

Meeting Goals

- To provide an update on the progress made on collaborative DPH / LASD programs to address HIV in incarcerated populations in LA County
- To identify ways in which HIV programs in Jails could be more effective, efficient, and cost-saving
- To solicit feedback on opportunities for program improvement from LASD, DPH, and other key stakeholders



Overview of HIV/AIDS Service Collaboration between LASD and OAPP

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Los Angeles County Jails



Twin Towers

- Largest jail system in the world
- Daily inmate population: 18,750 - 19,000
- Daily inmate processing volume: 750 - 1,000 (Annually = 185,000)
- System includes 7 jail sites
- Daily HIV+ inmates receiving medication: ~500



History of Jail-based HIV Services

2001

- National Corrections Demonstration Initiative; Co-sponsored between CDC and HRSA
- California Office of AIDS-funded local project
- OAPP and LASD began planning meetings, developed model, and initiated services

2003

- *Using Arrest Charge as a Screening Criterion to Identify Undiagnosed HIV Infection among New Arrestees: A Study among Los Angeles County Jail Inmates; Harawa, Dalton et. al*



History of Jail-based HIV Services

2004 – present

- OAPP continues to support services after Demonstration Initiative ends
- LASD/OAPP continue to support HIV Jails Coordinator

2006

- DPH, LASD and Board of Supervisors re-assess HIV testing services in jails
- All agree that current model could be improved
- All agree to use better “proxy for risk” model

2007

- CDC Expanded Testing Initiative Project



Current Jail-based HIV Services

HIV Prevention Services

- HIV Testing Services
 - OAPP-supported Expanded Testing Initiative
 - STD Program-supported HIV and STD Testing
 - LASD Medical Services Bureau-supported testing
- Health Education/Risk Reduction
- Condom Demonstration Project (K6G)



Current Jail-based HIV Services

HIV Care Services

- HIV Medical Care
 - Delivered by LASD Medical Services Bureau
 - Supported by LASD
- HIV Medication Support
 - AIDS Drug Assistance Program (ADAP)
 - Supported by California Office of AIDS
- Transitional Case Management (TCM) Program
 - Jail-based re-entry/linkage services delivered by CBOs
 - Supported by OAPP



HIV in Incarcerated Populations

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HIV Prevalence and Incidence

US and Local Statistics

HIV Prevalence Estimates:

- US: **1,106,400** persons living with HIV¹
- LAC: **61,700** persons living with HIV²

HIV Incidence Estimates:

- US: **56,300** persons newly infected.³
 - 27% Female and 73% Male
- LAC: **3,138** persons newly infected.²
 - 16% Female and 84% Male

¹CDC. [HIV Prevalence Estimates—United States, 2006](#). MMWR 2008

²HIV Epidemiology Program, LAC/DPH.

³Hall HI, et.al. *JAMA* 2008.

