



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

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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



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.



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

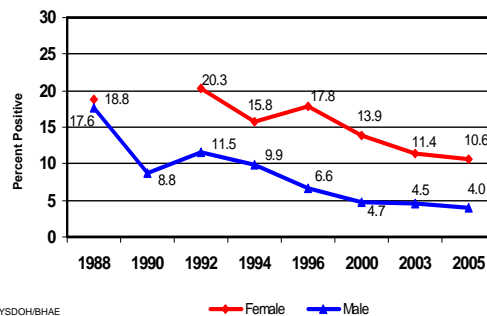


Learning Objectives

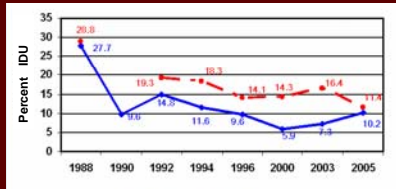
3. Outline the challenges that HIV-infected inmates face upon release.
4. List strategies for community providers who are receiving released, HIV-infected inmates into their care to best ensure continuity of health care.



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



Trends in Self-Reported Injection Drug Use by Gender



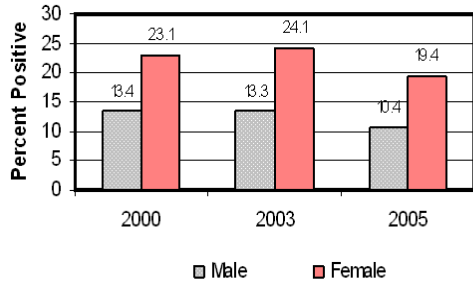
•Self-reported injection IDU among incoming inmates shows a **downward trend** over the years



Connecting the correctional system and community providers



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



NYSDOH/BHAE



Who is Being Released?

United States

- ~150,000 HIV+ inmates released annually

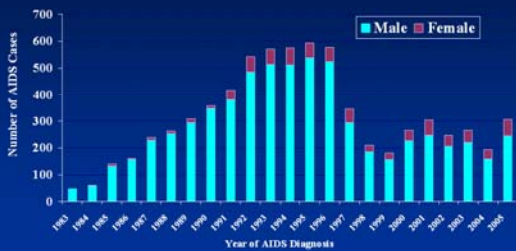
New York State

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



NYSDOCs Central Office, Jan. 2008

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



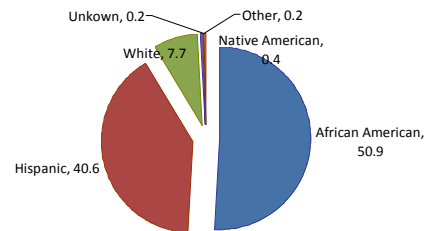
*Data as of February 2007

NYSDOH/BHAE




HIV+ Releasees Race/Ethnicity

2007 NYS DOCS



NYSDOCs Central Office



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%)

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NYS DOCS Central Office, Jan. 2008



Jails Versus Prisons

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

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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

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NYS DOCS Central Office, Jan. 2008



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
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Background: Jail versus Prison Custodial Settings


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Correctional Health Care

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

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HIV-related services in correctional settings


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






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

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.


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

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




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

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.



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


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

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



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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

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HIV Meds

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

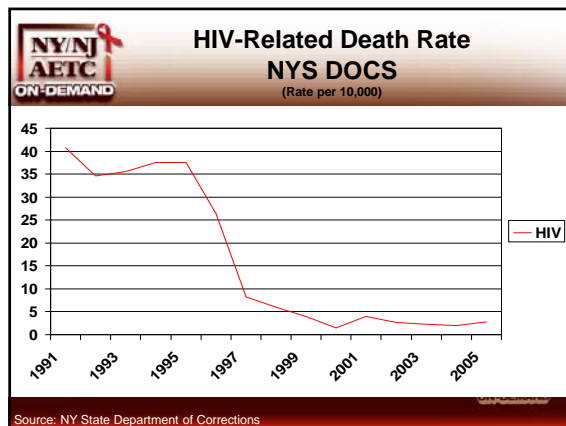
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Who operates the medical units?

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

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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
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HIV-related transitional planning services



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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.

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

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.






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

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





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

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

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




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




Case managers in transitional planning

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


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

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




Care Coordination and Transitional Planning

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

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



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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.

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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.

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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
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Program found to ↑ condom use after release

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

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Medication Supply Issues: Jails vs Prisons

<p>State Prisons</p> <ul style="list-style-type: none"> ↑ likely have medication in hand With transitional plan <ul style="list-style-type: none"> a 30 day supply of ARVs Rx for another 30 day supply 	<p>County Jails</p> <ul style="list-style-type: none"> Experiences varied <ul style="list-style-type: none"> Facility Staff ↓ transitional planning Shorter confinement period
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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.

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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.


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Strategies for community providers





Conclusion


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.





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

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




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?

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