: A holistic approach to coordinating social, medical, mental health, and other services for a patient
- Widely applied to HIV
 - "Glue" holding together a continuum of services
- PLWHA w case managers are ↑↑ likely to receive
 - Benefits advocacy
 - Psychological services
 - Emotional support
 - Improved health outcomes

NY/NJ AETC ON-DEMAND

Nicodemus M et al. HEPP News (Brown Medical School), August/September 2001.



Case managers in transitional planning

- HIV case management
 - ↓ prison recidivism
 - ↑ substance abuse treatment
 - ↑ access to medical care

NY/NJ AETC ON-DEMAND

Nicodemus M et al. HEPP News (Brown Medical School), August/September 2001.



Care Coordination and Transitional Planning

- Req's cooperation btwn health care & security staff
- Key disciplines involved
 - HIV test counselor – Dietitians
 - HIV nurse case manager – Security
 - Primary care provider – Peers
 - HIV specialist – CBOs
 - Clinical pharmacist
 - Mental health specialist
 - Substance abuse counselors

NY/NJ AETC ON-DEMAND

Nicodemus M et al. HEPP News (Brown Medical School), August/September 2001.

NY/NJ AETC ON-DEMAND

Transitional Considerations

↑ Transitional support = ↑ Chances of follow-up
 ↓ Risky behaviors

- Time and location of discharge must be carefully considered
 - CBOs can ↓ risks by meeting patients
 - Only release at low-risk times (daytime hours on weekdays)
- Patient should have access to sufficient medication until next medical appointment

Rich J et al. *Urban Health* 2001;78:279-288.
 Helping inmates return to the community. CDC fact sheet, August 2001.

NY/NJ AETC ON-DEMAND

NY/NJ AETC ON-DEMAND

Promoting Continuity of Treatment: Peer Pre-Release Intervention

Within 2 weeks of release

<p>Trained Peer Educators</p> <ul style="list-style-type: none"> Provide a single personalized intervention 	<p>Emphasize</p> <ul style="list-style-type: none"> ↓ Risk behavior <ul style="list-style-type: none"> Condoms Avoid needle-sharing Other individualized strategies
---	---

Program found to ↑ condom use after release

Grinstead O et al. *Criminal Justice Behav* 1999;26:453-465.

NY/NJ AETC ON-DEMAND

NY/NJ AETC ON-DEMAND

Post release care challenges

- Resistant virus common from inconsistent adherence
- Difficult to obtain funding for medications or medical services
 - Ryan White Care Act programs should be contacted
 - AIDS Drug Assistance Program
 - 6 months before release, CBOs can help complete applications
 - Pharmaceutical company transition programs

U.S. Department of HHS. Available at: <http://hab.hrsa.gov/history.htm>
 Helping inmates return to the community. CDC fact sheet, August 2001.

NY/NJ AETC ON-DEMAND



Post Release Challenges cont'd

- Many patients from poor inner-city neighborhoods
- Return to former situations and lifestyles
 - Drug use, possible HIV infection of others, re-arrest
- 2/3 of all parolees are re-arrested within 3 years
 - Most within 6 months of release
- In 1980: 17% prison admissions re-arrests
Today: 35%



Helping inmates return to the community. CDC fact sheet, August 2001.



Medication Supply Issues: Jails vs Prisons

State Prisons

- ↑ likely have medication in hand
- With transitional plan
 - a 30 day supply of ARVs
 - Rx for another 30 day supply

County Jails

- Experiences varied
 - Facility
 - Staff
- ↓ transitional planning
- Shorter confinement period





Medication Supply Issues


- Jail releasees
 - May have no choice but to call or walk in for care
 - Treatment interruptions possible if released without medications over the weekend
- Clinic staff need to develop the capacity to work with these clients in real time as they present for care.






Strategies for community providers






Strategies for Community Providers


- Ask the patient for medical records
 - including ARV history & resistance testing
- Get a release to communicate with the former transitional case manager, medical provider, or other counselors
 - Request HIV tx records
 - Make requests as specific as possible, instead of just asking for all medical records.





Useful Information to Request from the Correctional Facility

- Problem list
- Medication list, including ARV history
- HIV, syphilis & hepatitis serologic results
- Latest Tb skin test result
- Immunizations administered
- Other labs including
 - T-cell counts
 - HIV & hep B/C viral loads
- HIV resistance tests






Conclusion





Summary

- Burden of infectious diseases in prisons high
- Incarceration may be 1st experience w complete medical examination & access HIV prevention, treatment and care
- Extent of resources varies between jail and prison settings





Summary

- HIV+ releasees have a wide spectrum of needs
If not met, can compromise access / stay in care
- The receiving medical practice in the community will need to
 - help ensure a successful transition
 - advocate for the releasee
 - enlist case management and other supports





Summary

- HIV transitional planning is offered to state & local correctional facilities in NYS through a network of CBOs funded through the CJI.
- The application of the *Transitional Planning Standards* can vary from facility to facility.
- This can impact HIV-positive releasees' service needs.





Thank You!!!!

- For more information about the AETC Correctional Regional Training Center
Call (518) 262-4674 or online:
www.amc.edu/Patient/services/HIV/Correctional.html
- Additional Information about New Jersey Correctional System HIV care available on the Course Page





Questions?

Contact: Melissa Laurie
Columbia University
NY/NJ AIDS Education and Training Center
100 Haven Avenue, Suite 31G
New York, NY 10032

(212) 304-5530 or ml2489@columbia.edu