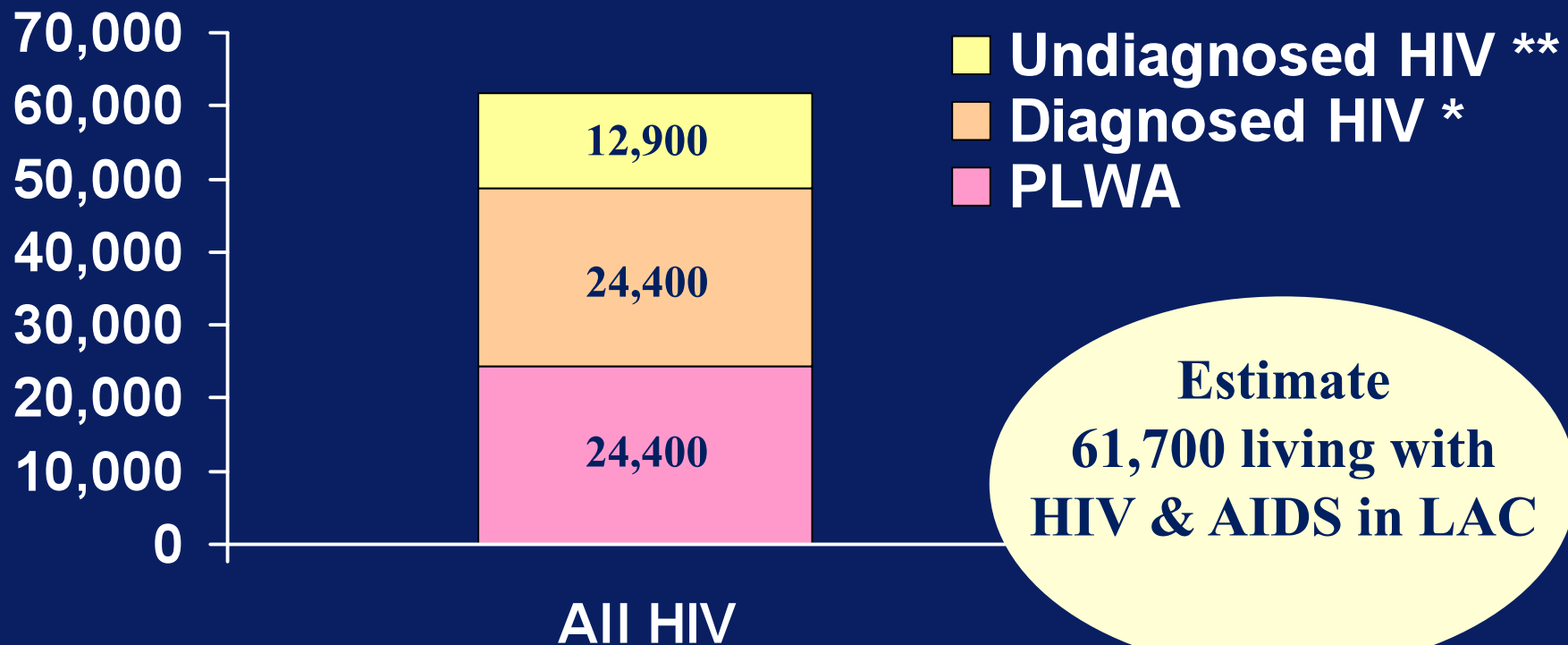


Impact of HIV on LA County

- LAC second only to NYC among US metropolitan areas in cumulative number of reported AIDS cases
- Only 4 states (CA, TX, NY, FL) have more reported AIDS cases than LAC
- 36% of all California reported AIDS cases are from LAC



Estimated Number of Persons Living with HIV or AIDS in LAC as of July 2009

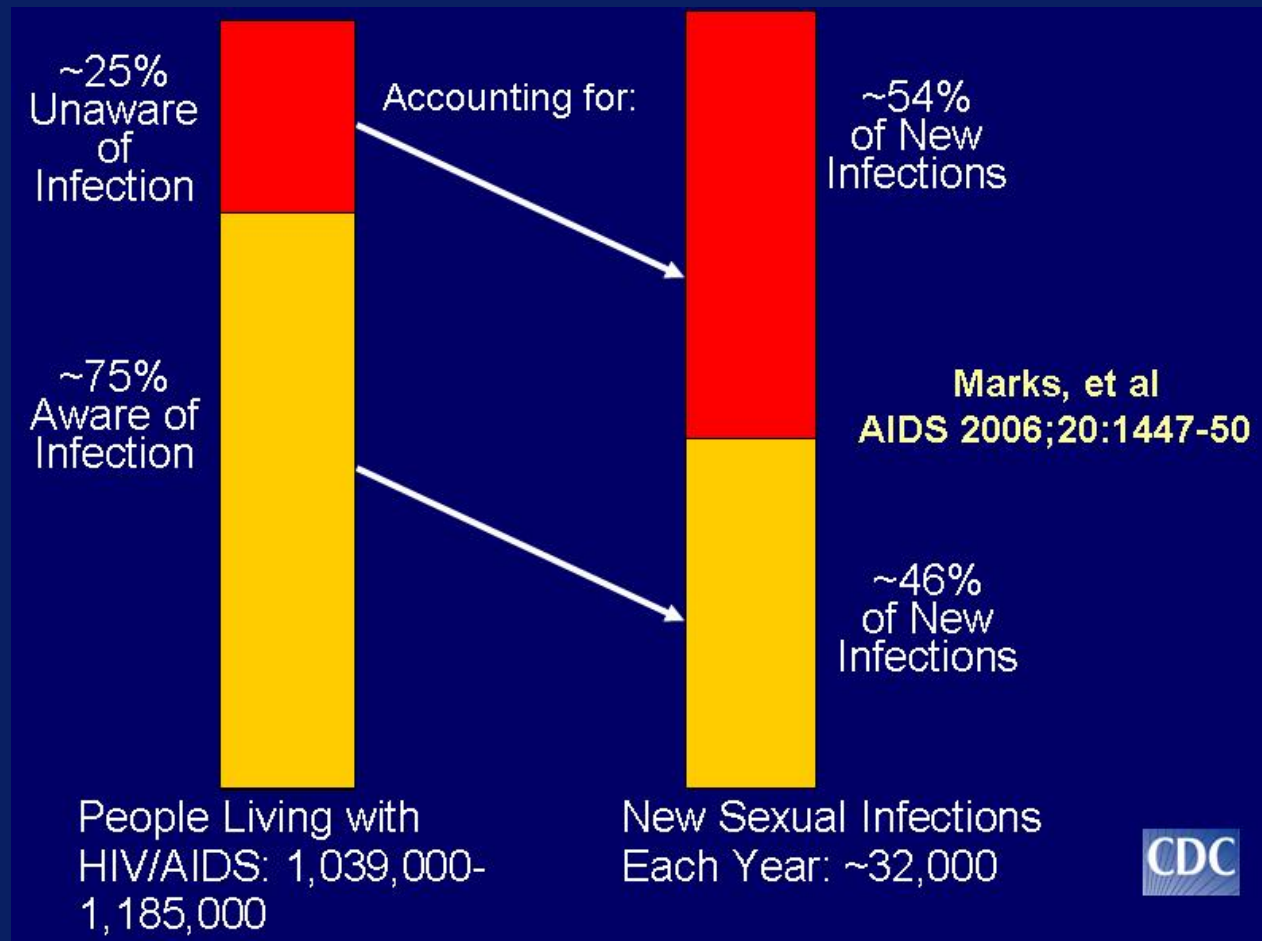


*Estimate based on a 1:1 ratio of HIV (non-AIDS) to AIDS cases

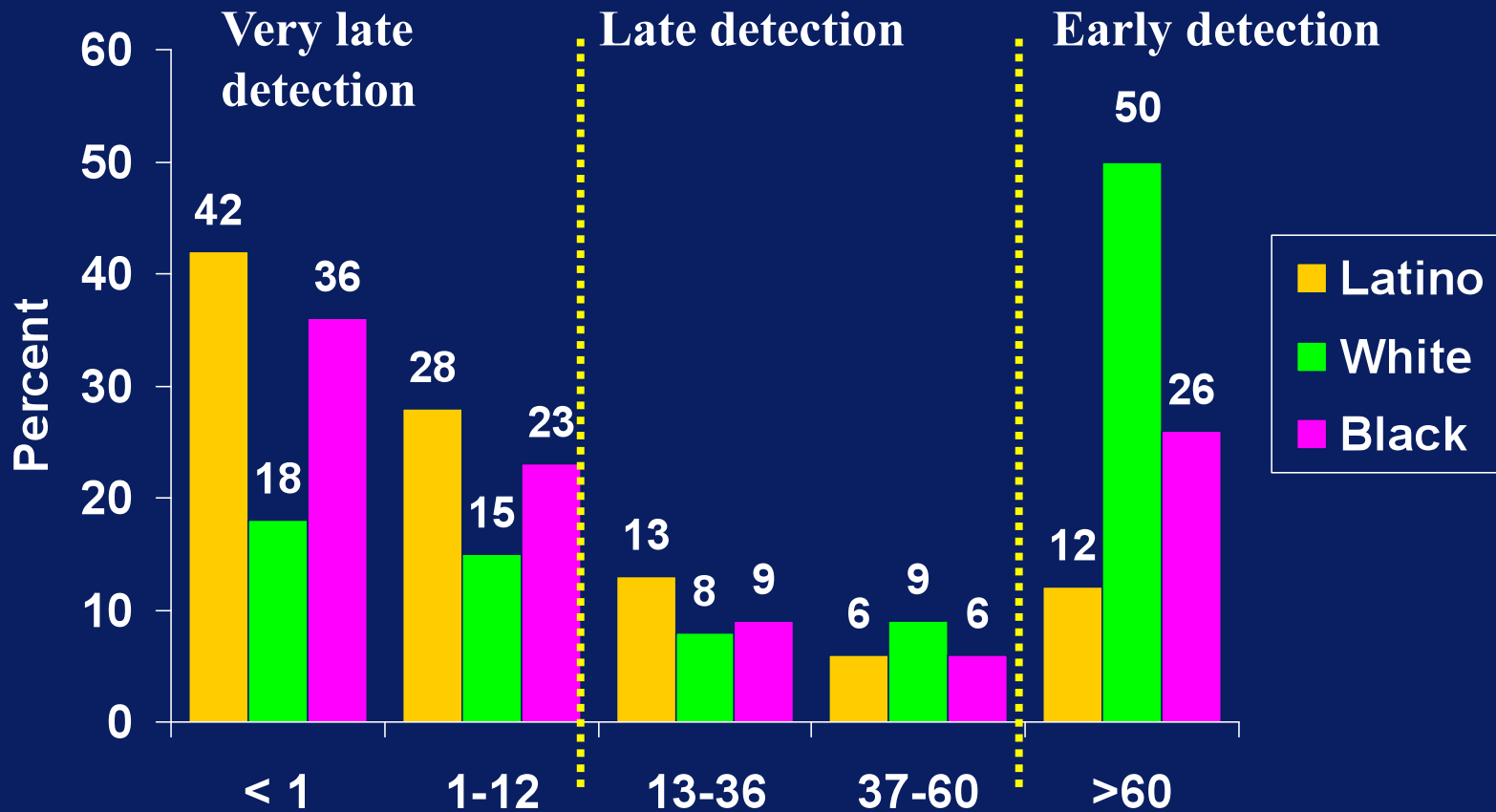
**Estimate based on CDC's 2008 estimate that 21% are unaware of their HIV infection (CDC, 2008)



Awareness of Serostatus Among People with HIV and Estimates of Transmission



Time Between First Learned of HIV+ Status and AIDS Diagnosis



HIV Prevalence: Jails and Prisons

- HIV/AIDS prevalence in US Prisons: 1.7% (2006).¹
- 16.9% of all PLWHA in the US were in a correctional facility at some point (2006).²
- 1 in 5 Black and Hispanic males released from corrections facility in US are HIV-positive.²

¹Maruschak LM et.al. US Department of Justice, Bureau of Justice Statistics, Bulletin, April 2008.

²Spaulding AC et.al. *PLoS One*, 2009



HIV Prevalence: CA Prisons and LAC Jails

California Prisons¹

- HIV prevalence among males: **1.4%**
- HIV prevalence among females: **1.7%**

Los Angeles County Jails²

- HIV prevalence among males: **2.7%**
- HIV prevalence among females: **1.0%**

¹California Department of Health Services, 2001.

²Harawa NT et.al. *J Correct Health Care*, 2009.



Public Health Implications

Individual-level

- Interruptions in HIV treatment may result in disease progression and resistance to HIV medications
- PLWHA often experience further discontinuity in care, homelessness and substance use post-release -- leading to increased recidivism

Community-level

- PLWHA off treatment leads to viral load increases – leading to transmission risk in the community and in jail
- Treatment interruption can increase drug resistant HIV circulating in the community



Addressing HIV in the LAC Jail

HIV Testing

- Identify newly infected in jail population with goal of linking to care and reducing transmission

Re-entry Services (Case Management)

- Link to services and care outside jail with goal of reducing recidivism and improving health



LAC Jail Rapid HIV Testing Benefits

- Timely identification of both new positives and verification of self-identified positives
- Reduced cost of rapid test vs. traditional ELISA (\$10 versus \$35 per test)
- Ability to link HIV+ inmates to medical care and medications more quickly
- Potential to reduce “jail community HIV viral load” – leading to fewer transmissions



Re-entry to the Community

Inmate needs at time of release

- Basic: shelter, food, transportation
- Access to substance abuse and mental health services
- Access to HIV care and HIV medications
- Employment
- Others...



HIV Care and Medications After Release

HIV Care:

- Studies show often less than 50% of HIV+ inmates have medical visit within 12 months of release¹

HIV Medications:

- Recent study reported that 5% of released inmates filled a prescription for ART within 10-days of release; 18% within 30-days; and 30% within 60-days²

Danargoon J et al. JAMA, 2009.



Benefits of Transitional Case Management Programs

Rhode Island Prison Release Program:¹

- Linked women with medical and substance abuse care, financial assistance, and housing
- 50% reduction in recidivism, 83% linked to care

ACCESS (San Francisco County Jail):²

- Inmates who received discharge planning had SIX (6) times the odds of identifying regular care

The Bright Project (North Carolina):³

- Increased access to routine HIV care, reduced risk of re-arrest, and improved safe sex practices

¹Kim JY et.al. *The Prison Journal*, 2002.

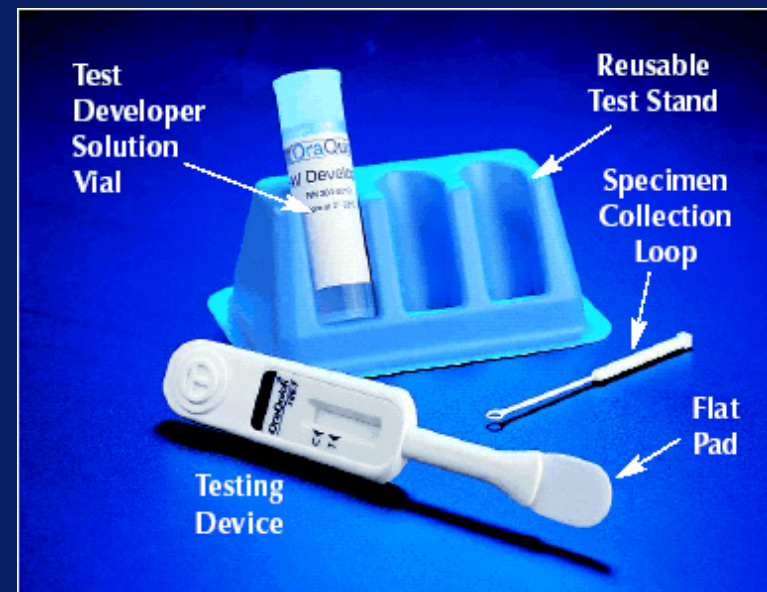
²Wang et.al. *American Journal of Public Health*, 2007.

³Wohl DA et al. *Infectious Diseases in Corrections Report*, Oct/Nov 2007.



HIV Testing Efforts in LAC Jails

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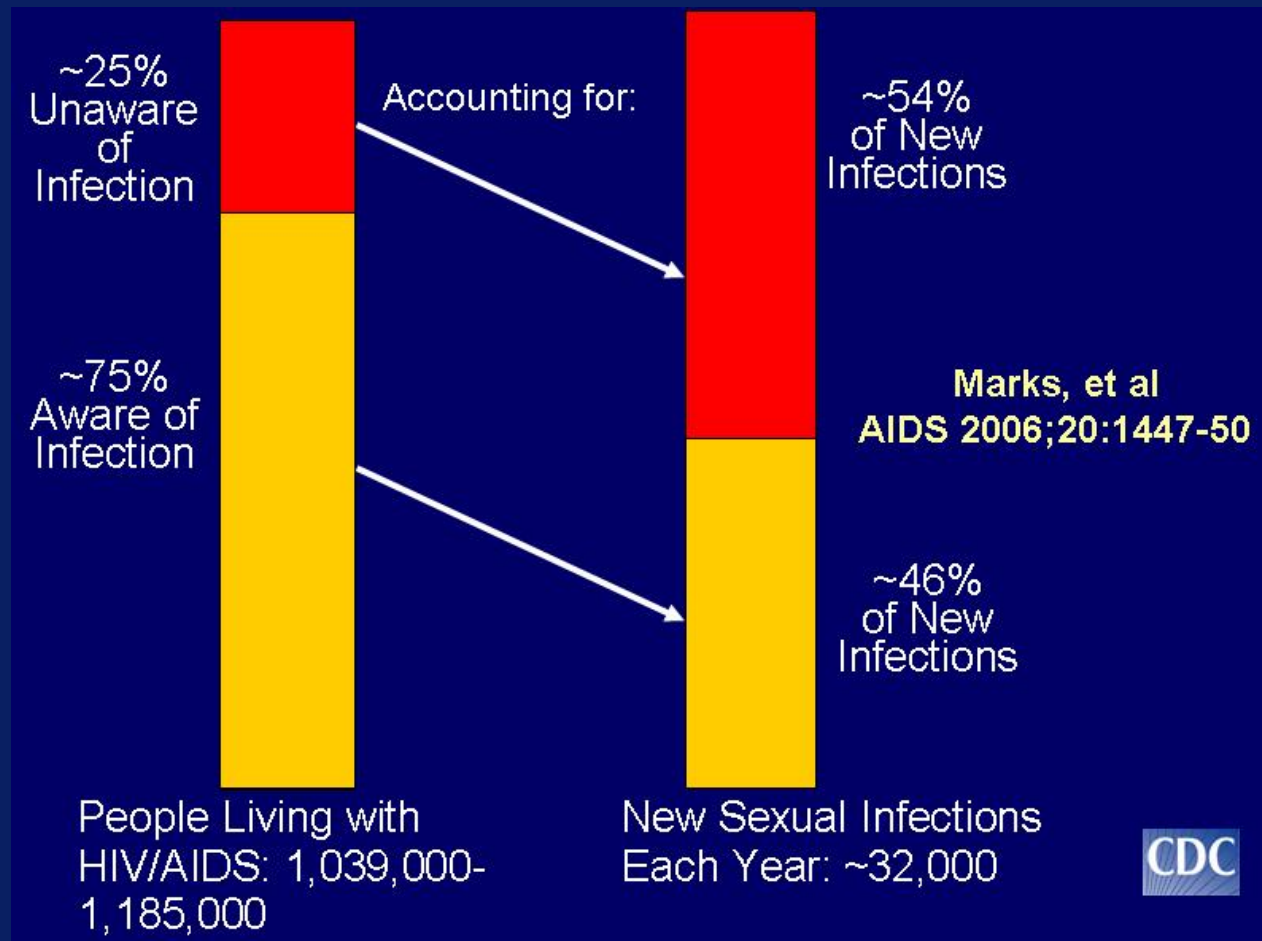


OAPP HIV Testing Principles

- HIV testing is part of a comprehensive strategy
- Ongoing need for multiple HIV testing modalities
- Data and evidence should guide response
 - Number of tests versus positivity rate must be considered
 - Geo-mapping is an important tool and resource
- Remember Marks et. al. study (next slide)



Awareness of Serostatus Among People with HIV and Estimates of Transmission



OAPP's HIV Testing Objectives

- Diagnose more persons with HIV each year than the estimated number who become infected
- Diagnose 10% of the estimated 12,900 undiagnosed HIV infection in Los Angeles
- Test over 70,000 people annually
- Achieve a 2% HIV-positivity rate in OAPP-funded testing sites
- Ensure 100% linkage into care for newly diagnosed persons



Jail-based HIV Testing Goals

- 12,440 tests Per Year
- 2% HIV-positivity Rate
- 100% linkage to medical care



Preliminary HIV Testing Data, All Providers, 2009*

Agency Supporting HIV Testing	Preliminary 2009 Total Tested*	Tests/Month	HIV-positive Tests (Possible Duplication)
DPH- OAPP @ North County Correctional Facility, Pitchess Detention Facilities: North and South, Century Regional Detention Facility (Women's Jail)	8,884	740	9 (.10%)
DPH- STD Program @ K6-G	2,334	194	54 (2.31%)
LASD Med Services Bureau	7,715	642	265 (3.43%)
CBOs (discontinued)	947	78	0
TOTAL	19,880	1,656	328 (1.65%)



OAPP HIV Testing Data, Oct 08 – Sept 09

Facility Type	Number of HIV Tests	Number of Preliminary HIV-positive Tests*	Number of Confirmed HIV-positive Tests	Number Linked to Care
Men's General Population Facilities	5,176	11 (.21%); 1 FP	8 (.15%)	5 2 – Released, Referred to STDP 1 – Transferred to State Prison, Referred to STDP
Women's Jail Facility	1,369	3 (.22%)	1 (.07%)	1
Total	6,545	14 (.21%); 1 FP	9 (.14%)	6

* 15 Preliminary Positives → 1 FP (dentures, incorrect swabbing)
 1 Released before confirmatory specimen provided
 4 refused to provide sample (staff followed-up, documented refusals, forwarded files to Med. Services)

Current HIV Testing Model

Men

- Deliver rapid HIV testing in each facility (20 mins)
- Several recruitment methods:
 - Arrest Reason and Age are Proxies for HIV risk
 - Attend classes delivered by Center for Health Justice
 - All Volunteer based

Women

- Tested at reception center upon intake

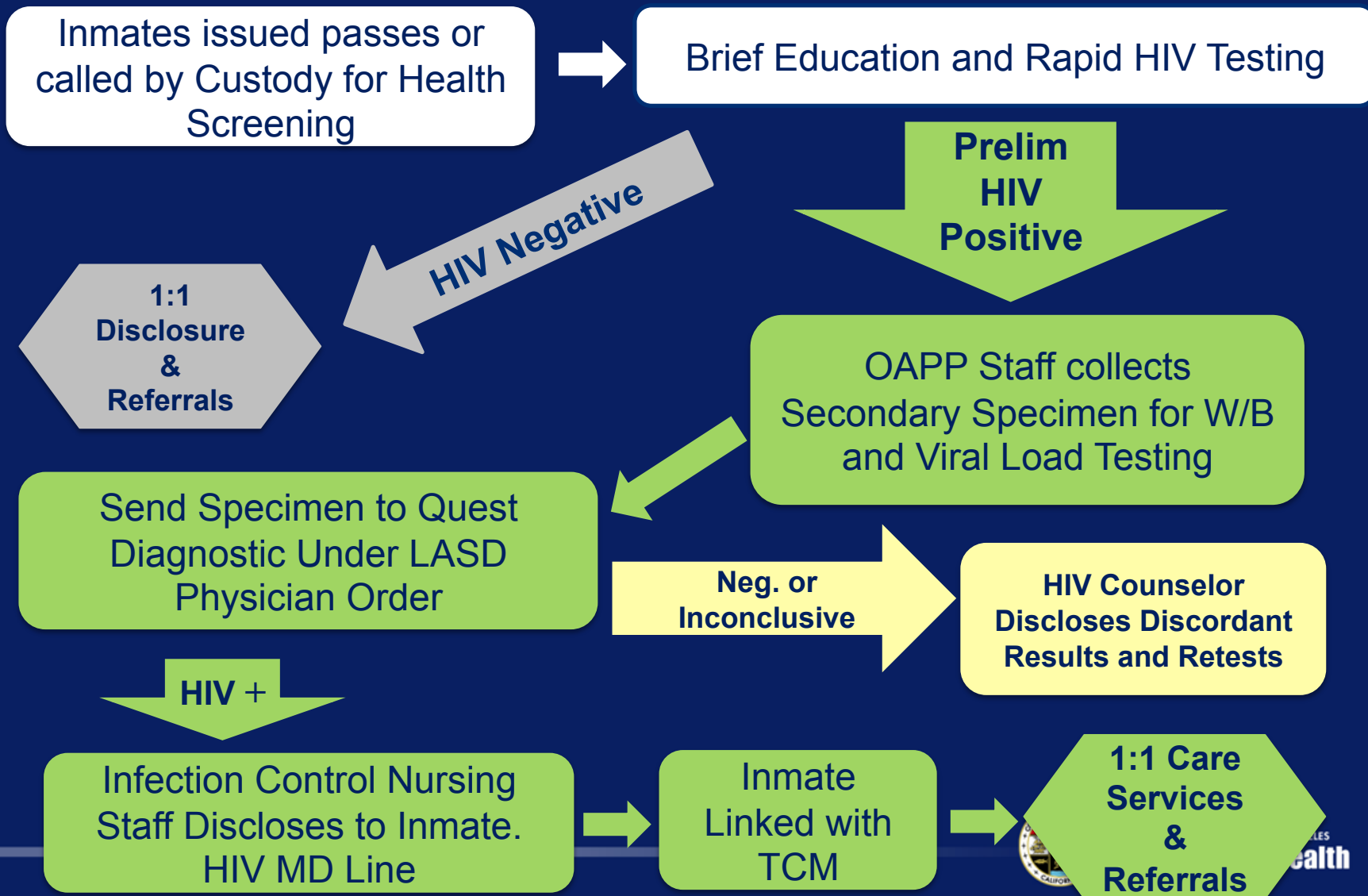
Modalities

- Medical/Health Screening
- One-on-One Testing



Current HIV Testing Model

Program Flow for Medical/Health Screening



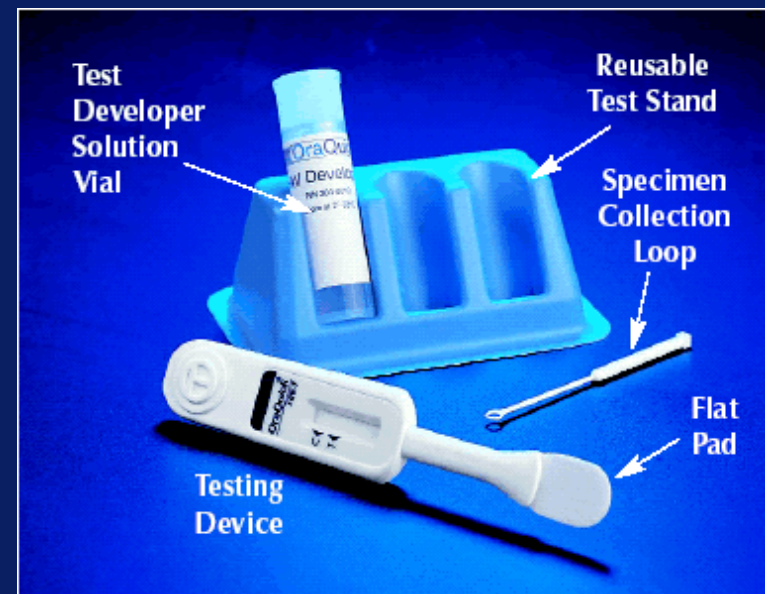
Successes

- Strong LASD and DPH collaboration
- Implemented one of the first rapid HIV testing programs in a US jail system
- Decreased workload for LASD staff due to rapid HIV testing model
- Seamless linkage to care for HIV-positive testers
- CRDF and K6G are unique and effective models
- Enhanced inmate education reviews community-based public health and social service options



Rapid HIV Testing Cost Effectiveness

- Rapid Test = ~\$10
 - Results in 20 minutes
- ELISA = ~ \$35
 - Results in 1 week
 - Other associated costs
Courier, lab supplies,
medical records, etc.



Challenges

- Missed Opportunities
 - Not effectively diagnosing HIV-infection
 - Testing yield (0.14%) \neq estimated prevalence (2.7%)¹
- Space and room scheduling limitations
- Locating and movement of inmates
- HIV testing process is cumbersome

¹Harawa et al., JHCPU, 2009



Recommendations

- Centralize and streamline HIV testing services with HIV testing at IRC as a pilot project
- Maintain CRDF model
- Critically dissect HIV testing data; adjust for repeat versus new positive tests
- Implement newly RTA
- Train LASD nursing workforce on rapid HIV testing



Benefits of Centralizing HIV Testing

- Decrease Inmate movement
- Centralize DPH staff to single location
- Decrease LASD costs (e.g., immediate rapid HIV testing for self-identified positive inmates avoids repeat testing)
- Increase HIV testing reach to more inmates
- Identify undiagnosed infection more effectively



Transitional Case Management (Community Re-entry)

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Transitional Case Management (TCM)

- Began as a demonstration project to assist inmates with getting connected to HIV medical care and community case management services upon release
- Services are provided to incarcerated and post-incarcerated individuals with HIV/AIDS



TCM Client Profile, Year 18

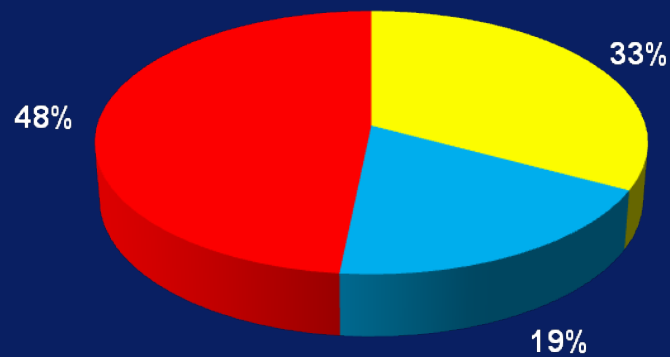
- Number of Unduplicated Clients: 372
- Incarceration within last 12 Months: 95%
- Receiving OAPP-funded Medical Care: 43%
- New to Care System: 19%



TCM Client Profile

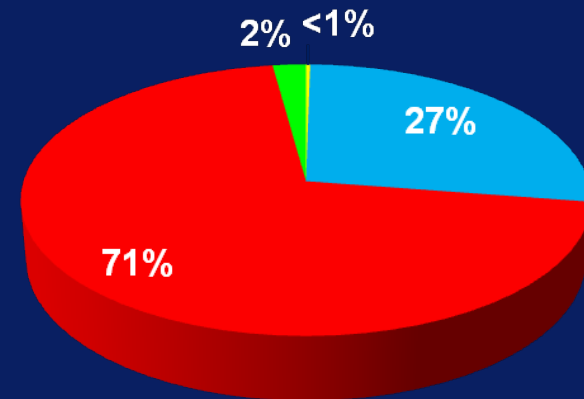
March 1, 2008 – February 28, 2009

HIV/AIDS Status



- HIV+, Not AIDS
- HIV+, AIDS Status Unknown
- CDC Defined AIDS

Primary Medical Insurance



- Private
- Public
- No Insurance
- Other

Data Source: Casewatch Year 18 (March 1, 2008 – February 28, 2009)



Benefits of TCM

- Increases access to HIV information
- Reduces HIV transmission
- Improves access to primary HIV care
- Reduces recidivism



Current TCM Service Sites

- LASD CRDF (Women)
- LASD Twin Towers
- LASD Men's Central Jail (MCJ)
- LASD Pitchess Detention Center (Wayside)
- California Institution for Men at Chino



Current TCM Investment

Agency	# of Case Managers	Total Investment
JWCH	1	\$89,463
MAP	1	\$84,990
TTC	3 (2 @ MCJ, 1 at Prison)	<u>\$198,219</u>
	Sub-Total	\$372,672
PHF/LAFAN	1 (As of June 2008)	\$70,000
CHJ	1 (As of June 2009)	<u>\$75,000</u>
	Sub-Total	\$145,000
	Total Allocation	\$517,672



Remember 2009 HIV Testing Volume*



19,880 tests delivered

1,198 HIV-positive inmates identified

328 were newly diagnosed

* Includes multiple sources, some overlap



Inmate Referrals To TCM, 2009

- 1,198 referrals made to TCM program
 - 1,040 males
 - 158 females
- 263 (22%) released prior to TCM contact



TCM Inmate Flow

1. Referral list prepared by LASD (Prop. 96)
2. HIV Jails Coordinator reviews, refers to TCM staff
3. TCM locates inmate by jail housing
4. TCM conducts intake, assessment, service plan
5. TCM tracks release, makes service appointments
6. TCM follow-up upon release to document linkage



Post-release Referrals Made

March 1 – November 30, 2009

- 317 inmates referred to post-release services
 - 76% were not taking medications at the time of release
 - 24% were taking medications at time of release
 - 53% released with medication supply
 - 47% required immediate care/pharmacy linkage
 - 8% started regimen while incarcerated



TCM Referrals & Appointments

March 1 – November 30, 2009

Type of Service	Number Referred	Number Released with Appointment Made
HIV Medical Care	143	39
Mental Health	121	28
Substance Abuse	119	35
Case Management	116	39
Housing Services	102	31
Transportation Services	96	23
Food/Meals Services	84	23



TCM Challenges

- Lockdowns impairs access to inmates
- Access to medical records not optimal
- Access to medication not optimal
- Early and unpredictable releases impact discharge planning
- Lack of space for TCM



Potential TCM Improvements

- Place Casewatch in the jails
- Create dedicated space for TCM
- Better coordinate TCM shifts with release dates/time patterns
- Improve TCM resource as part of release process



Discussion



Additional Optional Slides



Current HIV Testing Model (detail)

- Program Flow
 - Counselor receive inmate report to offer HIV testing, per facility
 - Inmates are recruited for screening program
 - Counselor provides overview of services and HIV/STD education to inmate group
 - Inmates meet individually with Counselor for rapid test and data collection
 - Counselors call each inmate and provide test disclosure
 - If test if reactive, Counselor meets privately with inmate to draw blood specimen
 - Counselor submits blood specimen to LASD lab
 - Inmate is contacted by Infection Control Nurse for medical services
 - Inmate is contacted by STD Program for Partner Services
 - Inmate is contacted by Transitional Case Manager



Centers for Disease Control and Prevention (CDC) Guidelines

- Guided by the California State Office of AIDS HIV Counseling and Testing Guidelines: Policies and Recommendations 1997 and Rapid HIV Testing Supplement
- Guided by the Centers for Disease Control and Prevention's (CDC) 2001 Revised Guidelines for HIV Counseling, Testing, and Referral
- Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings in 2006
- Centers for Disease Control and Prevention, HIV Testing Implementation Guidance for Correctional Settings, 2008:1-38.



TCM Referrals & Appointments

March 1 – November 30, 2009

- 143 HIV Medical Care
 - 39 appointments
- 121 Mental Health
 - 28 appointments
- 119 Substance Abuse
 - 35 appointments
- 116 Case Management
 - 39 appointments
- 102 Housing
 - 31 appointments
- 96 Transportation
 - 23 appointments
- 84 Food/Meals
 - 23 appointments



TCM Client Profile

March 1, 2008 – February 28, 2009

- Number of Clients: 372
- Incarceration: 95%
 - Within last 12 Months
- HIV/AIDS Status
 - CDC Defined AIDS: 48%
 - HIV+, Not AIDS: 33%
 - HIV+, Unknown: 19%

Data Source: Casewatch Year 18 (March 1, 2008 – February 28, 2009)



TCM Client Profile

March 1, 2008 – February 28, 2009

- Number of Clients: 372
- Primary Medical Insurance:
 - Public 31%
 - Uninsured 60%
- Receiving RW Funded Medical Care: 43%
- New to RW Care System: 19%

Data Source: Casewatch Year 18 (March 1, 2008 – February 28, 2009)

